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Help. *Hope*. Answers. Today



ADHD, Autism or Both?

Contributed by Jill Matson, MSN, RN, CPNP

Attention deficit hyperactivity disorder and autism can look a lot alike, making it difficult at times for parents and professionals to tell the difference between the two. Symptoms of both autism and ADHD include inattention, social difficulties, hyperactivity and impulsivity. While some individuals are diagnosed with either ADHD or Autism, others may be diagnosed with both.

Because children with autism can present with symptoms similar to ADHD, they often receive a diagnosis of ADHD first. A study published in the journal Pediatrics (Volume 136, number 4, October 2015) looked at almost 1,500 children between the ages of two and 17 who had been diagnosed with autism; twenty percent of these children had initially been diagnosed with ADHD. What the study found was that children with ADHD diagnosed first were nearly 30 times more likely to receive their ASD diagnosis after age six.

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Why does this matter? The earlier treatment is started for autism, the better the long-term outcome. Currently, the average age of autism diagnosis is four years even though it can be reliably diagnosed in children as young as two years of age. To avoid potential delays in autism diagnosis and treatment, clinicians should consider autism when evaluating young children presenting with symptoms of ADHD.

Below is a comparison of ADHD and autism:

	ADHD	AUTISM		
What Is It?	Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder resulting in ongoing, clinically significant problems with inattention, hyperactivity and impulsivity.	Autism is a neurodevelopmental disability that results in social communication difficulties, repetitive behaviors and restricted areas of interest. Symptoms must be persistent and present before three years of age.		
Signs You May Notice	 Forgetful and easily distracted Trouble listening and following directions Emotional dysregulation/ tantrums due to frustration or lack of impulse control Poor organizational skills and difficulty completing tasks Struggles to stay focused unless it is a preferred activity Social difficulties Problems sitting still during quiet activities (school, mealtimes) Difficulty being patient/waiting for turns Hyperactivity, fidgeting Interrupts others, blurts out inappropriate things, difficulty with non-verbal cues and personal space 	 Seems disengaged; avoids eye contact and/or physical contact Difficulty following directions due to speech and language delays; echolalia Emotional dysregulation/tantrums due to sensory processing problems, anxiety, frustration or communication difficulties Social difficulties Repetitive behaviors to self-soothe (rocking, hand flapping, jumping, spinning) Obsessive interests, experiences; perseveration Hyperactivity, fidgeting Difficulty understanding non-verbal cues, personal space, sarcasm, humor, feelings/emotions 		

cont.





	ADHD	AUTISM		
Signs You May Notice	 Impulsivity, difficulty understanding consequences of actions Plays rough, takes physical risks 	Sensory processing deficitsDifficulty with safety/danger awareness		
Emotional and Social Impact	Impulsive behavior and poor social skills make it difficult to develop and maintain friendships; frequent reprimands for problem behavior can lead to poor self-esteem	Rigid, repetitive behavior and social communication deficits make it difficult to relate to others, develop/maintain friendships		
Special Education Services	May qualify for special education services (IEP or 504 Plan) with educational certification of Other Health Impairment (OHI)	May qualify for special education services (IEP or 504 Plan) under the educational certification of Autism		
Professionals Who Can Provide a Diagnosis	Pediatricians, Pediatric Neurologists, Developmental-Behavioral Pediatricians, Child & Adolescent Psychiatrists, Neuropsychologists, Clinical Psychologists	Pediatric Neurologists, Developmental-Behavioral Pediatricians, Child & Adolescent Psychiatrists, Neuropsychologist, Clinical Psychologist		
Treatment Strategies	Medication Management Educational Programming Behavior Management	Medical Management, Applied Behavior Analysis (ABA), Speech Therapy, Occupational Therapy, Physical Therapy, Social Skills Groups, Educational Programming		
Co-occurring Conditions	 Anxiety Depression Learning Disabilities Language Disorders Tics Sleep Disturbances 	 Coordination Disorder (fine and gross motor) Dysfunction Coordination Disorder (fine and gross motor) Anxiety Depression Mood Disorders Seizure Disorder (Epilepsy) Genetic Disorders Gastrointestinal Problems Sleep Dysfunction Feeding Difficulties (sensory, swallowing) Sensory Processing Disorders 		

cont.





	ADHD	AUTISM	
Medication Options	Stimulants Alpha-2 Agonists (Clonidine/Kapvay, Guanfacine/Intuniv)	Atypical antipsychotics Alpha-2 Agonists SSRIs	
	Atomoxetine (Strattera)	Antiepileptic Mood Stabilizers	

