Coping and Problem Solving Strategies for Youth with ASD and Related Disorders

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Factors Influencing Coping and Problem Solving

• Communication
• Information Processing
• Social Experiences
• Environment
Common Behaviors of Coping

- Withdrawal or avoidance
- Repetitive patterns
- Vocal and Motor stereotypy
- Intense attachment or preferences
- Challenging behavior
Two Main Interventions

- Management (modifications)
- Replacement (instruction)
Modify and Teach Coping Skill (Activity)

Activities/Routines - Individual consistently has difficulty when it is time to stop a highly preferred activity.

Modification:

Coping Skill:
Example:

- Individual has difficulty ending preferred activities

Management: Limit when the individual has access to highly preferred activities OR provide time limits (use of visual/auditory timer) OR provide anticipatory cues that activity will end soon at specified intervals.

Replacement: Individual is taught to ask/negotiate for alternative activity or ask for more time
Social- Individual screams and becomes aggressive whenever he is corrected on his work (e.g., “Please, provide more detail in your writing” OR “No, that is not the right answer for math”)

Modification:

Coping Skill:
Example:

- Individual displays acting out behavior when told “no” or corrected “told about a mistake & asked to correct it”

Management: Adults avoid using the word “no” or correcting the individual

Replacement: Individual is taught to accept “no” or taught to ask for “help” when something is difficult and may also need to teach identifying what the person needs help with and accepting assistance.
What is the first step in Developing More Functional Coping Skills?

The first step is **Assessment**:

It is important to determine what are the conditions under which the current coping behaviors are observed.

It is important to determine what are the specific stressors.

What does the individual already know how to do that is more functional/appropriate but may not be applying?

Does the individual have pre-requisite skills e.g., know what they are feeling?

What will the individual need to be taught based on the information and situation?
How to Assess

Use multiple measures:

- Direct
- Indirect
Necessary Underlying skills

• Recognizing their reactions to events
• Learning to recognize what their body is telling them
• Identifying situations or factors that result in certain feelings
Teaching “Feelings” Beyond Identification of Emotions

• What am I feeling?
• What does my body feel like?
• What does it feel like when my feelings are changing or getting worse?
• What are some signs? (observable and internal)
• What are situations that make me feel a certain way?
Instructional Supports (verbal/non-verbal)

- Anger/emotion Scales
- Thermometer
- Volcano
- Using familiar games to teach coping (operation, Jenga etc.)
- Pictures or graphics (use of favorite characters)
- Actual photos or diagrams of facial expressions and body
- The Incredible Five Point Scale (Kari Dunn) & Anxiety Curve
- Video Modeling
- Autism 5-point Scale App (Autism Society of Minnesota)
WHEN I NEED HELP

If I don't understand I can...

- Reread the instructions
- Quietly ask a friend for help
- Ask the teacher for help

If I'm frustrated or stressed...

- I can walk away or ignore
- I can ask for a break
- I can find an adult to ask for help
Progressive Relaxation

Progressive Relaxation Program
(Assessment and Training)

1. Begin with Deep Breathing (usually 3+ breaths) holding each for a specific count (5,4,3,2,1 then slowly let it out etc.). Can begin with the staff counting but teach counting by or to self. Then work on assessing which body parts the individual can isolate---this is very person specific. For the individual’s relaxation plan we would only include the ones he/she can do effectively.
2. Tense forehead----see how long can hold then release (for the individual plan I may or may not have them repeat each OR go through the entire program and then repeat all of the steps until visible observable change or if a good self-reporter “until they feel calmer”
3. Squeeze eyes shut
4. Mouth/Jaw (either clench or mouth/jaw as wide open as can stretch)
5. Shoulders (if they have trouble shoulders can be brought up towards head, forward or back whatever is more effective)
6. Arms (usually straight on table or out in front)
7. Hands (make a fist & squeeze or open hands wide fingers spread) Do NOT pop knuckles.
8. Chest (this one can be hard for many people---encourage hand on chest to feel the flexing)
9. Stomach (either suck it in or push it out---which ever they can do most effectively)
10. Thighs (place hands on thighs to feel the tensing---this area can be hard)
11. Isolate calf area (usually very difficult)
12. Feet (for practice only I start with shoes off---feet are flexed/raised up towards front of body or downward)
13. Toes (squeeze toes downwards---this can be done in shoes once they have learned it)

End with the deep breathing # of times as when started procedure. REPEAT entire steps until the staff can see that the body and person is relaxed.

When I instruct this program I start with a quiet place but the goal will be to use it wherever so I make sure I do not reinforce any odd things that could not be done in public and I plan for generalization to other locations/situations.

