

# Working in Community Settings With Adults on the Autism Spectrum

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Community Care  
Trust



# Crime Scene – ASD

## “The Supermarket Incident



# Some Common Terms

Autism

Autistic Spectrum Disorder

High Functioning Autism

Asperger's Disorder / Syndrome

Developmental Disorder

Neurotypical

**Autism Spectrum Disorder**

# Early History

- Hans Asperger 1944 *Autistic Psychopathy*
- Lack of empathy. Inability to form friendships. One sided conversations. Special interests “ Little professors”
  
- Leo Kanner 1943 USA *Infantile Autism*
- Described a severe form of aloof, withdrawn , non-verbal children who “insisted on sameness” Misclassified as mentally retarded or schizophrenic

# Later History

- 1960s Autism described as “rare and debilitating”
- Expansion of terms during 1990s to present (Attwood 1998)
- Lorna Wing promoted use of Asperger’s Syndrome

# DSM and ICD

Are both classification systems

- American Psychiatric Association :*Diagnostic and Statistical Manual of Mental Disorders (IV-TR)*
- WHO International Classification of Diseases (ICD 10)

# Current DSM IV-TR Categories

## **Autism Spectrum Disorder**

- Autistic disorder (autism)
- Asperger's disorder
- Childhood disintegrative disorder
- Rett's Disorder
- Pervasive developmental disorder not otherwise specified. (PDD NOS)

# Proposed DSM V Changes

## DSM IV –TR 3 domains

1. Qualitative impairments in social interactions
2. Qualitative impairments communication
3. Restricted repetitive patterns

## DSM V 2 domains

1. Social/communication deficits
2. Fixated interests and repetitive behaviors

Three levels of severity

# Developmental Disorder

Disorders that interrupt normal development in childhood.

They may affect a single area of development (specific developmental disorders) or

several areas of development (pervasive developmental disorders)

# Neurotypical

- The term *neurotypical* was coined by Tony Attwood (1998) to denote those people in the world who do not have autism.
- Neurotypical beings; *those beings that do not have autism, are considered to be primarily language based processors of information.*
- The term is also used for a way of seeing the world that is not autistic

# An Autistic view of Non-autistic people

**Neurotypicality** is a pervasive developmental condition, probably present since birth, in which the affected person sees the world in a very strange manner. It is a puzzle; a enigma that traps those so affected in a lifelong struggle for social status and recognition. Neurotypical individuals almost invariably show a triad of impairments, consisting of inability to think independently of the social group, marked impairment in the ability to think logically or critically, and inability to form special interests (other than in social activity). It is my hope that this article will help us understand the very different world of the neurotypical.

# Key Features of ASD

Happens during the developmental period

## **3 Characteristics**

- Impairment in use of verbal & non verbal communication
- Impairment in ability to understand social behaviour
- Impairment in ability to think and behave flexibly

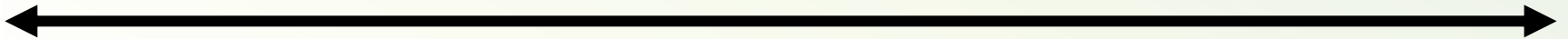
( NZ ASD Guideline p.30)

# ASD: Classification & Diagnosis

ASD is not a neat continuum with “Severe” at one end and “High Functioning” at the other.

**Classical  
Autism**

**Asperger's  
Disorder**



# A Cluster of Features



# ASD Prevalence

4-6 per 10,000 Fombonne (2003).

30 -60 per 10,000 Rutter (2005).

116.1 per 10 000 NZ ASD Guidelines ( 2008)

*Equates to 40 000 people in NZ*

# More Common in Boys

Around 4 times more frequent in boys

Around three-quarters of people with autism have below-average IQ ( $< 70$ ).

Autism can occur with equal severity in individuals of average and above-average intelligence

( Joseph, Flusberg & Lord; 2002)

# Current Explanations as to Causes

Unlikely to be a single cause

( Happe, Ronald & Plomin. 2006).

Genetic basis

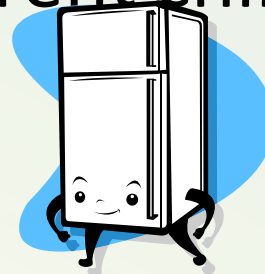
Related to structural differences in the brain

# Genetic

- 4 times as many males being diagnosed
- (Newschaffer et al 2007; Taylor 2006).
  
