



Thank you for joining!

We will begin our webinar shortly.

Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.



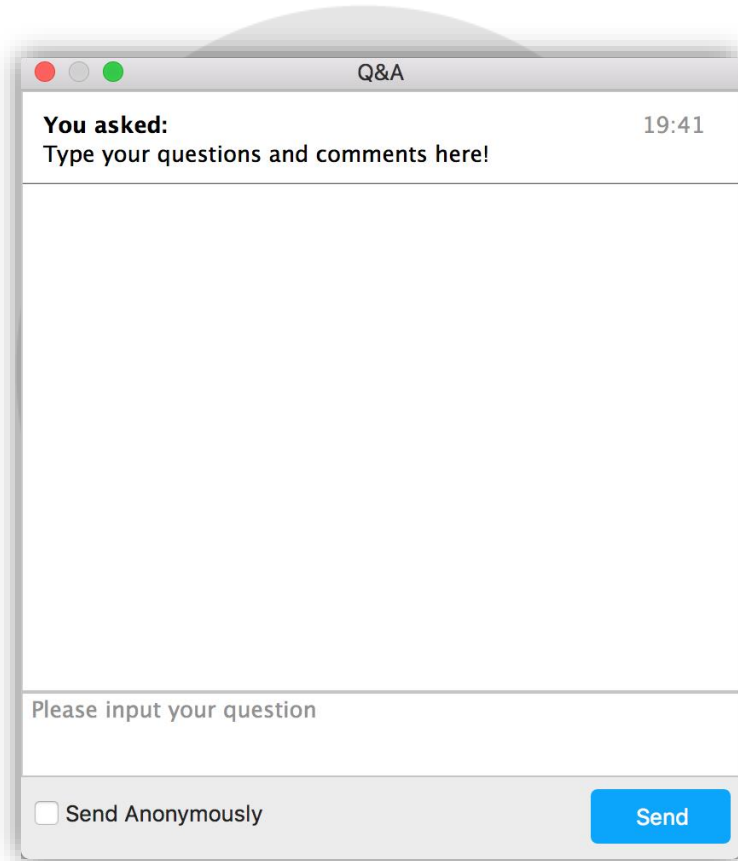
Behavioral Health Concerns

Understanding Autism Spectrum Disorder

November 10, 2022



Housekeeping Items



A screenshot of a Q&A window from a webinar. The window title is "Q&A". It features a header with "You asked:" and a timestamp "19:41". Below the header is a large text area with the prompt "Type your questions and comments here!". At the bottom, there is a smaller text area with the prompt "Please input your question", a checkbox labeled "Send Anonymously", and a blue "Send" button.

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice or medical advice, diagnosis or treatment of any kind. For legal advice, we encourage you to consult with your legal counsel regarding the topics raised in this presentation. At all times, please use your own independent medical judgment in the diagnosis and treatment of your patients.

Today's speaker



Jennifer Krom, LPC
Director, Autism Services
Beacon Health Options

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Agenda

- 1 Background
- 2 Symptomology
- 3 How Autism Spectrum Disorder Impacts an Individual
- 4 Things to Take Into Consideration
- 5 Treatment Options
- 6 Questions and Answers



Learning Objectives

1

Overview of Autism Spectrum Disorder

2

Understand Intervention Options

3

Learn approaches to interventions based on cognitive/behavioral functioning and communication style

Chapter

1

“We help people live their lives to the fullest potential.”

