

Evidence-Based Therapies for Children Across the Autism Spectrum

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Autism Spectrum Disorder:

Diagnostic Criteria

- A. Persistent deficits in social communication and social interactions across multiple contexts
- B. Restricted, repetitive patterns of behaviors, interests, or activities

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ASD Diagnostic Criteria

- A. Persistent deficits in social communication and social interactions across multiple contexts, as manifested by ALL of the following:
 - a. Deficits in social-emotional reciprocity, ranging from:
 - i. Abnormal social approach and failure of normal back and forth conversations; reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions
 - b. Deficits in nonverbal communication behaviors used for social interaction
 - i. Poorly integrated verbal and nonverbal communication, abnormalities in eye contact and body language, deficits in understanding and use of gestures, lack of facial expressions and nonverbal communication
 - c. Deficits in developing, maintaining, and understanding relationships
 - i. Difficulties adjusting behavior to suit various social contexts, difficulties in sharing imaginative play or in making friends, absence of interest in peers

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ASD: Diagnostic Criteria

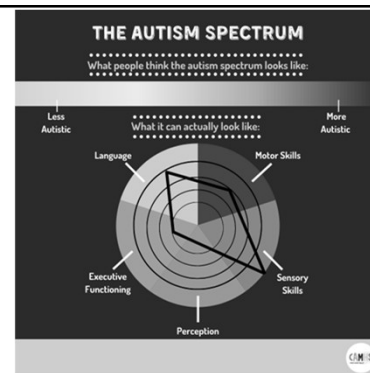
- B. Restricted, repetitive patterns of behaviors, interests, or activities, as manifested by at least two of the following:
 - a. Stereotyped or repetitive motor movements, use of objects, or speech
 - b. Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behaviors
 - c. Highly restricted, fixated interests that are abnormal in intensity or focus
 - d. Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment

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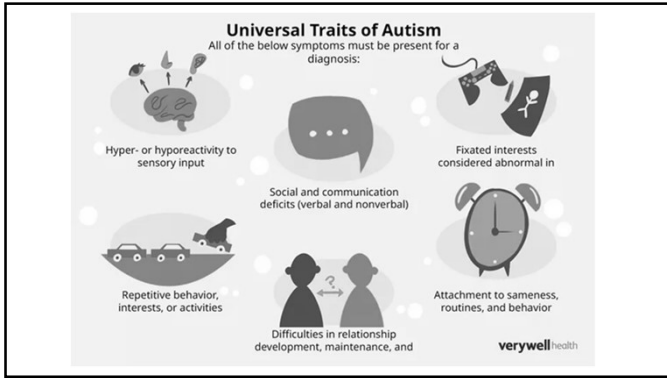
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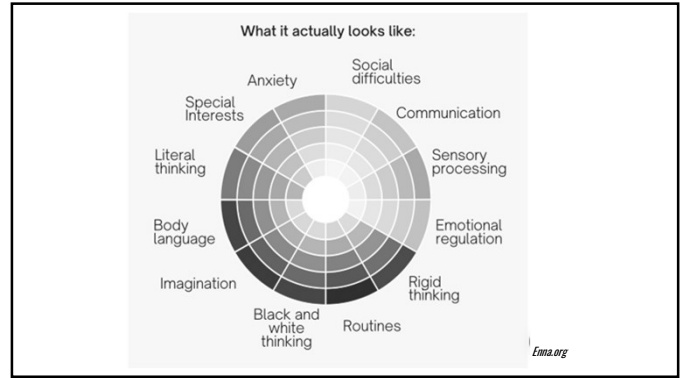
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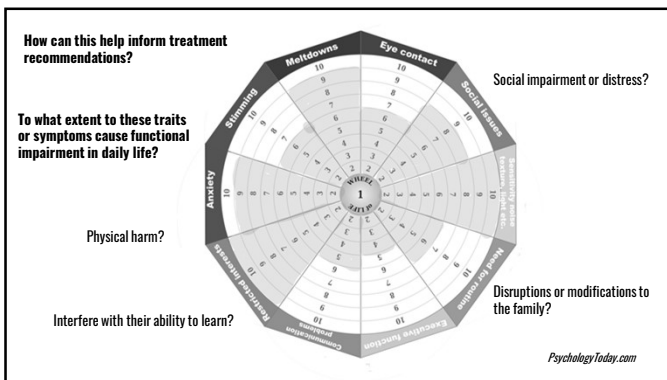
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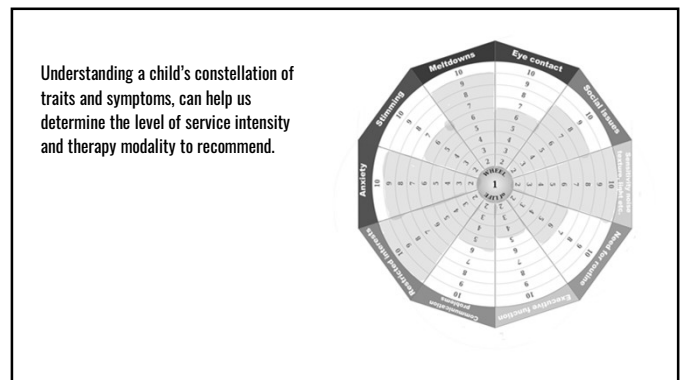
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What does research support for Autism-specific therapy?

