



An Individualized Approach to Behavior in Autism

Empathy and Collaborative Problem-Solving

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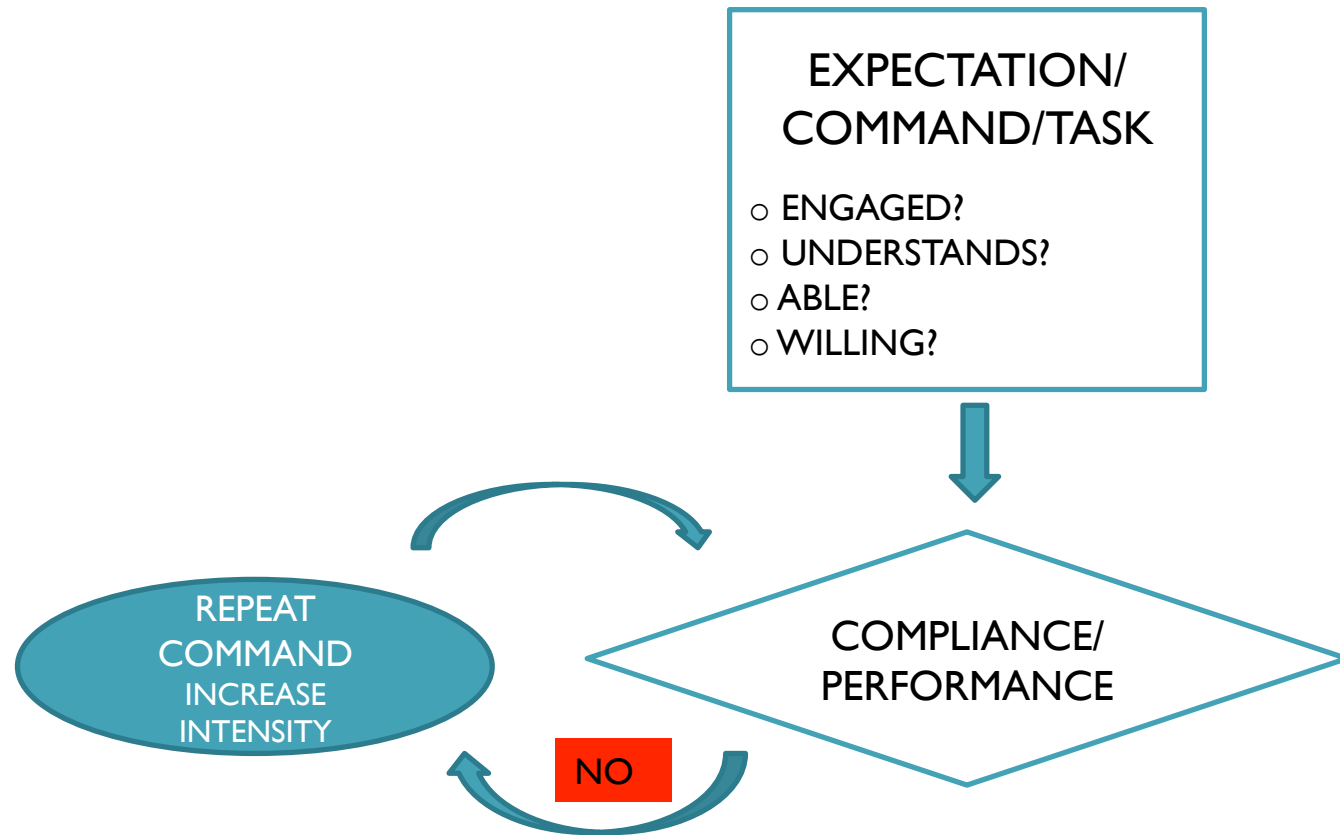
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Outline

1. The “Power Struggle”
2. Understanding why power struggles happen
 - a) Beyond “Autism” → “Autisms”
 - b) Individual differences
 - c) Simplifying complexity
3. Individualized behavior management; examples,
 - a) *How to individualize your empathic response*
 - b) *How to individualize collaborative problem solving*