Our Commitment



Background

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Data and Statistics



**178% increase
since 2000**

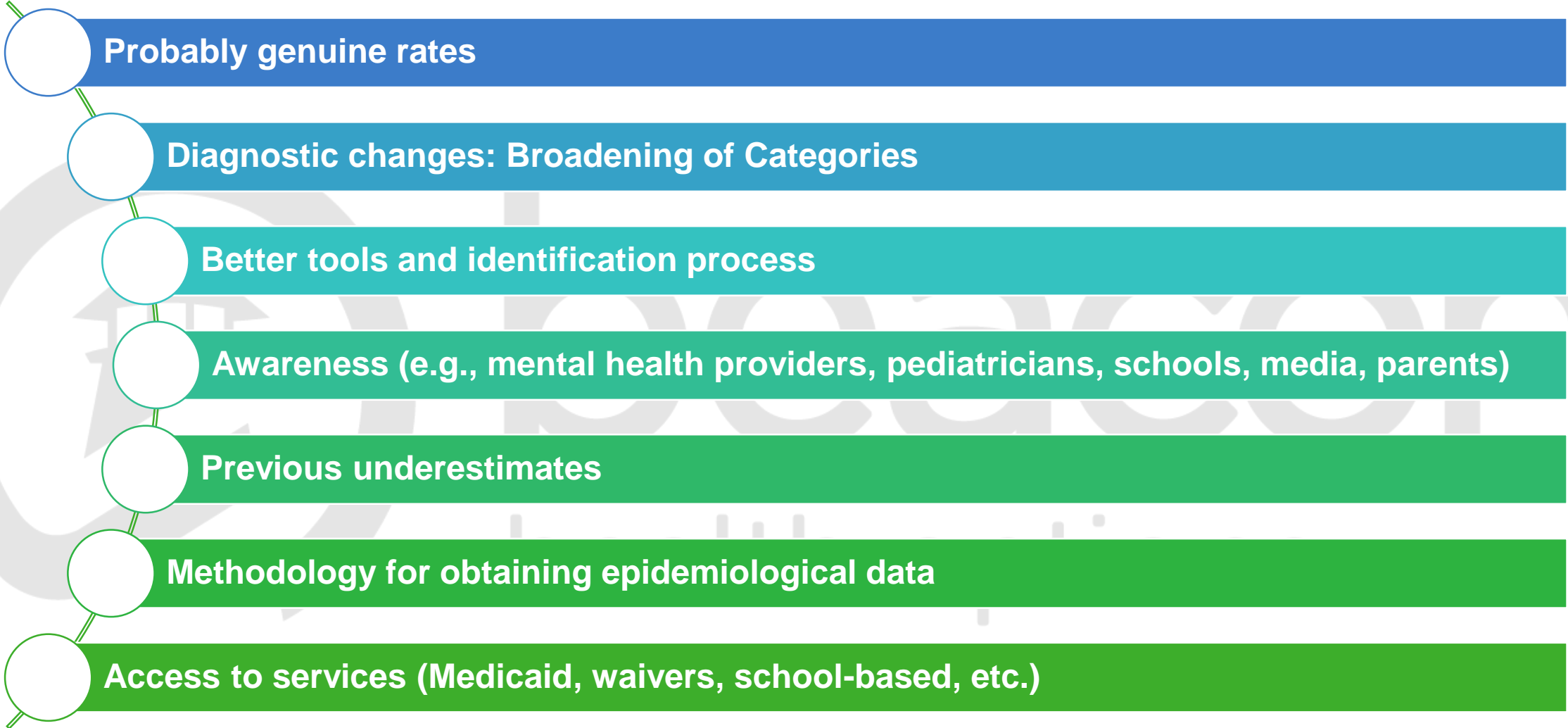
**About one-third
(35.2%) of
individuals with
an ASD also
have an
intellectual
disability**

**1 in 44 children
in the United
States**

**ASD occurs
among all
racial, ethnic,
and
socioeconomic
gro**

**4.5 times more
common
among boys (1
in 42) than
among girls (1
in 189)**

Possible Reasons Why the Numbers Are Changing



Chapter

2

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Symptomology of Autism Spectrum Disorder

options

Comparison in Diagnostic Changes in Autism


DSM-IV-TR	DSM-5
Number of Criteria Needed for Diagnosis	
<p><u>Autistic Disorder</u> – 6 criteria</p> <ul style="list-style-type: none"> • at least 2 social • 1 communication • 1 restricted repetitive behavior • 2 additional from any category <p><u>Asperger’s Disorder</u> - 3 criteria</p> <ul style="list-style-type: none"> • at least 2 social • 1 restricted, repetitive behavior <p><u>PDD-NOS</u> – 2 criteria</p> <ul style="list-style-type: none"> • at least 1 social • 1 from either communication or restricted, repetitive behavior 	<p><u>Autism Spectrum Disorder</u> – 5 criteria</p> <ul style="list-style-type: none"> • 3 of 3 social communication and social interaction • 2 of 4 restricted, repetitive behavior
Criteria (symptom) Presentation	
<ul style="list-style-type: none"> • Current 	<ul style="list-style-type: none"> • Current or by history
Age By Which Symptoms Must be Present	
<p>Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.</p>	<p>Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).</p>

