Dealing with Child Behavioral Issues

Autism Spectrum Disorder (ASD)

ADD/ADHD And Anxiety

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Girl Scouts Is An All Inclusive Organization

For more information refer to the Volunteer Guide p.47 “Creating an Atmosphere of Acceptance and Inclusion”
Autism Spectrum Disorder (ASD)

• A Complex Developmental Disability
• Refers to a group of complex neurodevelopmental disorders
• Wide range of symptoms, skills and levels of disability in functioning
• Includes: Asperger Syndrome, childhood disintegrative disorder, and pervasive developmental disorder (PDD-NOS).
• 1 in 68 children have been identified with ASD

• ASD is reported in all racial, ethnic, and socioeconomic groups

• ASD Diagnosis is almost 5 times more common in boys than girls
Historical

- **1908** Term coined by psychiatrist Eugene Bleuler
- **1943** Leo Kanner studies children with difficult social interaction
- **1944** Hans Asperger studied children who spoke like adults
- **1944** Bruno Bettelheim study on “cold” mothers
- **1964** Bernard Rimland *Infantile Autism The Syndrome and It’s Implications for a Neural Theory Behavior.*
- **1970** Autism became better known
- **1980’s** Hans Asperger’s texts translated to English and the movement gained momentum
- **1991** Federal Government Makes autism a special education category
- **1994** Asperger’s Syndrome added to DSM
- **2013** The DSM V folds all subcategories into ASD
Diagnosis, Signs and Symptoms

• ASD Symptoms can vary greatly
• Symptoms may go unrecognized in milder cases
• Diagnosis at age 2 can be reliable and stable
• Many parents notice symptoms in development in first year.

• Early Indicators:
  – No babbling/pointing by age 1
  – No single words by 16 mo.
  – No response to name
  – Loss of language or social skills previously acquired
  – Poor eye contact
  – No smiling or social responsiveness
  – Excessive lining up of toys or objects
Diagnosis, Signs and Symptoms

• Later Indicators
  - Inability to make friends
  - Inability to sustain or initiate conversation
  - Absence of imaginative play or social play
  - Repetitive or unusual use of language
  - Abnormally intense/focused interest
  - Obsession with certain objects or subjects
  - Difficulty with change in routine (including food/diet)

Did You Know?
Albert Einstein, Amadeus Mozart, Sir Isaac Newton and Charles Darwin were thought to have had an ASD
What Can Cause Autism

- No specific causes have been determined
- *Could* be result of disruptions in brain growth in very early development

Risk Factors:
- Children born to older parents
- Prematurely born or low birth weight
- Children with other genetic or chromosomal conditions
  - (Down syndrome, fragile X syndrome, tuberous sclerosis) and others
Treatment Services

• There is no cure for Autism Spectrum Disorder
• Medication cannot cure or treat ASD
• Medication can only help related symptoms: anxiety, depression, Obsessive Compulsive Disorder (OCD), ADHD.
Therapy and Interventions

• Early behavioral and educational interventions have been very successful
  – Structured skill oriented training to develop social and language
  – Applied Behavioral Analysis encourages positive and discourages the negative

• Designed to remedy specific symptoms
• Can substantially improve symptoms
• Family counseling can also be helpful
Myths and Facts

- **Myth**: Children and adults with autism spectrum disorders do not care about others.
  - **Fact**: Children and adults with an ASD often care deeply but lack the ability to spontaneously develop empathic and socially connected typical behavior.

- **Myth**: Children and adults with autism spectrum disorders prefer to self-isolate.
  - **Fact**: Children and adults with an ASD often want to socially interact but lack the ability to spontaneously develop effective social interaction skills.

- **Myth**: Children and adults with an ASD cannot learn social skills
  - **Fact**: Children and adults with autism spectrum disorders can learn social skills if they receive individualized, specialized instruction and training. Social skills may not develop simply as the result of daily life experiences.

- **Myth**: Autism spectrum disorders are caused by poor parenting or parental behavior
  - **Fact**: Parents do not and cannot cause autism spectrum disorders. Although the multiple causes of all autism spectrum disorders are not known, it IS known that parental behavior before, during and after pregnancy does not cause autism spectrum disorders to develop.
• **Myth:** ASD is a behavioral/emotional/mental health disorder
  – **Fact:** Autism related disorders are developmental disabilities and neuro-biological disorders. These disorders manifest in early childhood (usually before the age of three or four) and are likely to last the lifetime of the person.

• **Myth:** People with autism spectrum disorders **cannot** have successful lives as contributing members of society.
  – **Fact:** Many people with autism spectrum disorders are being successful living and working and are contributing to the well being of others in their communities. This is most likely to happen when appropriate services are delivered during the child's free, appropriate, public education years.

• **Myth:** Autism spectrum disorders get worse as children get older
  – **Fact:** Autism spectrum disorders are not degenerative. Children and adults with autism should continuously improve. They are most likely to improve with specialized, individualized services and opportunities for supported inclusion. If they are not improving, make changes in service delivery.

