



AUTISM SPECTRUM DISORDER

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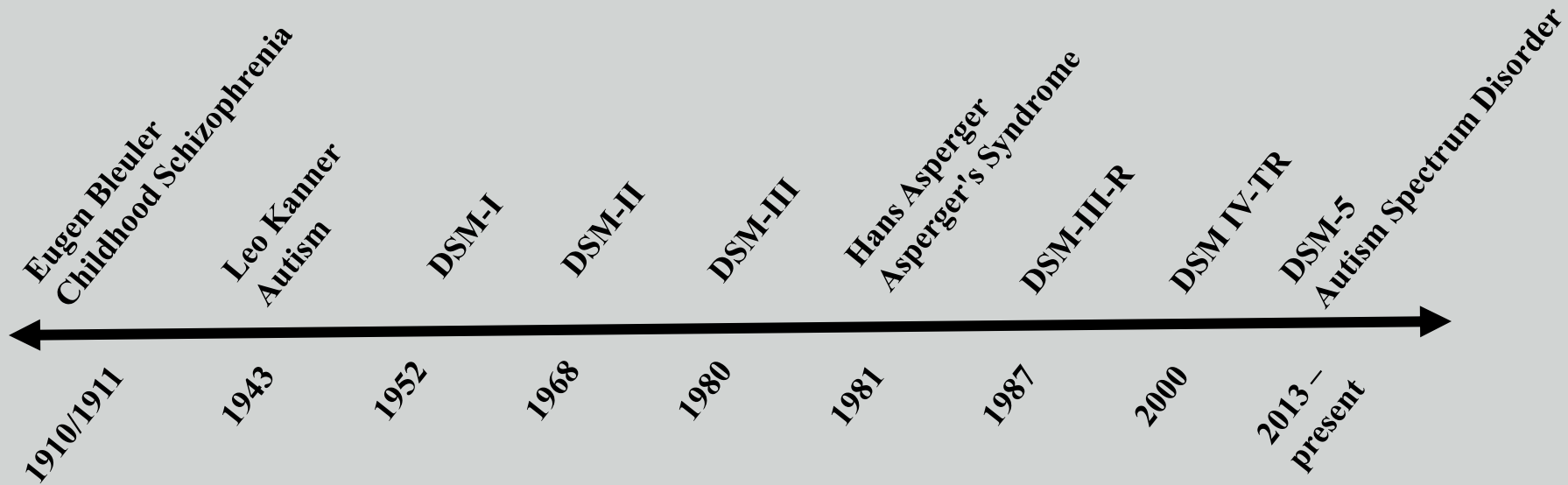


OVERVIEW

- (1) diagnostic criteria and hallmarks of ASD and recent changes to diagnostic criteria;**
- (2) a discussion of the impact of the disorder in terms of prevalence rates, etiology, and prognosis;**
- (3) an overview of evidence-based approaches to assessment and treatment;**
- (4) future directions and considerations for caregivers and practitioners**



HISTORICAL PERSPECTIVE





DEFINING FEATURES OF AUTISM



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- (1) impairments or deficits in social communication/social interaction**



