Treffert Center
THE TREFFERT ACADEMY
OPENING SPRING 2016

A GREAT START FOR ALL CHILDREN!
Visit our campus on Sunday, April 10 from 11 a.m. to 1 p.m. - 371 E. 1st Street, Fond du Lac

Enroll today at treffertcenter.com
95 percent of the brain is wired by the age of five, continues at a slower rate until the age of 26.

The three strongest predictors for future health and life success are:

1. Social & emotional skills
2. Self-regulation
3. Empathy

Teaching these skills in a movement-based, play-rich environment is the focus of the Treffert Academy.

The Treffert Academy is for All Children.
Advocacy: Beyond Awareness

- Cross abilities movement
- Individual differences/strengths
- Understanding, acceptance, respect
- Full opportunity to engage, participate, employment, independence
Something is Not Right

- Why doesn’t he look at me or play peek-a-boo?
- This baby just hates to snuggle, she pushes me away all the time.
- My baby seems to not hear when I talk.
- I think if I never interrupted his spinning he would do it all day long.
Something is Not Right, cont.

• When will he ever communicate with me? He repeats commercials word for word but can’t call me mommy.

• Everybody stares at us because he talks so loud and his voice is always whiney.

• He always seems forgetful; he will act like he heard what I wanted but starts looking at books and never returns.
What Families Feel

- To me autism is lonely.
- Autism took my child from me.
- Autism is scary. There is no predictability of what he will do next.
- Autism isolates me because I don’t like how people look at us when we are out in public.
Where Do We Start?

Relationships are key

Focus on a child’s skills, interests and level of arousal.

Understand their comfort zone and use the 80/20 rule.
Focus on **Strengths**

- “Teach to the talent”
- “Island of intactness”
- Not a disability. A different ability.
- TreffertCenter.com
The Treffert Approach

“Teach to the talent; To Help Often; To Comfort Always.”
– Darold Treffert, MD

• The *Treffert Approach* is to focus on social and emotional skills, self-regulation and empathy. We honor the living legacy of Darold Treffert, MD, by staying strength focused, sensory aware, utilizing applied behavior analysis (ABA) in relationships and the Early Start Denver Model (ESDM) with parent training and a systems perspective. The Treffert Center is the only savant institute of its kind in the world.
The Treffert Approach

• The first step in treatment is to make the correct diagnosis. This is accomplished with an individualized comprehensive, multidisciplinary, multimodal examination by a skilled and experienced clinician.

• We develop relations and teach to the talent, staying strength-based with individualized care.

• Applied behavior analysis and natural environment teaching is essential. Teach the child in real life situations.

• Utilizing the Early Start Denver Model to build appropriate play and social skills during individual, group and family training.

• We recognize individual sensory experiences and assist individuals in learning self-regulations strategies.

• Best outcomes occur when all involved listen, learn and work together to achieve shared goals.
Calling things by the right name
Differential Diagnosis

• Multidisciplinary – Medical, Psychological, OT, SLP, others (sleep, genetics, GI, psychiatry)

• Beyond checklists – family history, developmental history, trauma exposure, current stressors, symptoms, rating scales, cognitive, adaptive functioning, standardized tests, non-standardized tests, strengths.

• Recommendations for immediate, distant and IEP goals.
"AUTISM is not a single condition but rather it is a shared common path for a number of conditions and causes. Including autistic like conditions as well as classic autism disorder itself. As elsewhere in medicine the first step in treatment is to make a diagnosis. The Treffert Clinic provides a careful and caring comprehensive multidisciplinary evaluation to provide a proper diagnosis and then, equally important, to recommend pertinent evidence based intervention strategies focusing on particular abilities, rather than disabilities."

- Dr. Darold Treffert.
The First Step Toward an Effective Treatment is to Make the Correct Diagnosis

• A child with hyperlexia may not thrive in a special education program for children with autism. By failing to recognize and take advantage of that child’s superior reading ability, clinicians may miss out on opportunities to help the child capitalize on his or her gifts.
Early Assessment

• Some children may show hints of future difficulties within the first few months of life.
• Others may seem to develop normally until around 18 to 24 months of age and then stop gaining new skills or lose the skills they once had.
• Others may not show symptoms at all until 24 months of age.
Autism Overview

• About 1:110 ‘06, 1:88 ‘08, 1:68 ‘10 children have an autism spectrum disorder, according to federal estimates (CDC).

• The disorders begin before age 3 and are characterized by persistent deficits in everyday social, communication and behavioral functioning.

• Autism is almost five times more common among boys than girls.