The Power Struggle





Ross Greene's Phases to Explosion

- Phase I - "vaporlock," or "brainlock," or "short circuiting."
- Phase II – "crossroads"
- Phase III – "meltdown"

(See Ross Greene,
The Explosive Child)



Ross Greene's Phase I

- “Vaporlock,” or “brainlock,” or “short circuiting.”
- Environmental demand to shift gears
- Frustration
- Rational thinking begins to breakdown



Ross Greene's Phase II

- “*Crossroads*”
- Either maintenance of good communication and resolution of the crisis or further deterioration of rational thinking

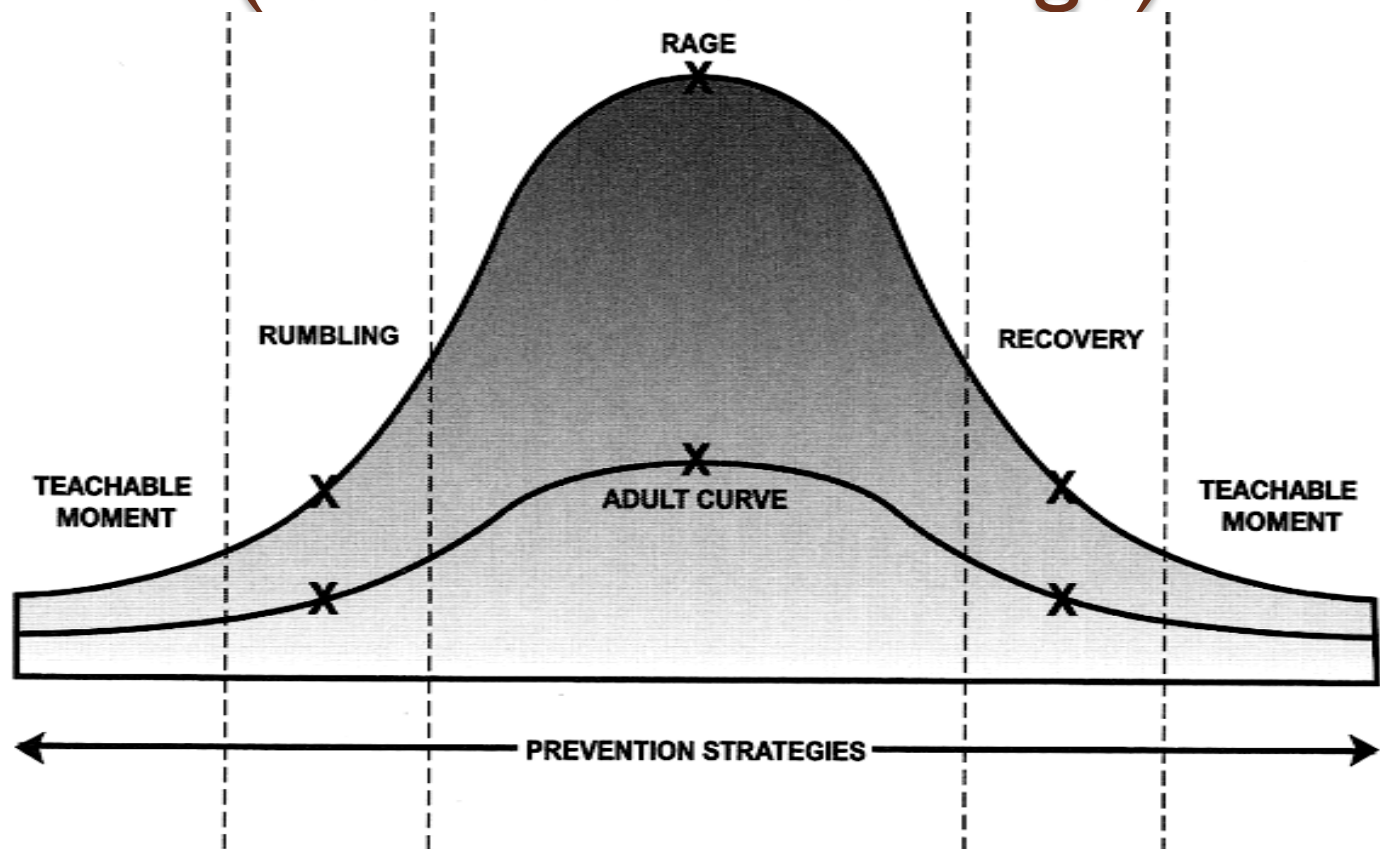


Ross Greene's Phase III

- “*Meltdown*”
- Disintegrative rage or neural hijacking
- Intervention at this point is never productive
- “Inflexibility plus inflexibility” leads to further meltdown

Smith Myles' Rage Cycle

(It takes two to tango)



(See Brenda Smith Myles, Difficult Moments)

Beyond “Autism” → “Autisms”

Hans Asperger’s Original Paper

*“The autistic personality is highly distinctive despite **wide individual differences**. Our method would **have failed if it ignored the differences and if it let each child’s unique personality vanish behind the type**”.*





Hans Asperger (continued)

“Autistic individuals are distinguished from each other not only by the degree of contact disturbance and the degree of intellectual ability, but also by their personality and their special interests, which are often outstandingly varied and original.”

From Uta Frith, Autism and Asperger Syndrome

DSM 5 Criteria for ASDs

Revised January 26, 2011

- Must meet criteria A, B, C, and D:
- **A. Persistent deficits in social communication and social interaction** *across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:*
 - 1. Deficits in social-emotional reciprocity
 - 2. Deficits in nonverbal communicative behaviors used for social interaction
 - 3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers)
- **B. Restricted, repetitive patterns of behavior, interests, or activities** *as manifested by at least 2 of the following:*
 - 1. Stereotyped or repetitive speech, motor movements, or use of objects
