AUTISM AWARENESS

Autism Timeline

"The word 'autism' has been in use for about 100 years. It comes from the Greek word 'autos', meaning 'self'. The term describes conditions in which a person is removed from social interaction." (Joanna Connors, Dec. 04, 2009. The Plain Dealer)

1911	Eugen Bleuler first to use the term autism
1943	Aspergers Syndrome term first used
1960s	Separate understanding of autism and schizophrenia
1960s-1970s	Treatments (LSD, electric shock and others that relied on pain and punishment)
1980s-1990s	Behavior therapy, controlled learning environments, and dietary therapy explored
1991	Autism is added to special education under IDEA

Occurrence

2007 Autism rate was 1 in 150

2009 Autism rate 1 in 110

2012 Autism rate 1 in 88

2013 **Autism rate 1 in 50 – from a 2011-2012 telephone survey that asked nearly 100,000 parents across the country a range of health-related questions about children ages 6 to 17.   **From www.autismspeaks.org

Autism Facts

- Five times more prevalent in boys
- Affects all racial, ethnic, socio-economic backgrounds
- Identical twins-9 out of 10 chance the other twin will have it too
- Sibling has it, 35% chance other siblings will too

DSM-5 Autism Spectrum Disorder (ASD)

The DSM-5 contains significant changes to the criteria currently used to diagnose autism, including incorporating several diagnoses (Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified) into the single diagnosis of Autism Spectrum Disorder (ASD).

The criteria were changed to improve the accuracy of the diagnoses and to allow clinicians the ability to describe specific symptoms seen in individuals.

Autism Spectrum Disorder (ASD) DSM-5 Diagnostic Criteria

There are two domains where people with ASD must show persistent deficits. They include:
1) persistent social communication and social interaction, and
2) restricted and repetitive patterns of behavior.

All individuals who currently have a diagnosis on the autism spectrum, including those with Autistic Disorder, Asperger's Disorder or PDD-NOS, will not lose their ASD diagnosis.

Autism - Educational Definition

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines and unusual responses to sensory experiences.

Whose IDEA Is This? A Parent's Guide to the Individuals with Disabilities Education Improvement Act of 2004 , page 62

Autism - Educational Definition cont'd

The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance. A child who manifests the characteristics of autism after age three could be identified as having autism if the requirements of the first two sentences of this definition are satisfied.

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What Causes Autism?

- No known single cause
- Agreed that it is caused by abnormalities in the structure or function of the brain

Other causes being researched:
- Environmental
- Genetics
- Birth-related medical problems
- Immunizations

Common Disorders That Co-exist with ASD

- Bipolar Disorder
- Obsessive Compulsive Disorder
- Tourette's Syndrome
- Oppositional Defiant Disorder
- Sensory Integration Disorders
- Depression/Anxiety
- Vision/Hearing Loss
- Attention Deficit Hyperactivity Disorder
- Seizure Disorder

"Red Flags" of Autism

By the age of 12 months
- Does not babble or coo
- Does not gesture, point, wave, or smile

By the age of 18 months
- Does not say single words

By the age of 24 months
- Does not say two-word phrases on his own
- Loses language or social skills after having acquired them

"Red Flags" of Autism

- Plays alone with little interest in making friends
- Hyperactive and/or violent tantrums
- Difficulty reading non-verbal social cues or body language
- Enjoys systems, predictability, logic, and resists change
- Unusual attachments to objects and/or obsessive focus on a narrow interest
- Oversensitivity to sounds, smells & textures
- Appears to not hear at times
- Tends not to sympathize with others
- Repetitive body movements
- Little or no eye contact

Areas Typically Affected by ASD:

- Social Interaction
- Communication
- Behavior

Developmental and symptomatic patterns in individuals with Autistic Spectrum Disorders can be quite different.

No two individuals are alike.

Social Interaction

- May prefer to be alone
- Does not want physical contact (hugging, touching)
- Little or no eye contact
- Speaks too loud or too long

May have difficulty with:
- Interacting with others
- Initiating conversations
- Interpreting facial expressions
- Understanding emotions

Social Interaction

May have difficulty with:
- Understanding personal space
- Acceptable environmental behaviors, including the work place
- How their individual actions affect others
- Slang, sarcasm, joking, teasing
- Initiating, maintaining and reciprocating social interaction
- Playing games, winning and losing, turn taking
- Reading body language
- Age appropriate interaction with the opposite sex

Social Interaction IEP Goals

- Focus on foundational social skill needs, such as, understanding emotions, body language and facial expressions
- Clearly define present levels of functioning in profile section of IEP
- Measurable goal(s)
- Progress reports that demonstrate progress in area of social skills

(Skills are not considered mastered until they can be generalized in all settings)

Strategies for Teaching Social Skills

- "I Love Lucy" shows
- Power Cards
- Pulley Cards
- Social Stories
- Video Scripts

Social skills can be taught. Children need to gain an understanding of why social skills are important at the same time they are learning what appropriate social skills are.

