Autism Spectrum Disorders and Challenging Behaviour

Linda Woodcock
Studio 111 Training Systems
Autism Spectrum Disorder

• Brief history
• What is Autism/Asperger Syndrome?
• Sensory differences/dysfunction
• Theory of Mind Deficit
• Executive Function Deficit
• Weak Central Coherence
• Practical exercises to examine communication difficulties
• Practical exercises to test our own ability to process information
• Strategies for working with people who have a diagnosis of Autistic Spectrum Disorder
“Living and working with people with autistic disorders is not like living and working with anyone else with or without disabilities.

Past experiences of social interaction and a desire to help are not sufficient guides. It is essential to understand the nature of autistic conditions.

People with these disorders, because of their social impairments cannot meet you half way. You have to make an imaginative leap into their world and try and see things from their point of view.”

Dr Lorna Wing 1995
History

- Leo Kanner, working in the USA in 1943, described ‘early infantile autism’
- Hans Asperger, working in Vienna in 1944 described a similar condition which he called ‘autistic psychopathy’
- Early 80’s – Lorna Wing and Judith Gould compared the works of Kanner and Asperger. Lorna Wing is credited with defining the condition now known as ‘Asperger’s syndrome (1981).’
What is Autism?

- A complex neurological developmental disorder of the brain. A lifelong condition.
- There is a ‘continuum’ of autistic spectrum disorders and defines individuals whose intellectual abilities are unimpaired.

Approx 75% of people with ASD also have a learning disability.
What is Autism?

• Characterised by the ‘Triad of Impairments’ (Wing & Gould)

Difficulties with:

- Social communication
- Social interaction
- Social imagination
Wing’s “Triad of Impairments”

Impairment of Social Interaction:

- **Aloof** - person does not join in, remains at a distance

- **Passive** - person will join in but only with encouragement

- **Active but odd** - person joins in enthusiastically, but tends to violate written and unwritten rules of social interaction
Wing’s “Triad of Impairments”

Social Communication:
• Absence of desire to send a message to anyone else.
• Communication confined to the expression of needs only.
• Echolalic and repetitive speech.
• Makes factual comments often irrelevant to the situation.
• Talks incessantly regardless of the response from others.
• Displays distortions of the rules of language.
Wing’s “Triad of Impairments”

Social Imagination:
• Difficulty understanding that others may have a different point of view.
• Difficulty imagining the future.
• Difficulty planning ahead.
• Inflexibility in applying written and unwritten social rules.
• Repetitive enacting of roles often copied without understanding.
• Difficulty in generalising concepts. Inflexibility of thought.
“Life is unpredictable. Reality is a collection of confusing, interacting events, people, sounds, smells and sights – no clear boundaries, order, or meaning to anything.”

Adult with Asperger Syndrome
“Sad to say, there is a disability with Asperger Syndrome but it’s not all mine. You cannot have a communication disorder without at least two people. It is a question I wish more people would ask me. Perhaps then there would be less ignorance and a little more understanding and tolerance. And I wouldn’t have to live my life pretending to be normal.”

Person with Asperger Syndrome
‘Theory of Mind’ Deficit

• TOM – or ‘I know what you’re thinking!’ ‘Mind blindness' is a term used to describe a deficit in TOM.

• First order TOM tests – ‘false belief’ tests (Baron-Cohen et al.):
  Sally-Anne test
  Smarties test
Executive Function Deficit

Executive Functions are defined as ‘the ability to maintain an appropriate problem-solving set for attainment of a future goal’

Executive Function involves:
- Planning
- Organisational ability
- Self-monitoring
- Ability to select correct responses/inhibit others
- Behavioural flexibility
- Set maintenance and change

Sally Ozonoff 1995
Central Coherence

• ‘Central coherence’ is the ability to draw together diverse information in context to construct higher-level meaning. It concerns the processing of information.
• People with ASD appear to have weak central coherence in that they tend to process information in fragments. Detail focus at the expense of global processing.

Uta Frith & Francesca Happé
Example of Weak Central Coherence

A man crosses the street at the pedestrian crossing on the signal **WALK**. Just as he gets half way across, the traffic light changes to: **DON’T WALK**

He stops halfway across the middle of the street, refusing to move on, even as the cars begin to bear down on him, honking horns. One driver gets out and starts yelling.

