ALL BEHAVIOR IS COMMUNICATION

PREPARED AND PRESENTED BY YOUTH ADVOCATE PROGRAMS AND ADULT SERVICES
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TODAY’S PRESENTER

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Previous Experience
• Outpatient therapist
• DBT group facilitator
• ASD Behavior Specialist and Mobile Therapist
• ASD Trainer Consultant
• ASD Trainer for Northeast and Central Pennsylvania
• Field Support Coordinator for Northeast and Central Pennsylvania
• Lead ASD/DD/DD Field Support Coordinator and Trainer for Pennsylvania

Current
• Licensed Behavior Specialist in Pennsylvania
• Certified in Discovery by Marc Gold & Associates
• Communication Mentor with Networks for Training & Development
• Regional Quality Manager for Pennsylvania
TODAY’S PRESENTER

Daniel Hackett

Co-Director of The Rainman Effect
Contributor to Pittverse Magazine
Self-Advocate
TODAY’S OBJECTIVES

• Understand ways to change language.
• Be able to use a checklist to understand why people respond as they do.
• Be able to utilize the bookmark to work through a case study.
• Be able to apply information to your cases or family members.
A WORD ABOUT WORDS

• Person-first language

• Differences

• The “b” word

• Self-soothing and regulating techniques
3 MAIN TRAINING THEMES

• Presume Capacity

• Prevention NOT intervention

• Foster Self-Advocacy
LET’S APPLY OUR KNOWLEDGE

Are they following the 3 main training themes?

Yes or no?

How do you know?
ENGAGING PREFERRED INTERESTS

Identify by observing these areas:

- Informational
- Hobbies
- Sports
- Educational
- Musical
- Games
- Technological
- Stories
- Favorite places & activities

Do:

- Create a two-way street
- Let the person take the role of teacher and leader
- Incorporate into everyday tasks and activities

Don’t:

- mistake soothing or calming activities for PI
- use PI as rewards
- deny access as a punishment
LET’S APPLY OUR KNOWLEDGE

Are we incorporating his preferred interests?
  How can we use them in school?
With peers?
To help with challenges?

All Behavior Is Communication

When an individual is doing something that looks like or is labeled as a “behavior,” remember to think of these things first:

☐ Are we presuming capacity?
☐ Are we focusing on prevention not intervention?
☐ Are we fostering self-advocacy in this person?
☐ What are the person’s preferred interests and are we incorporating them in everyday life?
☐ What are the person’s sensory sensitivities and how could this be affecting them? (Remember vision, hearing, touch, smell, taste, vestibular, and proprioception)
☐ Does this person have motor planning concerns which can make their body not do what their brain tells it to do?
☐ What is this person’s communication style? Not having a voice or not being able to find the words to express oneself can limit interactions with others.
☐ Are we checking for undiagnosed pain and medical conditions?
☐ Are we checking for undiagnosed mental health concerns?
☐ Are we working under the assumption that the person is doing the best they know how under the circumstances?
SENSORIMOTOR DIFFERENCES

SENSORY + MOTOR = SENSORIMOTOR

- 7 Senses
  - Sight
  - Sound
  - Smell
  - Taste
  - Touch
  - Vestibular
  - Proprioception

- Sometimes called “Intense world syndrome”
- 2007 article in Frontiers in Neuroscience

Fight v flight syndrome

- Causes our sympathetic nervous system to produce cortisol
- Over time too much cortisol is a neurotoxin and inhibits brain growth
- Response is “cemented”
THE “JUST RIGHT LEVEL”

• Signs of dysregulation
• Sensory diet
  • Breaks or input
  • As needed
• Need to teach just right, alerting, and calming responses
MOTOR PLANNING AND AUTISM

• Praxis v Dyspraxia (motor planning)

• Research from Kennedy Kreiger in 2015 shows up to 80% of those with ASD have motor concerns

• Motor planning and speech
LET'S APPLY OUR KNOWLEDGE

What could be explained by a sensory sensitivity?

What could be explained by a motor planning challenge?
COMMUNICATION CHALLENGES

• Approximately 25% will not speak verbally
• Range of communication skills
  • Verbal
  • Limited verbalizations
  • AAC users
• Most people on the spectrum report having a difficult time expressing themselves
TIPS FOR COMMUNICATION

• Listen to ALL attempts of communication
  • Repetitive forms of speech

• Model speak in a way you want the person to speak
  • Be cautious of talking like a caveman

• Get an AAC evaluation
LET’S APPLY OUR KNOWLEDGE

What could we do for communication?

- Are we presuming capacity?
- Are we focusing on prevention not intervention?
- Are we fostering self-advocacy in this person?
- What are the person’s preferred interests and are we incorporating them in everyday life?
- What are the person’s sensory sensitivities and how could this be affecting them? (Remember vision, hearing, touch, smell, taste, vestibular, and proprioception)
- Does this person have motor planning concerns which can make their body not do what their brain tells it to do?
- What is this person’s communication style? Not having a voice or not being able to find the words to express oneself can limit interactions with others.
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UNDIAGNOSED CONCERNS

PAIN OR MEDICAL CONDITIONS

• Seizures
• Gastrointestinal concerns
• PICA
• Sleep concerns

MENTAL HEALTH DIAGNOSIS

• Bipolar
• Anxiety
• Depression
  • 70-80% of those on spectrum have Anxiety and/or depression
• ADHD or attention concerns
• OCD

How do we respond when...
...we don’t feel well?
...we are having a bad day?
LET’S APPLY OUR KNOWLEDGE

Is there anything that could show pain or an underlying medical condition?

Mental health red flags?
VISIT US AT OUR VENDOR BOOTH FOR MORE INFORMATION
QUESTIONS

More information or resources:
www.yapinc.org
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