Connecticut Guidelines for a Clinical Diagnosis of Autism Spectrum Disorder — 13 —

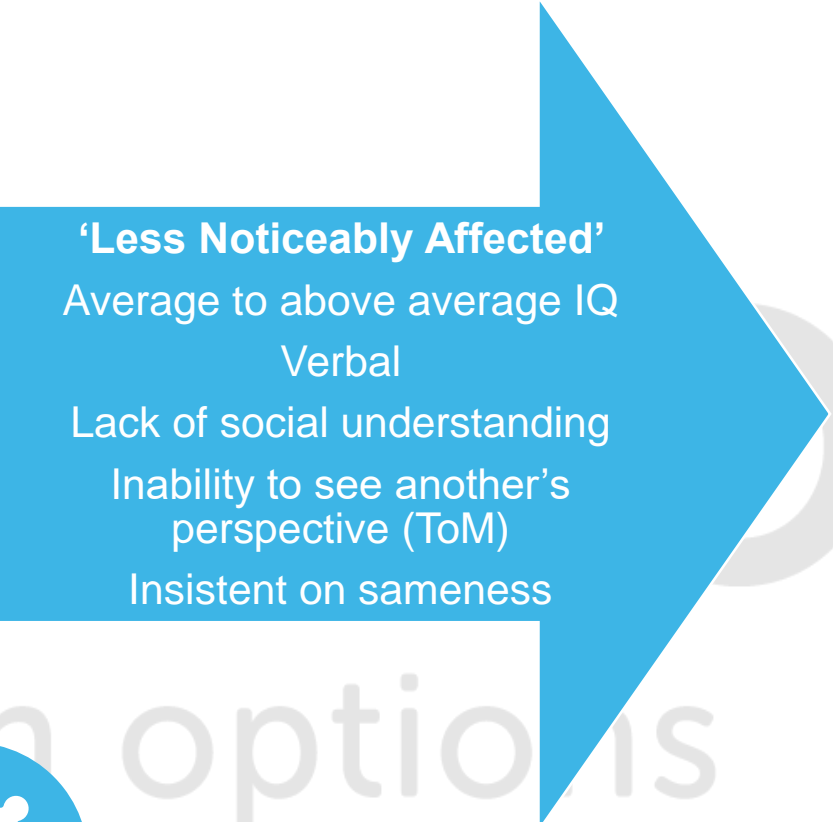
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[Connecticut-Guidelines-for-a-Clinical-Diagnosis-of-Autism-Spectrum-Disorder.pdf](#)