SOCIAL-EMOTIONAL RECIPROcity



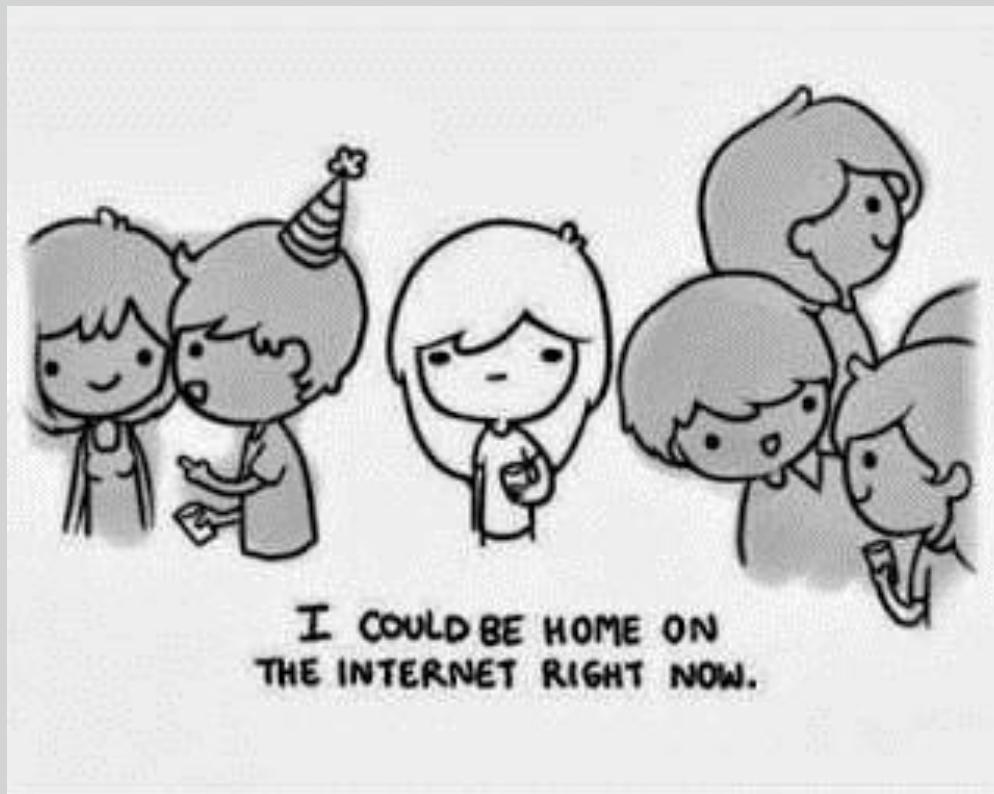


NONVERBAL COMMUNICATIVE BEHAVIORS USED FOR SOCIAL INTERACTION





DEVELOPING, UNDERSTANDING, AND MAINTAINING RELATIONSHIPS





DEFINING FEATURES OF AUTISM

- (1) impairments or deficits in social communication/social interaction;
- (2) an individual must display restricted, repetitive patterns of behavior, interests, or activities;**



STEREOTYPED OR REPETITIVE BEHAVIORS





RITUALS AND RIGIDITY





RESTRICTED OR FIXATED INTERESTS





HYPER- OR HYPOSENSITIVITY





DEFINING FEATURES OF AUTISM

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- (3) the symptoms must be present in early childhood development;**



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- (3) the symptoms must be present in early childhood development;
- (4) symptoms produce clinically significant impairments in current functioning in a variety of contexts (e.g., home, work, and school);
- (5) cannot be better explained by intellectual disability or global developmental delay**



ASSOCIATED FEATURES OF AUTISM





IMPACT OF THE DISORDER

- Autism has the potential to be a debilitating disorder.
- Few children with autism graduate from HS, have independent jobs, and/or live independently.
- Persons with autism are more likely to display severe destructive behavior.

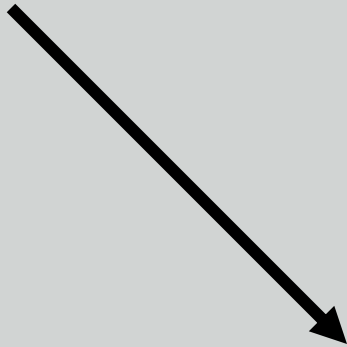
- When it comes to other serious childhood conditions, ASD is much more common.

- Fewer dollars are spent per case.

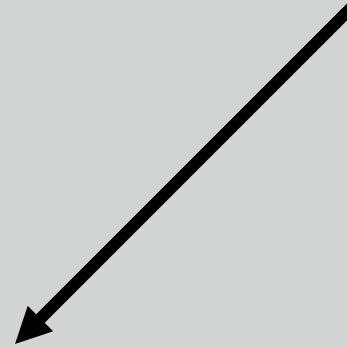
- Awareness is growing!