- Specific “susceptibility genes”
- (Rutter 2005).
  
- 20% of siblings show lower levels of Autistic type symptoms
- (Newschaffer, et al. 2007).
  
- The “best established risk factor”
- (Rutter, 2005).
  
- Considered as one of the most heritable disorders
- (Volkmar, Chawarska, & Klin 2005; Sigman, Spence & Wang 2006; Taylor 2006).

# Discredited Theories

Refrigerator mothers /Parent child interactions.



Vaccines

MMR Vaccine

Mercury Toxicity ( Thimerosal)

Multiple vaccines



Finland 1982 – 1998 535 544 children given MMR. 309 children hospitalised for ASD. No clustering at time MMR introduced ( Makela, Nuorti, Petola .2002)

Comparison of No MMR and MMR exposure. Sample of 537 000 children in Denmark No association found (Madsen 2002).

In UK vaccination records were checked for 100 572 children born 1988- 1997 of whom 104 had ASD no relationship to thimerosal ( Andrews et.al 2004



# Structural Differences in the Brain

Genes postulated to cause

- Disturbance in brain development
- Excess neurons
- Unbalanced excitatory / inhibitory networks
- Abnormal development of nerves endings

# Two Broad Theoretical Groups

- The “Theory of Mind” approach which suggest that the brains of people who have ASD are hardwired to look for systems and patterns rather than to empathise with others.
- The “Executive dysfunction “ approach which suggests problems with selective attention, inhibiting responses and forward planning

# Theory of mind

People with ASD described as “mind blind”

Recognizing that others have their own thoughts and feelings  
(Simon Barron-Cohen).

I have a mind.

You have a mind (*and most importantly*)

Our minds may not know or be feeling the same things.

If there is a limited ability to “get inside the mind, of another ” there can be difficulty demonstrating empathy or interest.

# Extreme Male Brain Explanation

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Baron-Cohen has argued that ASD could simply be the extreme male. Men are appeared to be wired differently to women.

Systemizers Vs Empathizers.

Hyper-systemizing= A more systematic brain designed for looking at the physical world in contrast to befriending.

Other searchers suggest that woman may be under diagnosed.

# 1. Treatment of ASD

## Seeking a cure

75% of families have tried an alternative therapy.  
(Hansen 2007)

21% tried biological treatments (diets etc) compared to 0 % of parents with a child with a chronic illness.

## 2. Treatment of ASD

### Medication

Haloperidol, Risperidone effective but side effects.

Risperidone effective for children/ adolescents with ASD and extreme challenging behaviour

Secretin not effective – based on gut brain connection.

# 3. Treatment of ASD

## **Evidence based effectiveness**

Education and social skills training.

Applied Behavioural Analysis.

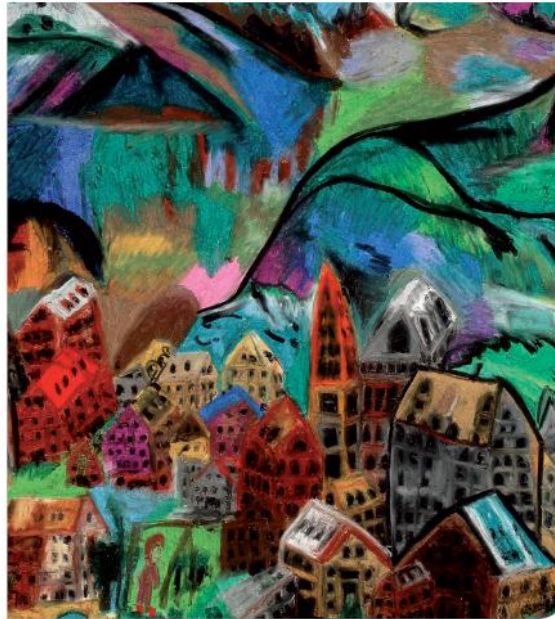
Cognitive Behaviour Therapy

PECs efficacy = increase initiating requests in classroom (well controlled).

effectiveness = No effect on other aspects (real world).