ASD: Themes and Variations



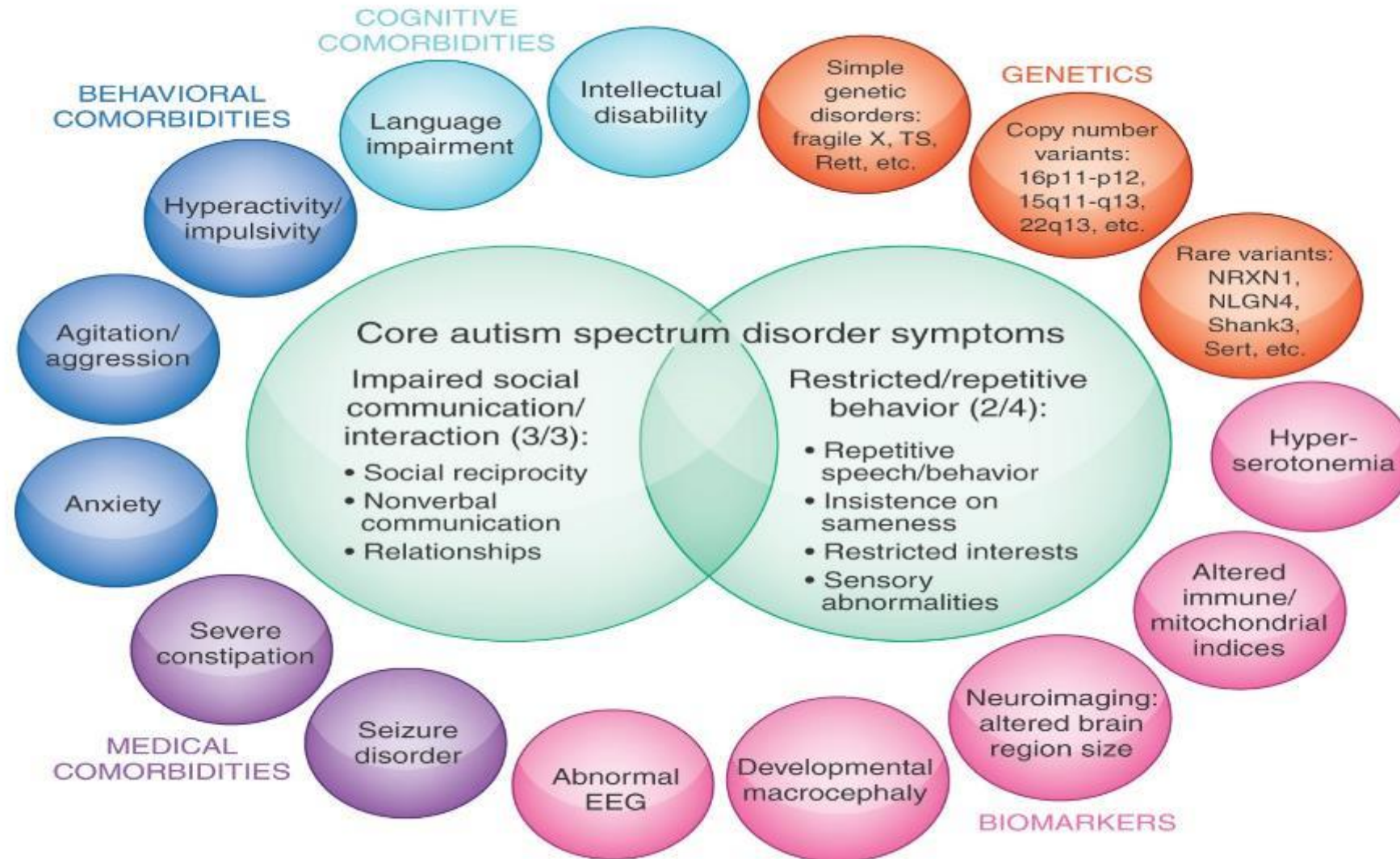
'Severely Affected'
Non-verbal
Intellectual Disability
Severe behaviors (e.g. self-injury)
Little to no social skills ('in their own world')



'Less Noticeably Affected'
Average to above average IQ
Verbal
Lack of social understanding
Inability to see another's perspective (ToM)
Insistent on sameness



Core Symptom Domains and Comorbidities



[Autism symptoms, comorbidities and biomarkers. The core symptoms of... | Download Scientific Diagram \(researchgate.net\)](#)

Chapter

3

“We help people live their lives to the fullest potential.”

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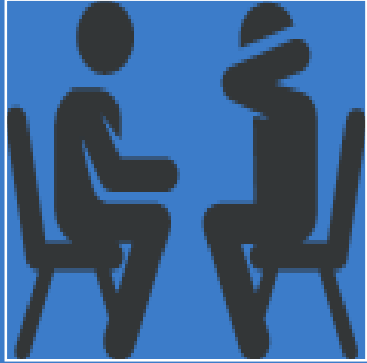
How Autism Spectrum Disorder Impacts an Individual

Theory of the Mind



Painful awareness of social differences and challenges with "fitting in" socially may give rise to episodes of anxiety and depression

Autism Spectrum Disorder



Symptoms may not manifest until social demands exceed capacities or may be masked by learned “compensatory” strategies in adolescence and adulthood.



Cognitive Functioning:

- Often rigidly cling to beliefs, convictions, or rules.
- Misassociated with intellectual disability.
- Strong language skills can easily be misinterpreted as advanced communication/social skills
- Often leads others to mislabel their actions as purposeful and manipulative.



Awareness of differences might trigger anxiety and depression.

