

Scott County School System Autism Information Guide



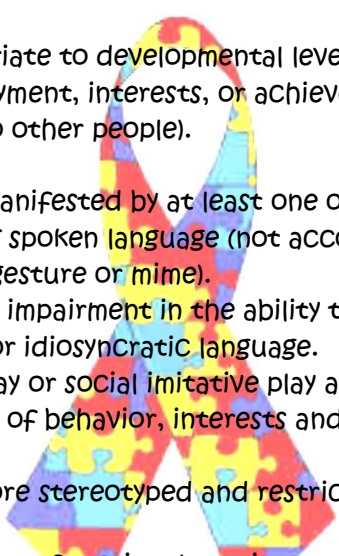
What is Autism?

Autism is a general term used to describe a group of complex pervasive developmental disorders that are characterized by:

- impaired social interaction
- problems with verbal and nonverbal communication
- unusual, repetitive, or severely limited activities and interests



DSM-IV criteria for a diagnosis of Autism

- 
- I. A total of six (or more) items from heading (A), (B), and (C), with at least two from (A), and one each from (B) and (C):
- (A) Qualitative impairment in social interaction, as manifested by at least two of the following:
- Marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction.
 - Failure to develop peer relationships appropriate to developmental level.
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people).
 - A lack of social or emotional reciprocity.
- (B) Qualitative impairments in communication as manifested by at least one of the following:
- Delay in or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime).
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.
 - Stereotyped and repetitive use of language or idiosyncratic language.
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
- (C) Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:
- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 - Apparently inflexible adherence to specific, nonfunctional routines or rituals.
 - Stereotyped and repetitive motor mannerisms (e.g. Hand or finger flapping or twisting, or complex whole-body movements).
 - Persistent preoccupation with parts of objects.
- II. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
- (A) Social interaction.
- (B) Language is used in social communication.
- (C) Symbolic or imaginative play.
- III. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Source: Diagnostic and Statistical Manual of Mental Disorders; Fourth E

Social Symptoms

Most children with autism seem to have tremendous difficulty learning to engage in the give-and-take of everyday human interaction. Even in the first few months of life, many do not interact and they avoid eye contact. They seem indifferent to other people, and often seem to prefer being alone. They may resist attention or passively accept hugs and cuddling. They seldom seek comfort or respond to parents' displays of anger or affection in a typical way.

Children with autism also are slower in learning to interpret what others are thinking and feeling. Subtle social cues—whether a smile, a wink, or a grimace—may have little meaning.

People with autism have difficulty seeing things from another person's perspective.

It is common for people with autism to have difficulty regulating their emotions. This can take the form of “immature” behavior such as crying in class or verbal outbursts that seem inappropriate to those around them. The individual with autism might also be disruptive and physically aggressive at times, making social relationships still more difficult.

Communication Difficulties



Some infants who later show signs of autism coo and babble during the first few months of life, but they soon stop. Some children diagnosed with autism remain mute throughout their lives. Others may be delayed, developing language as late as age 5 to 9. Some children may learn to use communication systems such as pictures or sign language.

Many of those who do speak often use language in unusual ways. They seem unable to combine words into meaningful sentences. Some speak only single words, while others repeat the same phrase over and over. Some children with autism parrot what they hear, called *echolalia*.

While it can be hard to understand what a child with autism is saying, their body language is also difficult to understand. Facial expressions, movements, and gestures rarely match what they are saying. Also, their tone of voice fails to reflect their feelings. A high-pitched, sing-song, or flat, robot-like voice is common. Some children with relatively good language skills speak like little adults, failing to pick up on the “kid-speak” that is common in their peers.

