

Autism Spectrum Disorder:

Current Presentation and Treatment

Dr. Justin J. Boseck, Ph.D., L.P., ABPdN, CBIS, NCSP Licensed Psychologist (ND 490),
Board-Certified Pediatric Neuropsychologist,
Fellow of the American Board of Pediatric Neuropsychology,
Certified Brain Injury Specialist, and
Nationally Certified School Psychologist

OBJECTIVES

- 1. Review the behavioral presentation of Autism Spectrum Disorder
- 2. Describe basic treatment strategies
- 3. Describe Best-Practice Treatment approaches for Autism Spectrum Disorder based on behavioral presentation

SOCIAL INTERACTION AND COMMUNICATION

- Deficits in social-emotional reciprocity
- Atypical social approach
- Difficulty initiating and/or sustaining
 - Social Interactions
 - Reciprocal conversation
- Reduced sharing of interest and emotions/affect

SOCIAL INTERACTION AND COMMUNICATION

- Deficits in nonverbal communicative behaviors
- Poorly integrated verbal and nonverbals
- Abnormalities in contact and body language
- Deficits in understanding and use of gesture
- Reduced facial expression

SOCIAL INTERACTION AND COMMUNICATION

- Deficits in developing, maintaining and understanding relationships
- Difficulty adjusting behavior to suit various social contexts
- Difficulty sharing imaginative play
- Difficulty making/keeping friends
- Absence of interest in peers

RESTRICTED/REPETITIVE BEHAVIORS/INTERESTS

- Stereotyped or repetitive:
 - Motor movements
 - Use of objects
 - Lining up toys
 - Flipping objects
 - Speech
 - Immediate and/or delayed echolalia
 - Idiosyncratic phrases

RESTRICTED/REPETITIVE BEHAVIORS/INTERESTS

- Insistence on sameness
- Inflexible adherence to routines
- Ritualized patterns of verbal/nonverbal behaviors
 - Extreme distress at small changes
 - Difficulties with transitions
 - Rigid thinking patterns
 - Needing routine

RESTRICTED/REPETITIVE BEHAVIORS/INTERESTS

- Highly restricted, fixated interests that are abnormal in intensity or focus
 - Strong attachment to or preoccupation with objects,
 - Excessively circumscribed or perseverative interests

RESTRICTED/REPETITIVE BEHAVIORS/INTERESTS

- Hyper-or hypo-reactivity to sensory input
- Unusual interest in sensory aspects of environment
 - Apparent indifference to pain/temperature
 - Excessive smelling or touching of objects
 - Visual fascination with lights or movement
 - Adverse response to:
 - Sound, texture, and/or light

TREATMENT

"If a person does not keep pace with their companions, perhaps it is because they hear a different drummer. Let them step to the music which they hear" (Thoreau, 1854)

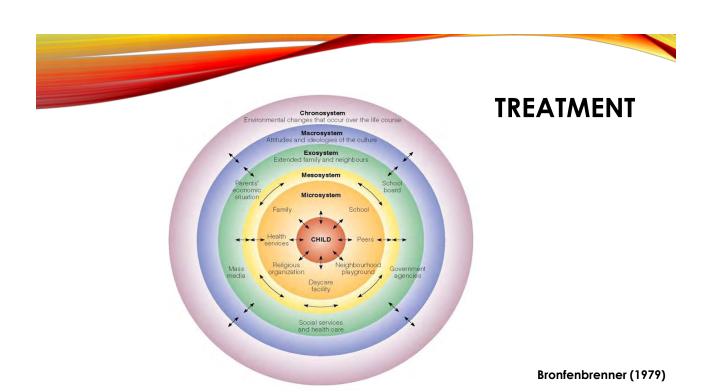


SOCIAL INTERACTION

RESTRICTED/REPETITIVE BEHAVIORS/INTERESTS

COMORBID DISORDERS

MEDICAL CONDITIONS



TREATMENT

BASICS

Well-Child Visits
Hearing, Vision, and Dental
Sleep Problems
Eating and GI Problems
Parent Education
Early Intervention
Social Skills Training
Educational Access

TREATMENT

BASICS

Individual/Family Therapy
Occupational/Physical Therapy
Speech-Language Therapy
Medication
Imaging if Regression or Signs of Seizure-Like Activity
Technology

Low Tech - Pictures, Visual Schedules, Organizers High Tech - Apps – Time Timers, Visual Programs

TREATMENT

BASICS

Instructions provided in an organized manner Consistency and routine Allowing sufficient time

Isolate information to help with attention
Structured environment

Visuals

Limit verbal information, use short simple language

TREATMENT

Early Intervention

Capitalize on early brain plasticity
Direct the development of social behaviors
Intervene before adverse behaviors are reinforced
Promote neural connectivity through multi-sensory
teaching approaches



- Autism-Specific Treatment and Providers:
 - Applied Behavior Analysis
 - Behavioral Psychology
 - Positive Behavior Supports
 - Developmental Psychology
 - Special Education
 - Speech/Language Pathology



AUTISM SPEAKS



www.autismspeaks.org



AUTISM SPEAKS





www.autismspeaks.org

TREATMENT

- National Standards Project of the National Autism Center (2015) Fourteen Established Interventions
 - Behavioral Interventions
 - Cognitive Behavioral Intervention Package
 - Comprehensive Behavioral Treatment for Young Children
 - Language Training (Production)
 - Modeling
 - Natural Teaching Strategies
 - Parent Training

https://www.nationalautismcenter.org/resources/

TREATMENT

- National Standards Project of the National Autism Center (2015) Fourteen Established Interventions
 - Peer Training Package
 - Pivotal Response Training
 - Schedules
 - Scripting
 - Self-Management
 - Social Skills Package
 - Story-based Intervention

https://www.nationalautismcenter.org/resources/



Functional Behavioral Assessment

Autism-Focused Intervention Resources and Modules Learning basic knowledge about Functional Behavior Assessment (FBA)

Applying FBA in activity-based scenarios that promote realworld application.