Visuals are often helpful and can be placed & laminated in a folder for the individual to use until they have memorized or internalized the steps. Also can be used to prompt the person rather than verbal which may escalate and agitated person. I usually involve the person in deciding what is the best way to prompt them so as NOT to escalate behavior. Perceived as support versus demand can be very important to this being successful.

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SQUARE BREATHING

1 2 3 4
breathe in for 4 seconds

1 2 3 4
hold for 4 seconds

1 2 3 4
breathe out for 4 seconds

1 2 3 4
hold for 4 seconds
Cognitive Picture Rehearsal

- Change routine
- I’m fine
- Breathe and relax
- Listen to music
## Cognitive Restructuring

<table>
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<th>Thought or Worry?</th>
<th>Feeling</th>
<th>Replacement Thought</th>
<th>Action</th>
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Coping Strategies for the “Feelings”

- Relaxation (progressive relaxation, square breathing, choice boards)
- Distraction
- Actions (“My______Scale”)
- Changing the way I think (Cognitive Restructuring)
  *flipping the pancake   * Coping CAT
  *Social Behavior Mapping   * Comic Strip & Social Stories
  *Problem solving curriculum (SOCCSS)   * Social Autopsies
  *Solution Organizer (graphic organizer for triggers & actions)
  *App-CBT Referee   * Cognitive Picture Rehearsal
Issues with expressing “How you feel”

• May not be able to identify on self (verbally or non-verbally)
• Makes it difficult for the individual to know when things are changing/getting worse
• Makes it difficult for others to be aware when something is becoming uncomfortable
• Makes it difficult to know if and when support is needed

**May not be a necessary step for all individuals and progress to “I need_____” or “I want_____”
Coping with feelings or identified situations

Once the individual can recognize their feelings or the situations then it will be important for them to learn the steps involved or specific things to do to deal with those feelings or situations.

The actually steps or strategies to change the situation or the way they are thinking are usually very specific to the individual.
Problem Solving

- Problem solving has similar issues related to characteristics associated with ASD, related disorder and developmental disabilities such as social understanding, interpreting others' actions/responses, perspective of others and applying learned skills and self-regulation/coping strategies.
- Instructional approach is also similar with assessment being the first step.
- Typical issues when instructing problem solving include identifying the problem, selecting a solution, application and generalization.
What to TEACH?

• It is important to teach functionally equivalent replacement behaviors in addition to general social behaviors and coping skills.

• Important to decrease prompt dependency over time from adult support to independence.
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<th>Why might the individual be doing this?</th>
<th>What can I do to prevent this behavior?</th>
<th>What new skills can we teach?</th>
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**What is the behavior?**

**Why might the individual be doing this?**

**What can I do to prevent this behavior?**

**What new skills can we teach?**
EXAMPLE:

Josie refuses to follow direction when asked to do seat work. Often he will leave his desk, wander or attempt to elope from the classroom and sometimes the building.

What is the function?

What would be a functionally equivalent replacement skill?

How would you teach it and how would you reinforce it?

What is the coping skill that you will want to teach for this situation long term?

How will you reinforce it?
When to TEACH?

• As part of a proactive instructional plan
• When certain situations are likely to present
• When some early signs are noted
• NOT optimal to teach when the person is agitated or immediately following
Where to TEACH?

• Need to practice the skills outside of the actual situation(s)

• Need to practice the skills in the contexts that the behavior actually has occurred.

• Need to generalize the skills across similar situations, locations and people
How to TEACH?

• Should have a plan or curriculum and determine modality
• Task analysis of the skill
• Identify how to present feedback and reinforcement
• Determine specific application
• Collect data
• Assess progress
• Test individual’s ability to use the skill
Instruction includes:

- Modeling
- Practice/Rehearsal
- Reinforcement
- Feedback
- Contrived situations (hierarchy)
- Generalization training
- Independence & Skill Maintenance
Questions

A Webinar Evaluation Survey will be sent to your e-mail.

Please provide your feedback to receive a Certificate of Attendance.
Resources

The Incredible Five Point Scale Kari Dunn Buron

www.5pointscale.com


*When my Worries Get Too Big* (2013) Buron, K.

Superflex: A Superhero Social Thinking Curriculum Package Michelle Garcia Winner:

www.socialthinking.com
Resources

Autism 5-Point Scale App  By The Autism Society of Minnesota
Various visual supports for Relaxation Training, Cognitive Rehearsal & Restructuring etc.

https://elearning.autism.net

Problem solving and social situation break down:

https://www.ocali.org/project/resource_gallery_of_interventions/page/soccss
Resources


www.skillstreaming.com

Social Emotional Teaching Strategies:


http://csefel.Vanderbilt.edu/resources/training.preschool/html
Can Medication Help Children with ASD?

Angela Liberatore, P.N.P.

Friday, April 27, 2018
2:00-3:30 p.m.

Register at www.scdd.urmc.edu/rrcasd