Top 10 Strategies for Students with ADHD in the School Setting

Contributed by Trisha Lorimer, M.A., BCBA, Autism Spectrum Therapies

- **Priming:** This is a fancy word for preparing students. By providing students with clear expectations, proactively, it gives them a "heads up" prior to transitions, deadlines, setting/activity specific expectations, etc.
- 2 Choice Making: This allows the child to have shared control. As with any student, the more say they have in their day, the more success we generally see. We often forget how many choices could be presented in a day. The academic task may not be negotiable, but using a yellow pencil or a red pencil could be; as could the order of some activities, where they want to sit, their choice of reinforcement, etc. By doing this proactively, it prevents us from offering these choices once a student is off task or noncompliant.
- **Environmental Arrangements:** So often teachers and parents feel as if the child is not attending when in fact, just the opposite is true. It's not that they are not paying attention, it's that they are paying attention to everything like the humming of the computer, the bright lights, other students walking by, etc. The more we can simplify the setting to minimize these distractions ahead of time, the better.
- 4 Visual Supports: These help the child to understand and predict upcoming events, activities, rules and instructions by utilizing visual cues such as a notecard with the classroom rules on their desk, a visual schedule of their day, an image of a hand to remind them to raise their hand to gain the teachers attention, etc. This strategy can greatly enhance learning for children who are stronger visual learners than auditory learners.
- (5) Plan Movement: Rather than waiting for a student to be antsy or off task, build movement breaks into their day. This could include allowing them to stand during their work time or use special seating that allows the learner to move within their seat. It could also include simple tasks such as going to deliver something to another classroom or grabbing a drink of water.



- **Use Peers:** The goal is to help the student learn to be successful as independently as possible. Rather than having the teacher redirect the student back to the task or activity, it may be helpful to identify a peer buddy to prompt the student. This allows the student to decrease their dependence on the teacher and hopefully start to look to their peers to identify the expected behaviors within the classroom.
- **Teach Self-Management:** This strategy teaches an individual to monitor his/her own behavior. Self-management has many benefits; several of which include increasing efficiency, replacing bad habits with better ones, completing complicated tasks and meeting personal goals. It also helps the student to become aware of their own body and behavior so they can start to manage themselves without others having to redirect them.
- **Explicit Teaching and Practice:** Don't anticipate that a student knows how to walk properly between classes, organize their belongings or return their paperwork to school. We should specifically teach these and many other skills while breaking the skill into small achievable steps that allow for learning, practice and reinforcement.
- **Reinforcement:** It's important to establish strong reinforcement to increase the behaviors we want to see. Sometimes what we think is reinforcement, really is not. Chocolate cake is amazing, but if you ate chocolate cake all day, it would probably not be as enticing.
- **Catch Them Being Good!:** A key theme in all of these strategies is the focus on proactively addressing the behavior. So often the desired behaviors go unnoticed or unreinforced and attention is only provided when students are engaging in disruptive or undesired behaviors. If a student is engaging in a behavior we want to see more of, we need to make sure we let them know.

Autism Spectrum Therapies has been serving the autism community for over 15 years in 10 states, including multiple Michigan locations. Find out more <u>here.</u>



FEBRUARY AT A GLANCE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Sensory Storytime for Special Needs Adults (Boyne City) ABA Therapy Clinic Open House (Madison Heights)	Polar Plunge for Special Olympics Michigan SOMI (Traverse City, Fenton, Grand Rapids)
Autism Parent Support Group (East Lansing)	4 CMHAM Winter Pre-Conference Institutes (Kalamazoo)	5 CMHAM Winter Conference (Kalamazoo)	Macomb ISD IEP Workshop Series (Clinton Township)	Arc of Kent County IEP Webinar Series (Grand Rapids)	Using the PEERS® Model for Teaching Social Skills to Teens with ASD (East Lansing)	Polar Plunge for SOMI (Detroit, Greenville, Lake City, Belleville) When We're Gone 2019 (Battle Creek)
Rejoicing Spirits -no-shush worship service (Birmingham)	2019 Autism Campus Inclusion (ACI) Leadership Academy Application Deadline	Wildcat Wellness Health Fair (Marquette) Building Positive Relationship (Barryton)	Assistive Technology: Tools That Assist Learning in School (Inkster)	14 Delta's President's Speaker Series: Dr. Temple Grandin (University Center)	Social Skills in the community (Canton)	LifeLab Kids Grand Opening! (Ferndale) Celebration Cinema Sensory Showtimes (Grand Rapids, Portage, Benton Harbor, Mt.Pleasant, Lansing, Muskegon)
Abrams Planetarium Sensory friendly show (East Lansing)	18 Sensory Friendly Skate Nights (Muskegon)	19 Inclusion: FAPE in the LRE (Port Huron)	20 DN Parent Network Winter Workshop Series (Traverse City)	21 BAAM 2019 Convention (Ypsilanti)	GO FAR Friday Night Parties (Birmingham) Polar Plunge for SOMI (Ann Arbor)	FALCONERS "Star Safari" (East Lansing) Fowler Center Weekend Respite Camps (Mayville)
Chocolate Festival (Marquette)	Youth Mental Health First Aid Training (East Lansing)	26 Long Term Care/Medicaid Planning (Brighton)	Special Needs Planning (East Lansing)	The After I'm Gone Program (Livonia)		

^{**} For more information on any of these events, please contact the MiNavigator line at 877-463-2266.

2019 NAVIGATING AUTISM TODAY CONFERENCE



Friday March 8th, 2019 | Wayne County Community College District - Ted Scott Campus

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