

WHAT IS AUTISM?

Autism is a life-long disability that becomes evident sometime during the first three years of a child's life. Autism is a neurologically based disorder; it affects the way a child communicates, interacts with other people and perceives and reacts to the world.

- ♦ uneven developmental patterns in the acquisition of motor, sensory, social, play or learning skills

What is Autism Spectrum Disorder?

Patterns of behavior that are characteristic of autism include impairment of reciprocal social interactions, impaired communication skills, repetitive behaviors and a restricted range of interests. Not all children with autism behave in the same way. Each child might display a different combination of behaviors ranging from mild to severe. This is what is meant by Autism Spectrum Disorder (ASD). Five sub-categories of ASD have been defined: Autistic Disorder, Pervasive Developmental Disorder (PDD), Asperger's Syndrome (AS), Rett's Syndrome, and Childhood Disintegrative Disorder.

Characteristics of Autism

A child with autism may exhibit one or more of the following characteristics:

- ♦ various levels of delayed communication including impaired language acquisition and comprehension as well as other related difficulties
- ♦ difficulties or differences in understanding social situations and/or relationships
- ♦ responses to sensory information that are unusual, inconsistent, repetitive or unconventional
- ♦ stereotypic or repetitive patterns of behavior; persistent preoccupation with or attachment to objects
- ♦ difficulties in adjusting to change in routines, environments, activities and/or schedules
- ♦ difficulties in abstract thinking involving awareness, judgment and generalization

What Causes Autism?

The actual causes of autism are still unknown. However, researchers do know that autism is a brain disorder, usually present from birth, which affects the way the brain processes information related to language or the senses. Autism is not a form of mental illness. It is not caused by parenting style or by any other psychological influences in the child's life. Difficult behaviors in children with autism are often due to frustration or misunderstanding caused by sensory, social and/or communication problems. Children with autism are not choosing to behave badly.

What is the Federal Definition of Autism?

The Individuals with Disabilities Education Act (IDEA) defines autism as "a developmental disability significantly affecting verbal and non-verbal communication, and social interactions; [the disorder] is evident 18 months to age 3, [and] adversely affects a child's educational performance."

What is Colorado's Eligibility Criteria?

School districts in Colorado may use the IDEA educational criteria to determine a child's eligibility for special education services. The disability "autism" is a subcategory of physical disability in Colorado and should be indicated as such on the IEP. Therefore, a child identified with any of the five subcategories of ASD would be eligible under state regulations. While

the school district should inform the parents of their choice to seek a medical evaluation, it is not required for determining educational eligibility for special education services.

What Can Families Do If They Have Concerns?

Parents who have concerns about their child's development should contact their local school district. For children birth through five, parents should request an evaluation by contacting their school district's Child Find Coordinator; for evaluation of a school age child, begin by contacting your school's principal.

What are Strategies that are Successful in Providing Instruction for Children with Autism?

The Colorado Department of Education encourages collaborative partnerships with families and professionals in order to meet the wide range of skills and needs of children with autism. CDE does not endorse one specific program or methodology. In order to meet these needs, customized, research-based strategies should be identified and implemented when designing services for each child.

Information/Resources/Websites

Colorado Department of Education,
Special Education Services Unit
201 E. Colfax #300
Denver, CO 80203
303-866-6694
[http:// www.cde.state.co.us/index](http://www.cde.state.co.us/index)

Autism Society of America, Colorado Chapter
5031 W. Quarles Dr.
Littleton, CO 80128
303-978-1440
www.autismcolorado.org/asacchome.htm

Autism Society of the Pikes Peak Region
918 Crown Ridge Dr.
Colorado Springs, CO 80904
719-630-7072

The Autism Society of America (ASA)
7910 Woodmont Ave, Suite 300
Bethesda, Maryland 20814
1-800-3AUTISM
<http://www.autism-society.org>

Autism Research Institute
4182 Adams Avenue
San Diego, CA 92116
619-563-6840
<http://www.autism.com>