Communication

- Difficulty expressing needs
- Delayed speech or no speech
- Difficulty processing language
- Echolalic
- Not responsive to verbal cues
- Does not use joint attention (showing or sharing with another person.) Demonstrated by eye gazing and gestures, particularly, pointing for social interaction.

Communication

Communication skills and social skills are tightly interwoven. It is important to learn the child's mode of communication.

Which mode are they most successful using:
- Motoric
- Gestural/Pointing
- Vocalization or Sign Language
- Use of objects
- Use of photos or drawings
- Written/Printed words

Communication
IEP Goals

- Determine communication needs (assessment)
- Consider multiple methods of communication in areas, such as, pragmatic language, nonverbal communication and verbalizations
- Clearly define present levels of functioning in profile section
- Measurable goal(s)
- Progress reports that demonstrate progress
- Assistive technology accommodations

Strategies for Teaching
Communication Skills

- Choice Boards
- Music/Art Therapy
- First -Then Boards
- Sign Language
- Technology

Behavior

- Difficulty transitioning from one activity to another
- Tantrums or meltdowns
- Spins and/or lines up objects
- Inappropriate attachment to objects
- Frequently walks on tip toes
- Self-injurious behavior
- Resistance to change; insistence on sameness
- Self-stimulating behaviors, such as, flapping, rocking...

Behavior

"My behavior serves a function for me!"

"Learn my triggers."

Parents, as well as, teachers should view the child's behavior as communication rather than an intentional effort to be disruptive.

What Might Affect Behavior?

Stress/Anxiety
- Worry
- Change in schedule
- Pressure to perform
- Sleep patterns

Physiological Factors
- Lack of sleep
- Medication changes
- Hunger
- Illness
- Medication

Sensory Sensitivities
- Taste
- Visual
- Smell
- Sound
- Tactile

Behavior
IEP Goals

- Functional Behavior Assessment (FBA) for target behavior
- Clearly define present levels of functioning in profile section of IEP, such as, attention, finishing tasks, switching tasks, and asking for help
- Measurable goal(s)
- Progress reports that demonstrate skill development

Strategies for
Teaching Appropriate Behaviors

- Gain the child's attention
- Use tasks the child has mastered to teach new skills
- Allow the child to have choice in tasks
- Structure the learning environment
- Adult response must be immediate and consistent
- Reinforce attempts
- Reinforce timing and type is important

Sensory Systems

"Sensory processing is the ability of the brain to efficiently take in, sort out and use sensory information from the environments." (Concorde Therapy Group, Inc.)

SENSES
Auditory - Hearing
Tactile - Touch
Olfactory - Smell
Proprioception - Kinesthesia
Gustatory - Taste
Vision - Sight
Vestibular - Movement

Sensory IEP Goals

- Obtain a sensory assessment
- Define present levels of functioning in profile section of IEP
- Measurable goal(s)
- Address needed therapies, such as, occupational, sensory integration
- Sensory diet defined
- Progress reports that demonstrate skill development

Strategies and Sensory Needs

Strategies for children with sensory needs will vary and should be developed from data obtained from a sensory evaluation. A sensory diet may include:

- Deep compression
- Brain Gym
- Vary positions of child's work space
- Play music or provide earphones
- Consider temperature and texture of food
- Large muscle movement (lifting, swinging)
- Consider lighting (natural, fluorescent)

Cognitive Ability

- Researchers estimate that the MAJORITY of individuals with classic autism and the MINORITY of those with Asperger's and PDD-NOS meet the criteria for mental retardation/cognitive disability.
- Many individuals with autism may learn more slowly than their peers.
- Accurate assessment may be difficult.
- Cognitive ability should not limit the opportunity to learn.

Academic IEP Goals

- Clearly define present levels of functioning in profile section of IEP, such as, problem solving, executive functions, and keyboarding skills...
- Measurable goal(s)
- Statement of how the disability will affect the child's progress
- Identify methodologies, accommodations and/or modifications
- Progress reports that demonstrate working towards mastery of skill development

Methodologies

There is NO definitive, single treatment for ASD.