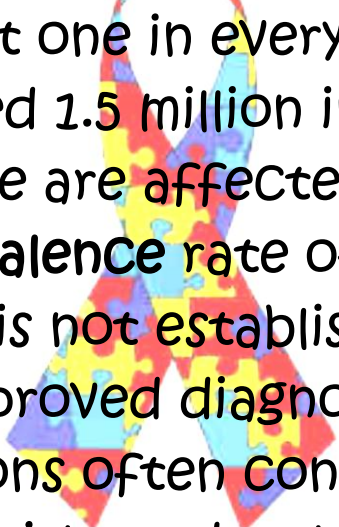
Repetitive Behaviors

Although children with autism usually appear physically normal and many have good muscle control, odd repetitive motions may set them off from other children. These behaviors might be extreme and highly apparent or more subtle. Some children and older individuals spend a lot of time repeatedly flapping their arms or walking on their toes. Some suddenly freeze in position.

As children, they might spend hours lining up their cars and trains in a certain way, rather than using them for pretend play. If someone accidentally moves one of the toys, the child may be tremendously upset. Children with autism often need, and demand, absolute consistency in their environment. A slight change in any routine—in mealtimes, dressing, taking a bath, going to school at a certain time and by the same route—can be extremely disturbing. Perhaps order and sameness lend some stability in a world of confusion.

Repetitive behavior sometimes takes the form of a persistent, intense preoccupation. For example, the child might be obsessed with learning all about vacuum cleaners, train schedules, or lighthouses. Often there is great interest in numbers, symbols, or science topics.

How Common is Autism?



Today, it is estimated that one in every 110 children is diagnosed with autism. An estimated 1.5 million individuals in the U.S. and tens of millions worldwide are affected by autism. Government statistics suggest the **prevalence** rate of autism is increasing 10-17 percent annually. There is not established explanation for this increase, although improved diagnosis and environmental influences are two reasons often considered. Studies suggest boys are more likely than girls to develop autism and receive the diagnosis three to four times more frequently. Current estimates are that in the United States alone, one out of 94 boys is diagnosed with autism.

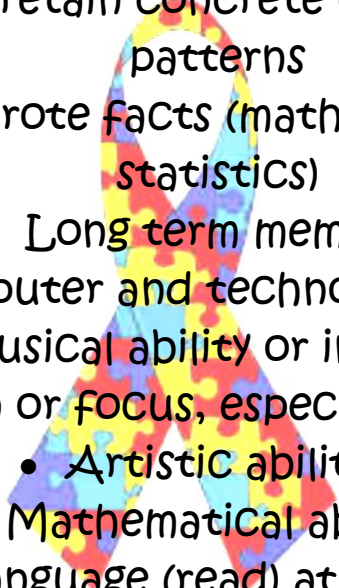
What Causes Autism?

The simple answer is we don't know.

The vast majority of cases of autism are idiopathic, which means the cause is unknown.



Strengths You May See In An Individual With Autism

- 
- Strong visual skills
 - Ability to understand and retain concrete concepts, rules, sequences and patterns
 - Good memory of details or rote facts (math facts, train schedules, baseball statistics)
 - Long term memory
 - Computer and technology skills
 - Musical ability or interest
 - Intense concentration or focus, especially on a preferred activity
 - Artistic ability
 - Mathematical ability
 - Ability to decode written language (read) at an early age (but not necessarily comprehend)
 - Strong encoding (spelling)
 - Honesty
 - Problem solving ability (when you cannot ask for something you want, you can get pretty creative about getting your hands on it yourself)

Asperger's Syndrome

Asperger's Syndrome is a neurological disorder on the autism spectrum. Individuals with Asperger's Syndrome have difficulties with social interaction and restrictive or repetitive behaviors, but in contrast to those with classic autism, do not have delays in language development or evident cognitive delays. Most achieve their early developmental milestones and academic targets on time, with many having IQs in the superior range.

Individuals with Asperger's Syndrome find it challenging to connect with others, often having difficulty maintaining eye contact, reading other people's facial expressions or body language and taking another's perspective. While language develops in a typical timeframe and vocabulary might actually be advanced,

challenges are present in understanding the subtle aspects of communication—reading gestures, understanding idioms, recognizing and expressing emotions, flowing with the social back and forth of communication. Language is usually interpreted very literally, so idioms and sarcasm can be very confusing.

Many learn to read easily and early, but decoding skills often obscure significant challenges with comprehension and contextual understanding. Students with Asperger's are usually highly verbal, saying things others have learned to keep to themselves (thereby appearing rude).