# New Zealand Autism Spectrum Disorder Guidelines

New Zealand  
Autism Spectrum Disorder  
Guideline



# Autism Spectrum Guidelines

- Chosen because the condition is *Autism*
- The individual is *autistic*
- Consistent with proposed DSM V
- Not unusual to hear the term *Autistic Spectrum Disorder*

[www.asdguideline.com](http://www.asdguideline.com)

# “One Size Does Not Fit All”

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Autism is not a "one size fits all" label. The term *spectrum disorder* encompasses a wide range of behaviors and symptoms..

All people on the spectrum will have the triad of impairments. The degree that this impacts on their everyday lives will vary according to a variety of factors such as setting, familiarity & support available.

# What are they ?

- Provide guidance on autism spectrum disorder (ASD)
- The guidelines are all evidence-based
- Covers the identification and diagnosis of ASD, and ongoing assessment and interventions
- .Seeks to providethe best evidence currently available to assist informed decision-making
- Are intended for use by primary care practitioners, education professionals, policy makers, funders, parents, carers, specialists and any others who make provision for individuals with ASD

# What Might It Be Like To Have ASD ?

- Simulation activities
  - Sensory processing difficulties
  - Communication difficulties
  - Difficulties with selective attention
  - Difficulties filtering information

# Some Books By People With ASD

**Temple Grandin** (2006) *Thinking in Pictures*. Vintage Press.

**Wendy Lawson** (2000) *Life Behind Glass :A personal account of Autism Spectrum Disorder*. London: Jessica Kingsley Publishers

**Donna Williams** (1998) *Nobody Nowhere* (series)  
London: Jessica Kingsley Publishers

# ASD Friendly Environments

# ASD & Sensory Processing

- Considerable body of evidence to show that people on the autism spectrum can be either
  - Hyper ( over ) sensitive OR
  - Hypo ( under) sensitive

In one or more of their senses

# Senses are

- Visual
- Auditory
- Tactile
- Olfactory
- Gustatory
- Vestibular
- Proprioception
- Sight
- Sound
- Touch
- Smell
- Taste
- Balance
- Body awareness in space

# Basic Safety Consideration

- Locks – alarms on doors for elopers
- Identification bracelets
- Child locks or high handles on cupboards
- Plug locks if required
- If able consider positions of electric sockets
- Key locked electrical switches
- Electrical items inside cabinets
- Consider type of heating and guards
- Perimeter fencing
- Potentially dangerous items locked away.

# Windows

- May enjoy sound of hitting / breaking glass  
use furniture to restrict access
- Replace with polycarbonate
- Put polycarb screen over window frame
- Have curtains to screen if required
- Be aware of lights and reflections

# Lighting

- Avoid harsh lighting
- Avoid fluorescent lights (flicker & hum)
- Adjustable lighting ( dimmers)
- Some advise not to use slatted blinds ( especially vertical ones)
- Reflections / light beams ( consider tinted glass or blackout curtains)

# Noise

- Select quiet neighbourhood
- Soft furnishings to absorb noise
- Carpet or soft furnishings
- Acoustic tiles
- Volume of staff voices
- Eliminate hums / background noise
- Consider walkmans or ear plugs
- Noise cancelling headphones

# Smells

- Perfumes
- Odours in supermarkets
- Smells of fabrics
- Sensory overload of smell in an area

# Visual Aspects

- “Noisy” carpets /floor coverings
- Eliminate visual breaks
- Contrast between furniture walls
- Soft wall colours
- Clear central space
- Quiet areas

# Taste

- Can be instance on sameness for meal or texture
- Attraction to strong tastes
- No awareness of taste may eat unpalatable substances
- May not be warned of harmful plants (bitterness or stinging)

# Tactile

- Avoidance of touch contact
- Playing with tactile objects ( stroking)
- Picking at loose skin
- Disliking certain textures, materials

