



## Building Quality ABA Educational Programs for Students with Autism Spectrum Disorders



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For presentation handouts go to the Autism Partnership website

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## Introductions

- Introductions
- Housekeeping
- Confidentiality
- Breaks
- Group Rules



## STRATEGIES TO HELP IN THE HOME Eating, Toileting and Sleeping



## Common Eating Problems

- Will only eat a very restricted diet
- Sensitive to certain colours, textures or flavors
- Will not stay at the table to finish their meal
- Will not eat independently
- Eats too much



## Picky Eating

- Desensitize (expose at distance in non-threatening manner)
- Shape approximations (touch, smell, etc.)
- Use Nonverbal imitation
- Modeling may help (e.g., peers at school)
- Target related behaviors first
  - using utensils
  - remaining at table
- Determine hierarchy on 1-10 scale (most preferred = '10')
- Start with 8's and 9's to get a '10'



## Picky Eating

- OK to vary targets, but stay at same preference level
- Don't try to deceive
- Don't get into control battles around meal times
- Limit snacks and edible reinforcers
  - this includes beverages
- Use natural motivator (hunger)
- Consider also using non-food motivators



## Picky Eating

- Provide Food the Child will eat During Meal Times
- Conduct Eating Trials At Table During Selected Time other than Meal Times
- Put Plate With Small Amount Of Target Food In Front Of Child
  - Could be food that is '8' or '9' on desirability scale. Safest to use a '10' on first day.
- Put Plate With Reinforcer (a '10') Farther Away From Child



## Guidelines

- Begin with the Target Food Being Something The Child Will Eat. Establish The Connection Between The Reinforcer And The Target Food
- Start With Small Amounts
- Indicate That He Can Have Some Of The Reinforcer Once He Eats Some Of The Target Food
- Target Plate Can Have More Than One Food On It And Child Can Choose Which One He Will Eat
- No Snacks Other Than Target Food Until Trial Is Successfully Completed
- If the Child Refuses Then Snack Time Is Over.



## Problem Solving

Child Refuses to Eat Target Food

Child Screams During or After the Program

Food is not Reinforcing For My Child

Child Will Not Sit at the Table



## TOILETING



## Toileting issues

- Dependant on nappy
- Unwilling to void in the toilet
- Unable to generalize to toilets in other places
- Won't indicate when they need to go outside the house
- Indicating one second before and leaving the initiation to the last minute
- High chances of having accidents when engaged in a highly preferred activity



## Schedule Training

1. During this time the child should not be in a diaper
2. Place the child on the toilet every 90 minutes
3. When the child voids provide special reinforcer
4. If the child does not void provide a lower level of reinforcer for participation  
When the child has an accident do a correction procedure
  - A. Provide a minimal reaction
  - B. Have the child help clean up
  - C. Practice going to the toilet



## Schedule Training

6. When the child has success e.g. (successful every day for three days)
  - A. Increase time by 30 minutes
  - B. Fade instructions to go to the bathroom
  - C. Place on chair or in room near the bathroom



## Intensive Training (for initiation)

### PHASE 1

1. Place child on the toilet  
Ensure the child is comfortable. Consider getting a padded toilet seat or prop the child up with towels etc.
2. Provide reinforcement every 5 minutes for co-operation  
Be prepared with activities to engage the child with throughout. These activities should not be as motivating as your reinforcers!
3. When the child voids, provide lavish reinforcement.  
An idea is to have a 'party area' where the child can go when they void. They can spend 5-10 minutes in this area before going back to the toilet.



## Intensive Training

### PHASE 2

1. Place child on a chair next to the toilet
2. Provide reinforcement every 5 minutes for cooperation and sitting
3. When child voids provide lavish reinforcement
4. **DO NOT PROMPT!!!**

**It may be difficult for the child to learn the contingency if you prompt. It is clearer if you get reinforcement for voiding in the toilet and feel uncomfortable/miss out if you don't.**



## Intensive training

When the child has an accident move back to the previous step and conduct the correction procedure

6. With every success move further away from the bathroom and add pieces of clothing

### PHASE 3

7. Dry pants check every 15 minutes
8. When the child goes to the bathroom independently provide even more lavish reinforcement
9. With every success increase the time and continue to give the correction procedure for accidents.



## Nappy Rituals

1. Only allow nappy use when in the bathroom
2. When ready have child help place the contents into the toilet
3. When accustomed, have child sit on toilet with nappy
4. Cut a hole in the nappy so the child voids into the toilet
5. Gradually make the hole bigger
6. Fade out nappy



## Remember!

Children are ready for toileting at different times. If a child is still young and your strategy has not worked you may need to wait a little longer.

There is no way to tell which strategy will work for your child. But you need to choose one and DO IT WELL! Independent toileting can take a long time. Be prepared to set aside up to a couple of weeks for the intensive.