Sensory processing differences and motor difficulties—issues with attention and timing, clumsiness and low muscle tone—are often present, making social connections through play and sports even more challenging. Organization and attention are often disordered, and most students with Asperger's Syndrome experience ever-present anxiety. Extreme adherence to rules, routines and favored activities or topics often make transitions, changes and flexibility (such as playing a game according to another child's method) extremely difficult and distressing.

Ten Things Every Child with Autism Wishes You Knew

1. I am first and foremost a child. I have autism. I am not primarily "autistic." My autism is only one aspect of my total character. It does not define me as a person. Are you a person with thoughts, feelings and many talents, or are you just fat (overweight), myopic (wear glasses) or klutzy (uncoordinated, not good at sports)? Those may be things that I see first when I meet you, but they are not necessarily what you are all about.

As an adult, you have some control over how you define yourself. If you want to single out a single characteristic, you can make that known. As a child, I am still unfolding. Neither you nor I yet know what I may be capable of. Defining me by one characteristic runs the danger of setting up an expectation that may be too low. And if I get a sense that you don't think I "can do it," my natural response will be: Why try?

2. My sensory perceptions are disordered. Sensory integration may be the most difficult aspect of autism to understand, but it is arguably the most critical. It his means that the ordinary sights, sounds, smells, tastes and touches of everyday that you may not even notice can be downright painful for me. The very environment in which I have to live often seems hostile. I may appear withdrawn or belligerent to you but I am really just trying to defend myself. Here is why a "simple" trip to the grocery store may be hell for me:

My hearing may be hyper-acute. Dozens of people are talking at once. The loudspeaker booms today's special. Musak whines from the sound system. Cash registers beep and cough, a coffee grinder is chugging. The meat

cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My brain can't filter all the input and I'm in overload!

My sense of smell may be highly sensitive. The fish at the meat counter isn't quite fresh, the guy standing next to us hasn't showered today, the deli is handing out sausage samples, the baby in line ahead of us has a poopy diaper, they're mopping up pickles on aisle 3 with ammonia....I can't sort it all out. I am dangerously nauseated.

Because I am visually oriented (see more on this below), this may be my first sense to become overstimulated. The fluorescent light is not only too bright, it buzzes and hums. The room seems to pulsate and it hurts my eyes. The pulsating light bounces off everything and distorts what I am seeing -- the space seems to be constantly changing. There's glare from windows, too many items for me to be able to focus (I may compensate with "tunnel vision"), moving fans on the ceiling, so many bodies in constant motion. All this affects my vestibular and proprioceptive senses, and now I can't even tell where my body is in space.

3. Please remember to distinguish between won't (I choose not to) and can't (I am not able to). Receptive and expressive language and vocabulary can be major challenges for me. It isn't that I don't listen to instructions. It's that I can't understand you. When you call to me from across the room, this is what I hear: "*&^%\$#@, Billy. #&%..." Instead, come speak directly to me in plain words: "Please put your book in your desk, Billy. It's time to go to lunch." This tells me what you want me to do and what is going to happen next. Now it is much easier for me to comply.

4. I am a concrete thinker. This means I interpret language very literally. It's very confusing for me when you say, "Hold your horses, cowboy!" when what you really mean is "Please stop running." Don't tell me something is a "piece of cake" when there is no dessert in sight and what you really mean is "this will be easy for you to do." When you say "Jamie really burned up the track," I see a kid playing with matches. Please just tell me "Jamie

ran very fast." Idioms, puns, nuances, double entendres, inference, metaphors, allusions and sarcasm are lost on me.

5. Please be patient with my limited vocabulary. It's hard for me to tell you what I need when I don't know the words to describe my feelings. I may be hungry, frustrated, frightened or confused but right now those words are beyond my ability to express. Be alert for body language, withdrawal, agitation or other signs that something is wrong.

Or, there's a flip side to this: I may sound like a "little professor" or movie star, rattling off words or whole scripts well beyond my developmental age. These are messages I have memorized from the world around me to compensate for my language deficits because I know I am expected to respond when spoken to. They may come from books, TV, the speech of other people. It is called "echolalia." I don't necessarily understand the context or the terminology I'm using. I just know that it gets me off the hook for coming up with a reply.