# Proprioceptive

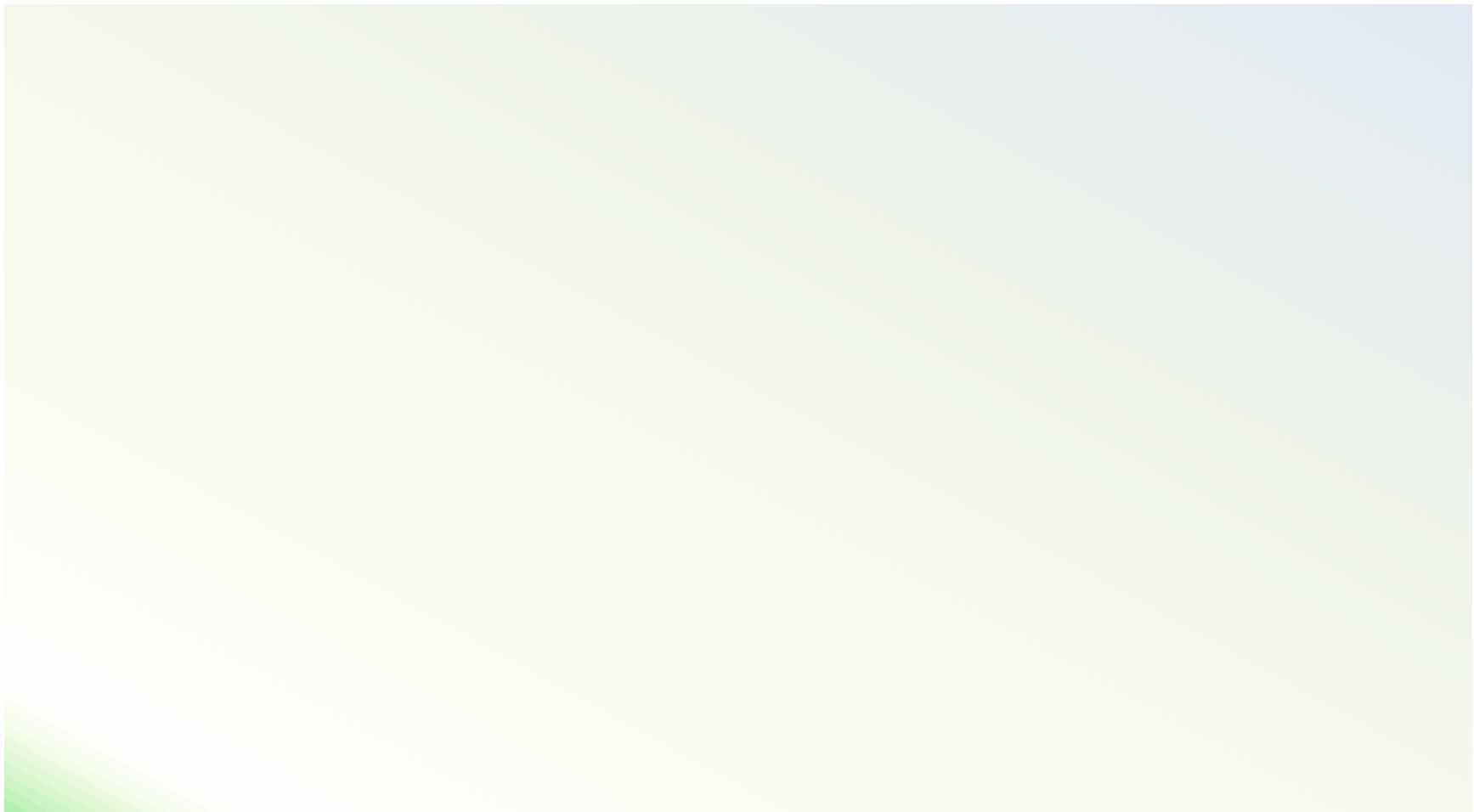
- Unbreakable objects
- Spaces available to spin or run in
- Providing massage if they like touch

# Practical Aspects

- Bed protectors
- Shower vs bath
- Easy clean
- Good drying facilities
- Garden ( many toxic plants)
- *Green potatoes, Broom, Daffodils , Jonquils, Kowhai, rhubarb leaves, Lupins. Karaka, Cotoneaster*

# Use of Visual Strategies

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# Why use visual strategies?

- Cognitive testing shows most people with Autism tend to better visual than verbal processing
- Difficulties in predicting events and behaviour of others cause high levels of anxiety
- People with Asperger's often have difficulties with short term memory, organising themselves and planning

# How do they work?

Reduce anxiety by enabling individual to see a sequence of events

Make the environment more predictable

Help development of choice making

Take advantage of strong visual processing of many people with ASD.