 - 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
 - 3. Highly restricted, fixated interests that are abnormal in intensity or focus
 - 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
- **C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)**
- **D. Symptoms together limit and impair everyday functioning.**




The many faces of Autism

Complexities

on top of

complexities!!



DSM5 now emphasizes individual functional and etiologic specifiers

- severity
- current language functioning
- broad range of neurodevelopmental differences
- intellectual level/disability
- known genetic disorders
- epilepsy (15-40%)



Differential diagnosis and coexisting conditions

- Difficult temperament/ behavioral style
- ADHD
- Executive Dysfunctions (“ISIS”)
- Language-based Learning Disabilities
 - Formal: phonology, semantics/ vocabulary, syntax, language comprehension and expression
 - Pragmatic, Non-Verbal, Social (non-literal, interpersonal)
- Intellectual Disability (“MR”)



Differential diagnosis and coexisting conditions (continued)

- Mood disorders: anxiety, OCD, depression, bipolar, severe emotional dysregulation
- Thought disorders (schizophrenia)
- Uneven sensory profile
- Fine and gross motor disorders (CP, apraxias)
- Movement disorders (chronic tics, Tourette's)
- Sleep disorders



Differential diagnosis and coexisting conditions (continued)

- Severe environmental disadvantage
 - Neglect
 - Abuse
 - Deprivation or adversity
 - Lack of positive social role models and social teaching
 - Parent psychopathology
 - Family system pathology
-

Specific identifiable causes

- Fragile X Syndrome
- Tuberous Sclerosis
- Angelman Syndrome
- Prader-Willi Syndrome
- Williams Syndrome
- Down Syndrome
- Smith-McGuiness Syndrome
- Velocardiofacial Syndrome (DiGeorge/ 22q11 deletion)
- Duplication of 15 q 11-13
- Metabolic disorders
- Mitochondrial disorders
- Seizure disorders (Landau-Kleffner Syndrome)
- Fetal Alcohol Syndrome
- And the list keeps growing



Simplifying complexity:

The Quick Scan/ Profile

- Behavioral Style/ Temperament
- Sensory
- Social-emotional
- Skills
- Environment/ Life Stresses
- Physical Health