CSAAC (Community Services for Autistic Adults and Children)
751 Twinbrook Pkwy
Rockville, Maryland 20851
301-762-1650
<http://www.csaac.org>

Resources for Books and Literature

Autism Resource Network
5123 Westmill Road
Minnetonka, MN 55345
(612) 988-0088
(612) 988-0099 Fax
http://www.fwt4c.com/htm/autism_resource_network.htm

Autism Society of North Carolina
505 Oberlin Road, suite 230
Raleigh, NC 27605-1345
(919) 743-0024
(919) 743-0208 Fax
<http://www.autismsociety-nc.org/>
(Click on Bookstore)

O.A.S.I.S.

Online Asperger Syndrome Information and Support

[\[HOME to OASIS\]](#) [\[IMPORTANT NEWS\]](#) [\[BOOKSTORE\]](#) [\[MESSAGE BOARDS\]](#)

Tips For Teaching High Functioning People with Autism

By Susan Moreno and Carol O'Neal

This paper was reprinted with permission of Susan Moreno on the [O.A.S.I.S.](#) (Online Asperger's Syndrome Information and Support)

1. **People with autism have trouble with organizational skills**, regardless of their intelligence and/or age. Even a "straight A" student with autism who has a photographic memory can be incapable of remembering to bring a pencil to class or of remembering a deadline for an assignment. In such cases, aid should be provided in the least restrictive way possible. Strategies could include having the student put a picture of a pencil on the cover of his notebook or maintaining a list of assignments to be completed at home. Always praise the student when he remembers something he has previously forgotten. Never denigrate or "harp" at him when he fails. A lecture on the subject will not only **NOT** help, it will often make the problem worse. He may begin to believe he **can not** remember to do or bring these things.

These students seem to have either the neatest or the messiest desks or lockers in the school. The one with the messiest desk will need your help in frequent cleanups of the desk or locker so that he can find things. Simply remember that he is probably not making a conscious choice to be messy. He is most likely incapable of this organizational task without specific training. Attempt to train him in organizational skills using small, specific steps.

2. **People with autism have problems with abstract and conceptual thinking.** Some may eventually acquire abstract skills, but others never will. When abstract concepts must be used, use visual cues, such as drawings or written words, to augment the abstract idea. **Avoid asking vague questions** such as, "Why did you do that?" Instead, say, "I did not like it when you slammed your book down when I said it was time for gym. Next time put the book down gently and tell me you are angry. Were you showing me that you did not want to go to gym, or that you did not want to stop reading?" Avoid asking essay-type questions. **Be as concrete as possible** in all your interactions with these students.
3. **An increase in unusual or difficult behaviors probably indicates an increase in stress.** Sometimes stress is caused by feeling a loss of control. Many times the stress will only be alleviated when the student physically removes himself from the stressful event or situation. If this occurs, a program should be set up to assist the student in re-entering and/or staying in the stressful situation. When this occurs, a "safe-place" or "safe-person" may come in handy.
4. **Do not take misbehavior personally.** The high-functioning person with autism is not a manipulative, scheming person who is trying to make life difficult. **They are seldom, if ever, capable of being manipulative.** Usually misbehavior is the result of efforts to survive experiences which may be confusing, disorienting or frightening. People with autism are, by virtue of their disability, egocentric. Most have extreme difficulty reading the reactions of others.
5. **use and interpret speech literally.** Until you know the capabilities of the individual, you should avoid:
 - **idioms** (eg., save your breath, jump the gun, second thoughts)
 - **double meanings** (most jokes have double meanings)
 - **sarcasm** (e.g., saying, "Great!" after he has just spilled a bottle of ketchup on the table)
 - **nicknames**
 - **"cute" names** (e.g., Pal, Buddy, Wise Guy)