# Examples of visual strategies

- Schedules/timetables
- Picture diaries
- Visual instructions/recipes
- Communication aids
- Communication systems (PECS)

# Type and Sequence of Visual Cues

- **Objects** first level of visual representations E.g person sees the cup of tea on a table is told “It’s time for lunch.”)
- **Miniature objects** – these are smaller versions of the objects
- **Colour photographs** – photographs of the concrete object (e.g. being shown a photograph of a bus means “we’re going to get the bus to go home.
- **Black and white photographs** – consists of the same photographs but in black and white
- **Colour line drawings** – these are picture symbols that are often used where the person is able to this level of abstraction
- **Black and white line drawings** – picture symbols and serve the same purpose as coloured lined drawings

# Position of Pictures

- Non readers
  - Eye level
  - Where more than one picture arrange vertically

## Readers

- Initially eye level
- Left to right
- Large and first then reduce in size

# Visual First and Then Match

## Communication Videos

*Select PECS Part 1*

# Picture Board



# Activity Sequence



# Daily Sequence



# Calendar

November						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
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# Electronic Schedulers

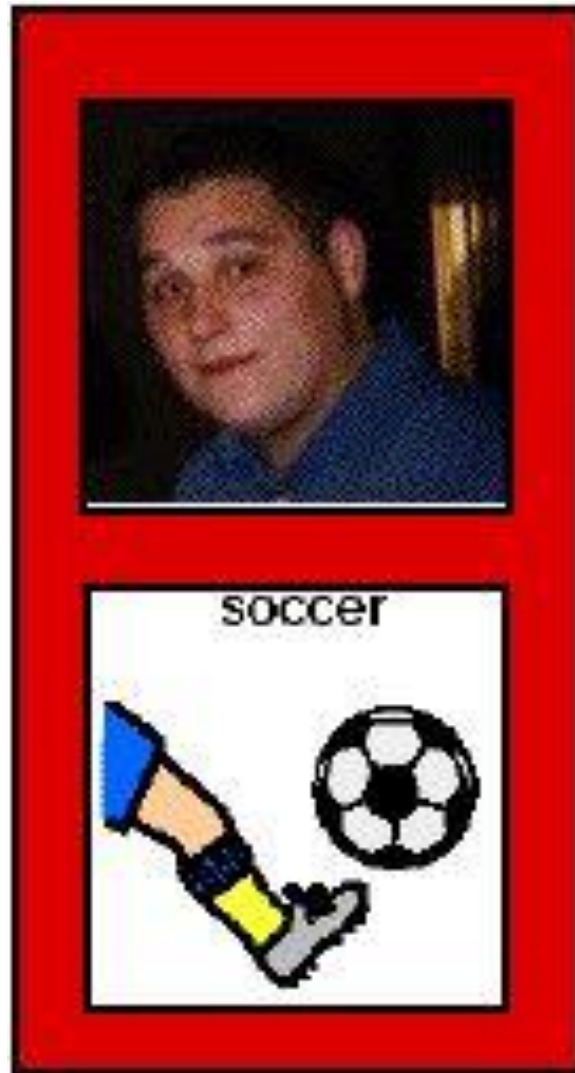


The screenshot shows the Microsoft Outlook Calendar interface. The window title is "Calendar - Microsoft Outlook". The menu bar includes File, Edit, View, Go, Tools, N0032, Actions, and Help. The toolbar shows various icons for calendar operations. The main area displays a weekly view for April 2007, starting from Monday, 23 April, to Friday, 27 April. The time slots range from 8 a.m. to 2:00 p.m. The calendar shows several events, including "screen shot", "Admin Meeting", "Weekly Planning Meeting (High Street)", "CBTs & SIR's", "Chris McCarty", "Martyn J Adrian meeting", "Gavin", "Anita", "Neil", "Nelson", "Group 3 & 4, Meeting with BST, Coordinator & SSW", and "Updated: Senior Management Meetings 2007 (to be advised)". The left sidebar shows "My Calendars" and "Other Calendars" with a list of names. The bottom status bar indicates "14 Items" and "All folders are up to date. Connected".