Early Interventions are crucial

Autism Spectrum Diagnostics

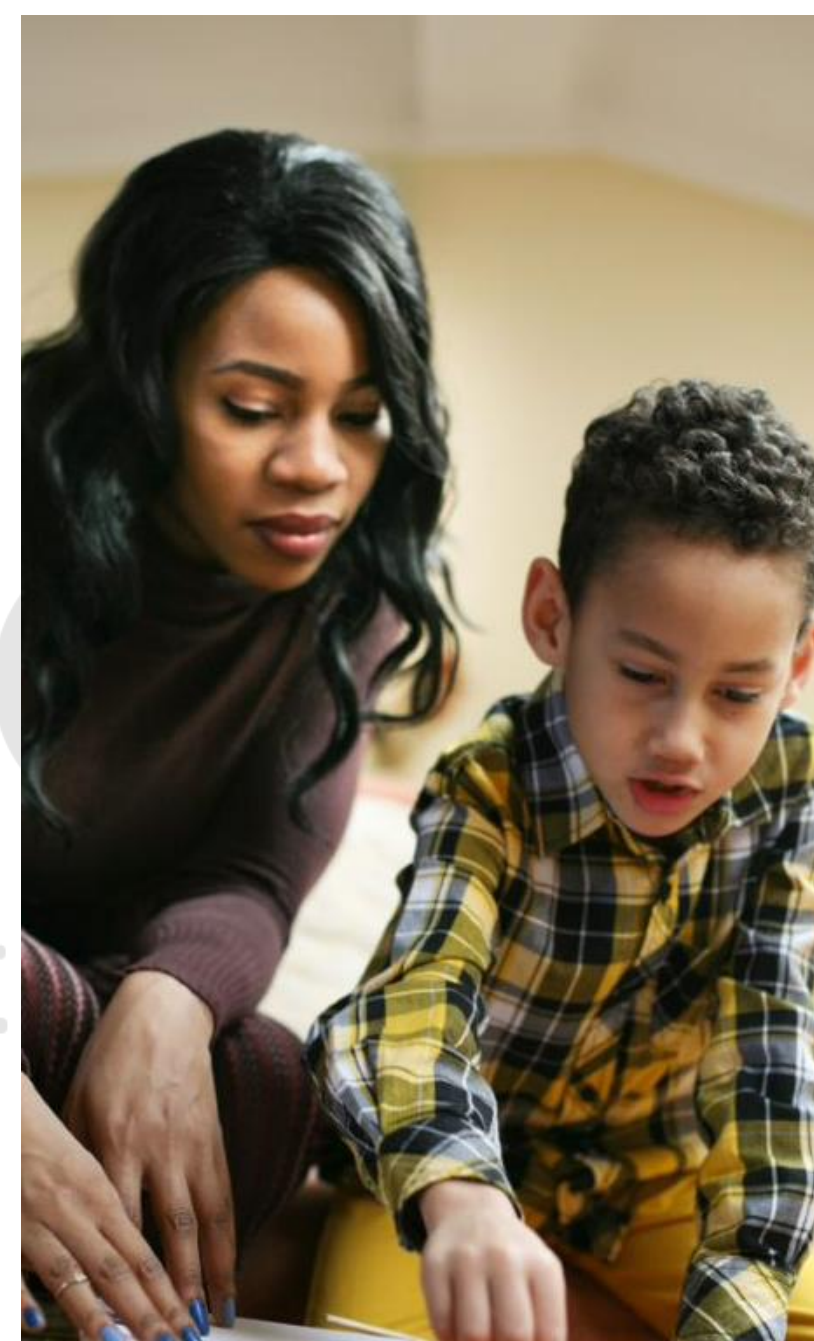
Goal is symptom identification (phenotypes) and an understanding of severity (specific abnormalities not general impressions).

The Autism Diagnostic Observation Scale or the ADOS creates a “Social World” with interactive questions.

ASD can be reliably diagnosed at 2 years. If regressed type check medical first. For example, “prancing” might be other physical condition or smelling of hands could reflect a tic disorder.

Often symptoms present in early developmental period but diagnosis comes later (becomes noticeable where social and communication skills are needed across different environments).

Delays are an absence of skill sets. Can be diagnostic overlap (e.g., expressive language affects socialization).



