

What Autistic Adults Need but Cannot Tell You

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Strategies For Success (CTESS Model)

Communication Strategies:

1. Find any way to successfully communicate
2. Build up slowly to a way of interacting
3. Decrease the use of words (especially if overwhelmed)
4. Use modeling – repeating how to do it
5. Use alternative ways of communication
6. Give enough time to process and respond
7. Grade in a descending way as needed to match level of interaction or arousal level
 - a) verbal (sentences), → verbal (short words), → use words + gestures/signs, → use signing → use gestures → use visual/pictures

Theory of Mind Strategies:

1. Communicate your plan – visual presentation helps
2. Be explicit (if tired or feel sick, stated)
3. Provide clear and concrete feedback
4. Be concrete presenting expectations
5. Explain purpose of tasks
6. Do not assume you are being understood

Executive Functioning Strategies:

1. Break Activities into steps – identify 1st step
2. Start from simple/easy and layer up
3. Use visual demonstrations along verbal instructions
4. Make predictable routine, within which changes can be made
5. Giving choices may be challenging

6. Include visual schedules
7. Teach how to manage time. (Use a visual Clock)
8. Use tables with instructions to help plan and initiate
9. Allow for completion (avoiding being dependent on someone)
10. Increase independence by decreasing the level of support needed (Bagatell, 2019)
11. Reduce time pressure could help them overcome their difficulties with complex tasks. (Davis, et al. 2016)

Sensory Strategies:

1. Teach ways to understand own sensory responses
2. Teach ways to increase or decrease input
3. Teach how meltdowns relate to level of arousal (under and over sensory responsiveness can cause meltdowns)
4. Collaborate in creating a sensory diet to be implemented in daily routine (tangible) - personalized
5. Know when 'grounding' is required – know how to respond

Skill Acquisition Strategies:

1. If melting down – do not teach a skill
2. Consider learning processing could be slow
3. Model social interactions to support social skills/communication
4. Make sure basic skills are in place
5. Use Backward chaining
6. Identify specific skills that impact function

Some evidence on intervention methods

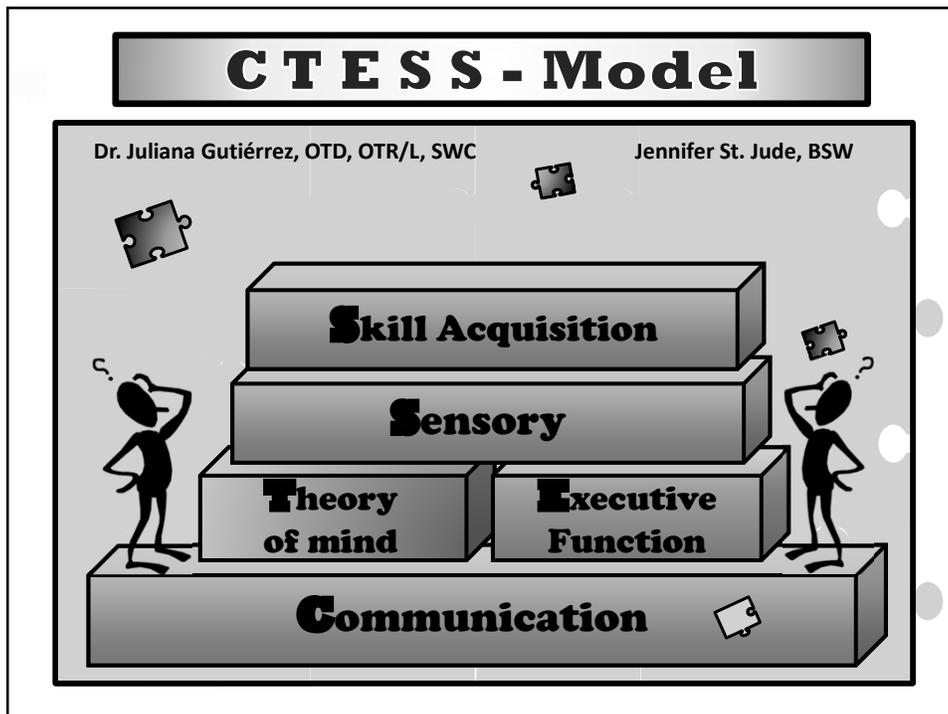
1. Augmentative and alternative communication for both adults with ASD and their communication partners (Trembath, et al. 2013).
2. The Photovoice method is well-suited to help young adults identify and express their strengths. (Teti, et al. 2016)
3. Self-generated images and stories may offer a creative and effective
 - a. form of communication for young adults with ASD (Teti, et al. 2016)
4. The Alert Program® is an effective program occupational therapists can use to address self-regulation to positively impact **communication, interaction skills, and occupational.** (Allison et al. 2019)
5. Visual imagery → Four sessions of visual imagery practice improved cooking task performance in college students with ASD (Precin et al. 2018).
6. Screening for and monitoring mental health concerns in people with ASD regardless of their level of EF is recommended (Zimmerman, et al. 2017)
7. Therapeutic Listening Programs
8. Deep pressure:
 - a. Use of the Vayu Vest (Therapeutic Systems, Amherst, MA) - work with typical adults indicated reduced sympathetic activity, increased parasympathetic activity, and reduced performance errors (Reynolds, Lane, & Mullen, 2015)
 - b. A pilot study suggests that deep pressure stimulation is capable of eliciting changes in sympathetic arousal and may be useful for reducing errors during functional tasks (Raynolds. et al. 2017)
9. Increase independent living **skills** and community participation across the life span (Bagatell, 2019; Chen et al. 2019)

