Supporting Adults on the Autism Spectrum

InterHab Virtual Training: Autism Part II

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- Build on Part I-Dr. Hess' overview of Autism

- Supported Communication:
  - Communication Continuum
  - Visual Supports
  - Augmentative & Alternative Communication

- BREAK (will be built in about half-way)

- Behavior is Communication: Overview and Intervention

Course Schedule/Topics we'll Consider

Diagnostic Statistical Manual-V

Communication: Receptive/Expressive, Social Language

Sensory Differences

Restrictive or Repetitive Behavior

MY PART I (1991-2004)

Where is the textbook/Where are the Resources?

- My coursework/externships focused on severely multiply handicapped clients from birth-21.

- Didactic part of the program was developmental disabilities (e.g., cerebral palsy, Angelman syndrome, down syndrome, and physical and cognitive impairments).

- Lots of information on the foundation of Augmentative and Alternative Communication.

- My coursework, including seminars and textbooks DID NOT define or provide information on Autism.

- During an externship: Two boys in Rifton chairs (i.e., similar to highchairs with a lap tray)??? Autism???

When Expectations Meet Reality
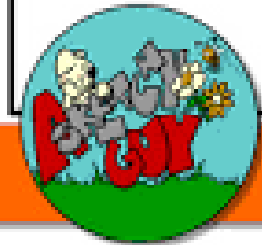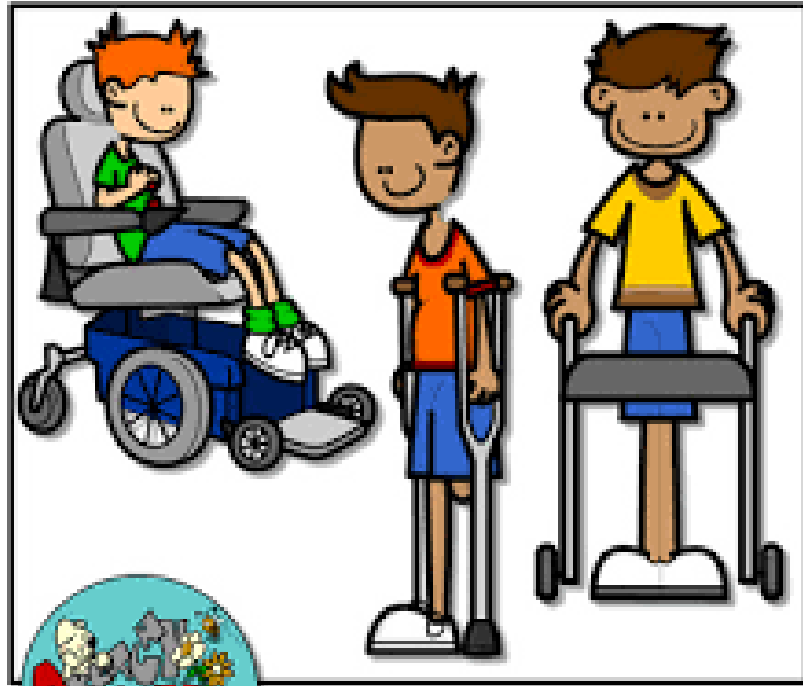
Disabilities Clip art

A year ago, everything was different. And now I look back, I realize that a year can do a lot to a person

lessonslearnedinlife.com

What I did

- Read everything I could find about Mental Retardation and Augmentative Communication.

- Watched, observed, and listened to co-workers (e.g., Clinical Psychologists and Occupational Therapists).

- Most important step: I learned from clients

  - "Attacks babies and Toddlers"

  - "Won't let people chew gum in front of him"

  In the mid-late 90's, researchers in the area of behavior and Autism presented and I attended!

Applying my vast knowledge/Searching for Clues

- My caseload was primarily adolescents-young adults (i.e., 12-21)

- The individuals were Complex and Challenging (restraining on day one)

- Common dx: Autism, PDD-NOS, ADHD, OCD, ODD, and then genetic disorders with autistic traits and MR/ID (frequently "functioning at 9, 18, or 36 months).