# Low Tech Solutions

- [Communication Videos\Stencil Board](#)

# Showing Who Will Do and Activity



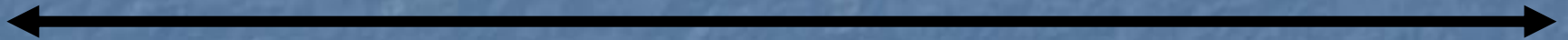
# Counselling ( Talking ) Approaches

# Establish If Counselling Suitable

ASD is not a neat continuum with “Severe” at one end and “High Functioning” at the other

**Classical  
Autism**

**Asperger’s  
Disorder**



# “One Size Does Not Fit All”

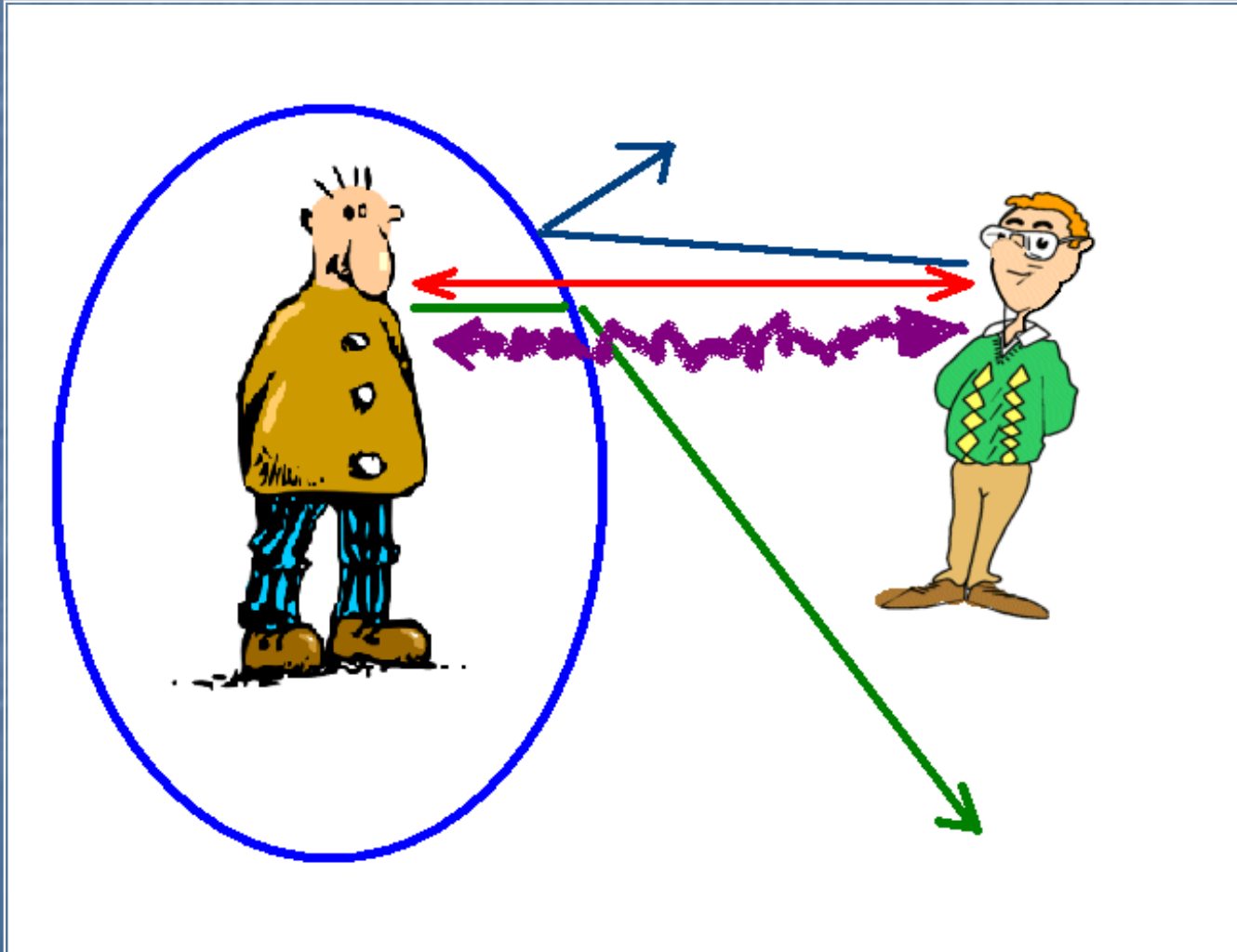
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# Communication

- 50% mute
- Communicate in different ways
- Functional Language could be delayed until as late as 5 – 8 yrs
- Use language in unusual ways.