Behavioral Profile (Temperament)

- Activity level
- Impulsivity
- Attention span
- Regularity
- Initial reaction
- Intensity of reaction
- Adaptability



Sensory Profile

- Hearing speech
 - Hearing noise
 - Taste
 - Smell
 - Vision
 - Light touch
 - Deep touch
 - Movement
 - Internal bodily sensations
-



Social-emotional Profile

- Mood stability
- Usual mood
- Social awareness
- Self-awareness
- Social skills



Skills Profile

- Fine motor
- Handwriting/visual-motor integration
- Gross motor
- Speech
- Written expression
- Understanding speech
- Understanding written language



Skills Profile (continued)

- Music
 - Math
 - Spatial relations
 - Time awareness
 - Planning and organization
-

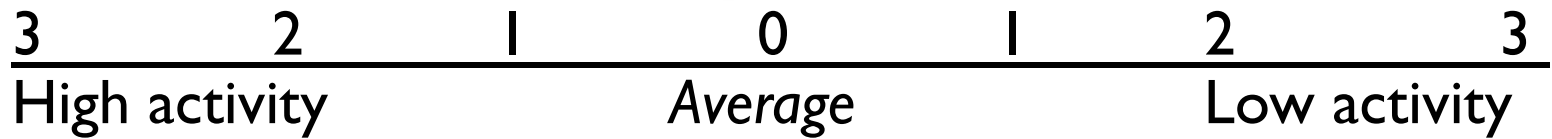


The Quick Scan/ Profile

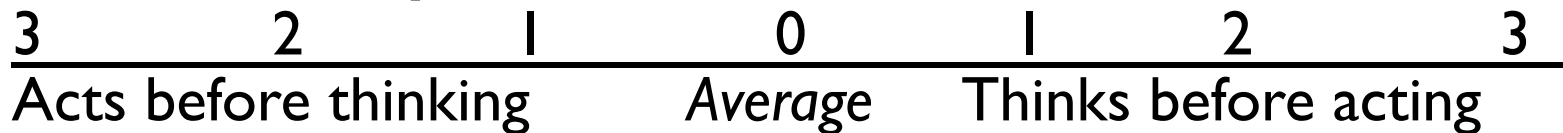
- Behavioral Style/ Temperament
 - Sensory
 - Social-emotional
 - Skills
 - Environment/ Life Stresses
 - Physical Health
-

The Quick Scan

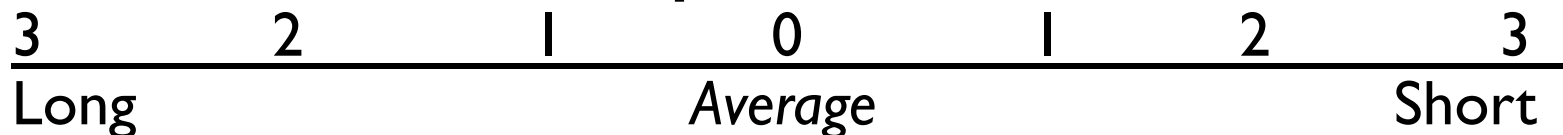
Quick Scan: **Motor Activity level**



Quick Scan: **Impulsivity**



Quick Scan: **Attention Span**





Behavioral Profile (Temperament)

- Activity level
- Impulsivity
- Attention span
- Regularity/ Predictability
- Initial reaction
- Intensity of reaction
- Adaptability



Sensory Profile

- Hearing speech
 - Hearing noise
 - Taste
 - Smell
 - Vision
 - Light touch
 - Deep touch
 - Movement
 - Physical Symptoms
-



Social-emotional Profile

- Usual mood
- Social skills



Skills Profile

- Fine motor
- Handwriting/visual-motor integration
- Gross motor
- Speech
- Written expression
- Understanding speech
- Understanding written language



Skills Profile (continued)

- Music
 - Math
 - Understanding spatial relations
 - Visual arts
 - Time awareness
 - Planning and organization
-



