



RISK AND PREVENTION OF CHILD MALTREATMENT FOR INDIVIDUALS WITH AUTISM AND RELATED DISABILITIES

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OBJECTIVES

- Increase understanding of the prevalence and risk factors of maltreatment in ASD
- Understand AAP and APA (Division 33) recommendations regarding maltreatment for DD including ASD
- Learn how disability status can impact the placement in child welfare systems and training recommendations for parents and professionals

OUTLINE

- Maltreatment in developmental disabilities
- Autism Spectrum Disorder (ASD)
- Risk factors of maltreatment
- Recommendations from the American Academy of Pediatrics
- Recommendations from the American Psychological Association, Division 33
- Policy & training considerations for caregivers and children
- Question & Answer / Discussion

TYPES OF MALTREATMENT

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

MALTREATMENT IN DEVELOPMENTAL DISABILITIES

- Children with DD are 3.4 times more likely to be maltreated compared to typically developing peers (Sullivan & Knutson, 2000)
- Higher levels of disability are associated with increased risk of sexual abuse (Hershkowitz, Lamb, & Horowitz, 2007)
- Physical abuse tends to be underreported (Hershkowitz, 2007)

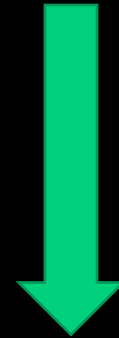
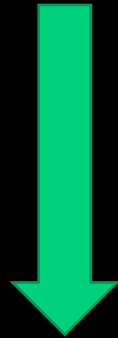
MALTREATMENT & DD CONT'D

- Out-of-home placements are twice as likely after report of maltreatment (Lightfoot, Hill, & LaLiberte, 2011)
- Parents of children with DD often do not receive maltreatment prevention training (Mahoney & Poling, 2011)

POTENTIAL PATHWAYS

Maltreatment

Developmental Disability



Developmental Disability

Maltreatment

CLINICAL DIAGNOSIS OF AUTISM SPECTRUM DISORDER (ASD)

- DSM-5 criteria, used by qualified personnel, includes impairments in the following areas:
 - Social communication
 - Restricted/Repetitive patterns of behavior, interests, activities
- Symptoms are present before 3 years of age

AUTISM SPECTRUM DISORDER CHARACTERISTICS

Social Communication / Social Interaction

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communication
- Deficits in developing, maintaining, and understanding relationships

ASD CHARACTERISTICS CONT'D

- **Restricted, Repetitive Patterns of Behavior**
 - Stereotyped or repetitive motor movements, use of objects, or speech
 - Insistence on sameness, inflexible adherence to routine, ritualized behavior
 - Highly restricted and fixed interests
 - Hyper- or hyporeactivity to sensory input

AUTISM IS THE FASTEST GROWING DEVELOPMENTAL DISABILITY.

- 1 in 88 births (CDC, 2012)
- Approximately 50% have a co-occurring intellectual disability
- 30-50% have epilepsy
- 10% have a known genetic cause (e.g., fragile x, rett's disorder)
- Average age at diagnosis is after 4 years of age
- 70% of children are diagnosed with other psychological disorders (e.g., anxiety, behavioral problems)

