



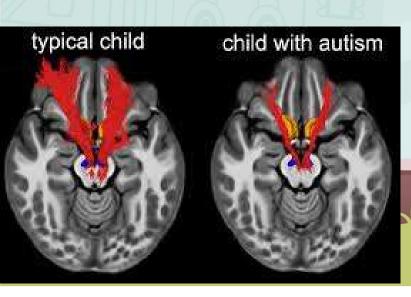
PROJECT TITLE:

Autism Spectrum Disorder and Applied Behavior Analysis

Autism Spectrum Disorder and Applied Behavioral Analysis

By: Nicole Edder

Early Childhood Education, Special Education







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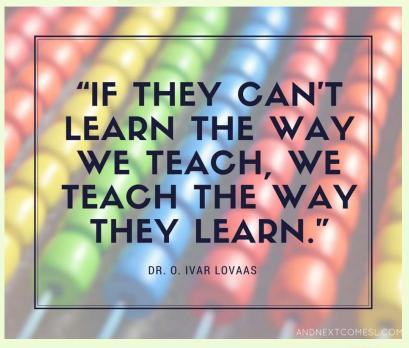


What is Autism?

- Autism is a life long neurodevelopmental disorder that is almost always diagnosed in early childhood.
- Difficulties in the social and emotional domain, along with restricted/repetitive behavior are often signs for diagnoses.
- Typically involves impairments in the imaginative and symbolic play area.
- Between 25% and 30% of people with autism will never acquire spoken language.
- People with autism will sometimes have; repetitive behaviors, show extreme interest (hand washing, tv schedule, dinosaurs) or show physical behaviors such as; head banging, hand flapping and whole complex body movements.
- People will autism may also have PICA, "a psychological disorder characterized by an appetite for substances that are largely nonnutritive."
- Up to ¾ of children with Autism will also have an intellectual disability.

Types of Therapy or Interventions

- Five Main Types of Therapy used as intervention for Autism Spectrum Disorder:
- 1. Applied Behavioral Analysis
- 2. Relationship Development Intervention
- 3. Sensory Integration Therapy
- 4. Communications Interventions
- 5. The TEACCH Model



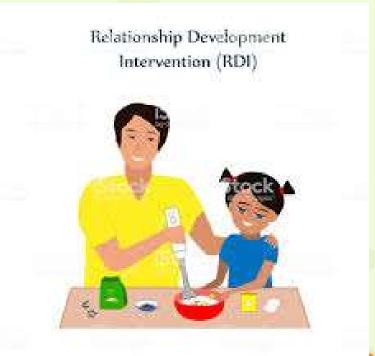






Relationship Development Intervention or RDI:

- This type of therapy focuses on correcting social behaviors and relies on strong family involvement.
- The child is first observed by a professional and then individualized goals are set. In this form of therapy the child's family act's as the therapist and provides the therapy.
- The family has the option of either receiving a intensive in person training, or a 5 hour online course. Families are also encouraged to record videos and send them to the professional assigned to them for tips and feedback.







Sensory Integration Therapy:

- This type of therapy or intervention works by improving the child's sensitivities to sensory stimuli.
- This is done by slowly introducing the child to increasingly higher levels of sensory stimuli.
- This type of therapy does not require much time per session. With this therapy you can also tell if it is going to work early on in the therapy sessions.





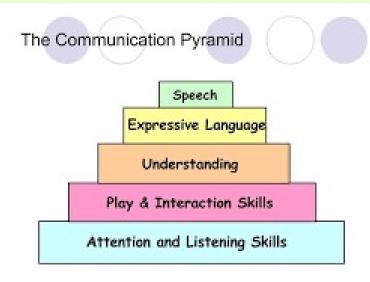


Communications Interventions:

- This therapy is done by teaching various forms of communication skills, that are aimed at reducing or replacing problem behaviors.
- Usually done verbally or with assistive communication devices, PECS (picture exchange system) or an iPad.
- This therapy is designed to help an individual express their wants and needs, which can sometimes be the cause of behaviors.
- This type of therapy can occur through modeling, requesting, peer tutoring and games.







The TEACCH Model:

- Focuses on creating a highly structured and organized learning environment for the child.
- Activities are predictable and sequenced using visual organization techniques.
- Relies on teaching families to use strategies at home.

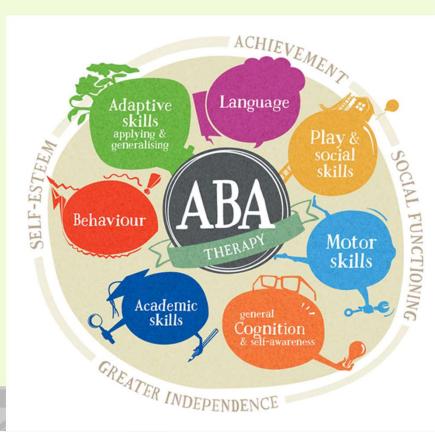




What is Applied Behavioral Analysis?

- ABA therapy is based around understanding behaviors (why, environment and how learning takes place.)
- Can be used from childhood through adulthood.
- ABA can increase language and communication skills, improve attention, social skills, memorization skills, decrease problem behaviors and improve cognitive functions.
- ABA has been used since the 1960's as a form of effective therapy for Autism Spectrum Disorder.
- This is a flexible therapy that meets the needs of each individual child.
- Can be provided in a variety of different locations such as; home, school or in a community setting.





