



AUTISM ALLIANCE OF MICHIGAN PRESENTS

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Help. Hope. Answers. Today



AUTISM THERAPIES: BREAKING DOWN AND BUILDING UP

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Background:

According to the most recent estimates by the Center for Disease Control (2018), the prevalence of ASD is 1 in 59 of children aged 8 years, which amounts to 1-2% of children. Following the difficult task of navigating the diagnosis process, parents are faced with navigating a myriad of treatment options that work to help alleviate symptoms of autism spectrum disorder. With multiple therapies come multiple providers including, but not limited to: pediatricians, psychiatrists, psychologists, dietitians, nutritionists, speech-language pathologists, occupational therapists, physical therapists, and behavior analysts. For the autism provider community, given limited resources for children, there is a responsibility to direct families to essential resources that will guarantee the greatest impact. The purpose of the current articles is to increase exposure to all of the service providers that may be included in a child's treatment plan, and the empowerment to advocate for the individual needs of a child. Parents are valued members and participant on a child's treatment team.

cont.





Looking back to October 15, 2012, the Michigan Autism Insurance Reform Act was signed into law in Michigan. This law mandates that for-profit, commercial, HMO, and non-profit health insurance providers in the state of Michigan are required to provide benefits to individuals diagnosed with autism spectrum disorders (ASD). These benefits include coverage for therapies provided by the aforementioned service providers.

Moving Forward:

Does this mean that every child with an ASD diagnosis needs all of these services? Not necessarily. Current research shows that over 90% of children with an ASD diagnosis receive speech/language pathology services, over 75% receive occupational therapy, and over 50% receive applied behavioral analysis. So how do you determine what your child needs?

1

The first step is to know the child. Dr. Stephen Shore's infamous quote says, "If you've met one person with autism, you've met one person with autism." Each child has a unique set of individual strengths and challenges, and therefore unique treatment needs. Use these to help navigate therapies and service providers, rather than comparison to other children or cases.

2

The second step is to know what therapies are available. The following is a list of therapies organized by provider, national credentialing body, typical dosage, and focus of therapy services.

(1) Applied Behavior Analysis (ABA)

Provider: Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), and Registered Behavior Technician (RBT), and behavior aides/technicians. The tiered team is headed by the BCBA. The BCBA completes evaluations, outlines goals and targets, and provides oversight to the BCaBA, RBT, and behavior aides/technicians. Typically, RBTs and behavior aides/technicians are the direct implementers of therapy.

Credentialing Body: Behavior Analysis Certification Board (BACB) <https://www.bacb.com/>

Typical Frequency: Focused Treatment (5-15 hours/week) and Comprehensive Treatment (16-25 hours/week), BCBA supervision typically provided a minimum of 1 hr. per 10 hours of direct treatment. **Focus of Therapy:** Applied behavioral analysis (ABA) therapy targets learning of skills and reduction of challenging behaviors, including:

cont.





- Teaching skills to replace problem behaviors
- Increasing positive behaviors and reducing interfering behaviors
- Maintaining behavioral improvements
- Changing responses to child's behavior
- Increasing child's academic, social and self-help skills
- Improving ability to focus on tasks, comply with tasks, and increasing motivation
- Generalizing or transferring behavior from one situation to another

(2) Speech-Language Therapy

Provider: Speech-Language Pathologist (SLP)

Credentialing Body: American Speech-Language-Hearing Association (ASHA)

<https://www.asha.org/>

Typical Frequency: 1-3x / week, 30-60 minute sessions

Focus of Therapy: Speech-language therapy concentrates on increasing communication skills, including receptive and expressive language, articulation, and social communication skills. If feeding and swallowing skills are a concern, this may be targeted as well. Areas of focus may include:

- Social skills and communication
 - Paying attention to others' actions
 - Playing and getting along with others
 - Understanding and using gestures
 - Following directions
- Understanding and using words
 - Asking and answering questions
 - Asking for help
 - Conversational skills
- Augmentative and alternative communication
 - Acquiring sign language
 - Informal gesture systems and nonverbal communication
 - Low tech use of pictures, photos, objects
 - Written words or text
 - Speech-generating devices (SGD)
- Feeding
 - Feeding, swallowing, and digestive difficulties
 - Refusal of foods and limited repertoire of foods/inventory
 - Difficulties tolerating a variety of food textures without gagging, vomiting, aversion

cont.





