

ASD & Aging PART 2

Dr. Amanda Azarbehi

So what are the Motivators?



MOTIVATORS

A	B	C	Motivator
Scream @ work placement	Scream	Sent home	Avoidance
Hit mom in kitchen when hungry	Hits	Mom gives a snack	Gain
During recess outside he is wandering around bored	Runs Away	Classmates yell and chase	Attention

SOLVING CHALLENGING BEHAVIOR

- Intrinsically Motivating=BLOCK & Teach More Appropriate Alternatives
- Gain = DENY & Teach More Appropriate method of request & gain
- Escape/Avoidance = PREVENT & Teach Alternatives & Tolerance
- Attention = IGNORE & Teach Alternatives
- Communication = Teach Alternative methods of communicating

SOLVING CHALLENGING BEHAVIOR

- Intrinsically Motivating=BLOCK & Teach More Appropriate Alternatives

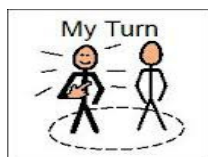
- Why this method will work
- Examples of when to use
- How to implement



SOLVING CHALLENGING BEHAVIOR

- Gain = DENY & Teach More Appropriate method of request & gain

- Why this method will work
- Examples of when to use
- How to implement



SOLVING CHALLENGING BEHAVIOR

Break, please.



-Escape/Avoidance = PREVENT & Teach Alternatives & Tolerance

- Why this method will work
- Examples of when to use
- How to implement



Time Timer

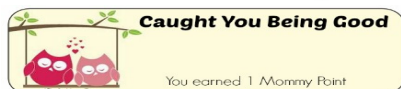
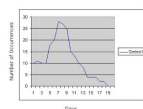


SOLVING CHALLENGING BEHAVIOR

-Attention = IGNORE & Teach Alternatives

- Why this method will work
- Examples of when to use
- How to implement

Extinction Burst



SOLVING CHALLENGING BEHAVIOR

-Communication = Teach Alternative methods of communicating

- Why this method will work
- Examples of when to use
- How to implement



Review of previous ABC data examples

A	B	C	Motivator
Sit down for circle time	Scream	Taken out of class	Avoidance
He is told it is another child's turn with a toy and made to hand it over	Hits	Child hands over toy	Gain
During recess outside he is wandering around bored	Runs Away	Classmates yell and chase	Attention

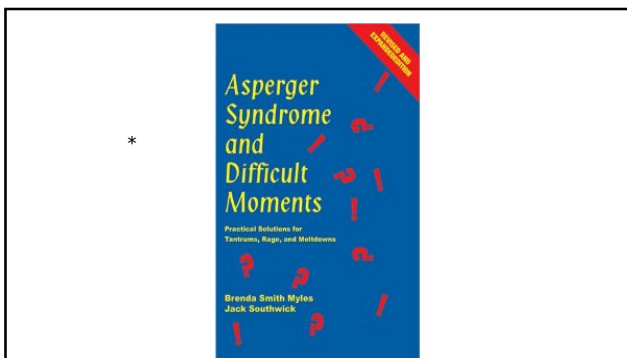
So what would you do?

