Developing Self-Care Skills

Jodi Toscolani M.Ed.
Agenda

- Defining Self-Care and What Research Says
- Why Teach it?
- When to Teach it
- A Look at the Parent and the Child
- Personal Hygiene Skills
- Teaching Self-Care Skills: Interventions
WHAT IS SELF-CARE?

“Skills required in everyday independent living.”
(Flynn and Hely, 2012)

or

“Those basic skills needed to take care of one’s own needs.”

Other Terms for Self-Care:
Life skills, daily living skills, self-help skills, independent living skills, adaptive functioning (self-care & social skills)
Why Teach Self-Care Skills?
What does research say?

• A child’s mastery of daily living skill contributes strongly to prognosis and have been noted as “essential” to an individual’s ability to function successfully and independently in the world.
  
  (Gillham et al. 2000 & Lisset al. 2001)

• Developing effective interventions to teach such skills (self-care) is very important, as those with ASD diagnoses are more likely to require more of the caregivers’ time and energy, either to teach the behaviors or to perform them for the individual.
  
  (Pierce & Schreibman 1997).

• Children with autism are likely to have better adult outcomes if they are able to master a variety of functional daily living skills.
  
  (Carothers and Taylor 2004)
Why Teach Self-Care Skills, continued

- Decreases anxiety and frustration for both the child and caregiver
- Teaches skills for them to live safe, productive lives
- Contributes to self-esteem
- Reduces parental involvement in the child’s private daily routines
- Promotes the ability to function independently
When Do You Start Teaching Self Care Skills?

• As early as the child is functionally capable
• When a child shows interest
• Based on the demands of the environment in which the child participates (e.g. kindergarten = potty trained)
• Before puberty

“As children grow older, basic self-care skills become even more important as their hygiene needs change and modesty becomes essential.”

(Wrobel 2003)

*It’s never too early to start!*
Parent/Caregiver: Involvement

- Interventions that include parent participation—wherein parents take an active role in intervention implementation—result in greater child improvement and increased generalization of treatment gains.

(Koegel, Koegel, & Schreibman, 1991)
Parent/Caregiver: Feelings & Perceptions

- Sometimes caregivers feel protective or might feel the child cannot be expected to be independent.

- They may view this area with trepidation and delay teaching.

- They may feel unsure how to explain changes to the child.
Parent/Caregiver: Common Mistakes

Unsure caregivers may do more for a child than necessary, instead of encouraging independence.

As a result...

- The child becomes used to others helping
- The child becomes prompt dependent
- The child may become frustrated by a task that is too challenging and refuse to try
- “Learned Helplessness”
Parent/Caregiver: Getting Them on Board

- Discuss:
  - What is their comfort level?
  - What are the priorities?
  - Assess the child’s language and comprehension skills
  - Child’s preferred learning style (auditory, visual, textual)

“Parental Empowerment” is an important step in helping a parent believe that their child can learn.
Child: Involvement

- Many parents report difficulty teaching daily living skills to children with ASD, finding it easier to perform such tasks for their child.
  
  (Koegel and Egel 1979)

- This may be due to low motivation and limited perspective-taking (e.g., social norms regarding developmentally appropriate independent behaviors, such as when peers are dressing or bathing without parental assistance), children with ASD rarely defy their parents’ efforts to do these tasks for them.

  (Drahota, Wood, Sze and Van Dyke 2010)
Child: Contributing factor(s) to self-care difficulties

- Communication
- Social Skills Deficit
- Engagement in Restricted, Repetitive Behaviors
- Aberrant behaviors
- Imitation
- Generalization
- Theory of Mind/Perspective Taking
- Sensory Issues
- Executive Functioning
Contributing Factors Explained

Communication & Social Skills Deficits

- Communication and social deficits may prevent children from understanding what is being asked of them, and reduce their desire to perform skills to please their parents or receive social reinforcement.

  (Green and Carter, 2011)

- In order to teach any curriculum, which requires comprehension of information and appropriate responses. On the part of each student, individual communication needs must be taken into account and met.

  (Wrobel, 2003)
Engagement in Restricted, Repetitive Behaviors (RRB)

- RRBs represent a heterogeneous class of behaviors including repetitive motor mannerisms, preoccupation with parts of objects, inflexible adherence to non-functional routines, and preoccupation with Restricted patterns of interest.

  \[(DSM-IV; \text{American Psychiatric Association 1994})\]

- There is evidence that the presence of repetitive behaviors can negatively impact the learning and socialization of individuals with ASD.

  \[Koegel and Covert 1972; Varni et al. 1979; Pierce and Courchesne 2001); Loftin et al. 2008; Nadig et al. 2010\]

Aberrant Behaviors

- Aberrant behaviors interfere with an individual’s ability to learn (e.g., severe aggression, self-injurious behaviors, inattention, impulsivity, hyperactivity, and dysregulation). Systematically addressing these behaviors is merited.

  \[Tsatsanis et al.\]
Contributing Factors Explained

*Imitation*

- In children with ASD, imitation is believed to be related to the development of numerous skills including play, language, and social interaction (e.g., Carpenter et al. 2002; Charman et al. 2000; Stone et al. 1990).
- Imitation plays a fundamental role in the development of coordinated acts. Imitation provides the child with mutual connectedness and shared social experiences (Meltzoff, 2005; Trevarthen et al., 1999).