Environment/ Life Stresses Profile

- Family illness/ disability/ stress
 - (mental or physical)
- Estrangement/separation from primary caregiver
- Death of a parent, family, pets
- Marital/separation/divorce
- Adoption/foster care/institutional care
- Substance abuse
- Physical or sexual abuse/neglect



Environment/ Life Stresses Profile(continued)

- Family changes
- Discrimination or cultural adjustment
- Religious or spiritual problem
- School problems
- Social problems
- Occupational/financial/housing
- Witness to violence
- Natural disaster



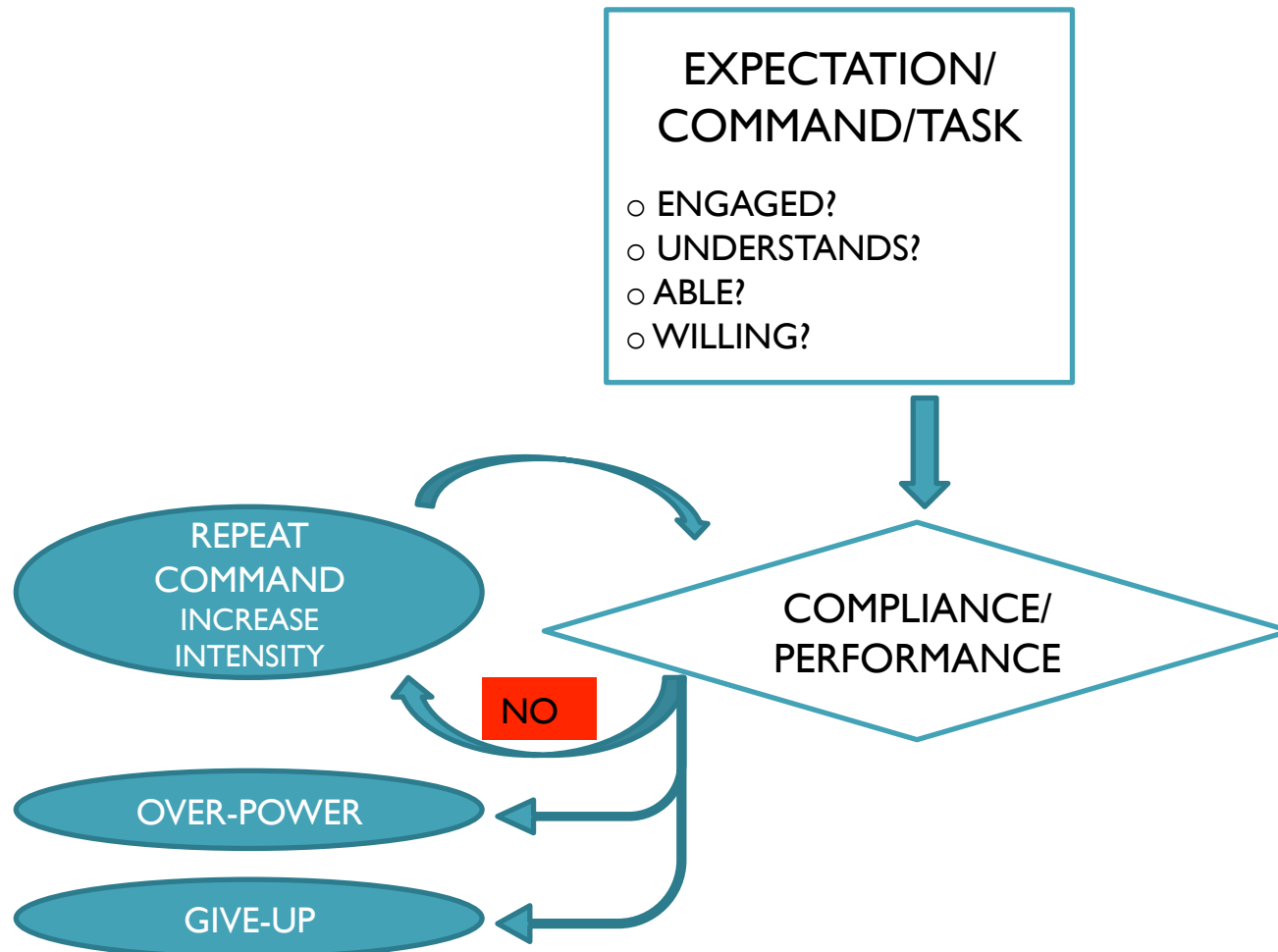
Physical Health Profile

- Hospitalizations
- Surgery
- Significant medical problems
- Significant injuries
- Allergies (food, drug, environmental)



