

# Parents Communication Intervention Plan for Children & Adolescents With ASD.

-----SPEECH THERAPIST'S PERSPECTIVE-----

**OLOLADE OLAYINKA NNAMANI**

SPEECH-LANGUAGE THERAPIST

NEUROPSYCHIATRIC HOSPITAL ARO

# Autism Spectrum Disorders. (ASD)

Autism Spectrum Disorders are lifelong neuro developmental disorders. The term 'autism spectrum disorders' is an umbrella term now commonly used to describe Autistic Disorders, Asperger's Disorders, and Pervasive Developmental Disorders- Not Otherwise Specified ,that affect both children and adult but most common in children.

Individual with Autism Spectrum Disorders have difficulties In three domains:

- Social skills.
- Language and communication skills.
- Behavioural pattern

# Social Characteristics of ASD

- ▶ Individuals with ASD may have problems using social skills to connect with other people. They may seem to be in their own world. It may be hard for them to ;
- ▶ Share a common focus with another person about some objects or event known as JOINT ATTENTION.
- ▶ Play with others and share toys.
- ▶ Understand feelings.
- ▶ Make and keep friends...and so on.



# Language & Communication Characteristics.

- ❖ Individuals with ASD may have trouble with language and communication skills.  
He may have problems with the following;
- ❖ Understanding and using gestures like pointing, waving, or sharing objects with others.
- ❖ Following directions.
- ❖ Understanding and using words.
- ❖ Having conversations.
- ❖ Learning to read or write.
- ❖ Echolalia speech. Sing-song voice.



# Behaviour Characteristics .

Individual with Autism may:

- ❖ Have trouble changing from one activity to the next.
- ❖ Flap hands, rock, spin, or stare;
- ❖ Get upset by certain sounds;
- ❖ Like only a few foods;
- ❖ Have limited and unusual interests; e.g. Talk about one topic or keep staring at one toy;
- ❖ Use tantrums to tell you what he does or does not want..and so on.

# How is ASDs Diagnosed ?

- ❖ It is important to have your child evaluated by professionals who know about ASDs.
- ❖ SLP play a key role because problems with social skills and communication are often the first symptoms of ASDs.
- ❖ SLP should be consulted early in the evaluation process. An early diagnosis is critical, individuals with ASDs receive a diagnosis before the age of 3 or 4 years.
- ❖ The most information, however, comes from parents who know the child best and can tell the SLP and others all about child behaviour.

# Speech and Language Acquisition Ages.

Age	Children vocabulary	Language Level
By the first birthday	A few words	Understand words used in everyday interaction( cup, water, spoons) Use gestures( put her arms up to ask to be picked up)
By 18 months	At least 24 words	Understand many words and can respond to simple question e.g., "where are your shoes". Say 1-2 words recognizes names, imitates familiar sounds

# Language Acquisition contd...

<b>By 2 years</b>	<b>At least 100 words</b>	<b>Combine words together to make phrases (mummy bag) Understand many words and follow to steps directions e.g. Go get your shoes and put them on.</b>
By 3 years	At least 450 words	Identify body parts, call self "me" instead of names. Combine noun and verbs Use short sentences, Match 3-4 colours,
By 4 years	At least 1000 words	Can tell a story; sentence length of 4-5 words, use past tense, know name of street etc



# Contd..

<b>By 5 years</b>	<b>At least 2000 words</b>	<b>Sentence length of 5-6 words; can tell what objects are made of, Know spatial relationship ( "on top" and "far") Use all type of sentences.</b>
		Know address, understand sameness, differences, use all type of sentences

# Early Signs of ASD In Children

- ❖ Does not babble, point or make a meaningful gestures by 6 months
- ❖ Does not combine two words by 2 years
- ❖ Does not respond to name
- ❖ Loses acquired language or social skills
- ❖ Poor eye contact
- ❖ Does not know how to play with others
- ❖ Does not smile
- ❖ At times seems to be hearing impaired

# Language Developmental Level

- ❖ These are developmental ranges meant to help parents make informed decisions.
- ❖ In comprehensive study, researchers found that final age of acquisition called speech normalization boundary is 8.5 years. This means that sound differences persisting past 8.5 years are not likely to spontaneously correct.
- ❖ Parents need to know that there is huge variation in the time it takes for individuals with ASD to learn how to talk. Some individuals ASD are fast to talk with little or no intervention; some are slow, some will not be able to use their speech at all to communicate without the help of the Speech therapist.