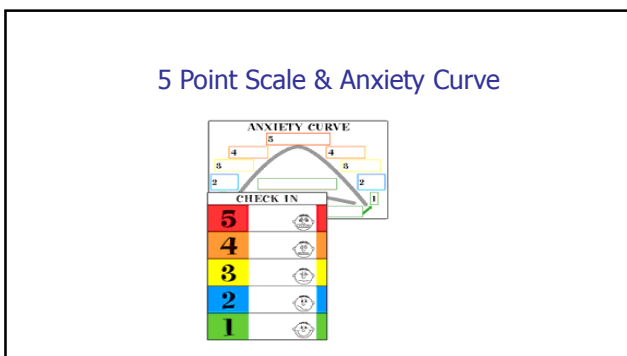


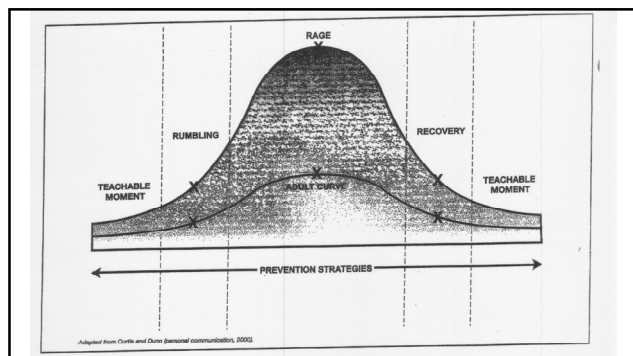
SOLUTIONS Based on Data

A	B	C	Motivator	Solution
Scream @ work placement	Scream	Sent home	Avoidance	Prevent escape after scream
Hit mom in kitchen when hungry	Hits	Mom gives a snack	Gain	No more snacks after hitting & teach alternate behavior
During recess outside he is wandering around bored	Runs Away	Classmates yell and chase	Attention	Ignore & Teach child way to ask others to play tag OR to join in on play









- The RAGE Cycle

- Teachable Moments
- The Rumbling Stage
- Rage Stage
- Recovery Stage
- Teachable Moments
- NOTE: ONLY teachable times are well before or after meltdowns

-Rumbling Stage Behaviors

- | | |
|-------------------------|--------------------|
| - Fidgeting | - Name Calling |
| - Swearing | - Increased Volume |
| - Making noises | - Verbal Threats |
| - Ripping paper | - Tapping Foot |
| - Refusing to Cooperate | - Crossing Arms |
| - Rapid Movement | |
| - Tears | |
| - Tensing Muscles | |

-Rumbling Stage Interventions

- Sensory Toys
- Bouncing
- Proximity Control
- Signal Interference
- Touch Control
- Defusing Humour
- Routine
- Interest Boosting
- Redirecting
- Cool Zone
- Acknowledge
- Just WALK. Don't TALK

- Adult Behavior During Rumbling Stage

- Remain CALM
- Use a calm quiet voice
- Take Deep Breaths
- Prevent a POWER STRUGGLE
- Re-evaluate goals
- Be flexible because the person with ASD cannot

-How an Adult can ESCALATE a Crisis

- Raise voice or yell
- Preach or lecture
- Back person with ASD into a corner
- Power Struggle "I'm the boss"
- Plead or bribe
- Become Angry, Upset, or Afraid
- Insist you are right
- Reward unacceptable behavior
- Over React

- Typical Rage Stage Behaviors

- Impulsive
- Emotional
- Explosive
- Destroy Property
- Self Injurious
- Scream
- Bite/Hit/Kick
- Internalizing

- Rage Stage Interventions - 1

- Protect the person with ASD
- Protect the environment
- Protect Others
- Don't Discipline
- Remove the Audience
- Be Non Confrontational
- Plan a "graceful" exit strategy
- Follow a premade plan
- Obtain Assistance

- Rage Stage Interventions 2

- Prompt to a cool zone
- Use Few words
- Prevent a power struggle
- Re-evaluate goals
- Be Flexible the person with ASD cannot

- Typical Recovery Stage Behaviors

- Sleeping
- Denial of Rage Behaviors
- Withdrawal into a Fantasy
- Apologizing
- Still very touchy and sensitive

NOTE: Consider the person with ASD fragile at this stage as they can re-enter the rage stage easily

- Recovery Stage Interventions

- Remain calm and quiet
- Take time to calm down yourself
- Support use of Relaxation Techniques
- Do NOT refer to rage behavior
- Support with Structure
- Consider the person with ASD fragile
- Do not make excessive demands
- Determine Appropriate options/choices for the person with ASD Redirect to calm zone, provide space

- TEACHABLE MOMENTS

- THESE are the times that you want to focus on for intervention to prevent rage cycles
 - Antecedent Controls
 - Self Calming preventatively
 - Sensory diets
 - CBT