The man gets terribly confused and doesn’t know what to do next.
People who detail process tend not to succumb to visual illusions.

An illusion is a distorted perception of a real object or event.

Francesca Happé
FINISHED FILES ARE THE RESULT OF YEARS OF SCIENTIFIC STUDY COMBINED WITH THE EXPERIENCE OF YEARS
Communication

Communication is not a simple process –

We need to:

- receive,
- process,
- anticipate what person wants
- speak
- await a reply
Communication

The Importance of Correct Punctuation

Dear Gloria I want a woman who knows what love is all about you are generous kind thoughtful people who are not like you admit to being useless and inferior you have ruined me for other women I yearn for you I have no feelings whatsoever when we are apart I can be forever happy will you let me be yours John
Communication
The Importance of Correct Punctuation

Dear Gloria
I want a woman who knows what love is all about. You are generous, kind, thoughtful. People who are not like you admit to being useless and inferior. You have ruined me for other women. I yearn for you. I have no feelings whatsoever when we’re apart. I can be forever happy – will you let me be yours?

John

Dear Gloria
I want a woman who knows what love is. All about you are generous, kind, thoughtful people, who are not like you. Admit to being useless and inferior. You have ruined me. For other women, I yearn. For you, I have no feelings whatsoever. When we’re apart, I can be forever happy. Will you let me be?

Yours,
John
Communication: ‘meta-messages’

• *I* like this proposal. (But other people are resistant.)

• I *like* this proposal. (I enthusiastically support this idea.)

• I like *this* proposal. (I like this one best.)

• I like this *proposal*. (As a proposal; I am not making a commitment.)

‘Beyond Reason’ Fisher
“A large part of my life is spent just trying to work out the pattern behind everything.”

Adult with Asperger Syndrome
Sensory Perceptual Differences

• Sensory Perception – involves the systems of sensing through which information about the world and ourselves is gathered i.e. sight, hearing, touch, taste and smell.

• Processing – relates to the way in which information is decoded and how it is interpreted by the brain.

In one study of people with ASD, 81% reported differences in visual perception, 87% in hearing, 77% in tactile perception, 30% in taste and 56% in smell.
Sensory and Motor differences and difficulties

- Hearing
- Touch
- Sight
- Smell
- Taste
- Proprioception
- Vestibular
Carl Delacato (1974) classified each sensory channel as being:

- **Hyper-**: the channel is too open, as a result too much stimulation sets in for the brain to handle;
- **Hypo-**: the channel is not open enough, as a result too little of the stimulation gets in and the brain is deprived;
- **“White noise”**: the channel creates its own stimulus because of its faulty operation and, as a result the message from the outside world is overcome by noise within the system.

A reconstruction of the sensory world of autism - Bogdashina
Sensory Integration

All our senses need to be working in harmony in order for us to make sense of the world and respond appropriately.

This is called ‘Sensory Integration’ and involves a process:

• We become aware of the stimulus
• We focus on it
• We relate it to past experiences
• We then decide what to do
• We act or choose not to act

Asperger Syndrome and sensory issues – Myles et al
Read aloud the following words as quickly as you can:

GREEN
YELLOW
RED
BLUE
YELLOW
GREEN
RED
YELLOW
BLUE
Name aloud the colours as quickly as you can.
Sensory Overload

The corridors and halls of almost any mainstream school are a constant tumult of noises echoing, florescent lights (a particular source of visual and auditory stress for people on the autistic spectrum) bells ringing, people bumping into each other, the smells of cleaning products and so on. For anyone with the sensory hyper-sensitivities and processing problems typical of an autistic spectrum condition, the result is that we often spend most of the day perilously close to sensory overload.

(Sainsbury 2000)
Sensory Distress

• A man refuses to go home when his mother changes the carpet from plain to patterned, she buys a different plain one and he returns

• A man thumps his support worker only on days when he wears a black sweater with white zig-zag

• A woman repeatedly removes the pictures from her wall (caldwell 2009)
Synaesthesia

- A sensory stimulus is experienced as a different one. E.g. taste sensed as colour
- A woman throws her food on the floor shouting ‘can’t eat that it’s too black
- A child with AS feels ‘cold as ‘wet’ when he gets into a cold bed he thinks he has wet it and gets very upset
Assumptions and Beliefs
Checker-shadow illusion:
The squares marked A and B are the same shade of gray.

