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My Child has Autism...Now What?:
Recommendations for Parents

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Kentucky Autism Training Center

The mission of the Kentucky Autism Training Center is to strengthen our state's systems of support for persons affected by autism by bridging research to practice and by providing training and resources to families and professionals. KATC is committed to improving the quality of life for those affected by ASD.

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KATC Resources

- KYAUTISM Listserv
- Informative Website
- Amanda L. King Resource Library
- Services and Supports Directory
- Autism Internet Modules (AIM)



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Training

- Regional Workshops
- Professional Development Workshops
- Workshops for Family Groups
- Partnership with the National Professional Development Center for ASD





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Support

- Family Support Group Network
- Special Education Cooperatives
- Networking Educators



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Autism Spectrum Disorder





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Recent Statistics

- March 2014: 1 in 68 children
- 30% increase since 2008
- Over 2 million Americans live with an autism spectrum disorder
- 60% of costs are in adult services.
- Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention.

Center for Disease Control, 2014



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What is Autism?

- *A complex neurological disorder that affects one's socialization and communication skills.*
- *Restricted, repetitive, and/or stereotyped behaviors are also present.*

Autism is a spectrum disorder--

"If you know one child with autism, you know one child with autism."





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Is there a cure for Autism?

- Currently, there is no “cure” for Autism.
- There are many researched-based strategies that have been shown to greatly decrease the symptoms and help the child to become a more fully functioning individual.

The word “cure” is questionable in the Autism community.



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Strengths:

- Smart in an “out of the box” way
 - Creative
 - Strong rote memory skills
- Can be very affectionate and loving
- Sees the world in a different way!





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Areas Targeted for Intervention:

Communication

Socialization

Adaptive Skills

Executive Functioning Skills

Generalization of All Skills



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***Changes in Diagnostic Criteria:
DSM-IV (TR) to the DSM-V***

What does this mean?





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Biggest Change

New classification system eliminates the previously separate subcategories on the autism spectrum, including Asperger syndrome, PDD-NOS, childhood disintegrative disorder and autistic disorder. **These subcategories are now folded into the broad term Autism Spectrum Disorders (ASD).**



DSM-V Criteria for ASD

A. Persistent deficits in social communication and social interaction across multiple contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communicative behaviors used for social interaction
- Deficits in developing, maintaining, and understanding relationships





DSM-V Criteria for ASD

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of the following:

- Stereotyped or repetitive motor movements, use of objects, or speech
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment



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Kentucky Department of Education

Autism Eligibility Guidelines

- Student has a developmental disability significantly effecting verbal and nonverbal communication skills
- Student has a developmental disability effecting social interaction
- Students deficits are not primarily the result of an emotional-behavioral disability
- Evaluation information confirms that there is an **adverse impact** on educational performance
- Evaluation information confirms that a lack of instruction in reading and/or math was not a determinant factor in the eligibility decision
- Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision





Where do we go from here?

- How do I choose interventions for my child?
- What are evidence-based interventions?
- Considerations for families



How do I know which interventions to choose for my child?

What are my child's interests?

What are my child's strengths?








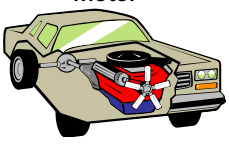
What are my child's weaknesses?

What is "do-able" for my family?

Do I have the resources to provide this intervention?

IS THIS INTERVENTION SUPPORTED BY THE RESEARCH?



Communication 	Socialization 	Restrictive/Repetitive 
Cognition 	Characteristics of Autism Spectrum Disorders	Sensory 
Academic 	Emotional Vulnerability 	Motor 