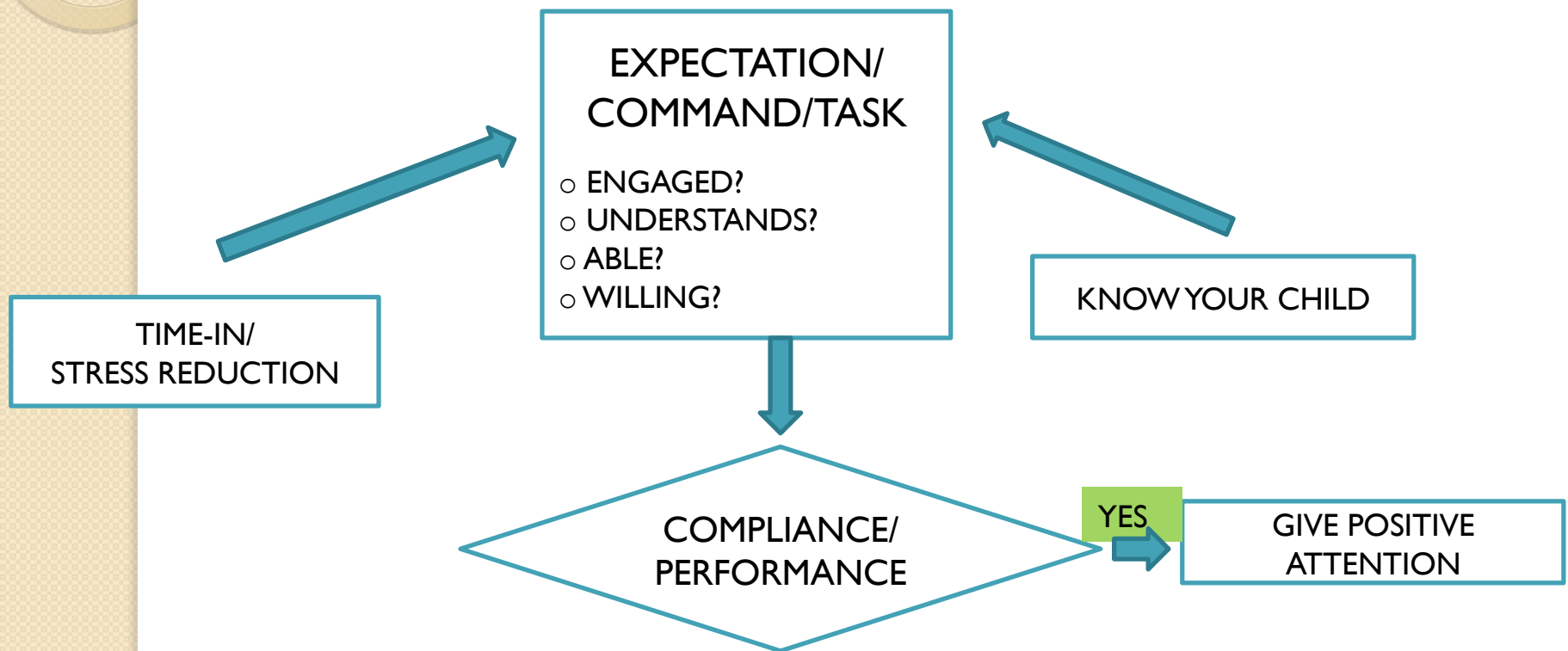
Behavior management overview

Power Struggles Never End Well



(See Russell Barkley, The Defiant Child)