- Laundry lists of challenging behaviors including but not limited to:

  - Aggression and Property destruction

  - Self-injury

  - Elopement

  - Non-compliance

Restrictive Environments: Individuals came from all over the United States

- Bedrooms with no furniture

- Walls with holes

- Walls and floors with padding

- Personal Classrooms with their own entrance/exit

- ALWAYS 40 Cake mixes in the cupboard

- Staff and family never chewed gum around them

- Staff never wore shirts with buttons

- Client slept in a onesie, gymnastic suit, or wrestling suit

- Parents built a straight jacket and client wore padded pants

WHAT I LEARNED/ My Unanswered Questions

- If they are retarded, then why are they engaging in behaviors that appear to be developed (e.g., literacy-print awareness, laughing in response to humor, hitting the staff person complaining about them)?

- How do they learn? Or How will I teach them/develop their communication skills?

- What about their future? What does this mean for their quality of life?

- How does a person end up with such severe/challenging behavior (i.e., how does a person get this messed up)?

- Fourteen years later, I had a few answers…

What Worked: The Team Approach

- Why do they do that? *Functional Assessment of Behavior*

- How do you reduce challenging behaviors? *Establish Proactive Procedures*
  - Positive Behavioral Approach
  - Instructional Control/Learning Readiness
  - Addressing Sensory Issues/Sensory Processing
  - Direct Instruction: Creating Task Analysis and Planned Activity Training

- *Other Considerations*:
  - Medical history/Medicine
  - Leisure skills

2004-2006 Applying Strategies in Less Restrictive Environment

- School setting in a self-contained elementary Classroom
  - New setting with similar challenges
  - Applied strategies in a smaller scale with positive results
    - Functional Assessment of Behaviors
    - Structured Teaching
    - Positive Behavioral Supports
    - Establishing Instructional Control/Learning Readiness
    - Developed Communication Skills
    - Developed Play/Leisure skills
    - Explored Sensory Supports

# How Does it Look at the Beginning? 2006-Present

- Caseload expanded: 18-months to 22 years.

- Different setting, smaller bodies, big behaviors (e.g., 45 minutes of screaming, head banging, property destruction).

- Phone a friend! If you don't have an Occupational Therapist or Clinical Psychologist in your office, you call them.

- New Considerations: Motor Development (fine and gross motor); Pre-Academic skills; play skills; feeding/eating.

- BUILDING A FOUNDATION

Where/When/How Does Communication Begin?

- https://www.youtube.com/watch?v=qS7nqwGt4-I

- Initial Thoughts?

- What Behaviors did you observe?

Expressive and/or Receptive Communication Continuum

Fully Dependent

Some Support

Independent Multi-Modal
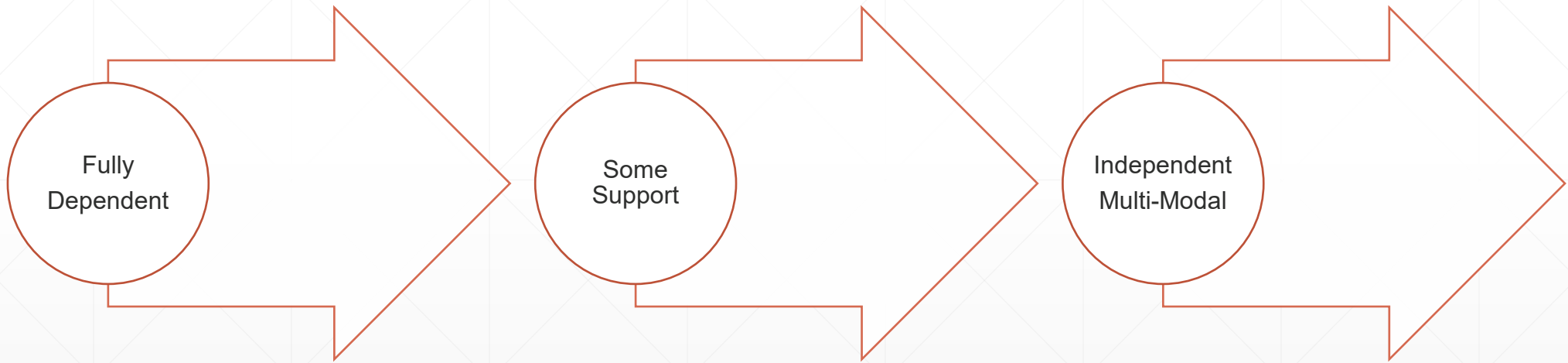
Augmentative & Alternative Communication

An umbrella term that encompasses the communication methods used to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language.