• **Myth:** All people with an autism spectrum disorder have "savant skills", like Dustin Hoffman's character in "Rain Man" who has a photographic memory and can calculate large numbers in his head.
  – **Fact:** Most people with autism spectrum disorders do not have any special savant skills. Some have "splitter skills", areas of high performance that are not consistent with other skill levels.
Communication/Engagement Tips

• Be Patient and Understanding
• Do not be offended/get defensive
• Continue to explain
• Communication styles vary
• Do not expect eye contact
• Be Supportive and Reassuring
• Do not belittle or speak down
• Do not speak too loud or yell
• Do not touch without warning
• Do not make assumptions
• Always presume competence
• **Always Be Respectful**
  - **Be a Girl Scout!**
ADHD/ADD

- Attention Deficit Hyperactivity Disorder (ADHD), AD/HD and Attention Deficit Disorder (ADD) are all the same disorder. (some include hyperactivity)

- Is a real, brain based medical disorder

- 9.5% of all children in the US have been diagnosed

- Average age of diagnosis is 7 years old

- There is no test for diagnosis
  - Diagnosis based on the meeting of criteria for the disorder regarding behavior and environment

- Other conditions can appear along with ADHD/ADD
  - Including Anxiety disorder, depression and sleep disorders
ADHD has been shown to have the following impacts when left untreated:

- Problems with schoolwork or work completion
- Problems developing successful relationships
- Overeating and obesity
Symptoms

• Girls’ ADHD symptoms differ from boys’
  – They are less obvious and more internal

• Girls Symptoms Include:
  – Being withdrawn
  – Low self-esteem
  – Anxiety
  – Eating disorders
  – Difficulty with academic achievement
    • Focused on perfection/ upset when this is not achieved
  – Tendency to daydream
  – Verbal aggression: teasing, taunting, name calling
    • Boys’ aggression is seen in more physical manifestations
Anxiety

• 1 in every 8 children will be diagnosed with an anxiety disorder
• Females are more likely to be diagnosed with anxiety disorders
• Half of all people diagnosed with anxiety will also be diagnosed with depression
• All people experience anxiety- It’s normal
• Anxiety becomes a diagnosable disorder when it causes a disruption to one’s normal ability to function
Types of Anxiety

- Generalized Anxiety (nervous & worried)
- Panic Disorder (physical manifestation)
  - Difficulty breathing, heart rate increase, sweating
- Social Anxiety (brought on by social situations & groups)
- Post Traumatic Stress
Behavioral Cues of Anxiety

• Easily frustrated
• Physical complaints (headache, stomach ache)
• Fearful
• Displays paranoia
• Upset easily by mistakes (perfectionism)
• Quick to cry
• Hard to complete a task
• Irritable/angry
• Repetitive or ritualistic behavior
• Overreacted to typical situations
Interventions for Children with Anxiety Disorder and/or ADHD

• Breaks from activities or task demands
  – When possible the break should involve movement
• Providing structure during activities
  – timelines and lists and write directions down
• Support in transitioning between activities
  – Preparation or warning before
• Break long directions into smaller manageable steps
• Provide the opportunity for the child to communicate about their anxiety
  – Talking, Writing, Drawing, Sharing with a Friend
Children with these disorders have trouble recognizing their own emotions and controlling them:

- Use an emotional timeline with illustrations to help identify emotions and what to do with them.
- Body Checks - the adult describes the body reactions they witness “I notice your face is turning red. Your fits are clenched. You seem upset.”
- Instruction for self-calming.
- Using positive reinforcement
  - Tokens, stickers, recognition certificates, verbal praise, smile and greet them, ask questions to show interest.
Questions, Answers & Tips

• How do you balance between special needs members and the rest of the troop at meetings?
  – Recognize that everyone gets different things from Girl Scouts. Expectations may be different for a low functioning child. What is important may be the social interaction and not that they’ve preformed to the same degree as a higher functioning child. Speak with their parents and make sure you’re on the same page.
  – Don’t treat them differently but include

• How do you help a child who is frustrated they cannot make something perfect (ex. Craft)?
  – Help them realize their strengths ask “what do you do well?” and show them that you also are not perfect. “there are things I CAN’T do too like... but I CAN...”

• How do you stop a child from who asks a lot of questions during instructions or when a guest comes to a troop meeting from disrupting others?
  – Make sure that all the girls know what manners are expected during meetings
  – If a special guest is coming, refresh how they should act
  – Give the child 3 question cards so they keep track of how many they are allowed to ask and must use them wisely

• Avoid problems by rotating line leaders and other activity leaders so everyone gets a turn to be “first”

• Caper charts and written instructions are always helpful!
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Questions?

Comments?

Ideas for Additional Learning Webinars?!

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References/Resources

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- Munroe Meyer Institute [http://www.unmc.edu/mmi/](http://www.unmc.edu/mmi/)
- Williamsburg Behavioral
- The Arc of Nebraska [http://www.arc-nebraska.org/](http://www.arc-nebraska.org/)