*Generalization*

- Difficulties in an individual’s ability to demonstrate skills across settings also impacts independent performance. Though people with ASD may master a skill in one location, with one staff member, or while using one material, generalization of that independent skills may be limited.

(Fein et al. 1979)
# Contributing Factors Explained

## Theory of Mind/Perspective Taking

- Theory of Mind is the ability to attribute subjective mental states to oneself and to others (Baron-Cohen et al. 2000). This ability is crucial to the understanding of one’s own and other people’s behaviour.

- Effective perspective taking is essential in maintaining socially appropriate hygiene and related behaviors. Many of us learn early on that our hygiene impacts the thoughts and feelings of others.

  *(Mahler, 2009)*

## Sensory Issues

- The term sensory processing refers to the receiving, organizing, and interpreting of sensory stimuli using the seven sensory systems (e.g., tactile, vestibular, auditory; Miller & Lane, 2000).

- Children with ASD frequently express discomfort during hair cutting or face washing (overresponsiveness), and yet touch other people to the point of irritating them (sensory seeking).

  *(Ashburner, 2013)*
Child: Contributing Factor Explained

**Executive Functioning**

This concept includes abilities such as planning, working memory, mental flexibility, response initiation, response inhibition, impulse control and monitoring of action.

*(Roberts, Robbins, & Weiskrantz, 1998; Stuss & Knight, 2002)*
Example: Contributing Factor

**Resistance to Grooming**

Some children with Autism may have **sensory** issues that make them more resistant to haircuts, hair brushing, tooth brushing, nail clipping, etc.

Or

They may not understand the purpose of the routine.
Self-Care: Hygiene
Hygiene: Definition

hy·giene
1: a science of the establishment and maintenance of health (Merriam Webster)

"Cleanliness of the body and proper maintenance of personal appearance. This generally includes all body areas and clothing. "

![Cartoon Image]
Mary Wrobel *Taking Care of Myself* (2003)

“Independent hygiene skills promote physical well being and social acceptance.”

“It is important as students become older because it teaches them self-care, modesty and responsibility.”
Hygiene Involves:

- Hand Washing
- Washing Face
- Bathing/Showering
- Washing My Hair
- Hair Cuts
- Grooming Hair
- Brushing Teeth
- Nail Care
- Blowing My Nose
- Toileting
- Changing Dirty Clothing
- Body Odor
Teaching Self Care Skills

Developing effective interventions to teach self-help skills is very important, as those with ASD diagnoses are more likely to require more of the caregivers’ time and energy... A substantial repertoire of self-help skills is necessary for independent living and proper integration into society.

(Pierce & Schreibman, 1997)
## Steps to Self Care

<table>
<thead>
<tr>
<th>First</th>
<th>Then</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parent/Caregiver Involvement</td>
<td>• Task Analysis</td>
</tr>
<tr>
<td>• Child: Reinforcers</td>
<td>• Chaining</td>
</tr>
<tr>
<td>• Assessment</td>
<td>• Visuals (e.g. Schedules, Calendars)</td>
</tr>
<tr>
<td>• Observation of Pre-Skills</td>
<td>• Token Systems</td>
</tr>
<tr>
<td>• Modeling</td>
<td>• Social Stories</td>
</tr>
<tr>
<td></td>
<td>• Video Modeling/Point of View Modeling</td>
</tr>
<tr>
<td></td>
<td>• Hand-Held Technology</td>
</tr>
</tbody>
</table>
Child + Reinforcing items = Motivation
Assessment

The assessment of adaptive behavior is critical for understanding profiles of functioning and subsequent planning of interventions for individuals with ASD. Since a defining feature of positive outcome is independence or the translation of abilities and supports into real-life skills, the level of adaptive functioning also represents a fundamental measure of outcome. (Tsatsanis et al.)

- AFLS - The Assessment of Functional Living Skills
- Functional Independence Assessment
- Self-Care & Domestics Assessment Score
- Vineland Adaptive Behavior Scale
Start Teaching Self-Care Skills by Observing

Children with Autism may have difficulty completing tasks ...

- Which hand does the child tend to use?
- Are there some parts that the child can complete by themselves, and other parts they needs help with?
- Does the child respond better to pictures, written words or verbal commands?
- Are there adaptive products that would help facilitate learning?
Basics: Opportunities to Model

- Offer opportunities for the child to develop self-care skills and give them ample time to work on these important tasks.