6. **Remember that facial expressions and other social cues may not work.** Most individuals with autism have difficulty reading facial expressions and interpreting "body language".
7. **If the student does not seem to be learning a task, break it down into smaller steps or present the task in several ways (e.g., visually, verbally, physically).**
8. **Avoid verbal overload. Be clear. Use shorter sentences** if you perceive that the student is not fully understanding you. Although he probably has no hearing problem and may be paying attention, he may have difficulty understanding your main point and identifying important information.
9. **Prepare the student for all environmental and/or changes in routine** such as assembly, substitute teacher and rescheduling. Use a written or visual schedule to prepare him for change.
10. **Behavior management works**, but if incorrectly used, it can encourage robot-like behavior, provide only a short term behavior change or result in some form of aggression. **Use positive and chronologically age-appropriate behavior procedures.**
11. **Consistent treatment and expectations from everyone is vital.**
12. Be aware that normal levels of auditory and visual input can be perceived by the student as too much or too little. For example, the hum of florescent lighting is extremely distracting for some people with autism. Consider environmental changes such as removing "visual clutter" from the room or seating changes if the student seems distracted or upset by his classroom environment.
13. If your high-functioning student with autism uses repetitive verbal arguments and/or repetitive verbal questions you need to interrupt what can become a continuing, repetitive litany. **Continually responding in a logical manner or arguing back seldom stops this behavior.** The subject of the argument or question is not always the subject which has upset him. More often the individual is communicating a feeling of loss of control or uncertainty about someone or something in the environment.

Try requesting that he write down the question or argumentative statement. Then write down your reply. This usually begins to calm him down and stops the repetitive activity. If that doesn't work, write down his repetitive question or argument and ask him to write down a logical reply (perhaps one he thinks you would make). This distracts from the escalating verbal aspect of the situation and may give him a more socially acceptable way of expressing frustration or anxiety. Another alternative is role-playing the repetitive argument or question with you taking his part and having him answer you as he thinks you might.

4. Since these individuals experience various communication difficulties, **do not rely on students with autism to relay important messages** to their parents about school events, assignments, school rules, etc., unless you try it on an experimental basis with follow-up or unless you are already certain that the student has mastered this skill. Even sending home a note for his parents may not work. The student may not remember to deliver the note or may lose it before reaching home. Phone calls to parents work best until the skill can be developed. **Frequent and accurate communication between the teacher and parent (or primary care-giver) is very important.**
5. If your class involves **pairing off or choosing partners**, either draw numbers or use some other arbitrary means of pairing. Or ask an especially kind student if he or she would agree to choose the individual with autism as a partner before the pairing takes place. The student with autism is most often the individual left with no partner. This is unfortunate since these students could benefit most from having a partner.
3. **Assume nothing when assessing skills.** For example, the individual with autism may be a "math whiz" in Algebra, but not able to make simple change at a cash register. Or, he may have an incredible memory about books he has read, speeches he has heard or sports statistics, but still may not be able to remember to bring a pencil to class. **Uneven skills development is a hallmark of autism.**

*****	BE POSITIVE	*****
*****	BE CREATIVE	*****
*****	BE FLEXIBLE	*****



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

Asperger's Disorder

Handout for Teachers and Parents

by Alison Rifkin Westerkamm
and Jane Holtsclaw Fox
East Central (IN) Special Services

Background

Asperger's Disorder (AD) is a pervasive developmental disorder characterized by deficits in social interaction, adherence to rules, routines and rituals, and lack of emotional reciprocity. It is generally equated with high functioning autism; the primary distinction is that people with autism exhibit a significant delay in language skills while those with AD have only mild impairments or peculiar ways of using language. Both autism and AD include problems with social interaction skills and interests which are limited in scope and structure. Children with AD often display clumsiness with fine and gross motor activities, although this characteristic is not necessary for a diagnosis. They typically have intellectual abilities ranging from the average to the superior range of functioning.

AD is more likely to occur in males and research studies have estimated that between 20 and 40 per 10,000 people meet the diagnostic criteria for AD. People with AD often have such coexisting problems as tic disorders, attentional disorders or mood disorders.