Augmentative vs Alternative

Augmentative

- To Add to Support Communication

- This may include:
  - No Tech strategies/systems (Unaided)
  - Aided (requires something other than your own body):
    - Low/Light Tech
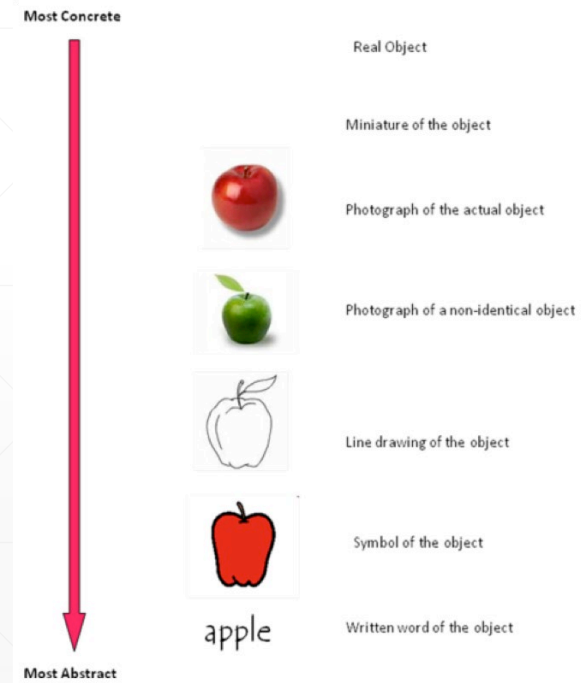   - High Tech

Alternative

- Instead of Speech

- No Tech (e.g., Sign language)

- Low Tech (e.g., object or picture systems)

- High Tech (e.g., Ipad with communication applications or a dedicated system)