(3) Occupational Therapy

Provider: Occupational Therapist (OT) and Occupational Therapy Assistant (OTA), OTR (registered), COTA (certified OTA)

Credentialing Body: National Board for Certification in Occupational Therapy (NBCOT)
<https://www.nbcot.org/>

Typical Frequency: 1-3x / week, 30-60 minute sessions

Focus of Therapy: Occupational therapy focuses on self-regulation, sensory needs, adaptive skills, motor development, and daily life skills. Areas may include:

- Independent living skills- self-feeding, toileting, dressing, self-care
- Motor development and motor planning skill development
- Sensory integration and sensory based strategies
- Social participation activities
- Play and leisure activities
- Visual supports
- Work readiness skill development

(4) Physical Therapy

Provider: Physical Therapist (PT) and Physical Therapy Assistants (PTA), Graduate Physical Therapists now require a Doctoral degree (DPT)

Credentialing Body: American Physical Therapy Association (APTA) <http://www.apta.org/>

Typical Frequency: Varies depending upon the needs of the client

Focus of Therapy: Physical therapy targets motor skills, postural control, and learning skills through imitation of movement. Targets include:

- Acquiring new motor skills
- Development of coordination and stable posture
- Development of reciprocal play skills, and playground games
- Development of motor imitation skills
- Increased fitness and stamina
- Increased strength and coordination
- Gait training, including toe walking
- Casting, splinting and adaptive mobility and equipment evaluations

BCBAs, SLPs, OTs, and PTs are all professionals who have completed rigorous educational programs and have received a minimum of a master's degree in their respective disciplines. Navigating therapy options is a bidirectional process. It is the service provider's job to provide accurate guidance in their area of expertise, and to determine if the child's individual needs are being met with the most efficiency and expertise available. BCBAs should guide the team in behavioral techniques that work best for the child and share implementation strategies with other providers on the team.

cont.





OTs should provide guidance on sensory issues strategies to address these throughout the day. SLPs should establish the developmentally appropriate speech and language targets and determine the best communication modalities (e.g., speech, signs/gestures, augmentative/alternative communication) for the child. PTs should provide information regarding motor skills and abilities, and targeted movement and strength patterns and targets. Some children may only need one type of therapy; most will likely need more than one.

3

The third step is to make treatment decisions. Caregivers should be actively involved – asking questions, asking for resources, consulting with other families with more experience. The provider should complete assessment procedures to identify the child's individual strengths and challenges. Followed by creation of a treatment plan outlining goals and objectives. Parents should work closely with providers to implement therapeutic recommendations. For children receiving more than one therapy, coordination of services and communication among clinicians is necessary.

There are many models of collaboration including multidisciplinary, interdisciplinary, and transdisciplinary team models. Although beyond the scope of this article, know that collaboration can look many different ways in practice but inter-professional collaboration is essential! Children with autism spectrum disorder present with complex, multifaceted needs. The best therapy outcomes are achieved when professionals are regularly communicating regarding treatment goals, progress, and techniques that would be beneficial to the client.

4

Caregivers can maximize your child's benefit from therapy by...

- Acquiring new motor skills
- Development of coordination and stable posture
- Development of reciprocal play skills, and playground games
- Development of motor imitation skills
- Increased fitness and stamina
- Increased strength and coordination
- Gait training, including toe walking
- Casting, splinting and adaptive mobility and equipment evaluations

Navigating the path through diagnosis and treatment of ASD is not easy. Remember to celebrate your child's victories, and take pride in everything you have both accomplished!





QUICK TIPS: BUILDING CONVERSATIONAL SKILLS FOR CHILDREN WITH AUTISM

Contributed by Hetal Patel, M.A., CCC-SLP, AAO-M Communication Specialist

Conversational skills can significantly challenge a child with autism. Social conversation, includes integration of so many skills, that a wide-range of difficulties can occur, and prevent successful social participation with peers.

Here are some quick tips for improving conversational skills:

1. Establish Conversational Rules: Target specific skills to develop, such as:

- Look at or towards the communication partner
- Take turns in a conversation
- Wait for the other person to respond (don't interrupt)
- Ask questions to keep a conversation going
- Stay on topic

2. Conversation Books: Put together a book in a small photo album with pictures that represent people, events, and activities that are significant to the child. This can help children remember details they can talk about or aide in their communication if they are at the emerging conversational skill level. A 'Guess What I Did' book such as a pocket photo album can include photos, tickets, small pieces or memorabilia from an event for a child who needs a real object or referent to talk or show something about an event.