# A Disorder in Social Communication



# Factors To Consider

## **Sensory sensitivity**

- Information processing ( visual, aural)
- Volume, tone, pitch
- Environmental factors

## **Emotional Difficulties**

- Inability to recognize own feelings
- Difficulty recognizing situations which will cause stress/anxiety
- Sensory overload rapidly leads to fight/flight response

# Who Benefits from Counselling

- Verbal.
- Ability to report on what they experience.
- Need to have their own reason for why they wish to change.
- Prepared to have frequent contact with counsellor.

# Counselling People With ASD

- Literature supports a Cognitive-Behavioural Approach (CBT).
- Based on principle that the way we think influences how we act and vice versa.

# Early Stages

- Establish what they understand about ASD in general
- Search for specific examples of how their ASD affects them.
- Develop clear understandings for words. No word is taken at face-value.
- **Try and determine what they want from any change.**

# Frequency of Contact

- To gain an understanding of thought processes and reasoning need frequent contact
- No less than 40 mins per week
- Time commitment 2- 3 years ???

# Cognitive Distortions

- Unique beliefs and thoughts about how and why things need to be done
- [Video Clips LLAN\Worrying Thoughts Loud.wmv](#)

# Examples of Cognitive Distortions

- All-or-nothing thinking: *I must be OK all of the time without exception*
- Polarised thinking: *People are either my best friend or my worst enemy.*
- Fatalistic thinking: *Things will be bad whatever I do*
- Inaccurate attributions: *My problems are always someone else's fault*
- Discounting of evidence - if it disconfirms beliefs about the self.

# Recent Examples of All of Nothing Thinking

- *You have to help me because I have ASD*
- *People with ASD can't do .....*
- *I need to be picked up at the bus on Sunday because I have Asperger's.*
- *If I thought this was going to happen on 23<sup>rd</sup> July I would have to kill myself*

# Polarised Views

- *This was all my girlfriend's fault as she has lots of emotional problems*
- *You are being really unhelpful to me*
- *You don't care about me, you are unempathetic, not very good psychologist and don't know much about Aspergers*

# Recent Email: Polarised Thinking

- *You can do what you like, I don't care. Maybe, you should get off your high horse and consider how I'm feeling right at this very moment. Go for your life, ring up the cops and get me thrown in jail not that it would make much difference to how I'm feeling at the moment.*

# Inaccurate Attributions

- *I've had to put up with a lot of unacceptable emotional abuse from this woman for example, putting this relationship on and off all the time and requesting my email passwords etc.*
- *You would be hurt too if your wife jilted you, wouldn't you? But of course, you don't experience the same things at the same intensity compared to me.*

# Inaccurate Attributions

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# Responses Based On Knowledge As To How Person is Affected By ASD

Me: *Hello "A". How are you today ?*

A: *Can you stop ever having a pooh just by thinking about it.*

# Responses Based On Knowledge As To How Person is Affected By ASD

A: *I am having lots of thoughts about going and killing Joe Bloggs [ A real person] and of stabbing his children*

Me: *Sounds as if some stressful things have been happening this week . Can you tell me about what's happened*

# Practice New Scenarios

- Having identified an unhelpful behaviour rehearse a new, alternative behaviour that the person agrees will work for them.
- Review the use of that behaviour.
- Use concrete rating scales: On one to ten scale how would you rate your handling of that?