# Verbal Autistic Child

In individuals that are verbal autistic, some aspects of speech intervention that the speech therapist and parents can work on include but not limited to the following:

- ❖ Word formation
- ❖ Pronunciation
- ❖ Fluency
- ❖ Listening
- ❖ Word comprehension
- ❖ Language & vocabulary development
- ❖ Word-object association
- ❖ Engaging in direct conversation

# Non Verbal Autistic Child

In individuals that are non verbal, a speech therapist and parents will identify ways for the him to express himself that substitute speaking and promotes human interaction, to accomplish that goal speech therapist rely on the following models:

- ❖ Gestures
- ❖ Symbols
- ❖ Picture boards
- ❖ Computer based aids
- ❖ Visual aids/ schedules
- ❖ Alternative Augmentative Communication system (AACs)

# Speech Therapy Communication Goals in ASD

- ❖ Speech therapy aims to improve, and make possible, an individual with ASD to effectively communicate their thoughts and ideas to the world.
- ❖ Increasing social communication skills;
- ❖ Initiating communication;
- ❖ Increasing conversation skills
- ❖ Increasing joint attention
- ❖ Increasing language in play
- ❖ Promote the use of functional communication

# Behavioural Goals in Intervention

- ❖ Improving compliance
- ❖ Increasing on-task behaviour
- ❖ Reducing aggression
- ❖ Reducing disruptive behaviour
- ❖ Increasing good eating habits
- ❖ Reducing stress
- ❖ Improve positive parent-child interactions

# Responsibilities of Parents In ASD Intervention

- ❖ It requires professional and parents collaboration to address the speech and language challenges posed by ASD. Parental responses lead to the development of patterns of attachment which in turn lead to “ internal working models” which will guide individual feelings, thoughts and expectations in later relationships.
- ❖ Research evidence shows that parents involvements in the development of individuals with ASD is critical to the development of that child.
- ❖ Parents as caregivers facilitate speech and language acquisition in a dramatic interactive process.
- ❖ Parents use intervention practices with their child to teach positive skills and /or reduce interfering behaviours in the home.



# Essential Steps In Parents Intervention Plan

- ❖ Determine the needs of the child;
- ❖ As parents you have to gain through knowledge of your child;
- ❖ Observe your child behaviour and his daily routines ;
- ❖ Identify his strengths ,
- ❖ Identify support resources that may be available and suitable for your child in interventions.
- ❖ Identify daily routines and activities.
- ❖ Monitor your progress.

# Instructional Strategies

- ❖ Provide the child with experiences that allow him to create concepts for himself ( not just telling him about something). Concepts build upon one another. E.g., ball. A big ball. A red ball. Ball that you can throw and catch or kick. A ball that bounces and rolls.
- ❖ Provide opportunities for exploration and play. Use acquired concepts to help a child to learn new concepts.
- ❖ Observe the child's body language.
- ❖ Describe what the child is seeing, hearing, and/or doing but don't "overload" with too many words. Keep it short and simple.
- ❖ It is important to have the child hear the word (listening activity).

# Strategies Contd.,

- ▶ To help a child organize, sequence, and change activities use “ first-then” statements such as;

“first you need to take a bath, then you can eat your food”

First- then statements are often helpful to diminish behavioural outburst particularly when moving from a preferred to non-preferred activity.

- ▶ Say what you want the child to do in order you want it done.
- ▶ Make sure your voice, facial expression and body language match what you are saying and the intent of your message.
- ▶ Say and show what you want a child to do, not what you do not want him to do e.g.,” stop touching the.....” say “put your hands on your lap”.

# Contd.....

- ❖ Give choices as much as possible but be sure they are choices you can follow through within the number of choices. However, choices should be limited, too many choices can be stressful.
- ❖ Expose your child to varieties of experiences and the language that accompanies these moments. Language is everywhere.
- ❖ Remember to keep it fun.

REMEMBER TO ALWAYS BE PATIENT WITH YOUR CHILD !

# Evidenced Based Approaches In Intervention


- ❖ Antecedent Approaches. Involves making changes to the environment prior to the onset of problem behaviour.
- ❖ Joint attention Approaches. It serves to increase the ability of individuals with ASD to focus on an object or activity jointly with another person. These approaches are a fundamental part of communication and social skill development.
- ❖ Modelling. This strategy for instruction shows the child or an adult precisely what behaviour or skill should be exhibited through an explicit set of examples.
- ❖ Teaching with pictures (Visual Aids): “A picture is worth a thousand words”. Using pictures is an excellent way to teach speech, language, communication and behavioural skills.

# Approaches Contd.

- ❖ Behavioural Approaches. Involve analysis of behavioural data collected before and after a problem behaviour to design a plan that includes altering the consequences provided for appropriate and inappropriate behaviour. It helps develop communication, social and academics.
- ❖ Schedules. These are used to help a child with ASD to organize their time, anticipate upcoming activities, and reduce confusion and stress.
- ❖ Peer Training Approach. Include training peers to interact with a child who has ASD, and then facilitating these interactions as the treatment itself.



Helping an individual with ASD on the road to recovery (and recovery has been achieved by many) is expensive in terms of time, energy and other resources. Doing nothing will ultimately cost a lot, a lot more. Our children are our most precious resource and must be given every opportunity to achieve their full potential.



*I wish you every success with your  
child.*

*Thank you!*









Questions?

# Visual Schedule



Spelling



Lunch



Reading



Bathroom



Math



Recess



Bathroom



ABT



Activity



CCC Lab

First      Next      Last

touch hair      touch nose      touch teeth

1      2      3

First      Next      Last

touch hair      touch nose      touch teeth

1      2      3

First    Next    Then    Last

1      2      3      4

First    Next    Then    Then    Last