FAMILY FACTORS WITHIN DEVELOPMENTAL DISABILITIES

HASTINGS, 2002

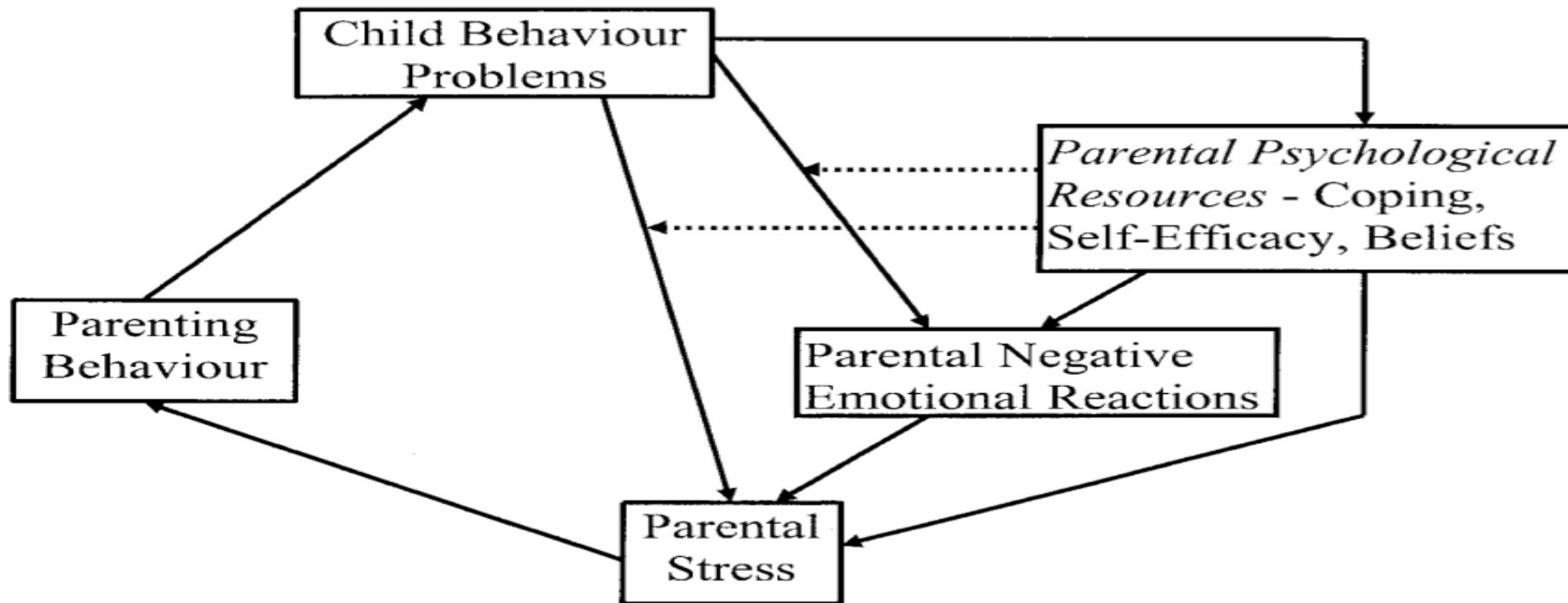


Figure 2.

Expanded model illustrating key variables affecting the relationship between child behaviour problems and parental stress (dotted lines indicate potential moderated effects).

HELP ME



**I CAN'T TELL YOU
WHERE IT HURTS!**

RISK FACTORS OF MALTREATMENT FOR AUTISM

- "He didn't have that natural fear that other children might have had."
- "He also didn't have the reflexes to keep him from getting hurt when he was in those situations. You've got the worst of both worlds."

Ongoing court case of child abuse after a death of a child with autism in Huntington, WV

RISK AND STATISTICS FOR ASD

- Up to half of children with Autism are functionally nonverbal (Edelson, 2010)
- Approximately 50% of children with Autism elope from safe environments (Law & Anderson, 2011)
- Two-thirds of parents report close calls with traffic accidents
- One-third of parents report a close call with drowning
- 25% of accidental deaths occur when children are not with their parents

RISK AND SYMPTOMS

TANTAM, 2012

Rigid behavior and difficulty with empathy

- Potentially decreases quality of relationships
- Often results in increased parent stress
- Can appear defiant
- Child may become aggressive when not allowed to perform ritualistic behavior

RISK AND COMMON PROBLEM BEHAVIORS

Self-injurious behavior

- main causes of hospitalization in children with ASD
(Mandell 2008)
- Rates very significantly, but approximately 35% of individuals with ASD exhibit some form of self-injurious behavior (Bishop et al. 2006; Dominick et al. 2007; Richler et al. 2007; South et al. 2005).
- 50% incidence of ASD 18% Down Syndrome, 24% Fragile X (Richards, Oliver, Nelson, & Moss, 2012)
- head banging, hand or arm biting, hair pulling, eye gouging, face or head slapping, skin picking, scratching or pinching, forceful head shaking

