

Early Intervention for Infants & Toddlers with Autism

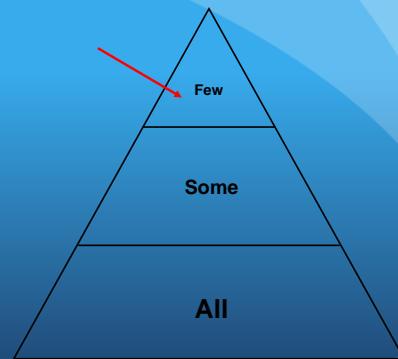
Washington State Training Program for Birth-Three Providers

Haring Center for Applied Research and Training in Education
University of Washington

Today's Training

- About our training program
- Autism in infants & toddlers
 - Early identification
 - Family experiences following diagnosis
 - Early intervention for infants & toddlers

Washington State Training Program for 0-3 Providers

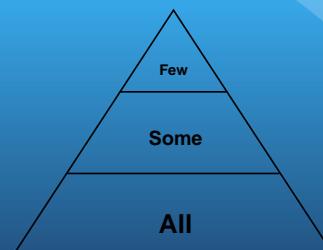


Early Intervention Services in WA

Training Grant

- Training grant at UW's Haring Center
 - Identify core evidenced-based intervention strategies related to working with young children with ASD and related disabilities and their families
 - Create materials, provide training, and establish a process for ongoing coaching and technical support to early intervention staff in Washington State
 - Host a meeting of key researchers and practitioners in Washington State to discuss the current state of the knowledge, state of the practice, and discuss practice guidelines for young children with ASD in our state

Training Grant



Training Activities

Training Grant

- Training Activities:
 - All
 - Informational publications, online modules
 - Some
 - 1-day stand-alone trainings
 - IECC pre-conference training
 - IECC 0-3 provider focus group
 - Few
 - Cadre of 10 'local experts'

Today's Topics

- Overview of Essential Program Components
 - Early screening & identification
 - Support & education for families
 - Use of evidence-based interventions

Autism: Early Screening & Identification

What is Autism?

- Issues in three areas
 - Social interaction
 - Communication
 - Ritualistic behavior
- A spectrum disorder
 - Different children affected to different degrees in each area

What is Autism?

- What makes children with autism different from other children?
 - Uneven developmental profiles
 - Motivation
 - Generalization
 - Stimulus over-selectivity

Why Early ID?

- Incidence of Autism is 1 in 110
- Very few children diagnosed under 3 (Woods & Wetherby, 2003)
 - Most caregivers report symptoms by age 2
 - Most caregivers express concern to pediatrician by 18 months
- Average age of diagnosis is between 3-4 years

Why Early ID?

- Reliable diagnosis can be made at 24 months
- Evidence demonstrates that intervention before age 3 has greater impact than intervention provided after age 5 (Woods & Wetherby, 2003)
- With high quality early intervention,
 - Reduce the impact on development
 - Increase independence
 - Increase participation
 - Reduce impact on family

Red Flags

- First 2 diagnostic features of autism found to be evident by 24 months (Woods & Wetherby, 2003)
 - Impairments in communication
 - Impairments in social interaction
- “Red flags” are behaviors that indicate a child should receive further developmental evaluation as soon as possible

Red Flags

- Red Flags of ASDs (Wetherby et al., 2004)
 - Social
 - Lack of appropriate eye gaze
 - Lack of warm, joyful expressions
 - Lack of sharing interest or enjoyment
 - Lack of response to name
 - Communication
 - Lack of showing gestures
 - Lack of coordination of nonverbal communication
 - Unusual prosody (little variation in pitch, odd intonation, irregular rhythm, unusual voice quality)
 - Repetitive Behaviors & Restricted Interests
 - Repetitive movements with objects
 - Repetitive movements or posturing of body, arms, hands, or fingers

Red Flags: First Signs Video Glossary

- Impaired Social Interactions
 - Use of nonverbal behaviors
 - Eye gaze
 - Gestures
 - Gaze shift
 - Point
 - Social interactions
 - Shared interest
 - Shared attention
 - Reciprocity
 - Social sharing
- Impaired Communication
 - Expressive & receptive
 - Unusual sounds & prosody
 - Response to bids for attention
 - Conversation
 - Initiate, respond & sustain
 - Repetitive language
 - Make-believe play

Red Flags: First Signs Video Glossary

- <http://autismspeaks.player.abacast.com/asdvideoglossary-0.1/player/firstsigns>

Screening

- Variety of screening tools available for developmental & behavioral impairments
- Autism-specific screening focuses on 3 core deficit areas
 - Concentrate on social & emotional impairments in children 18+ months
 - M-CHAT
 - Pervasive Developmental Disorders Screening Test

Resources

- CDC's "Learn the Signs. Act Early" campaign
 - <http://www.cdc.gov/ncbddd/actearly/index.html>
- First Signs Project
 - <http://www.firstsigns.org/>

Research on Infants & Toddlers with Autism

What Do We Know?