Chapter

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Things to Take Into Consideration

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Areas for Diagnostic Consideration

- **Language and communication skills**
- **Social relationships and responses to social situations**
- **Responses to noises, touch, sights, and other senses**
- **Behaviors while alone versus in groups**
- **Ability to do a range of intellectual activities**



ASD Treatment Considerations



- A lifelong condition. No biological tests exist.
- Currently, there is no scientific evidence linking vaccinations and the diagnosis of ASD (<https://www.sciencedirect.com/science/article/pii/S0264410X14006367>; <https://www.cdc.gov/vaccinesafety/concerns/autism.html>; <https://pubmed.ncbi.nlm.nih.gov/25898051/>)
- Younger age makes it more difficult to differentiate ID from ASD. Before 70-80% were ID; now 30-80%. About of those with ASD 75% acquire language.
- Diagnostics and treatment are challenging because there are both positive (abnormal) and negative (absence of normal) behaviors.
- Overarching treatment goals are modulation of behavior and building life skills especially socially.
- A variety of treatment options should be explored as no one treatment type will impact all signs and symptoms in the same way (Applied Behavior Analysis, Speech, OT, PT etc.)

Chapter

5

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Treatment Options

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Possible Treatment Modalities

Level of Intellectual Disability	Possible Treatment Modalities
Mild	<ul style="list-style-type: none">• Interpersonal and Insight-Oriented Psychotherapy• Cognitive-Behavioral Interventions• Psychoeducation• Positive Behavioral Supports• Positive Self-Attribution
Moderate	<ul style="list-style-type: none">• Skills Building• Positive Behavioral Supports
Severe-to-Profound	<ul style="list-style-type: none">• Positive Behavioral Supports with emphasis on environmental strategies

Benefits of Counseling



Positive Behavior Supports Perspective of Behaviors



- Takes a comprehensive approach that views behaviors as goal-directed and interconnected with **physiology, situational context, cultural factors, as well as the person's thoughts and feelings**
- Family centered