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But Cannot Tell You”**

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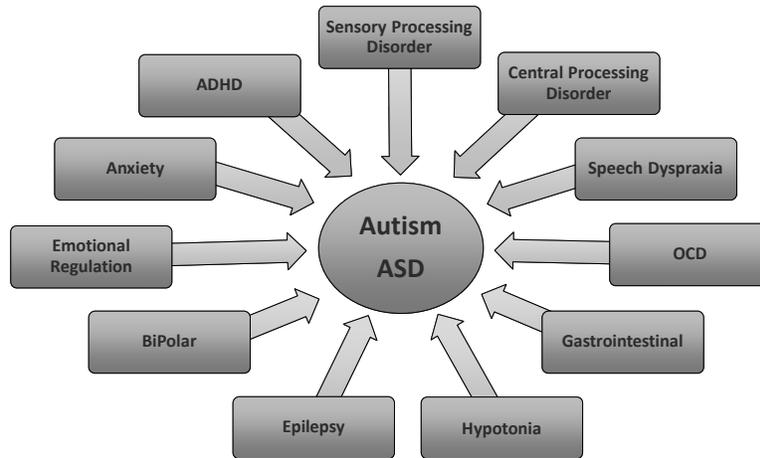
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Spring Symposium
March 2020

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Comorbid Diagnoses



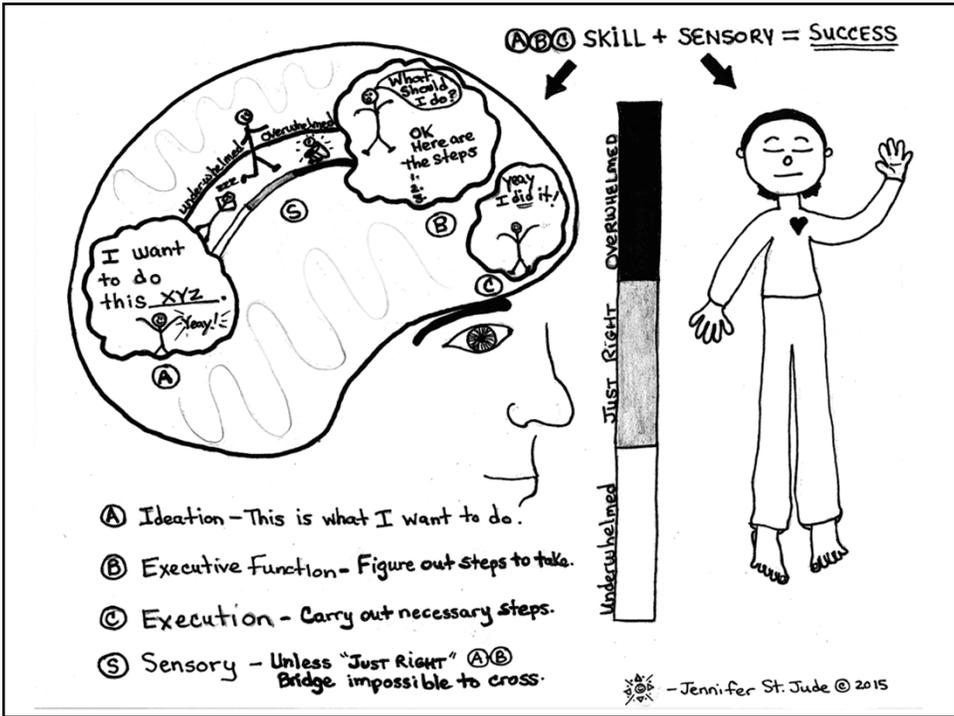
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Diagnosis	Symptoms	(Looks Like)
Sensory Processing Disorder	Sensitive to Light, Sound, Touch and Tastes	Overwhelmed / Underwhelmed (Lazy)
Emotional Regulation	Difficulty With Emotions	Upset easily / Cries
ADHD	Doesn't pay Attention	Doesn't "listen"
Anxiety	Nervous	Avoids tasks
OCD	Ritual Behavior	Has to do things repeatedly
Central Processing Disorder	Difficulty Hearing	Ignores you / Doesn't follow instructions
Speech Dyspraxia	Speech difficulty	Poor Communication
Gastrointestinal	Stomach problems	Poor appetite
Hypotonia	Weak muscles	Inactive / Falls a lot
Bi-Polar	Mood Swings	Moody
Epilepsy	Seizure	Seizure