- Essential 'active ingredients' of effective interventions (NRC, 2001)
 - Entry into EI program as soon as autism is suspected
 - Active engagement in intensive instructional programming for a minimum of 5 hours per day, 5 days per week
 - Use of planned teaching opportunities that are structured over brief periods of time and repeated systematically

What Do We Know?

- Sufficient individualized adult attention daily
- Inclusion of a family component
- Mechanisms for ongoing assessment and program assessment, with corresponding adjustments in programming

What Do We Know?

- Priority on instruction
 - Functional, spontaneous communication
 - Social instruction
 - Play skills, including peer play & interaction
 - Skill acquisition, generalization & maintenance in natural contexts
 - Functional assessment and positive behavior support to address challenging behaviors

Caregiver Support

Caregiver Support

- Family-centered care basis of EI philosophy
- Parent training/education has shown positive results, but parents at this particular point in time have a specific set of needs
- Other forms of social support needed (Dunst, 2000)

Impact on Families

- Prior to diagnosis, families almost always report a sense that something isn't "right"
 - Worry
 - Stress
 - Conflict
- Nationally, families report having concerns around 18 months, seek help or advice around 24 months, diagnosis not until 3.5-6 years

Impact on Families

"My experience following receipt of the diagnosis, was affirming in part, devastating in whole. I felt, even with my husband and my mother's presence, very alone. No one could understand the loss that I felt for a child that was visibly present.

I felt unsupported and angry. Mad, extremely so...unrealistically so. How dare God? I am a good person... Why me?!

Later would come depression, embarrassment, and hopelessness. Her father went through a bit of denial. I can't say I ever denied or distrusted her diagnosis. The strain on relationships is overwhelming.

Every day was a different experience. Some good, some bad, each one needed to progress to where we are today."

Impact on Families

- Immediately following diagnosis:
 - Relief
 - Someone else has corroborated parental concerns
 - Child's behavior explained
 - Allow access to services
 - Lost Time
 - "Window of opportunity"
 - Pressure to locate and begin services
 - Sadness at the loss of valuable time that could not be recaptured

Impact on Families

- Guilt or Anger
 - 'Cause' of events
 - Search for explanations and meaning
- Grief
 - 'Loss' of the child that had been planned for
 - Regression
 - Worry about the future, unknown

Impact on Families

- Overall impact on families
 - Differential adaptation and response
 - Child's characteristics - severity of symptoms
 - Family factors
 - Unique patterns of stress experiences by families of children with autism
 - Lower feelings of parenting competence
 - Less marital satisfaction
 - More caretaker burden
 - More family and self-blame as a coping style
 - Common sources of stress
 - Challenging behavior
 - Communication

What Families Want

- The reported needs of families often related to experiences during the diagnostic process (Mansell & Morris, 2004)
- What do caregivers want?
 - Need for information (Osborne & Reed, 2008)
 - About autism
 - Few families feel well-informed about autism
 - Express that search can increase feelings of worry & hopelessness
 - About autism as it specifically relates to their child

What Families Want

- Tone of information
 - Diagnostic process is often deficit-focused
 - Literature identifies importance of fostering hope for families, need honest yet hopeful message
 - Balance
 - Realism about the difficulties in the future
 - Hope for progress when beginning early intervention, treatments
 - Focus on strengths
- Resources
 - Accessing local services, etc.
 - Waiting lists

What Families Want

- Skills
 - For use now & in the long term
 - Communication
 - Interactional skills
 - Challenging behaviors
- Support
 - Parent to parent support
 - Respite care
 - Informal supports
 - Support groups

What Families Want

- Advocacy
 - Need to be educated about existing services
 - Need to know child's individual strengths and needs and how they can be met
 - Familiarize with rights
 - Learn to negotiate service-delivery system
- Someone to listen