Children have learned to initiate after successfully following a scheduled toileting routine.

Consider doing this when the weather is warmer, this way it is not so unpleasant for the child when wet



## SLEEPING

WHAT ARE WE DEALING WITH?

- Difficulties falling asleep (settling)
- Getting up early
- Night time waking
- Not willing to fall asleep
- Don't fall asleep in own bed



## Some Statistics

Approximately 30% of typically developing children will have difficulty settling and nighttime waking during pre-school years.

Difficulties will generally improve in middle childhood but a proportion will still have problems.

Sleep problems are more common for children with intellectual disabilities ranging from 34-83%



## Some Statistics

There is conflicting evidence whether children with autism have an incidence that matches typically developing children or those with intellectual disabilities.

**WARNING!!** This does not mean it is likely that a child with autism will 'grow out of it'. We do know that if poor sleeping routines are reinforced that it is likely that they will become more ingrained over time and more difficult to deal with! Losing a bit of sleep now may be saving you countless sleepless nights in the future!



## What Can We Do About It?

### PHYSIOLOGICALLY

Look for any physiological factors that may be impacting on sleep. If these are sorted first than when you deal with sleep disturbances behaviourally you will not be fighting nature!

**Upper respiratory problems and runny nose have been associated with decreased night-time sleep.**

- Check with your doctor regarding action on any respiratory issues. You may find that having an air filter, a humidifier (or a de-humidifier) will help. Sometimes leaving the window open a crack will circulate the air throughout the room.



## What Can We Do About It?

**Poor appetite has been associated with increased night-time waking.**

- Have a look at what your child has (or hasn't) been eating before bed time. With some children a drop with blood sugar levels has been hypothesised to be the cause of waking up. Eating a low GI food before bed may reduce this possibility.

**Poor appetite has been associated with decreased willingness to fall asleep.**

- If your child has eating issues it may be time to deal with these as well!



## About Sleep

An individual's sleep cycle will contain different levels of sleep ranging from light to heavy. The body will cycle through these different stages multiple times throughout the night.

An adult will go through 1 sleep cycle approximately every 90 minutes, a child however will complete a cycle approximately every 40-50 minutes.

At the end of a sleep cycle it is usual to partially wake up – this may last for a few seconds or up to several minutes. It is necessary and allows the body to move to different positions to ensure skin, muscles and joints are not affected by remaining in a stationary position for a prolonged time.



## Circadian Rhythms

Are biological cycles that repeat about every 24 hours. They are regulated by internal patterns such as sleeping, waking, physical activity, hunger, eating, hormone release and fluctuations in body temperature. Additionally external cues such as sunlight, meal times and routines will signal to us when we should go to sleep.

You will have experienced that when your routine has been disrupted due to holidays that you go to bed later and it is much harder to get back into the swing of things and start getting up earlier when it is work or school time again. This is because your sleep cycle has been disrupted or shifted.

It has been hypothesised that as children with autism are often not functioning typically within many of these internal and external cues that their sleep cycle can be constantly disrupted.



## Establishing Bedtime Routines

Try to identify your child's natural sleeping patterns.

- When do they start to get cranky in the evening?
- When do they get drowsy/fall asleep
- How frequently do they wake up?
- Can they get back to sleep on their own?
- When do they wake up (naturally) in the morning?
- Do they still nap?



## Establishing Bedtime Routines

Utilising a set routine will cue the child into environmental variables that may be missed by a child with autism.

Establishing a good bedtime routine will not only help a child go to bed and fall asleep by themselves, but will also teach them the skills to stay in bed and fall asleep when they naturally wake up during the night.

The routine established needs to be predictable and will become a signal that bedtime will follow. E.g., Bath, pyjamas, brush teeth, in bed, two stories then lights out.

Try to make your routine a positive one that helps your child look forward to bedtime.



## Adjusting Sleep Patterns

**If your child is waking up too early in the morning...**

- Look at what time they go to bed the night before
- Start adjusting bedtime 10-15 minutes later every one to two nights.

**If your child is sleeping in late...**

- Wake them up 10-15 minutes earlier each morning.

Any more than about 10 minutes and it will be difficult for the child to fall asleep or wake up as they will be in a different part of their sleep cycle



## Also try...

**Establishing a comfort item**

If you are trying to fade yourself out of your child's bed then they need to find alternative sources of comfort, this could be a blanket or a teddy.

Pair this item with you and the times you spend comforting the child, after a period of time they will associate that item with falling asleep.



## Remember...

- It is a big commitment to work on sleep difficulties!
- Choose a month that you are able to deal with it
  - Plan ahead
  - Be consistent!

You (and your child) will get a better nights sleep in the long run and feel better for it during the day!



## Discussion

### Final Questions & Comments



Thank you!!!