3. Vary Topics: Help the child make a list of conversational topics that most people like to talk about (i.e. sports, pets, favorite restaurants, vacation plans, etc.). The child may be able to talk for hours about their topic of interest (e.g. the solar system), however given that others will not likely find the topic of fascination quite as interesting, children or students need to be prepared to discuss other topics, even if more briefly. Finding a common interest is a great way of picking a shared conversational topic.

4. Starting a Conversation: Create a list of conversational starters, start by making a list of questions to start a conversation. Make a list of questions and put them in the middle of the table and ask each other questions to practice. Questions to model could include: "What was your most favorite part of your day?" or "What is your favorite movie and your favorite part"?

5. Build On Conversations: Build on conversations each day, rather than repeating the same conversation each day. Offer feedback- for example "You told me yesterday how much you liked the train."

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Today I want to hear about how loud the train was during your ride.” The child will learn to recall conversation and expand upon conversations, versus a tendency to have a self-stimulatory interaction that does not help to grow the relationship or conversation. This also gradually expands the topics of conversation (e.g. Speed, Sound, other Modes of Transportation) while still involving the object of interest (i.e. trains).

6. Listening Skills: Develop listening skills, by varying responses to questions a child asks. Developing good listening skills, allows children to remember what others have said in a conversation. Use absurdities or humor with children who are adept speakers but struggle with listening and attention to others.

7. Perspective Taking: Ask the child to think about how others are feeling or what they are thinking. Building this skill will increase your child’s awareness of what topics others may or may not want to talk about. This can be challenging for many children. Strategies may include practicing while reading a book with a child. After reading what happened in the story, expand the story to discuss how the character might feel. Further, acting out a familiar story, using a hat, or costume item, to take on a character in the story with role play to share how the character may be feeling.





SEPTEMBER AT A GLANCE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 2018 Family Days Presented By AAoM (Royal Oak)
2 2018 Family Days Presented By AAoM (Royal Oak)	3 2018 Family Days Presented By AAoM (Royal Oak)	4 Conflict Management in Special Education (Bloomfield Hills)	5 Oaks Victory Village Outreach (Monroe)	6 Autism Spectrum Disorders: An Overview (Troy)	7 The Fowler Center WEEKEND RESPITE CAMPS All Ages (Mayville)	8 Spectrum Fest (Northville)
9 Golf for Autism (Clarkston) Fall Family Fun Day at Craig's Cruisers (Norton Shores)	10 Sensory Friendly Night (Richland)	11 Social Skills Group for Teens at CMU (Mt. Pleasant)	12 Summer Fun Kayaking & Paddle Boarding (Midland)	13 Annual Recipient Rights Conference (Thompsonville)	14 RARA Movie Night Out (Rochester Hills)	15 Military Family Special Needs Resource Expo (Traverse City)
16 Abrams Planetarium Sensory Friendly Show (East Lansing)	17 Moving Forward (Auburn Hills)	18 Mid-Michigan Children's Museum Autism Family Night (Saginaw)	19 AUTISM A Visual Journey (Grand Rapids)	20 Detroit Tigers Autism Awareness Night (Detroit) SPAR Independence (Marquette)	21 Mon-Arc Dance (Monroe)	22 Autism 101 (Southfield) NAMIWalks Detroit Walk (Detroit)
23 LEAD Detroit Cohort (Detroit)	24 ACMH Conference 2018 (Lansing)	25 Uniquely Me: Women on the Spectrum Connect (Rochester)	26 Making Sense of SSI/SSDI (Troy) U of M Department of Psychiatry Grand Rounds - Ruth O'hara, PhD (Ann Arbor)	27 HFA: Proven & Practical Interventions for Challenging Behaviors (Lansing)	28 SOMI State Fall Games (Ann Arbor)	29 The Arc Livingston Dance (Howell)
30 Camp Fish Tales 3rd Annual Happy Camper 5K (Pinconning)						

** For more information on any of these events please contact MiNavigator line at 877-463-2266



Golf for Autism



September 9, 2018
Pine Knob Golf Course
Clarkston, MI

More Information At
www.AAoMI.org/golf