Approaches to Behavior

Non-Positive Behavior Support

Use of aversive,
humiliating, or
stigmatizing
interventions

VS

Support for Positive Behaviors

Support =
Encouraging,
increasing, and
strengthening

Positive Behavior Supports - Definitions

Functional Assessment

- Information gathering process

Comprehensive Interventions

- Preventative techniques, intensive strategies, crisis plans

Lifestyle Enhancement

- Person-centered planning

Team Approach

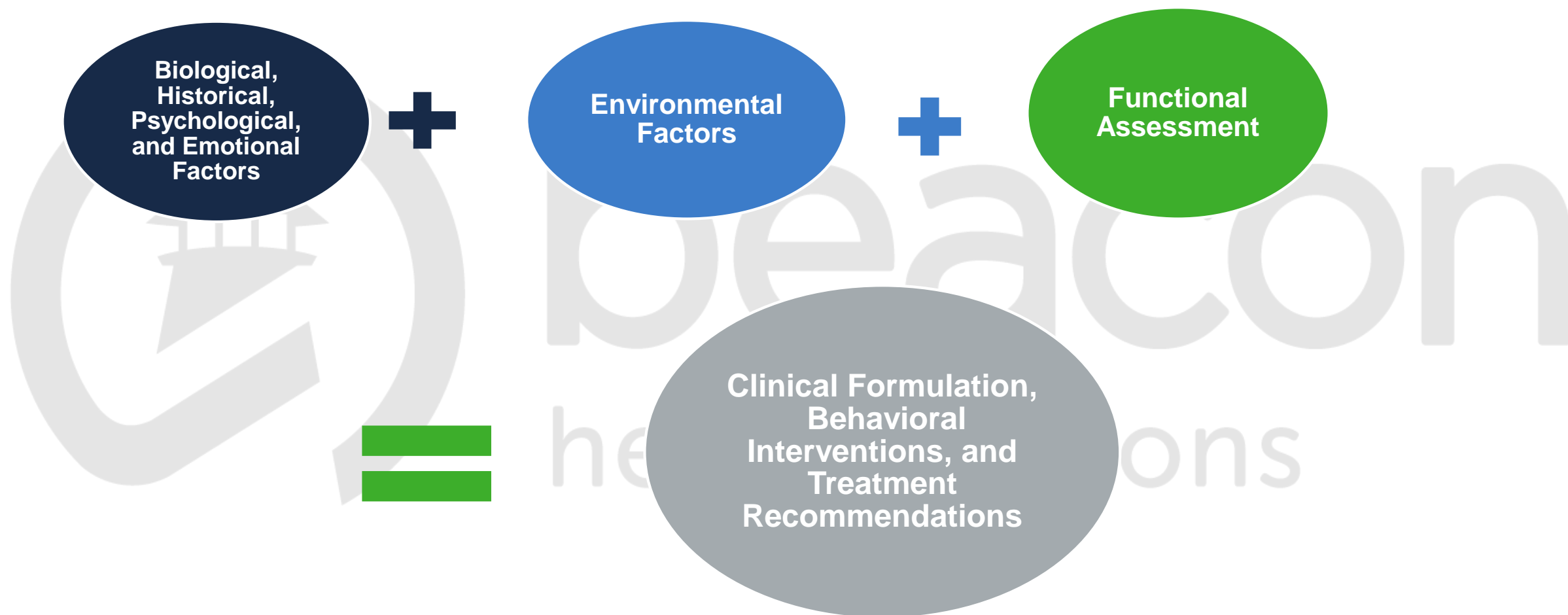
- Collaboration to support the process

Key Points in Functional Assessment of Behavior



- “Medical before Behavioral”
 - The goal is to understand the behavior first and **what is it communicating** (is it related to environment, comorbid diagnosis, etc.?)
- Focus on identifying ways to **teach adaptive behaviors**
- Realize there is often an **over-application** of attention-seeking, manipulation, and escape as functions of behavior

A Comprehensive Approach to Treatment



Integrating Treatments

Traditions of “Applied Behavioral Analysis” (ABA):

- Analyzes the interaction between **purposeful behavior and a changeable environment.**

Positive Behavior Support

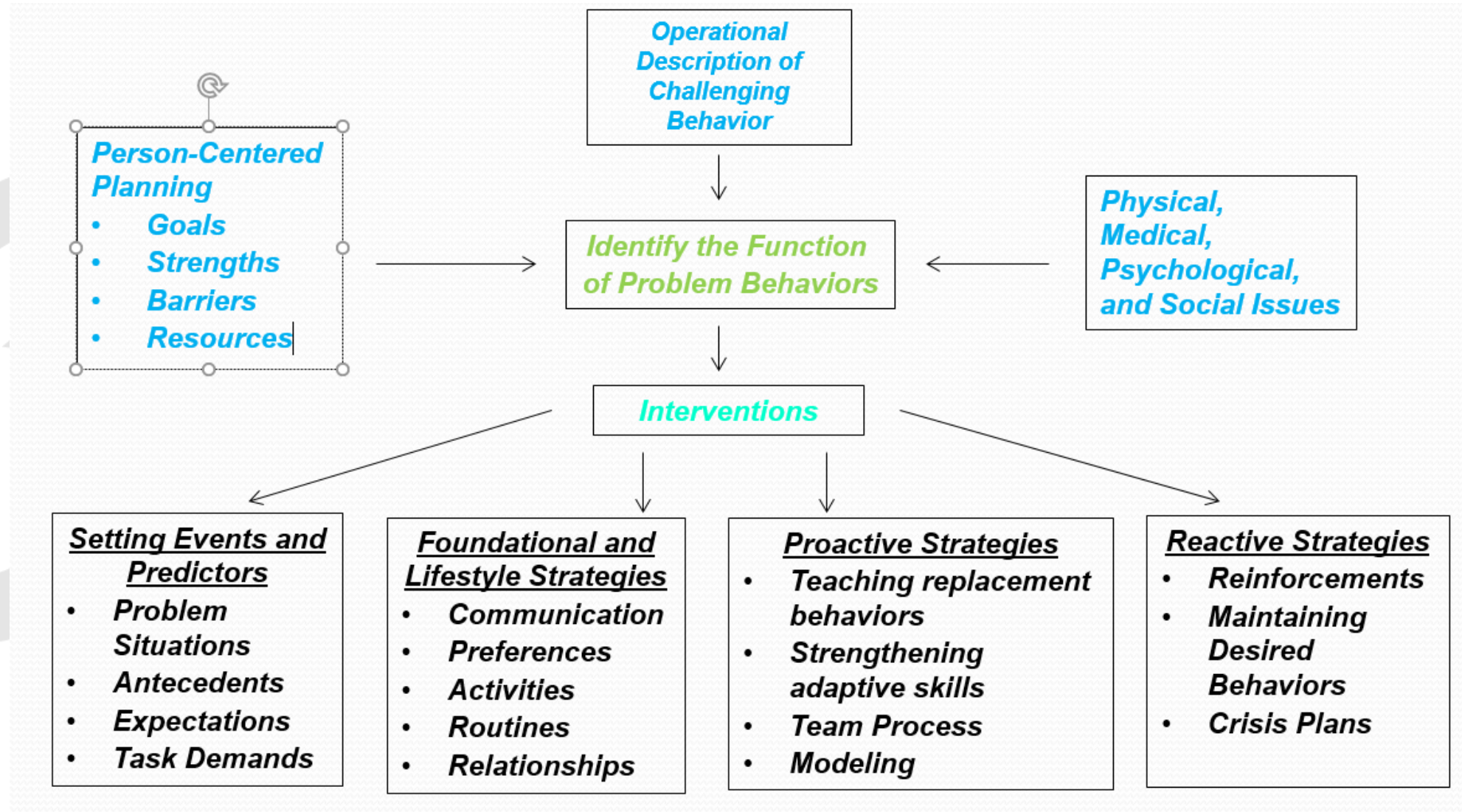
- **Sources are ABA plus...**
 - Normalization and Inclusion Movement
 - Person- and Family-Centered Values
 - Contributions from scientific disciplines: Medicine, Biology, Developmental Psychology, Systems Theory, and Empirical Research