Evidence-Based Practices

Instructional Strategies

- Evidence-based strategies
 - Behavioral Strategies
 - Naturalistic Strategies
 - Positive Behavior Support

Behavioral Intervention

- Instructional philosophy commonly used with individuals with ASD
- Research
- Variety of skills
- Nature of the philosophy
 - Applied
 - Behaviors taught have social significance
 - Behavioral
 - Behaviors are measurable and observable
 - Analytic
 - Behaviors measured frequently to assess effects of intervention

Behavioral Intervention

- Discrete trial teaching
 - Instructional strategy used commonly in ABA programs
 - Break skills into smaller parts
 - Response or teaching episode is initiated by teacher
 - Provide and fade “help” to ensure success
 - Success teaching a variety of skills

Discrete Trial Teaching

- Addresses deficits
 - Attention
 - Motivation
 - Observational Learning
 - Communication

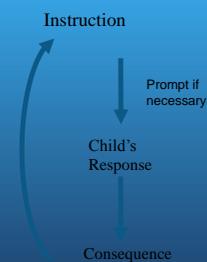
Discrete Trials can be...

- Embedded
 - Occurs within the context of activities and routines
 - Requires systematic planning by the teacher

Discrete Trials can be...

- “Decontextualized”
 - Materials are presented without competing stimuli
 - Multiple trials are presented successively
 - Place to start but not END!

A discrete trial is a teaching loop with 3 distinct components:



Naturalistic Teaching

- Set of instructional techniques used to increase communication and social skills
- Involves
 - Teaching in naturally occurring situations
 - Repeating brief teaching interactions between child and adult
 - Using child's interests to teach
 - Using natural consequences to reinforce skill

Naturalistic Teaching

- Creating communicative environments
 - Give children the need to communicate
 - Communication opportunities can be greatly increased by making changes in the way the classroom or home is set up
 - Encourage more chances for the child to talk and interact

Creating Communicative Environments

- Using new and interesting materials
- Using materials that are visible but out of reach
- "Forgetting" materials
- Requiring the child to seek assistance
- Violating familiar situations
- Using incomplete sets of materials

Naturalistic Teaching

- Specific Instructional Strategies
 - Choice Making
 - Increase ability to make choices
 - Increase initiations
 - Increase ability to control environment
 - Mand-Model
 - Teach new vocabulary
 - Increase responses

Naturalistic Teaching

- Time Delay
 - Increase initiations
- Incidental Teaching
 - Encourage multi-word utterances
 - Encourage the use of modifiers

Example: Use of Choice Making Strategy

STEPS	EXAMPLE
1. Establish joint attention with the child	1. Randy sits at the snack table looking at the plates, cookies, and the teacher.
2. Present two options to the child and ask the child to make a choice	2. The teacher shows him two plates and asks, "What color do you want?"
3. Provide an appropriated level of prompt if necessary	3. If Randy does not answer, or answers, "Plate," the teacher prompts, "Red or blue?"
4. Confirm the child's response or give appropriate corrective feedback	4. Randy answers "Red plate," to which the teacher replies, "OK, you want the red plate," and...
5. Provide access to requested material, information, or activity contingent on an appropriate response	5. ...hands Randy the red plate.
6. Keep the interaction brief	6. Randy puts his plate on the table and the teacher continues the snack routine.

Positive Behavior Support

- Approach to dealing with challenging behaviors that emphasizes:
 - Prevention
 - Teaching alternative behaviors
- Assumes all challenging behaviors have a communicative function
- Improves the quality of life of the child and family

Positive Behavior Support

- What is challenging behavior?
 - Behavior that interferes with the child's learning, the learning of others, or the child socializing
 - Injury to self or others
 - Causes damage
 - Inappropriate ways of communicating
 - Non-engagement

Positive Behavior Support

- Primary instructional strategies
 - Skill "replacement" strategies
 - Preventative Strategies

Positive Behavior Support

- Skill replacement
 - Focused on communication skills
 - Children need a socially acceptable way to communicate
 - "NO!"
 - "I need a break"
 - "I want to stay here"
 - "Help me"
 - "Look!"
 - "Play with me!"
 - "I want that"

Positive Behavior Support

- Preventative strategies
 - Use of visual supports
 - Help kids with language delays understand what is expected of them
 - Transitions
 - Time
 - Sequence of activity
 - Beginning/ending activity
 - Materials

Activity Schedules



Task Sequence



Interested in More Training?

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