What is ABA Continued:

- Relies on having families be on board and willing to learn.
- Therapy plans are written by a BCBA or board certified behavior analyst, who first extensively observes the client.
- RBT or registered behavior tech implements therapy plan.
- Normally client's works with RBT or BCBA 40 hours a week for 1-3 years.
- Considered a evidence based practice by the US.
 Surgeon General and The American Psychological Associations.







- Client gaining highest level of independence.
- Main idea revolves around the use of positive reinforcement, (rewarding correct behavior.)
- Setting goals
- Correcting behaviors with replacement behaviors.
- Learning self help skills
- ABA is child driven, uses backward chaining, physical prompts, discrete trail training, and properly training people in clients every day life.
- Uses Antecedent (before,) Behavior (during,) and consequence (what happened after behavior), to determine the function or reason behind a behavior
- Every behavior has function or reason, such as escape behaviors, attention seeking behaviors or behaviors due to lack of communication skills.
- Can occur with either planned situations or naturally occurring situations
- Positive reinforcement is used for demonstrating useful skills and socially acceptable behaviors.
- No reinforcement is done for behaviors that either can cause harm or prevent proper learning.

Main Focuses of ABA:



Personal Connection to ABA Therapy:

- I worked as a registered behavioral tech or RBT for a year in Rifle, Colorado
- I worked with various clients on replacement behaviors. Such as clapping instead of hitting and using communication like saying "no,"
- Worked with clients using the PEC system and ACC devices for communication.
- Worked on using visual schedules, going to various therapies and appropriate transitions.
- I worked with clients who were dually exceptional (more than one diagnose) and on various different level on the ASD spectrum.
 - It was amazing to see first hand how evidence based practices worked when they are used correctly. This sparked my interest in working with high behaviors and social skills.





Using Therapy in Collaboration with Occupational Therapist and Speech and Language Pathologist:

- It has been shown that Speech Language Pathologist (SLP) and Occupational Therapist (OT) can be added on to current therapies a person with ASD is already utilizing.
- An SLP's role is to assist in developing communication skills. Skills like; requesting, convey needs and carrying on a conversation. These skills may reduce problem behaviors or make other therapies more effective.
- Occupational therapy or OT can help a child in a controlled setting integrate sensory strategies into communication.
- OT's only use evidence based practices and are trained to work on behaviors such as; food aversion (which needs someone highly trained to correct), zipping a jacket, brushing teeth etc.
- By going to SLP and OT someone with ASD maybe be able to maintain arousal easier, sustain attention, react to sensory stimuli with expected reactions and can engage with purpose and proper communication skills.



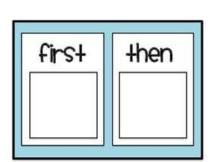


Tips For Teachers:

- Students with ASD who were surveyed struggled to feel confident in the classroom setting. Which means as educators we should be trying to slowly build confidence in the child.
- Remember ASD is very broad and no two students are alike. The one size fits all approach will not work with students with ASD. You need to take a targeted individualized support strategy.
- Specific strategizes only work when support staff and teacher are properly trained.
- Make sure to utilize collaboration with others. Such as; peers, professionals, going to trainings and conferences.

Have a flexible classroom management with clear policies. Provide your class with social acceptance

strategies.





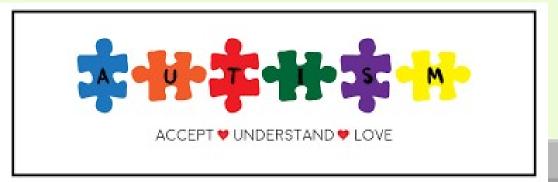
<u>Tips For Teachers</u> <u>from Temple Grandin:</u>

- 1. Many with autism are visual thinkers and think in pictures.
- 2. Avoid long strings of verbal instructions (people with ASD have a hard time remembering sequences.)
- 3. People with ASD are sometimes good at art, drawing, computers, think outside the box with your teaching strategies.
- 4. Use fixations as motivators
- 5. Use concrete visual concepts
- 6. Some children with ASD learn to read by either memorizing whole words or phonics.



Tips For Parents

- Don't wait for a diagnoses, early intervention is essential, start working on behaviors right away.
- Some programs such as ABA need a diagnose before services can begin, but many programs do not require a diagnose.
- Accept your child for who they are and don't give up. Every parent has good and bad days.
- Be consistent and stick to a schedule.
- Reward good behavior and find things that are highly motivating in the child's life.
- Remember in the end the are still a child, HAVE FUN



- Make your home the safe zone, create a space where your child feels safe
- Find non-verbal ways to communicate such as; looking for gestures, body language cues and sounds that repeat. (echoic language cues)
- Pay attention to sensory sensitives.
- Work with a professional to see available resources, appropriate treatment for the individual and the correct intervention plan for your child.
- https://www.aap.org/enus/Documents/cocwd_autism_resource_n ce.pdf (This link is list of resources that may be helpful for a parent with a child with autism.)

Resources:

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