Group Work – Practice Writing a Basic Behavioral Intervention Plan



MANAGING ANXIETY

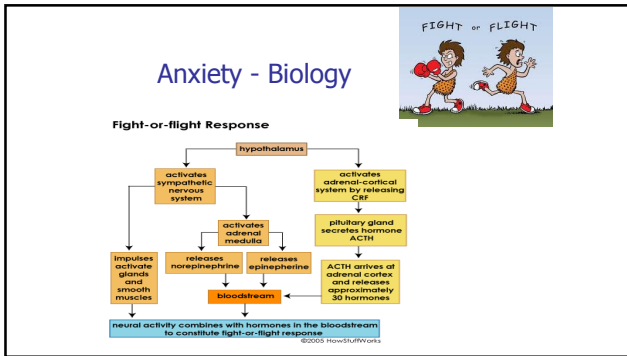


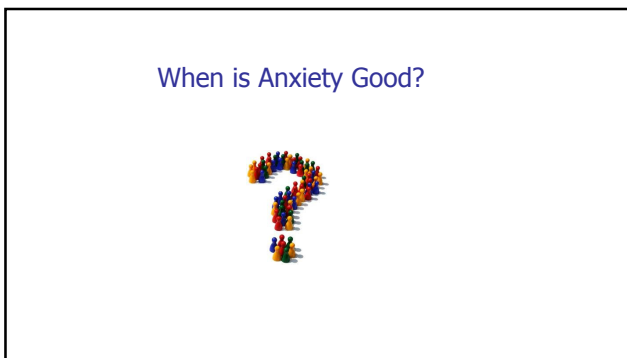
Defining Anxiety



*A psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components

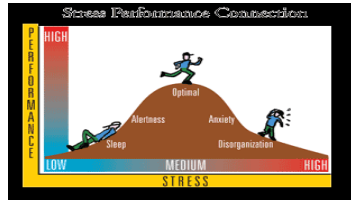
*Anxiety is considered to be a normal reaction to a stressor. It may help an individual to deal with a demanding situation by prompting them to cope with it. However, when anxiety becomes overwhelming, it may fall under the classification of an anxiety disorder.







When is Anxiety Good?



Symptoms of Anxiety - 1



- Feelings of panic, fear, and uneasiness
- Uncontrollable, obsessive thoughts
- Repeated thoughts or flashbacks of traumatic experiences
- Nightmares
- Ritualistic behaviors, such as repeated hand washing
- Problems sleeping
- Cold or sweaty hands and/or feet

Symptoms of Anxiety - 2

- Shortness of breath
- Palpitations
- An inability to be still and calm
- Dry mouth
- Numbness or tingling
- Nausea
- Muscle tension
- Dizziness



Supporting People with ASD & Anxiety

Tools & Techniques

- Relaxation Tools
- Anxiety and Coping Tools
- Professional Intervention Services

Supporting People with ASD & Anxiety

-Relaxation Tools

- Diaphragmatic Breathing
- Progressive Muscle Relaxation
- Visualization
- Mindfulness Meditation



Supporting People with ASD & Anxiety

-Relaxation Tools

- Relaxation CDs
- IE:
 - Terry Orlick CDs



Supporting People with ASD & Anxiety

- Relaxation Tools
 - Progressive Muscle Relaxation
 - Social Stories
 - Orlick CDs
 - Taming Your Dragons



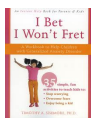
Supporting People with ASD & Anxiety

- Relaxation Tools
 - Visualization
 - Orlick CD
 - Taming Your Dragons





Supporting People with ASD & Anxiety

- Anxiety and Coping Tools
 - The Relaxation and Stress Reduction Workbook For Kids – Shapiro
 - Anxiety Workbook for Teens – Schab
 - LOTS of workbooks for Adults




APPS 4 Breathing






Breathe 2 Relax – FREE

- Tutorials
- Customizable
- Track Stress




APPS 4 Breathing






Pranayama – FREE/\$1.99

- Tutorials
- Customizable
- Track Progress




APPS 4 Visualization & Relaxation

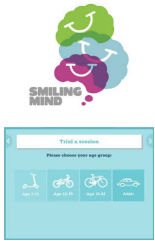
Autogenic Training - \$2.99

- Teaches 5 ways to relax
- *Autogenics
- *Progressive Muscle
- *Deep Breathing
- *Visualization
- **"Special Place"

Relaxation



APPS 4 Mindfulness & Meditation



Smiling Minds - FREE
 -Takes listeners through guided meditations, beginning with a "body scan" session and moving on to sounds, thoughts, and emotions.
 -4 Age level Settings
 -Tracks mood
 -Earn badges & unlock levels
 -National Research in Australia