Hallmarks and Strategies of Positive Behavior Supports

- Proactive teaching of expectations and acceptable behaviors
- Building on existing appropriate behaviors
- Monitoring problem behaviors
- Data-driven decisions and evaluation of effectiveness
- Intense efforts for support
- Improving quality of life
- Integrity with implementation and responsiveness



Case Conceptualization



Targeted Positive Behaviors

Goal:

**To achieve, instill,
increase, and maintain
positive behaviors**



Targeted Behaviors of Concern

- **Those to decrease or eliminate including:**
 - **verbal outbursts**
 - **physical aggression**
 - **property destruction**
 - **Perseveration**
 - **poor boundaries**
 - **refusals**



Understanding Challenging Behaviors-

Ask the Right Questions. Is the behavior...

A *symptom of a medical disorder?*

Part of a *cluster or chain of behaviors (cascading effect)?*

Is the quality of the person's life acceptable in terms of *personal relationships, personal choices, or living situation?*

A *side effect of medication?*

The result of *skills deficits?*

Some Ideas for Approaching Challenging Behaviors



Visual Aids

Consistent Language

Directives

Choices

Reinforcement

Specific Praise

Daily Routine with Critical Scheduling



Benefits of Proactive vs. Reactive Interventions

A	B	C
Proactive		
Interventions to prevent problem behavior	Emphasis on teaching alternative behaviors	Positive reinforcement of desired behaviors
Reactive		
Limited focus on antecedent interventions	Little focus on teaching new behavior	Punitive response to negative behavior

Proactive Interventions

Examples:

- Directions given and reviewed at regular intervals.
- Tell the person what you want them to do, rather than what you do not.

Important things to remember:

- Learning problems and memory deficits may interfere with understanding and remembering what constitutes “appropriate” behavior.
- Learning occurs in small steps, so have realistic expectations.
- Be consistent with language across settings.



Reactive Interventions

- Caregivers' actions after a behavior of concern occurs.
- *Reactive strategies should never be the only focus of a behavior support plan!*
- These should be used to help situations from escalating.
- May include crisis response, respite care, and hospitalization.
- Reactive interventions are affected by state-dependent learning. We may lose up to 25 IQ points when upset.
- Use Multiple Modes: Verbally-mediated, Visual-spatial, Hands-on, and Contextually-driven





Refer to Beacon's Provider webpage to see up to date info on upcoming trainings and webinar recordings



The screenshot shows the Beacon Health Options website. The top navigation bar includes the Beacon logo and the text "beacon health options". To the right of the logo are four menu items: "Who We Are", "Members", "Brokers", and "Providers". The "Providers" menu item is highlighted with a red box. Below the navigation bar, the main content area features a heading "Behavioral Health Concerns". Underneath this heading, there is a date and time "05/12/22 @ 1:00PM" followed by the title "Integrating Harm Reduction Strategies Into Addiction Treatment Practice:". The main text describes a webinar by Simeon Kimmel, MD, focusing on harm reduction strategies. Below the text is a blue "REGISTER" button. At the bottom of the content area, there are two blue buttons: "MORE UPCOMING WEBINARS" and "WEBINAR ARCHIVE". The "WEBINAR ARCHIVE" button is highlighted with a red box, and a red arrow points to it from the right.

Beacon provider resources &
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