AFIRM (2015) http://afirm.fpg.unc.edu/



1.Conduct an FBA including:

- 1. Interview with the child and those who work with them
- 2. Direct observation
- 3. Conduct functional behavioral analysis in order to conduct experimentally manipulated observations

2. Functional behavioral assessment should include data on:

- 1. Child's strengths and weaknesses
- 2. Problematic behavior
- 3. Acceptable alternative behavior
- 4. Immediate antecedents
- 5. Immediate and delayed consequences
- 3.Determine behavior goals to increase positive behavior and decrease unwanted behavior



- 1.Use assessment results from FBA and testing in order to determine how to use strategies and consequences to promote desirable behavior
- 2.Determine the skills that need to be taught
- 3. Create a structured daily schedule
- 4.Include strategies such as:
 - 1. Visual schedules
 - 2. Verbal or physical prompting
 - 3. Adjusting task demands
 - 4. Providing choice



The SCERTS Model

Social Communication Emotional Regulation Transactional Support

Research-based educational approach and multidisciplinary framework that addresses the core challenges faced by those with ASD.

www.scerts.com



University of North Carolina TEACCH Autism Program Comprehensive educational approach utilizing an adapted environment – "Structured TEACCHING"

Understanding the culture of autism

Developing an individualized person- and family-centered plan for each client or student, rather than using a standard curriculum

Structuring the physical environment

Using visual supports to make the sequence of daily activities predictable and understandable

Using visual supports to make individual tasks understandable

https://www.teacch.com/



Complimentary Medicine

GI-based treatments originated in early studies indicating association between GI difficulties and ASD symptoms (Volker, 2011)

Secretin and GFCF diets

 Early positive impact on reducing symptoms but later studies found no significant treatment effect (Zimmer & Malloy, 2007)

Auditory Integration Training

 Modulated and filtered music through earphones to reduce noise sensitivity (Baranek, 2002)

Sensory Integration

 Provides a series of sensory experiences thought to improve modulation, organization, and integration of environmental information (Zimmer & Malloy, 2007)



Individuals with Disabilities Education Act

"Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B."

State requirements vary

IDEA (2004) http://idea.ed.gov/



ND Special Education State Guidelines

Guidelines for Serving Students with Autism Spectrum Disorders in Educational Settings

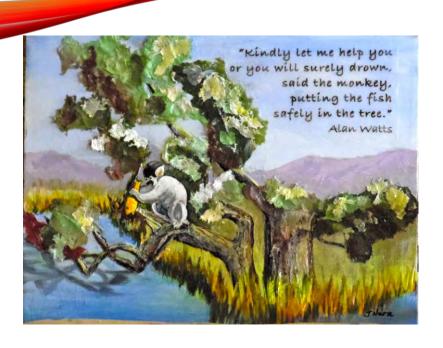
"A student with ASD who isfound eligible for special education services will have an IEP developed that addresses the specially designed instruction they will need to access and benefit from the general education curriculum."

https://www.nd.gov/dpi/



School Accommodations: Individualized Education Plan 504 Plan

Sensory-Motor functioning
Physical impairments
Sensory Integration difficulty
Communication Impairments
Cognitive Impairments
Academic/Learning Difficulties
Fatigue
Medical Issues
Social-Emotional Difficulties
Behavior Difficulties



Pediatric Mental Health Care Access Grant

Autism Spectrum Disorder:

Current Presentation and Treatment

Dr. Justin J. Boseck, Ph.D., L.P., ABPdN, CBIS, NCSP Licensed Psychologist (ND 490), Board-Certified Pediatric Neuropsychologist, Fellow of the American Board of Pediatric Neuropsychology, Certified Brain Injury Specialist, and Nationally Certified School Psychologist





Autism Focused Intervention Resources and Modules. (AFIRM, 2015). http://afirm.fpg.unc.edu/

Autism Speaks. (2020). www.autismspeaks.org.

Baranek, G. T. (2002). Efficacy of sensory and motor interventions for children with autism. *Journal of Autism and Developmental Disorders*, 32, 397-422.

Bronfenbrenner (1979). The Ecology of Human Development: Experiments by Nature and Design. Cambridge, MA: Harvard University Press.

Individuals with Disabilities Education Act (IDEA, 2004). http://idea.ed.gov/

National Standards Project of the National Autism Center (2015). Fourteen Established Interventions. (https://www.nationalautismcenter.org/autism/autism-interventions/)

National Autism Center at May Institute. (2015).

https://www.nationalautismcenter.org/resources.



North Dakota Department of Public Instruction. (2020). https://www.nd.gov/dpi/Social Communication Emotional Regulation Transactional Support. (2020). www.scerts.com

The University of North Carolina TEACCH Autism Program. (2020). https://www.teacch.com/

Thoreau, H. D. (1854). Walden or, Life in the Woods.

Volker, M. A., Thomeer, M. L., & Lopata, C. (2011). Pervasive developmental disorders. In A. Davis (Ed.). *Handbook of Pediatric Neuropsychology*. Springer Publishing, New York: NY.

Zimmer, M., & Malloy, C. A. (2007). Complementary and alternative therapies for autism. In E. Hollander & E. Anagnastou (Eds.). Clinical manual for the treatment of autism (pp. 259-288). Washingon D. C.: American Psychiatric Publishing.