Cognitive Self Calming



Cognitive Exercises



- Mindfulness (Eating, Pet, Walking in Yard)
- Talk Back To Worries
 - #1 Ask – Is this OK or SILLY to worry about
 - #2 Decide – What am I going to think of instead
- Thought Distraction
 - Musical String Drawing

5 Steps to Thought Stopping

#1 Notice Anxious Thought

#2 Tell self to STOP

#3 Exchange Anxious Thought for Peaceful one

#4 Repeat peaceful thought

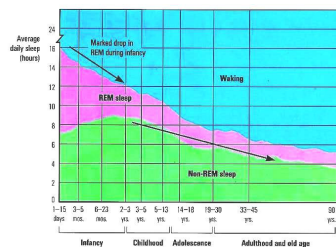
#5 Keep mind focused on peaceful thought



SLEEP

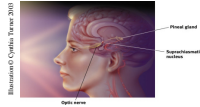


SLEEP



Rhythm of Sleep – Our Biological Clock

Circadian Rhythms occur on a 24-hour cycle and include sleep and wakefulness, which are disrupted during transcontinental flights.

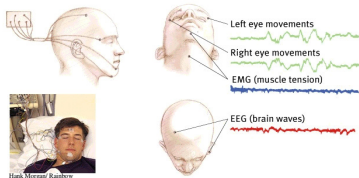


Light triggers suprachiasmatic nucleus to decrease (morning) melatonin from pineal gland and increase (evening) it at night fall.

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Sleep Stages

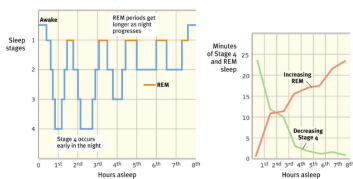
Measuring sleep. About every 90- minutes we pass through a cycle of five distinct sleep stages.



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90-minute Cycles during Sleep

With each 90-minute cycle, stage 4 sleep decreases and the duration of REM sleep increases.



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Why do we sleep?

We spend one third of our life sleeping.

If an individual remains awake for several days they deteriorate, in terms of immune function, concentration and accidents.



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Sleep Deprivation

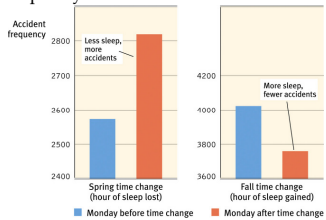
1. Fatigue and subsequent death.
1. Impaired concentration.
1. Emotional irritability.
1. Depressed immune system.
1. Greater vulnerability.



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Accidents

Frequency of accidents increase with loss of sleep



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How Common Are Sleep Problems

*1 in 4 adults report sleep difficulties

•People with ASD amongst those with greatest sleep challenges

- Survey research indicates 80% of parents of children with ASD report some problem with sleep and 1 in 4 describe the problem as severe.

Sleep deprivation effects 1/3rd of people with special needs

Common Sleep Problems

- Insomnia
- Hypersomnia & Narcolepsy
- Breathing Issues
- Sleep Schedule Problems
- Nightmares – 20% Kids / 5% Adults = severe
- Sleep Terrors – 5% kids, typically outgrown
- Sleep Walking – 15-30% kids, >1% adults
- Periodic Limb Movement
- Bedwetting
- Tooth Grinding
- Rhythmic Movement Problems

Melatonin Issues



Behavioral Intervention Tools

- 'Sleep / Behavior Log'
- Good Sleep Hygiene
- Addressing Fears & Phobias

Sleep Log

	Time to bed	Time Asleep	Night wake ups (Urms & Lumps)	Describe Night Wake ups	Time Awake in Morning	Daytime Naps
Sunday	930	1130	none	none	930	Car 30
M	8	1030	none	none	6	School 60
T	10	1130	none	none	6	School 60
W	915	12	none	none	6	School 45
TH	930	11	none	none	6	School 60
F	11	1130	none	none	6	School 50
S	10	1130	none	none	1030	No Nap