COMMON TREATMENT FOR INDIVIDUALS WITH AUTISM

- Often receive numerous treatments simultaneously
- Most common treatments; special education services, speech therapy, and occupational therapy
- Other forms of treatment can include medications
- Some children also receive alternative therapies that can be harmful

The background features a black field with several flowing, wavy bands of color. On the left side, there are vibrant green waves that curve upwards and then downwards. On the right side, there are warm orange and yellow waves that curve downwards and then upwards. The waves have a soft, ethereal quality, with some areas appearing more translucent than others, creating a sense of depth and movement.

VIDEO EXAMPLE



AMERICAN ACADEMY OF PEDIATRICS

FLAHERTY ET AL., (2010) & HIBBARD ET AL., (2007)

Role of Prevention and Identification of Maltreatment in Children with
Developmental Disabilities

PREVENTION STRATEGIES

- Locate a medical home
- Provide appropriate treatment for disability as early as possible
- Assess family needs including respite care
- Provide education and training to caregivers and those who are in contact with the child on the disability

PREVENTION CONT'D

- Advocate for positive behavior supports across all contexts
- Recognize the signs of maltreatment and report suspicion of maltreatment
- Consult with other professionals

WHAT EVERY CAREGIVER AND WORKER SHOULD KNOW & DO

- Know the signs and symptoms of maltreatment
- Be familiar with conditions that pose an increase risk of accidental injury
- Provide ongoing assessment and documentation
- Be actively involved in treatment planning with family and interdisciplinary team (including positive behavior supports)



AMERICAN PSYCHOLOGICAL ASSOCIATION, DIVISION 33

Guidelines of Effective Behavioral Treatment for Persons with
Developmental Disabilities

POSITIVE BEHAVIOR SUPPORTS AND APPLIED BEHAVIOR ANALYSIS

“Highly restrictive procedures (which may entail interventions often referred to as aversive) shall not be instituted without the combined use of procedures that reinforce incompatible, alternative, or other behavior. Highly restrictive procedures shall not be employed until there has been sufficient determination that the use of less restrictive procedures was or would be ineffective or harm would come to the client because of gradual change in the client’s particular problematic behavior.”

WHAT ARE POSITIVE BEHAVIOR SUPPORTS?

- Strategies and Techniques that:
- Prevent problem behaviors by changing environmental factors
- Assess the function of the problem behavior (functional behavior)
- Target skill development for child with ASD to make problem behavior unnecessary.

PREVENTION STRATEGIES FOR PROBLEM BEHAVIOR

- Rule out medical reasons for problem behavior (e.g., chronic ear infections)
- Make it visual
- Understand the child's "triggers" and intervene with positive techniques before behavior occurs
- Assess environmental factors such as schedule or routines (i.e., reduce transitions and increase positive interactions)

FUNCTIONAL ASSESSMENT & SKILL DEVELOPMENT

- All behavior serves a communicative function (e.g., I want or need something, I want to be left alone, I don't want to do something)
- Seek a professional with experience conducting functional behavioral assessments (Board Certified Behavior Analyst or licensed professional with behavioral training)
- Teach alternative behavior that will immediately address the need the child is expressing with problem behavior

ADDITIONAL CONSIDERATIONS

- What if the child is at risk to him/herself or others?
- What if a medical procedure is necessary?
- Who should be involved in the decision?
- Who can I turn to for questions or concerns?



POLICY AND ADVOCACY

- Early Identification
- Treatment
- Training
- Family Systems Perspective
- Informed decision making with expert consultation

POTENTIAL TRAINING NEEDS

- Disability specific training
- Individually tailored trainings to address specific symptoms
- Safety risk management
- Daily routines and schedules of the individual
- Positive behavior support
- Communication training

