

The way to get started is to quit
talking and begin doing.
Walt Disney

UNIQUE CHALLENGES
AND STRATEGIES OF
PROVIDING AUTISM
SPECTRUM DISORDER
TREATMENT

Kristin McKee, BCBA, LBA

WHAT ARE THE CHALLENGES?

- 1 in 36 people are diagnosed with Autism Spectrum Disorder (CDC, 2023).
 - Multiple medical and psychiatric comorbidities occur alongside the ASD diagnosis.
 - These include:
 - Epilepsy (20 to 33%)
 - ADHD (30 to 61% individuals with ASD)
 - Anxiety Disorder (11 to 42% individuals with ASD)
 - Depression (7% of children and 26% of adults)
 - Schizophrenia (4 to 35% of adults with ASD)
 - Bipolar Disorder (6 to 27% of individuals with ASD)
 - Gastrointestinal Disorders (nearly 8 times more like than typical peers)
 - Disrupted Sleep (over half of children with ASD)
 - Feeding/Eating Disorders (70%)
- (Autism Speaks, 2017)

WHAT ARE THE TREATMENTS?

Individuals with ASD often require more specialized medical and psychiatric treatment than their peers (Call, et al., 2022).

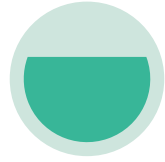
- Early interventions: Speech and Language therapy, Occupational Therapy (OT), Physical Therapy (PT), and Applied Behavior Analysis Therapy (ABA).
- Later interventions: medication management, other mental health therapies
- Throughout their lifetimes many individuals with ASD will require specialized medical personnel as well as different daily living supports.



Level 1

This is a higher functioning level of ASD; these individuals require some levels of support in deficit areas.

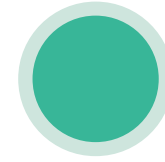
- Social challenges
- Rigidity in behavior



Level 2

This is considered mild to moderate level of ASD; these individuals require substantial levels of support in deficit areas.

- Limited communication
- Restricted areas of interest
- Rigid behavior
- Social challenges
- Difficulty recognizing nonverbal social cues
- Odd social approach



Level 3

This is considered a more severe level of ASD; these individuals require very substantial support in deficit areas.

- Very limited communication to non-verbal
 - Very rigid behavior
 - Difficulty in changing daily routines
 - Repetitive behaviors
 - Resistant to changes in focus
- (Medical News Today, 2020)

Levels of ASD

STRATEGIES FOR TREATMENT

- Effective treatment/service requires rapport
- Techniques to build rapport differ between levels.

STRATEGIES FOR TREATMENT



ASD interaction involving preferred topics

- Identify and initiate conversation about preferred topic
- Have materials involving preferred topic available for interaction

Note: There are pitfalls to utilizing preferred topic or activity such as perseveration

- Prime the individual for the switch in topic and what the new topic will be
- Reinforcement after the non-preferred topic or activity is covered

STRATEGIES FOR TREATMENT



ASD interactions involving preferred topic or preferred activity

- Identify preferred activity and initiate in a form of the activity
- If the individual has language preferred topic can be utilized as well
- Have materials involving preferred activity or topic available for interactions

Note: there are few more considerations for this level of ASD: perseveration as well as limited communication may hinder transitions away from topic or activity

- A first/then schedule may need to be utilized along with the priming technique
- Reinforcement after the non-preferred topic or activity is covered

STRATEGIES FOR TREATMENT



ASD interactions preferred activities and sensory input

- Identify preferred activity or the sensory and initiate in a form of the activity
- Have materials involving preferred activity or that will aid in sensory input available during interactions

Note: There are different approaches for Level 3 of ASD: perseveration as well as limited to non-existent communication as well as deficits in receptive language may hinder transitions away from preferred activity or sensory input

- A first/then schedule with pictures and timer may need to be utilized along with the priming technique
- Reinforcement after the non-preferred activity is completed

WHAT IS REINFORCEMENT?