Behavior Log

Date	Time	Bedtime Behavior	How did you handle it?	Night Wake ups	How did you handle it?
Monday	10pm	Cry & bang head	Went in and held til sleep		
T	1015pm	Cry & bang head	Wait 5 min then in & held til sleep		
T	1145pm			crying	Went in & held til sleep
T	1am			Cry & scream	Went in & held til sleep
TH	10pm	Scream, whine, throw toys, bang head	Wait 10 min then in & held til sleep		

Behavioral Intervention Tools –
Good Sleep Hygiene

- Bedtime Routines
- Regular Sleep Times
- Caffeine/Alcohol/Tobacco
- Diet
- Winding Down / Limiting Exercise
- Bed & bedroom

Behavioral Intervention Tools –
Diet

- AVOID – spicy greasy food later in day that could cause stomach discomfort. Also avoid beans is gas pains. Also avoid MSG
- ADD – Amino Acid L-tryptophan (turkey, milk, eggs), Multi-spectrum B vitamin

Behavioral Intervention Tools –
Exercise

- Winding Down / Limiting Exercise
 - Cardio 4-6 hours prior to bed is best
 - Encourages proper body Rhythms for sleep
 - Body Temperature & Sleep

Behavioral Intervention Tools –
-Bedtime Routines

-Bedtime Routines

-30 min prior to bed have regular routine

- Include Pjs, washing reading ect
- Keep order and time same each night
- Do not include 'conflict' activities
- Avoid all electronics
- With ASD consider SOME small variation each night

Behavioral Intervention Tools –
Regular Sleep Times

-Determine # hours of sleep you need per 24 hour cycle

-Determine wake up time 1st then count backwards to set sleep time

-Consistent avoids constant "jet lag" effect

Behavioral Intervention Tools –
The bed & bedroom

-Bed & bedroom

- Keep the bed ONLY for sleeping
- Consider keeping electronics and phone in another room
- NO TV IN THE BEDROOM!

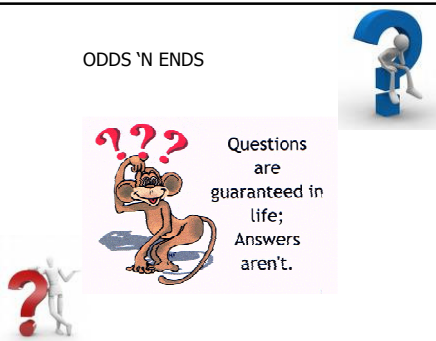
Sleep Hygiene Log

	Monday	Tuesday	Wed	Thurs	Fri
Caffeine	none	Coke at lunch	Coke at dinner	none	Tim's Iocap after school
Sugar	Dessert & lunch	Dessert & lunch	Dessert & lunch & Dinner	Dessert & lunch	Dessert & lunch
Screen Time Off	5pm	6pm	8pm	6pm	7pm
Bedtime Routine	regular	regular	rushed	regular	regular
Bed TIME	7pm	7pm	9pm	7pm	7pm
Time to Fall asleep	20 min	45 min	2 hours	20 min	50 min

GREAT Online Sites & Supports

<http://www.autism.org.uk/living-with-autism/adults-with-asd/autism-and-ageing.aspx>
<http://www.agewithautism.org/>


ODDS 'N ENDS






-New DSM-V Diagnostic Criteria & Categories

- *Separate diagnostic categories of Autism, PDD-NOS, and Asperger's Removed
- *1 Single Autism Spectrum Disorder Category
- *Pros and Cons



Defining Autism (cont'd)



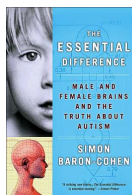
Two core symptom categories:

- #1 Deficits in social communication & Social Interaction
- #2 Restricted, repetitive patterns of behaviour, interests, or activities