Proactive Strategies *Getting to “yes”*



(See Thomas and Chess, Know Your Child)



*“Children do well
when they can.”*

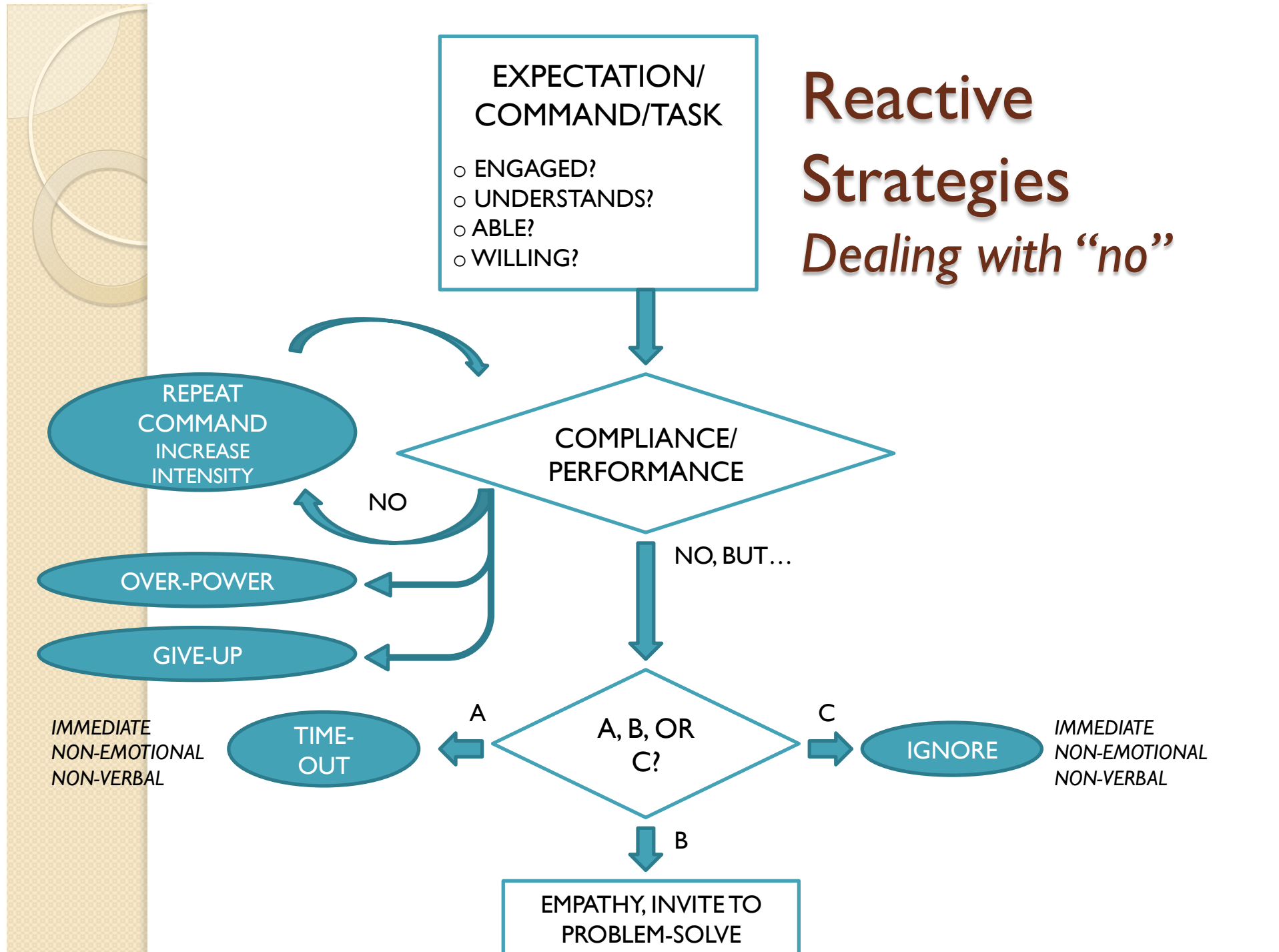
Ross Greene
The Explosive Child



“Accurate description leads to effective prescription.”