# Self recording

- Worries about time skipping. Worries about there being confusion with my ticket for getting on the bus. I am worried that if I explain to him [Dad] he won't listen.....Dad might make an assumption that I was going to hit him because I only felt stress and never did or felt anything ....worrying is part of my autism ..I could get a knife and chase him. ( 7.5.2008)

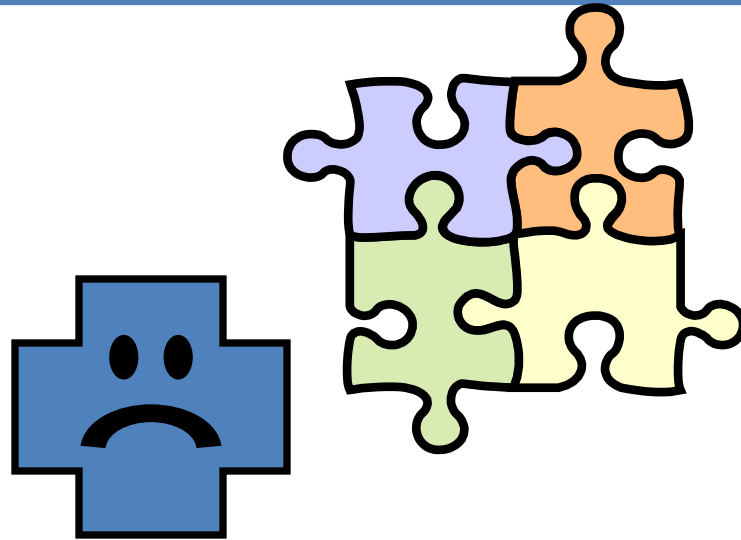
# Personal Safety

- Develop and agreed plan as to why you are providing the challenge and how you know when to stop.
- Change and challenge for people with ASD even when skillfully done can be very stressful for them.
- Stick to your agreed plan.

# Personal Safety

- [Video Clips LLAN\Safety New things 0002.wmv](#)

# Ecological Manipulations



# Ecological manipulations

- Behaviour occurs within a context and often are a function of the person's physical, interpersonal and programmatic environment
- Important to recognise that we manipulate the environment and the environment manipulates us.
- Ecological changes attempt to 'smooth the fit' between an individual and their environment.
- Things that reliably increase or decrease the probability of a behaviour occurring.
- Increase adaptive behaviour / skills.
- Decrease challenging behaviours (Freq, Intensity, Duration).
- Only a small part of a larger model.

Settings- Where is the individual best supported, where are skills best learnt.

- Schools, farms, near the beach, busy roads, neighbours, neighbourhood.

The Physical Environment – What within those setting support / hinder the individual

- Space, painting walls, visuals, schedules, timetables, routines, rules, protocols, noise, crowd, wind, heat, lights.

Number and Characteristics of others –

- Staffing ratio / Staff characteristics
- Consider the compatibility of the people that will be sharing the flat.

Interactions –

- How people interact with each other – staff, family, friends, agencies can effect behaviour.
- Quality of Interactions / Expectations of others / Culture of respect and dignity

Instructional Methods /goals –

- Tell him / ask him / infer!
- Visual strategies.

*An example of how effective ecological manipulations can be. The CCT received a referral for a client about three years ago. He was living in a group home. He was threatening staff and other clients. We moved him into a smaller house, with men his own age. Not one incident.*

# Common ASD Ecological Manipulations

- Lighting – Typically the lighting should be soft. Avoid using fluorescent lighting due to its frequency.
- Colour – The colours used in the interior should be soft and absorb light. Blocks of colour should be used as opposed to busy patterns.
- Texture – Consideration should be given to the types of coverings and carpet. Some textures may be extremely pleasant others over powering eg attraction to loose threads, wool.
- Noise - Where possible measures should be taken to prevent the transfer of noise eg creating pockets of air through storage.
- Different frequencies can affect people differently. Care should be taken in choosing appliances and the placement of them eg) the whining of a fridge or sound of a heat pump may be irritating.
  - Road noise.

# Common Ecological Manipulations cont....

- Space – The house should have medium to large living areas where people can move without getting in each others way and quiet spaces where people can be alone.
- Smell – Some people who have autism can find certain smells overstimulating. The house should have good ventilation.
- Team members should be trained on how the individual is affected by ASD.
- Use a small team of staff with regular blocks of shifts.
- Fade people into the team, build relationships.
- Learn how the person communicates. Learn their body language.
- Instructional goals should be based on their interests.
- Instructions should be given using simple concrete language, give the person time to respond. (visual strategies).