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Diagnosis	Treatment by	Funding
Sensory Processing Disorder	Occupational Therapist	Health Insurance / Regional
Emotional Regulation	Psychologist / OT	Health Insurance / Regional
ADHD	Psychiatrist	Health Insurance / Regional / DMH
Anxiety	Psychologist / Therapist	Health Insurance / Regional
OCD	Psychologist / Therapist	Health Insurance / Regional
Central Processing Disorder	Speech Pathologist	Health Insurance / Regional
Speech Dyspraxia	Speech Pathologist	Health Insurance / Regional
Gastrointestinal	MD / Gastroenterologist	Health Insurance
Hypotonia	Physical Therapist	Health Insurance / Regional
Bi-Polar	Psychiatrist	Health Insurance / Regional
Epilepsy	Neurologist	Health Insurance

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Behavior Communication of Sensory Processing Disorder

Pediatric Client

- Hides or wont go with OT
- Angrily refuses task
- Screams and flails on floor
- Cries & protests
- Ignores verbal directions
- Plays with something else
- Lays still on floor
- Wants to do what you ask
- Does task too fast
- Misbehaves

Adult Client

- Reschedules or Cancels appt
- Claims to not feel good
- Cries or Gets Angry at you
- Takes a long bathroom break
- Claims to not understand
- Looks at something else
- Turns away & distracted
- Asks questions / Cautious
- Does task looking bored
- Distracts Therapist from Task

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Adults can dysfunctionally compensate for deficits and symptoms by:

- a. Isolating from people
- b. Withdrawing from Community
- c. Don't leave their home
- d. Don't answer their phone
- e. Miss Holidays, Events and Birthdays
- f. Blame employers for quitting
- g. Be dependent on parents or others for needs
- h. Claim to be loners to avoid relationships
- i. Create diversions to avoid problem solving
- j. Avoid socializing to not face sensory input

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The things that were a success:

- Having a consistent Therapist who understood Autism and was trained in SPD.
- A solid plan to deal with overwhelm and meltdown was in place
- Creating a consistent routine that repeated with variables that were controlled and introduced slowly and with intention and warning.
- Competence wasn't assumed and avoidance was managed with grading tasks rather than eliminating them.
- Challenges were located by aiming low and working up verse aiming high and inducing meltdowns.

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IMPORTANT THINGS TO KNOW:

Stay Calm !

- a. Minimize every challenge but the one you are wanting to treat.
- b. Know what the Adult version, of your Pediatric experience, looks like.
- c. Find Adult substitutes for you Pediatric solutions.
- d. Don't give up a your treatment approach,
REEVALUATE IT
- a. The intervention should match the problem
- b. When you fail, ground, *GROUND*, GROUND
- c. Adults will use words and avoidance verse tears and meltdowns. LISTEN & LOOK
- d. Create a way for them to communicate what you need to succeed.
- e. Great OT's are *Determined Detectives* NOT *Defeated Deserters* in the face of adversity and failed attempts.

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