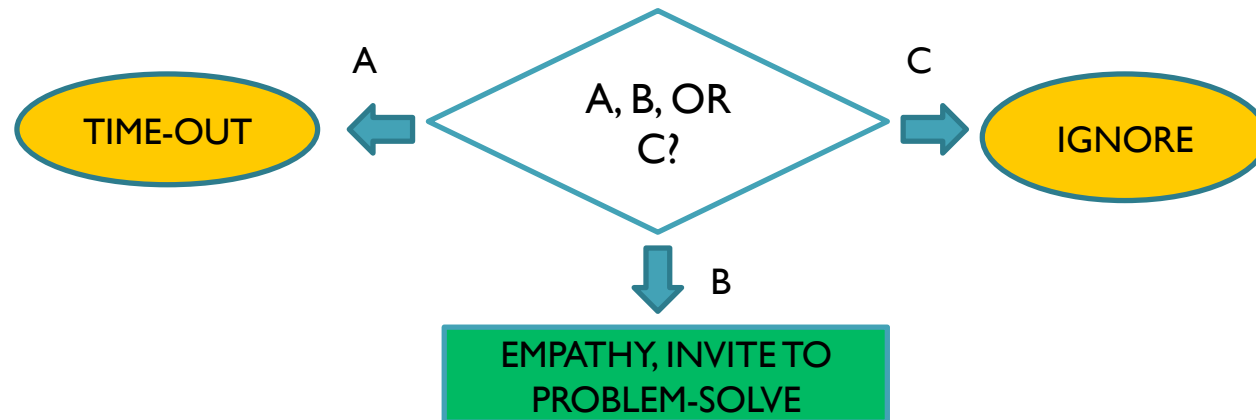
- Mel Levine

Reactive Strategies Dealing with "no"



A Developmental Perspective

- For older children, adolescents and adults:
 - Less A and C
 - More B





What can individuals with Autism do?

Autism myths

- True or false?
 - Individuals with autism can not express - or even respond to – empathy
 - Individuals with autism can not do collaborative problem solving



“Hard” does not always mean “Impossible”

“Great works are performed not by strength but by perseverance.”

- Samuel Johnson

“Modifiability”

- Reuven Feurstein, *Don't Accept Me As I Am*



Why empathy?

- Staying out of power struggles
- Helping the child feel understood
- Teaching the language of emotion
- Gaining traction for collaborative problem solving



“When skidding out of control” How to respond empathically

- Take the foot off the gas and the break
- Turn the wheels in the direction of the skid
- Let the car slow down
- See if you have regained enough traction to gradually turn the car back on the road

Other metaphors: martial arts, kayaking



“*STEPS*” TO PROBLEM SOLVING

- **Say** what the problem is.
- **Think** about all possible solutions.
- **Examine** each possible solution.
- **Pick** the best solution.
- **See** how it works.



Say what the problem is

- *Avoid pessimistic generalizations*
- *Avoid irrational thinking*
- *Define the problem situation in specific, solvable terms*
- *Think in shades of gray*



Think about all possible solutions

- *Brainstorm*
- *Anything goes*
- *No comments*



Examine each possible solution

- *Predict outcomes*
- *Rate possible solutions*
- *Be realistic*
- *Accept different opinions*



Pick the best solution

- *Encourage self-determination*
- *Seek consensus*



See how it works

- *Anticipation*
 - *Experimentation*
 - *Evaluation*
 - *Modification*
 - *Re-evaluation*
-



Hans Asperger:

“...exceptional human beings must be given exceptional educational treatment, **treatment which takes account of their special difficulties**...despite abnormality human beings can fulfill their special role within the community, especially if they find **understanding, love and guidance.**”



Discussion

- What about your child's profile makes empathy and collaborative problem solving difficult?
- How could you more successfully custom-design your approach?