Edward H. Adelson
A young man walks through chest-deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it...

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)

- Katrina's Effects, at a Glance AP - Tue Aug 30, 1:26 PM ET
- Hurricanes & Tropical Storms
Beliefs to be challenged

• ‘They should be ‘made’ to understand when they have done something wrong.’
• ‘It’s not fair that the individual who challenges takes up the most time.’
• ‘I shouldn’t let them get away with it.’
• ‘If I back down then I will have lost face and will not be able to assert myself in the future.’
Beliefs to be challenged

• ‘I shouldn’t let them win.’
• ‘They know exactly what they are doing.’
• ‘I shouldn’t give them what they want because it is rewarding challenging behaviour.’
• ‘They shouldn’t behave like this.’
• ‘He/She’s a nasty piece of work.’
Approaching work with people with a diagnosis of Autism Spectrum Disorders

Low Arousal Approaches

Studio 3 Training Systems
Anatomy of an Incident

Arousal Level

Triggering Phase

CRISIS

‘Normal’ range

Time
Low Arousal

- A non-confrontational way of managing challenging behaviour
- A philosophy of care which is based on valuing people
- An approach that specifically attempts to avoid aversive interventions
- An approach that requires staff to focus on their own responses and behaviour and not just locate the problem in the person with the label
- A collection of strategies that are designed to rapidly reduce aggression (Studio 3)
Low Arousal

• Avoids potentially arousing triggers, such as making demands and requests when a person is upset.
• Awareness of non-verbal communication, for example, eye contact, touch, posture etc.
• Challenges staff beliefs about the short-term management of challenging behaviour.

• (Studio 3)
Should we be Managing Behaviour or trying to Change it?

• ‘Managing’ and ‘Changing’ behaviours are often different goals that are not necessarily in conflict with each other

• There may be confusion over goals – care staff often feel under a great deal of pressure to try to change a person’s behaviour rather than just cope with it

• ‘Managing’ - reducing significantly challenging behaviours but tolerating a large percentage of negative behaviours
Big Question

• If all behaviours are a communication why do we use, medication, star charts and smiley faces to eliminate them?
The Iceberg analogy

- Personal setting factors
- Environmental setting factors
Basic Principles of Behaviour Management

• Unconditional Valuing.
• Building and maintaining positive, therapeutic relationships.
• Changing behaviour takes time.
• Before you try to change a behaviour, you must be able to manage it first.
The goal of short-term behaviour management is to keep everyone safe
Approaching work with people with a diagnosis of ASD

• Structure and predictability
• Brief periods, time limited
• Don’t rely on reciprocal understanding of emotion or the therapeutic relationship as the process on which change is based. It should be non-interpretive and not using metaphor as a therapeutic device, although concrete forms of analogy may be useful
• Work with the person should not be inherently anxiety-provoking as any arousal of emotion may be counter productive. The person may not perceive the situation as inherently safe and relaxing
• 1:1 work often is better than group participation, unless focus is specifically on social skills

Dougal Hare
# Summary of Differences

<table>
<thead>
<tr>
<th>TYPICAL PEOPLE</th>
<th>PEOPLE WITH ASD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use all senses at the same time</td>
<td>Use one sense at a time</td>
</tr>
<tr>
<td>Non-literal</td>
<td>Literal</td>
</tr>
<tr>
<td>Read non-verbal communication</td>
<td>Have difficulties with non-verbal communication</td>
</tr>
<tr>
<td>Appreciate length of time and motion</td>
<td>Issues with time and motion</td>
</tr>
<tr>
<td>Have ‘Theory of Mind’</td>
<td>Difficulties with ‘Theory of Mind’</td>
</tr>
<tr>
<td>Generalised Learning</td>
<td>Non-generalised learning</td>
</tr>
<tr>
<td>Eye for the whole picture</td>
<td>Eye for detail</td>
</tr>
<tr>
<td>The ideas</td>
<td>The facts</td>
</tr>
<tr>
<td>Exceptions to the rules</td>
<td>The rules</td>
</tr>
<tr>
<td>Abstract things</td>
<td>Concrete things</td>
</tr>
</tbody>
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