Rewards (Reinforcement) are to increase behavior (Cooper, et al., 2020)

To increase behaviors we want to see, we need to provide different types of reinforcement.

Functional Reinforcement- requires identifying the function of the behavior (Cooper, et al., 2020) and ensuring the individual will contact it in an appropriate manner.

Automatic /Sensory

"I don't need anyone to make me happy!"

Escape

"Get me out of here!" or "Get me out of this!"

Functions of Behavior

Tangible

"I want that!"

Attention

"Look what I can do!"

WHAT ARE THE TYPES OF REINFORCEMENT?

- Non-contingent Reinforcement is when verbal or physical reinforcement is delivered on a schedule rather than when a target behavior is presented. This gives them the desired reinforcement without reinforcing the maladaptive behavior.
- Differential Reinforcement of Alternative (DRA) is when we provide reinforcement for the individual performing an alternative behavior that has been modeled in place of a maladaptive behavior.
- Differential Reinforcement of Other (DRO) behavior is when we provide reinforcement to the individual when they display any other behavior other than the maladaptive behavior. (Cooper, 2020)

REINFORCEMENT BY LEVEL

- Behavior contracts
- Token economies
- Verbal Praise
- Schedule

Level 1

- Verbal praise
- "Small" reinforcement (stickers, pieces of food, trinkets)
- First/Then reinforcement schedule
- Preferred activities (short videos, songs, bouncing on a ball)

Level 2

- Frequent and timely delivery of reinforcement
- Verbal praise
- Physical interactions (gross motor play and sensory input)
- First/Then reinforcement schedule

Level 3

THE BEST PLAN IS TO AVOID A
CRISIS



Crisis Prevention

Antecedent Procedures:

- Decreasing stimuli
- Give the individual choices (Call, et al., 2022)
- Priming
- Schedules
- Social stories

WHEN A CRISIS IS
UNAVOIDABLE



Crisis Management

- Wait strategy
- Verbal models
- Coping strategies (reset)
- Holds and restraints

PARENTAL CONCERNS FOR THEIR CHILD

- Lack of communication or limited communication
- Self-care
- Learning challenges
- Social skills deficits
- Limited diet
- Sensory sensitivities (lights, sounds, clothing, food)
- Aggression (pinching, scratching, biting, hitting, kicking, and head butting)
- Self-injury (picking, biting, hitting, head banging, and eye gouging)
- Tantrums (crying, yelling, screaming, self-injury, aggression, and property destruction)
- Lack of safety awareness
- The cost of caring for a child with ASD is 10 times higher than typical peers (Call, et al.,2022)

WHAT ARE PERSONAL CONCERNS OF PARENTS?

- Denial and mourning process of child's ASD diagnosis
- The different levels of care are time consuming (daily living care, multiple therapies, education, and specialty doctors)
- Limited childcare options
- Multiple children with varying abilities
- Strains on personal relationships

Siblings Concerns

- Limited communication
- Social communication
- Insistence for sameness

- Oversensitivity
- Poor emotional control
- Restricted interests (Lu, et al., 2023)

Personal Concerns of Siblings

- Expectations of progress
- Embarrassment
- Not being priority

- Protectiveness
- Strains on personal relationships

REFERENCES

Autism Speaks. (2017). *Autism and health: A special report by autism speaks: advances in understanding and treating the health conditions that frequently accompany autism*. Retrieved from: <https://www.autismspeaks.org/sites/default/files/2018-09/autism-and-health-report.pdf>

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Centers for Disease Control. (2023, April). Data and Statistics on Autism Spectrum Disorder. <https://www.cdc.gov/ncbddd/autism/data.html>

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Medical News Today (2020, June 15). *Levels of autism: Everything you need to know*. <https://www.medicalnewstoday.com/articles/325106#levels-of-autism>

Additional Resource for further Insight:

Autism Society (2023). Social connections. <https://autismsociety.org/resources/social-connections/>