• Physical issues; digestion, sleep, seizure, sensory, auditory processing
Put Simply

Autism is a pattern of over and under connection in various areas of the brain.

Left-leaning: Unlike controls (top), Temple Grandin has lateral ventricles (bottom) that are significantly larger on the left side of her brain than on the right.
Autism: Neurological Differences
Diffusion Imagery, qEEG, fMRI
Serve & Return

Video

1:42
Distinguishing Traits
Six to 12 Months

• Passive temperament
• Low physical activity levels
• Easily irritated
• Problems with visual tracking
• Tended to focus on very few objects
• Failed to look for speaker of their name
Distinguishing Traits
Six to 12 Months, cont.

• Barely interacted with others
• Certain obsessive motions (stroking surfaces)
• Few gestures towards others
• Understood less language spoken to them
• Yet to distinguish from other developmental delays
Signs and Symptoms of Autism In Older Children

• As children get older, red flags for autism become more diverse.

• There are many warning signs and symptoms, but they typically revolve around impaired social skills, speech and language difficulties, non-verbal communication difficulties and inflexible behavior.
What Warrants an Immediate Evaluation?

- By six months: No big smiles or other warm, joyful expressions.
- By nine months: No back-and-forth sharing of sounds, smiles, or other facial expressions.
- By 12 months: Lack of response to name.
- By 12 months: No babbling or “baby talk.”
What Warrants an Immediate Evaluation?

- By 12 months: No back-and-forth gestures, such as pointing, showing, reaching, or waving.
- By 16 months: No spoken words.
- By 24 months: No meaningful two-word phrases that don’t involve imitating or repeating.
Diagnosis & Assessment

• Diagnose ASD in children 12 to 18 months by looking at social deficits or repetitive actions.

• Diagnostic Tools
  – Interview with parents regarding developmental history
    • Collection of reports from any other evaluations
  – Birth-to-Three, school evaluations, etc.
  – Autism diagnostic observation schedule
  – Behavior checklists
  – Behavioral observations – multiple settings
Type II & Type III

• Caution – preliminary and not diagnostically or prognostic ....yet. Just beginning to look at our data.

• Overall some children do improve over time, others continue to have some level of social impairment – all appear to benefit from focus on support using reading strengths

• Type II – more rigid, less comprehension, more compulsive/repetitive behaviors, less social engagement

• Type III – better comprehension – still below expectations based on reading skill, more social engaging behaviors, less rigid.
Type in Context of Other Challenges, Not Currently a Diagnosis

- Both with stronger pattern recognition skills, rote memory
- Some with hyper categorization
- Some with language acquisition
- Patterns may differ even within Hyperlexia sub types.
- ASD vs. Not ASD….service access a consideration?
What are Risks of Dx?

• Wrong approach when wrong diagnosis – substantially separate programming for Hyperlexic student based on ASD dx

• Stress related to ASD dx when developmental course is uncertain – Bryan Mischler, LCSW – 86/111 parents reported some stress related to dx 77 percent

• Not receiving early intervention in hopes that H3 is at play vs. ASD or H2

• Others......insurance, IEP, expectations.....
Beyond “The Usual Suspects”

• Verbal & Non Verbal : Expressive/Receptive
• Pragmatic Language Difficulties
• Co-morbid Disorders
  – TS, OCD, Bipolar, ADHD, “ODD”, Schizophrenia
• Rett's, Angelman Syndrome, Fragile X, Tubular Sclerosis, Klinefelter’s (XXY)
• Hyperlexia, Savant, “Unique” Individuals, Einstein Syndrome
• Cognitive Delays
• Sensory Processing Disorders/Differences, “Blindisms”, Deafness
• Non Verbal Learning Disability
• Other Learning Challenges/Difference
• Dandy Walker Syndrome, Agenesis of the corpus callosum (ACC)
Every Parent Imagines
Great Possibilities
Delayed Diagnosis

• Child we imagined, we fear, we have......journey of acceptance and understanding but also based on own experience and culture

• Insurance, referral patterns, Birth-to-3/education

• Delayed diagnosis for some populations; African American, Hispanic, girls.....

• The unintended consequences of unconscious bias can be seen and experienced across all industries. Due to the evidenced-based impact of unconscious bias on safety, quality and mortality, the need to mitigate it in the health care industry is of particular importance. (CHA)
What We Look For:

- Non-verbal and pre-linguistics
- Language
- Pragmatics
- Articulation
- Oral motor and sensory processing
- Hearing screen and audiological screening
Sensory Integration
Sonja Lewis, OTR & Karen Bartelt, OTR

Autism & Sensory Processing

• Sensory integration is the organization of sensation for use. Our senses give us information about the physical conditions of our body and the environment around us. (Ayres, 1979)

• Sensory modulation - the ability to regulate and manage one’s response to sensory input in a graded and adaptive manner. (Mulligan, 2002)

• Children with ASD often have extreme patterns of reactions to sensory input that interfere with learning and function (Dunn, 1997)
Sensory Perspective

• All children have sensory experiences at times that they do not like, but are able to respond or adjust without extreme reactions.