COMMUNICATION *Joint attention *Turn taking *Anticipating a routine *Eye Contact *Imitation Skills *Functional Communication: ---Idiosyncratic language usage ---Literal language interpretation *Nonverbal/Paraverbal language	SOCIALIZATION *Pragmatic Language: --Lack of spontaneity --Recognizing a speaker's intent --Reciprocating during conversation --Respond with the appropriate amount of information --Interest in objects versus people. *Understanding social rules, social engagement, and maintaining interactions. *Poor empathy. *Bluntly honest. *Withdrawal tendency - Prefer to be alone. *Difficulties making/maintaining friends. *Difficulty with time	RESTRICTIVE/REPETITIVE *Restricted Interests --Unusual attachments to objects. --Preference for routines/rituals --Perseverative behaviors. --Eccentric preoccupations. --Trouble letting go of ideas. --Focused on one idea *Difficulties understanding the concept of finished. *Stereotypic Behaviors--hand flapping, video or movie talk, spinning, lining up items --Limited range of interests/insist on interacting around preferred topics
COGNITIVE *Prefer Order, Predictability, Familiarity *Theory of Mind difficulties *Over-selectivity *Gestalt thinking or chunking *Time Management *Uneven Skill Development *Problem-solving	Summary of Characteristics	SENSORY *Some individuals may over respond or under respond to sensory stimuli --As a result certain things in the environment might be exceptionally reinforcing or aversive to some individuals.
ACADEMIC *Extensive knowledge in narrow areas of interest. *Strong rote memory skills *Strong decoding with weaker comprehension skills. *Knows facts/details but difficulty with abstract reasoning. *Difficulties applying learned skills in new situations. *Easily Distracted	EMOTIONAL VULNERABILITY *Easily stressed-worries obsessively *Unusual fear responses *Difficulties tolerating mistakes *Difficulties identifying, expressing or controlling emotions. *Low frustration tolerance *Exhibits "meltdowns" reactions	MOTOR *Poor motor coordination *Awkward gait *Unusual body postures, movements, & facial expressions *Handwriting difficulties *Resists or refuses handwriting or other fine motor tasks

KATC—M. Antle



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General Characteristics of Effective Interventions

- Highly structured
- Tailored to the child
- Trained professionals
- Consistent and Coordinated
- Flexible, yet routine
- Positive



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Exploring Treatment Options

- Is this intervention “do-able” for our family?
- What is the cost, if any, to the parent?
- How successful has the program been for others?
- Do staff/family have training and experience?
- How is progress measured? Who does this?
- Will the treatment help me at home, school, and community?





Quality Program Indicators

Evidence-Based Practice (EBP)

- A practice that is supported by multiple high-quality research studies

Why are EBPs important?

- Ensure we have the sharpest tools at our disposal
- We have a rationale for selecting intervention
- We can avoid the pitfalls of fad interventions



Quality Program Indicators



THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

The NPDC has identified 27 Evidence-Based Practices

- Evidence-Based Practice Briefs
 - <http://autismpdc.fpg.unc.edu/evidence-based-practices>
- AIM – Autism Internet Modules
 - www.autisminternetmodules.org





Evidence-Based Practices

- Antecedent Based Intervention
- Cognitive Behavioral Intervention
- Differential reinforcement
- Discrete trial teaching
- Exercise
- Extinction
- Functional behavior assessment
- Functional communication training
- Modeling
- Naturalistic interventions
- Parent-implemented intervention
- Peer-mediated instruction/intervention
- Picture Exchange Communication System™
- Pivotal response training
- Prompting
- Reinforcement
- Response interruption/redirection
- Scripting
- Self-management
- Social narratives
- Social skills training
- Structured play groups
- Task analysis
- Technology-aided instruction/intervention
- Time delay
- Video modeling
- Visual supports



Table 8. Matrix of Evidence-Based Practices by Outcome and Age (years)

EBP	Social			Communication			Behavior			Joint Attention			Play			Cognitive			School Readiness			Academic			Motor			Adaptive			Vocational			Mental Health		
	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22
ABI																																				
CBI																																				
DRA/VO																																				
DTT																																				
ECE																																				
EXT																																				
FBA																																				
FCT																																				
MD																																				
MI																																				
PII																																				
PMII																																				
PECS																																				
PRT																																				
PP																																				
R+																																				
RIR																																				
SC																																				
SM																																				
SN																																				
SST																																				
SPG																																				
TA																																				
TAXI																																				
TD																																				
VM																																				
VS																																				

A shaded box represents that at least one study meeting criteria included participants in the given age group and reported improvement on a given outcome



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Coping Strategies for Parents: Why is this important?



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Things to Remember:

- Take action...be involved...Educate yourself
- Learn to appreciate the small things!
- Positive Affirmations
- Remember your FAMILY
- SELF CARE!
- Keep a sense of humor
- Find a support group





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Thank you so much for participating!!

Questions??



Kentucky Autism Training Center Field Training Coordinators

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