Considerations in Symbol Selection/System Selection
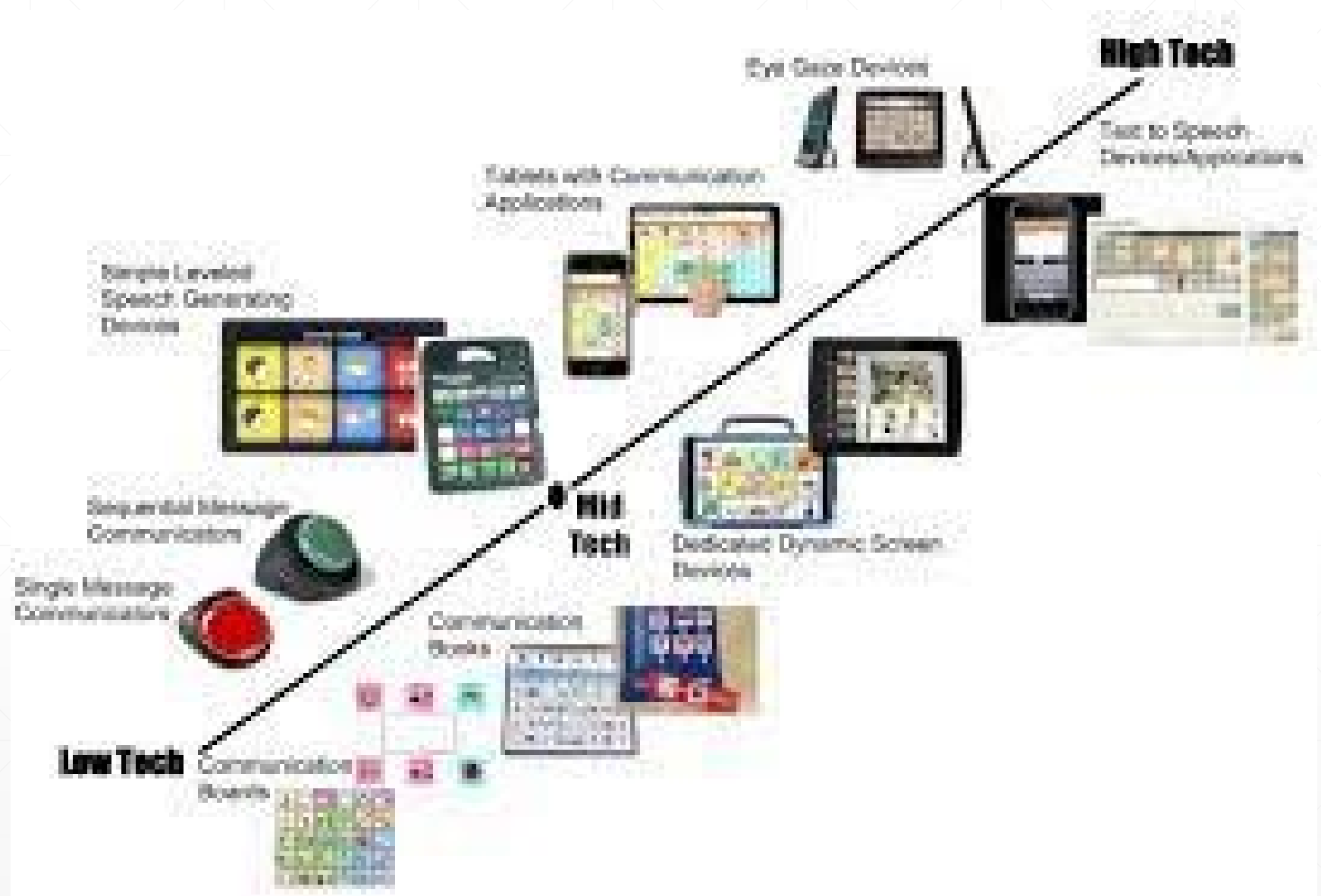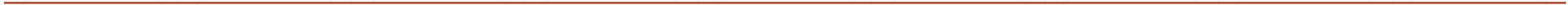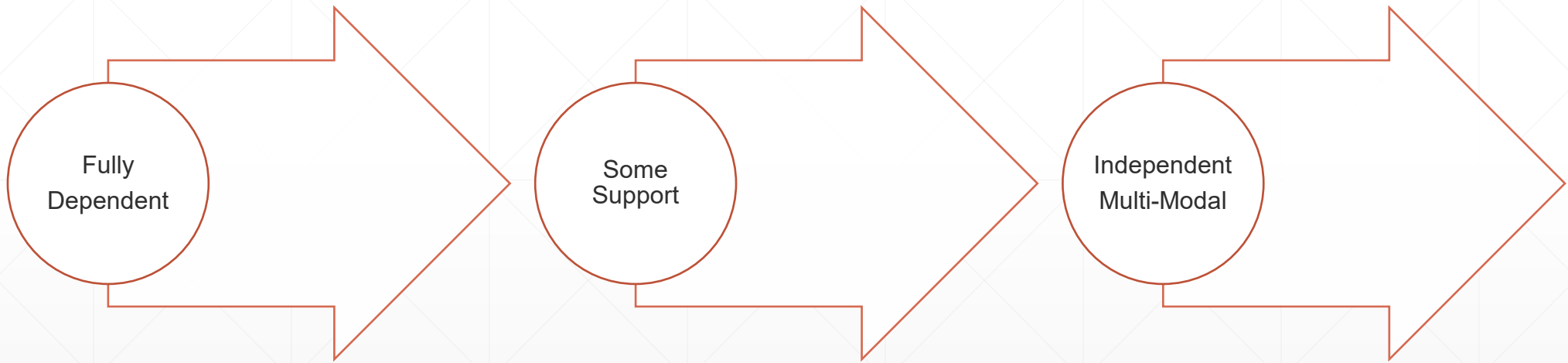
Object symbols

Hierarchy

Mid Tech

High Tech

Expressive and/or Receptive Communication Continuum

Fully Dependent

Some Support

Independent Multi-Modal

Who is a candidate for Supports?

- A visual support refers to using a visual item such as an object, photograph, sign, or picture to communicate.

- Visual supports aid and enhance communication.

- They provide individuals with speech, language, and communication needs with an alternative mode.

- Everyone uses visual supports, including technology, to enhance communication. For example:

Grocery Lists, Click-it, Texting, Recipes, Directions, street signs, calendars, and schedules.

Behavior is Communication