Key Characteristics

- **Social interaction:** socially aloof, inappropriate eye contact, typically desire interaction with peers but are unskilled in approaching or sustaining positive interaction; specifically have difficulty taking the perspective of another person and appear to lack empathy
- **Rules/Routines/Rituals:** use objects in atypical fashion (e.g., continually lining up toy cars but not "driving" them), insisting that others do things according to a strict structure developed by their own rules, strong desire for orderliness
- **Language development:** may have delays in early childhood followed by a "language explosion" with rapid skill acquisition; may demonstrate hyperlexia (an extraordinarily broad vocabulary) but not understand language usage or pragmatics; may engage in perseverative or repetitive speech; impairments in social uses of language and deriving meaning from spoken or written word
- **Poor problem solving and organization skills:** difficulties in situations requiring "common sense," organization and abstract reasoning; deficits in mental planning, impulse control, self-monitoring and transitioning from one situation to another
- **Limited interests and preoccupations:** may talk at length about some topic of interest only to him/herself
- **Motor clumsiness:** seen primarily at the preschool level, may have visual-motor deficits similar to those of people with learning disabilities

Diagnosis

Many students with AD will be undiagnosed or misdiagnosed. Common early diagnoses include autism, a specific learning disability or obsessive-compulsive disorder. Teachers should report symptoms to the child's parents; parents should seek referral to a mental health professional competent in assessment of psychiatric disorders (i.e., school psychologist, psychiatrist, mental health counselor, clinical psychologist). The assessment should systematically rule out other disorders and determine the possibility of medical intervention, special education programming and therapy. Assessment

should include a measure of cognitive ability, academic achievement, speech/language functioning and social/emotional functioning. A comprehensive developmental and family history should be included, as well.

How Can Parents and Teachers Help?

Although children with AD have similar characteristics, their educational needs may differ. An individual plan, either under IDEA (Special Education) or Section 504 (accommodations for individuals with disabilities), is recommended. Communication between school and home will also be an important factor in the student's success.

Academic Interventions

- Consistency is essential: Provide a safe and predictable environment where transitions can be minimized; provide a consistent daily routine; prepare AD student for changes in routine and new activities.
- Provide assistance for the student with AD as soon as difficulties are noted. These children are quickly overwhelmed and react much more severely to failure than most other children.
- Emphasize these individuals' exceptional memory; they are typically quite able to retain factual information.
- Do not assume that children with AD understand something just because they can repeat what they have heard. Use brief, concise instructions. Offer added explanation and try to simplify or make new concepts more concrete than abstract.
- The student with AD needs great motivation to not follow his or her own impulses. Learning must be made a rewarding experience and not one that induces anxiety in the student with AD.
- Children with AD generally have excellent reading recognition skills but difficulties with comprehension. Do not assume they have understood what they easily decoded.
- If the student demonstrates visual-motor difficulties, modify expectations and demands for written assignments (e.g., shorten the assignment or provide more time for completion, allow the student to respond orally or into a tape recorder).
- Students with AD require a learning environment in which they see themselves as competent. Without support, mainstream classes may present situations where they cannot grasp concepts or complete assignments, serving only to diminish their self-image, increase their withdrawal, and increase the likelihood of depression. Not all students with AD, however, need placement in a special education classroom. With appropriate levels of support and modifications, many are successful in regular education settings.

Social/Emotional Support at Home and at School

- Teach the child appropriate steps to use when feeling stressed (e.g., deep breathing, counting to five, talking with an adult). Write the steps on a card which the child can carry at all times.
- Maintain a consistent schedule as much as possible. Prepare the child for changes in routine using picture cues, verbal cues and/or a posted daily agenda. Children with AD frequently become fearful, angry and upset when faced with unexpected changes.
- Teachers and parents should minimize affect in their voices. Be calm, predictable and matter-of-fact when dealing with the child with AD.
- Realize that the child with AD may not recognize that he/she feels sad or depressed. Just as children with AD do not perceive the feelings of others, they are often unaware of their own feelings.