1. Methods based on child development
2. Applications of behavioral principles
 - a. Structured learning environments
 - b. Differential reinforcement
 - c. Development of routines
 - d. Use of natural teaching environments
 - e. Generalization of skills
3. Importance of the role of parents/caregivers as change agents

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Levels of Service Intensity

1. Intensive Behavior Therapy (ABA Therapy)
2. Individual and Family Skills training (e.g., CTSS services)
3. Outpatient Therapy

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Treatment Goals: What Should the Priorities Be?

M.A.S.S. (Megan Helman, PsyD, LP)

1. Is this **meaningful** to the patient and their family?
 - a. What's important at this point in time?
2. Does this work to increase the patient's **autonomy**?
 - a. What will improve their ability to meet goals and navigate school, daily life, college/career?
3. Does this work to increase or maintain the patient's **safety**?
 - a. Safety awareness and skills
 - b. Bullying
4. Does this improve the patient's **self-advocacy** skills?
 - a. Identity, age-appropriate education
 - b. What are my needs? How can I ask for things I want and need?

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	Intensive Behavior (ABA) Therapy	Individual & Family Skills Training	Outpatient Therapy
Population	Younger children w/ more severe impairments	Varying ages, mild-mod. impairments or severe bx's	Older children w/ mild impairments
Intensity	Full time (30-40 hrs/week) Part time (10-20 hrs/week)	~2-4 hrs/week	~2-4 hrs/month
Setting	Center-based or home-based	Center-based or home-based	Clinic
Structure	Majority is individualized instruction w/ 1-2 hrs/month family consultation	Varies, but often closer to 50/50 child and parent skills	Individual therapy sessions w/ some parent consultation

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Intensive Behavior Therapy (ABA Therapy)

Who is ABA therapy recommended for?

- Younger children (typically 5 and younger)
 - Younger children show greater response to both high and low levels of treatment intensity; older children (7 and older) demonstrated less responsiveness to varying levels of tx intensity (Granpeesheh, 2009)
- Children with higher language needs
- Children with significant restricted/repetitive behaviors



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What does ABA Therapy Look like?

- NOT trying to make the child look "less autistic"
- Functional assessment
- Trial-based learning and natural environment teaching (NET)
- Communication
 - Rote exchanges vs. functional language
- Imitation skills: object, motor, verbal
- Adaptive skills: dressing, toileting, brushing teeth
- Parent consultation and training



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Individual & Family Skills Training

- a. Typically 2-4 hours/week
- b. Home based or center-based
- c. Behavior analytic principles
- d. May be 50/50 working individually with patient and their family

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Home-Based Skills Training

Who is home-based skills training recommended for?