There ARE methods available to help minimize symptoms so that learning may take place.

Remember:
- Review available programs
- Not all programs are research-based

Available Methodologies

Applied Behavior Analysis (ABA) – A program that relies on the theory that rewarded behavior is more likely to be repeated than ignored behavior.

Picture Exchange Communication Systems (PECS) – A program that teaches a student to give a picture of a desired item in exchange for that item.

Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) – A structured teaching system that focuses around the person's skills, interests and needs.

Available Methodologies

Floor Time – A program that promotes social interaction by following the child's lead-based on their interests and motivations.

Social Stories – A program used to teach social skill situations by preparing students through the use of role play, picture stories, verbalization and/or videos.

Behavior Management Therapy – A program that works to reinforce wanted behaviors and reduce unwanted behaviors.

Strategies to Teach Academics

- BE CONSISTENT
- Routines are extremely important
- Show and tell how to complete tasks
- Use videos, reminder cards, checklists...
- Use clear and defined language
- Role play situations (social stories)
- Address any sensory/behavioral needs
- Teach concepts from multiple approaches and across a variety of environments

Youth with ASD and Post-secondary Transition

- Address development of IEP transition plan early
- Obtain vocational, career, and life skills assessments
- Prepare the student for the transition meeting
- Invite outside agencies to the transition meeting

Post-secondary Transition

- Identify student interests, skills and preferences
- Address community involvement and hobbies
- Address skills that teach independence:
  1. Safety/Emergency
  2. Social skills
  3. Communication
  4. Independent living skills
  5. Employment skills (soft skills)
  6. Recreation/Relaxation skills

Outside Agencies

- Bureau for Vocational Rehabilitation (BVR)
- County Boards of Developmental Disabilities (CBDD)
- Ohio Department of Job and Family Services (ODJFS)
- Tech or trade schools
- Social Security
- Colleges
- Local businesses

Autism Scholarship Program (ASP)

Ohio's Autism Scholarship Program is an Ohio Department of Education (ODE) program whereby ODE provides scholarships to qualified children with autism. Parents select a registered private provider, rather than their public school district of residence, as the agency that will provide the services outlined in their child's IEP.

Students must be identified by their school district of residence as qualifying for services under the category of Autism.

Eligibility and the Ohio Autism Scholarship Program (ASP)

- Program of Ohio Department of Education
- Capped at $20,000.00
- Student must be identified the disability category of autism or diagnosed PDD-NOS
- Student must be enrolled in their public district of residence
- Have a current and agreed upon IEP
- Have no administrative, judicial mediations or proceedings pending

Autism Scholarship Program Compared with Public School IEP

Autism Scholarship	Public School
Services provided by approved registered private providers	Services provided by district of residence
Not all IEP listed services may be provided	All IEP listed services must be provided
District is not required to provide FAPE	District must provide FAPE
Transportation costs are deducted from the $20,000	Transportation is at no cost to parents

Help Is Available

Autism Society of Ohio 1-330-376-0211

Website: www.ocecd.org
Parent Mentors of Ohio

Ohio Coalition for the Education of Children with Disabilities (OCECD) Toll Free: 1-800-374-2806

Ohio Center for Autism and Low Incidence (OCALI)
Toll Free: 1-866-886-2254

Are All People with Autism the Same?

"If you've met one child with Autism, you've met one child with Autism."

Stephen Shore

Resources

Stokes, Susan. 2006. Developing Expressive Communication Skills for Non-verbal Children with Autism. www.cesa7.k12.wi.us

McGuire, Veronica. 29 Apr 2005. Medical News Today. Specific behaviors seen in infants can predict autism. www.mcmaster.ca

Myles, Brenda Smith. Inservice 17 Sept. 2007. OCALI

Nichols, Shanna. PhD. 2008. Grappling with the Enigma of Girls on the Autism Spectrum. Teresa.finnegan@iko.com

Education and Autism. Department of Psychology. University of Michigan. http://sitemaker.umich.edu/356.bernstein

Sensory Diet: Alerting the Brain for Learning. A Guide for Parents and Teachers. Heartland Area Education Agency 11.

O'Crowley, Peggy. N.J. Shows high rate of autism in study. The Star Ledger. February 09, 2007. pocrowley@starledger

Blaxill, Mark. Lies, Damned Lies and CDC Autism Statistics. 2009. www.ageofautism.com

Questions ?

THANK YOU

Ohio Coalition for the Education of Children with Disabilities

1-800-374-2806

www.ocecd.org