- Show the child how to complete each hygiene skill you want him/her to know. Model the action (s) and explain what you are doing and why.
Interventions that promote independent functioning
Task Analysis is a list of written out steps that contain all of the components necessary to complete the task.

Example:
1) Go to the bathroom sink
2) Turn on the water
3) Push two squirts of soap into your hands
4) Rub your hands together under the water
5) Wash the soap off your hands
6) Turn the water off
7) Go to the Sponge Bob towel
8) Rub your hands dry on the towel
Chaining

• A set of teaching procedures used to teach a task analysis

Forward Chaining:
1) Teach the first step in a task and reinforce after the task is completed.
2) Then add the next step one at a time.
3) Continue until the child masters the entire chain.

Backward Chaining:
Begins with the last element in the chain and proceeds to the first element.
Visuals

- Visuals serve as a visual prompt when teaching a child a new skill.
- Can be pictures, PEC Cards, drawings, photographs or just words.
- Prompt the child to the next activity or task
- Display each step necessary to complete the task or schedule
Visuals: Schedule

- A daily visual schedule is a critical component in a structured environment. A visual schedule will tell the child with autism what activities will occur and in what sequence. (www.specialed.us/autism/structure/str11.htm)
Visual Task or Sequence

- Other Visuals: Cartoon Comic Strips and Power cards
Token Systems
An efficient token system can be used to teach students with autism when they have completed a task or reinforce appropriate behaviors.
Social Stories

Social Stories may serve several purposes within the child’s environment. Gray (1994) suggested three distinct purposes for Social Story use: (a) Describing a situation and appropriate behaviors, (b) explaining simple, understandable steps for certain goals, and (c) teaching new routines and anticipated actions.
Social Story: Example

I get my hair cut when it is very long because I like to have my hair short. It looks nice short.

When I go to get my hair cut, my dad takes me to a barbershop.

They have man at the barbershop that cuts my hair.

I wear a plastic cape so hair does not get on my clothes. It will not hurt.

I sit in a chair that goes up and down so the barber can reach and cut my hair easier. I must sit very still while the barber cuts my hair.

The barber uses scissors and clippers to cut my hair. The clippers make a funny humming sound. It does not hurt.

It feels okay to have my hair cut. Look at my nice haircut! I look a lot better!

After the barber cuts my hair, I get to go buy a movie at the store for sitting nicely!
Video Modeling/Video Self Modeling

- **Video Modeling** - It has been successfully used with children with autism to teach a variety of skills including reducing problem behaviors and increasing functional living skills, perspective taking, and social-communicative behaviors.

  *(Delano, 2007 and McCoy & Hermansen, 2007)*

- **Video Self Modeling (VSM)** The person with ASD is videotaped during a role-play scenario or in a natural setting. All prompts are edited out of the video so that the person is seen performing the skill independently.

  *(Hume, Loftin, Lantz, 2009)*

A *meta-analysis conducted by Bellini and Akullian (2007) supports the effectiveness of video modeling and video self-modeling interventions.*
Latest Hand-Held Technology

- Mobile technology, in the form of smartphones® like the iPhone® and the Android®, and tablets like the iPad®, utilize many forms of technology that can greatly enhance the lives of people with autism.

- The autistic community has jumped at the opportunity to develop apps specialized for the specific needs of people with the disorder. Many involved transferring the techniques already used in teaching autistic children into a mobile format (Duncan and Tan, 2012)

  “Autism Speaks states that their Apps page is visited more than any other page on their website (2013)”
Resources

Books

- Asperger's and Girls by Tony Attwood, et al.

- Autism/Asperger’s & Sexuality by Jerry and Mary Newport

- Care and Keeping of You: The Body Book for Girls by Valorie Schaefer

- Hygiene and Related Behaviors: A Fun Curriculum with a Focus on Social Understanding - For Children and Adolescents with Asperger Syndrome, High-Functioning Autism, and Related Disorders by Kelly Mahler

- No B.O.! The Head-to-Toe Book of Hygiene for Preteens by Marguerite Crump

- Personal Hygiene? What’s That Got To Do With Me? by Pat Crissey

- Taking Care of Myself by Mary Wrobel
Resources Cont.

Websites

- American Dental Association: ADA for Kids
  http://www.ada.org/353.aspx

- Autism Speaks: Tool Kits (Dental, Toilet Training, Sleep and Haircuts)
  Http://www.autismspeaks.org/family-services/tool-kits

- Kid Scoop: Hand Washing Materials
  http://www.kidscoop.com/hand_washing/#resources

- Model Me Kids
  http://modelmekids.com/

- Teens Health
  http://teenshealth.org/teen/
Autism Services, Education, Resources, and Training (ASERT)

- ASERT is a statewide initiative funded by the Bureau of Autism Services, Pennsylvania Department of Public Welfare.