Severity Levels

Severity Level for ASU	SOCIAL COMMUNICATION	Restricted interests & repetitive behaviors
Level 3 Requiring very substantial support	Severe deficits in verbal and nonverbal social communication skills. Social interactions are severely restricted. Recurrent and stereotyped patterns of behavior are often observed. Recurrent and stereotyped patterns of behavior are often observed.	Preoccupations, fixated interests and/or restricted activities. Interests are often abnormal in content. Interests are often abnormal in intensity. Interests are often abnormal in focus. Interests are often abnormal in duration. Interests are often abnormal in content. Interests are often abnormal in intensity. Interests are often abnormal in focus. Interests are often abnormal in duration.
Level 2 Requiring substantial support	Marked deficits in verbal and nonverbal social communication skills. Social interactions are severely restricted. Recurrent and stereotyped patterns of behavior are often observed. Recurrent and stereotyped patterns of behavior are often observed.	Marked and persistent preoccupations or restricted interests. Interests are often abnormal in content. Interests are often abnormal in intensity. Interests are often abnormal in focus. Interests are often abnormal in duration. Interests are often abnormal in content. Interests are often abnormal in intensity. Interests are often abnormal in focus. Interests are often abnormal in duration.
Level 1 Requiring support	Without supports in place, deficits in social communication skills. Social interactions are severely restricted. Recurrent and stereotyped patterns of behavior are often observed. Recurrent and stereotyped patterns of behavior are often observed.	Marked and persistent preoccupations or restricted interests. Interests are often abnormal in content. Interests are often abnormal in intensity. Interests are often abnormal in focus. Interests are often abnormal in duration. Interests are often abnormal in content. Interests are often abnormal in intensity. Interests are often abnormal in focus. Interests are often abnormal in duration.

MASCULINE BRAIN RESEARCH


Biological sex affects the neurobiology of autism

This study seeks to answer two questions about how autism is modulated by biological sex at the level of the brain:

- (i) is the neuroanatomy of autism different in males and females?
- (ii) (ii) does the neuroanatomy of autism fit predictions from the 'extreme male brain' theory of autism, in males and/or in females?

Biological sex affects the neurobiology of autism – WEB Links

<http://brain.oxfordjournals.org/content/136/9/2799.short>
<http://www.dailymail.co.uk/health/article-2388624/Girls-autistic-masculine-brains-scientists-claim.html#ixzz2fFbxy0Of>

Biological sex affects the neurobiology of autism – VIDEO

Simon Baron Cohen Interview: <https://www.youtube.com/watch?v=cm05Dc3p4>

-Research Findings

- (1) - **Revealed 'neuroanatomical masculinisation' in brains of autistic girls**
 ie - females with autism show neuroanatomical "masculinization".
 -female brains which exhibit autism traits are similar to sections of a typical male brain.
 (2) Researchers are hoping a greater understanding of autism in both sexes will improve the chance of finding treatments.

-Research Findings

(2) Researchers are hoping a greater understanding of autism in both sexes will improve the chance of finding treatments.
 -Masculinisation may implicate physiological mechanisms that drive sexual dimorphism, such as prenatal sex hormones and sex-linked genetic mechanisms.'

#5 Research
Theory of Mind



Underlying Cognitive Deficits

Theory of mind
 Sally-Anne task
 Faux pas test

Weak central coherence
 Executive dysfunction



<https://www.youtube.com/watch?v=TJkB6nrk1CA>

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VIDEO

<https://www.youtube.com/watch?v=TJkB6nrk1CA>

Poor TOM

Poor [theory of mind](#), which normally allows people to put themselves "into someone else's shoes, to imagine their thoughts and feelings."
- "God Syndrome" - their opinion is always right!

Individuals on the Autism Spectrum often cannot conceptualize, understand, or predict emotional states in other people
-Example – The crayon study

VIDEO

https://www.youtube.com/watch?v=8hLubgpY2_w

#5 Theory of Mind

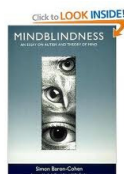
What is Theory of Mind?

-**Theory of mind** is the ability to attribute mental states—beliefs, intents, desires, pretending, lying, knowledge, etc.—to oneself and others and to understand that others have beliefs, desires, and intentions that are different from one's own

VIDEO

<https://www.youtube.com/watch?v=YIT7HFj2gv4>

#5 Mindblindness & Autism



#5 Mindblindness & Therapy

-Researchers are now developing intervention programs based upon targeting this core deficit.

*Example = RDI

*Example = Play Therapy & Imagination

*Example = Components of IBI & PRT

Group Discussion



Could this Research be of use to you?

How?