• Children with ASD tend to have extreme reactions of avoiding or seeking stimulation due to their inability to adapt, adjust, or self-regulate.
Take Home Messages

• We are here to help – Consulting Available
• We understand individual differences and abilities
• We are a multidisciplinary team including our client, their family and community
• We are committed to ongoing research and improved understanding and treatment

• We focus on strengths
Questions?
Moving from Concern to Treatment

- Noticing Red Flags
- Discussing Concerns with Others
- Accurate Diagnosis
- Effective Treatment
Stories
Where to Begin?

• A recent survey of parents found 81 percent turn to the internet to gain an understanding of available treatment options for ASD\(^1\).

This provides about 7,380,000 results in 0.49 seconds
Bringing it Into Focus

Knowledge is Power

• Who is the author and what is their background?
• Is there research? Has it been published in scientific journals?
• Is this information current?
• What is the purpose of the website? Informational or to market a product?
• Are their claims for miracle “cures?”
Identifying the Best Treatment Option

The National Research Council (2001) best practice recommendations for early intervention for young children with ASD:

✓ Intervention should begin as soon as possible
✓ The intervention program should be individualized for each child, taking into account each child’s unique characteristics, strengths, and challenges
✓ The intervention program should be designed and overseen by a trained, professional, interdisciplinary team
✓ A program should focus on the specific areas of challenges in ASD
Identifying the Best Treatment Option, cont.

✓ The program should provide for ongoing data collection on the child’s progress in each skill area. Adjustments to the program should be made when progress is not evident.

✓ Child should be actively engaged in the intervention activities (25 hours of intervention or more is best).

✓ Parents should be closely involved in the intervention, setting goals and priorities and learning to implement treatment strategies.
Agnesian Beyond Boundaries of Autism’s Guiding Principles

• The professionals at ABBA believe that all children can learn, and that learning takes place when a natural, nurturing and secure environment is provided.

• Parents know their child best, and our team’s work is to build on what families know to provide proven supports and tools for what the child needs.

• We believe that a play-based and movement rich interaction brings about learning in the most natural, successful way.

• We understand the need to be aware of each child’s sensory processing and help them match what will be successful for them.
ABBA Services

• ABBA provides high-quality, relationship-based behavioral treatment services to individuals with ASD and their families.

• ABBA is a certified provider of:
  – Applied Behavior Analysis (ABA)
  – Early Start Denver Model (ESDM)
What is Applied Behavior Analysis (ABA)?

Applied behavior analysis is *applying* the science of learning to understanding and changing specific behaviors.
How Does ABA work?

Years of scientific research have given us a set of principles regarding how people learn new behaviors.

With that understanding of the principles of behavior, we can undertake a process.
What is Early Start Denver Model?

• The Early Start Denver Model (ESDM) is a comprehensive behavioral intervention approach for children with autism.
What Does This Mean To a Child With ASD?

- When a child is **developing at a typical rate**, they do so because they are responsive to changes in their environment and are able to learn new skills.
- When a child is **not developing at the expected rate**, it may be due to the fact that they are not attentive or responsive to the changes in their environment, they have not yet learned how to learn from their environment.
- During treatment, we can **adapt and modify** the environmental changes to help children learn new skills.
What Does Early Intervention Look Like?

- Intensive, one-to-one teaching model, delivered in home and community settings.
- 20 to 40 hours/week.
- Individualized plan of care.
- Treatment team comprised of behavioral treatment supervisor, behavioral treatment therapist, and behavioral treatment technicians.
Beyond Early Intervention
Menu of Alternate Services

• Daily living skills
• Social skills groups
• Family training
• Mentorship
• Consultation: School, Daycare, OT, SLP, Other providers, DVR, Workplace, Agencies
• Training/Consultation: Treffert Approach
• ESDM, ABA, OT, SLP, Education, Assistive Tech
Resources

• Autism Services at Agnesian HealthCare
  – Treffert Center
    • Center-based care
    • Treffert library
    • Treffert academy
  – Doll and Associates – Diagnosis, Mental Health
  – Agnesian Beyond Boundaries of Autism
    Home and Center based Care
    School Based support and intervention
Questions?