Genetics



Environmental



**CAUSES
?**



DIAGNOSTIC ASSESSMENT

- No medical test.**
- Clinicians must rely on direct and indirect methods to gather information to inform diagnosis.**
 - Observations**
 - Questionnaires**
 - Surveys**
 - Interviews**
 - Standardized assessment**



AFTER DIAGNOSIS



AFTER DIAGNOSIS

- Next steps for treatment**
 - Addressing behavioral deficits**
 - Addressing behavioral excesses**

Animal Therapy * Therapeutic Horseback Riding * Dolphin Therapy * Pet Therapy * Applied Behavior Analysis (ABA) * Art Therapy * Auditory Integration Therapy (AIT) * Tomatis Method * Berard Method * Fast Forward * Earobics * Augmentative and Alternative Communication (AAC) * Bonding (Attachment) Therapies* Gentle Teaching * Developmental Therapies * Denver Model * Social Communication, Emotional Regulation * Transactional Support (SCERTS) * Developmental Interventions * Developmentally-based * Individual-difference * Relationship-based Intervention (DIR) * Floor Time * Greenspan Method * Early Intensive Behavioral Intervention/Treatment * Facilitated Communication * Glasses * Holding Therapy * LEAP Model * Music Therapy * Oral-Motor Training/Therapy * Kaufman Method * Prompts for Restructuring Oral Muscular Targets (PROMPT) * Rosenfeld-Johnson Method * Patterning * Picture Exchange Communication System (PECS) * Project TEACCH (Treatment and Education of Autistic and related Communication-handicapped Children) * Psychoanalytic and Humanistic Play Therapy * Rapid Prompting Method (RPM) * Recreational Sports/Exercise * Relationship Development Intervention (RDI) * Sensory Integrative Therapy (Sensory Integration, SI, or SIT) * Sensory-motor Therapies * Socialization related classes * Social Skills Groups * Social Stories* Son Rise (Options) * Video Modeling * Vision Therapy * Irlen lenses * Glasses * Eye exercises * Rapid * Eye Therapy * Ambient lenses * Yoked prisms * Biomedical Interventions * Anti-Fungal Medication * Flagyl (metronidazole) * Diflucan (fluconazole) * Nystatin * Anti-Yeast Medication * Chelation Therapy * Craniosacral Therapy* Herbs and Homeopathic Treatments * Hyperbaric Oxygen Therapy * Iridology * Magnets * Medications * Risperdal (risperidone) * Ritalin (methylphenidate) * Prozac (fluoxetine) * Citalopram * Parent training on behavior problems



EVIDENCE-BASED TREATMENT



The National Autism
Center's

National Standards Report



the national standards project—
addressing the need for evidence-
based practice guidelines for
autism spectrum disorders





EVIDENCE-BASED TREATMENT

- Antecedent Package
- Behavioral Package
- Comprehensive Behavioral Treatment for Young Children
- Joint Attention Intervention
- Modeling
- Naturalistic Teaching Strategies
- Peer Training Package
- Pivotal Response Treatment
- Schedules
- Self-management
- Story-based Intervention Package



Applied Behavior Analysis

- Evidence base
- Driven the development of comprehensive treatment programs aimed at early and intensive behavioral intervention (EIBI)
 - Discrete Trial Instruction (DTI)
 - Naturalistic Teaching
 - Mand Training
- The more intervention you can get....



Behavioral Deficits

- ❑ ***Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)***
 - ❑ surveys 16 skill areas and 170 measureable language and learning milestones
 - ❑ representative sample of child's existing verbal and related skill repertoire across 3 developmental levels (0-18 months, 18-30 months, and 30 -48 months)



Behavioral Deficits

- ❑ **Assessment of Basic Language and Learning Skills-Revised**
 - ❑ 25 domains, encompassing many of the skills needed to successfully communicate and readiness to benefit from a variety of instructional methods



Behavioral Excesses

- Identify the behavior
- Determine why the individual is engaging in the behavior
 - Functional Behavior Assessment
 - Functional Analysis
- Identify Functional Communication Responses (FCRs)
- FCR = works Problem Behavior = Doesn't work



Future Directions

- Knowledge is power!
- Focus on evidence-based research
- Collecting data in a systematic way
- Tailor interventions according to etiology



***“A little learning is a dang’rous thing;
Drink deep or taste not...”***

Alexander Pope (1688- 1744)



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