- Older children or adolescents
- Children and families greatly impacted by challenging behaviors
- Children with mild-to-moderate functional impairments who need more support with social skills, FCT, adaptive daily living skills
- Where parent support, behavior management skills is the primary need

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Home-Based Skills Training

What does it look like?

- Functional assessment in the home
- Parent-child observations in natural environment
- Parent feedback in the moment
- Can target peer interaction and interactive play skills in natural environment
- Observation, implementation, and feedback during daily routines (e.g. morning, bedtime, homework)

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    graph TD
      Instruction --> Model
      Model --> Rehearsal
      Rehearsal --> Feedback
      Feedback --> Instruction
      
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Behavior Skills Training (BST)

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Outpatient Therapy

- a. Weekly to monthly sessions
- b. Clinic setting
- c. Behavioral strategies, social skills, CBT, ACT-based principles

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Outpatient Therapy: What does it look like?

Executive functioning skills

- Emotional Regulation skills
- Cognitive and behavioral flexibility
- Management of school and other demands
- Tools for managing daily routines
- Goal-setting and planning (e.g. long-term career or college planning)

What I wanted	What happened?	What I can do ("It's ok because...")
To play Gaga ball with Peter	Peer wanted to play soccer with other friends	<ul style="list-style-type: none"> - I can play soccer - I can play Gaga ball with someone else - I can ask Peter to play tomorrow

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Outpatient Therapy: What does it look like?

Social Skills:

- Cooperative play skills
- Conversation skills
- Perspective-taking
- Friendships and nature of social relationships
- Navigating interactions across different contexts (i.e., peers, friends, coworkers, adults, teachers, bosses)

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But make sure social skills targets are meaningful!

Matthew (9 years old)

- Highly impacted by social awareness, social reciprocity, social motivation, fixated interests
- Less impacted by executive functioning, verbal intelligence, challenging behaviors
- "Social skills" goals → **Perspective taking, self-awareness, self-advocacy skills, identity around being autistic, education**

Andrew (11 years old)

- Highly impacted by repetitive/stereotyped behaviors and need for routines, social understanding
- Less impacted by social motivation, non-verbal communication skills
- Peer "Social skills" at recess → **Self-advocacy, safety skills related to bullying, peer interaction skills in other contexts**

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Outpatient Therapy: What does it look like?

- Targeting other comorbid conditions (e.g., anxiety, depression)
- Practicing behavioral strategies I've recommended in the home (e.g., token economics)
- Still see a wide range of abilities that impact the structure of therapy:
 - Structured/visual schedule
 - Alternating your choice/my choice
 - Implementing social skills/conversation skills within games during session

Jimmy's Schedule

- Mindfulness Cards
- Break - Jimmy's choice!
- Picture practice
- Break - Jimmy's choice!
- Clean up
- = Reward
- Break - Jimmy's choice!

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Outpatient Therapy

Who is outpatient therapy recommended for?

- Older adolescents
- Children and adolescents less impacted by language differences
- Individuals who are generally able to report on their experiences

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Flexible and Multidisciplinary approach

- Be careful about blanket recommendations (e.g., ABA for all kids under age 5)
 - May be more nuanced for a 5-year-old, w/o intellectual impairment and with mild delays in adaptive or language functioning
- Take into account the family's needs and limitations
 - Inform families about the range of options (while providing education on EB vs. non-EB strategies)
 - Transportation
 - Center-based vs. in-home
- Integrate multidisciplinary supports
 - E.g., Speech, OT, school services
 - Case management support
 - Medication management

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What should parents look for in a therapy program?

- Behavioral, Individualized, Strength-Based
 - Are therapists asking specific questions about child's behaviors?
 - Individualized for the child and family's needs?
 - Taking into account individual strengths and building on them?
- Parent are involved
 - Are parents involved in the treatment planning process, aware of their child's treatment goals, and updated regularly about their progress?
 - Parents should be able to observe some of their child's sessions and receive consultation and skills
- Generalization to natural settings
 - Are treatment strategies targeting improvements at home, school, and the community?
 - Are parents seeing progress in daily life?

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Questions?

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References

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