6. Because language is so difficult for me, I am very Visually oriented. Please show me how to do something rather than just telling me. And please be prepared to show me many times. Lots of consistent repetition helps me learn.

A visual schedule is extremely helpful as I move through my day. Like your PDA or day-timer, it relieves me of the stress of having to remember what comes next, makes for smooth transition between activities, helps me manage my time and meet your expectations.

I won't lose the need for a visual schedule as I get older, but my "level of representation" may change. Before I can read, I need a visual schedule with photographs or simple drawings. As I get older, a combination of words and pictures may work, and later still, just words.



7. Please focus and build on what I can do rather than what I can't do. Like any other human, I can't learn in an environment where I'm constantly made to feel that I'm not good enough and that I need "fixing." Trying anything new when I am almost sure to be met with criticism, however "constructive," becomes something to be avoided. Look for my strengths and you will find them. There is more than one "right" way to do most things.

8. Please help me with social interactions. It may look like I don't want to play with the other kids on the playground, but sometimes it's just that I simply do not know how to start a conversation or enter a play situation. If you can encourage other children to invite me to join them at kickball or shooting baskets, it may be that I'm delighted to be included.

I do best in structured play activities that have a clear beginning and end. I don't know how to "read" facial expressions, body language or the emotions of others, so I appreciate ongoing coaching in proper social responses. For example, if I laugh when Emily falls off the slide, it's not that I think it's funny. It's that I don't know the proper response. Teach me to say "Are you OK?"

9. Try to identify what triggers my meltdowns. Meltdowns, blow-ups, tantrums or whatever you want to call them are even more horrid for me than they are for you. They occur because one or more of my senses has gone into overload. If you can figure out why my meltdowns occur, they can be prevented. Keep a log noting times, settings, people, activities. A pattern may emerge.

Try to remember that all behavior is a form of communication. It tells you, when my words cannot, how I perceive something that is happening in my environment.

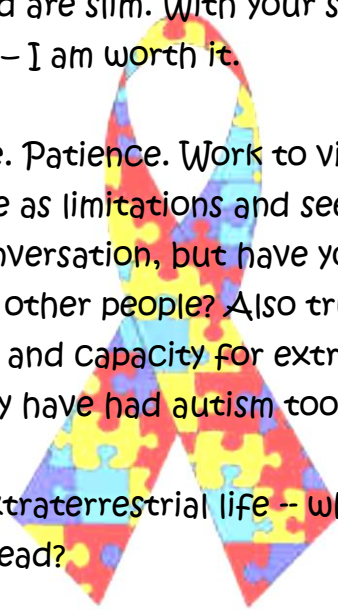
Parents, keep in mind as well: persistent behavior may have an underlying medical cause. Food allergies and sensitivities, sleep disorders and gastrointestinal problems can all have profound effects on behavior.

10. Love me unconditionally. Banish thoughts like, "If he would just....." and "Why can't she....." You did not fulfill every last expectation your parents had for you and you wouldn't like being constantly reminded of it. I did not choose to have autism. But remember that it is happening to me, not you. Without your support, my chances of successful, self-reliant adulthood are slim. With your support and guidance, the possibilities are broader than you might think. I promise you – I am worth it.

And finally, three words: Patience. Patience. Patience. Work to view my autism as a different ability rather than a disability. Look past what you may see as limitations and see the gifts autism has given me. It may be true that I'm not good at eye contact or conversation, but have you noticed that I don't lie, cheat at games, tattle on my classmates or pass judgment on other people? Also true that I probably won't be the next Michael Jordan. But with my attention to fine detail and capacity for extraordinary focus, I might be the next Einstein. Or Mozart. Or Van Gogh. They may have had autism too.

The answer to Alzheimer's, the enigma of extraterrestrial life -- what future achievements from today's children with autism, children like me, lie ahead?

All that I might become won't happen without you as my foundation. Be my advocate, be my friend, and we'll see just how far I can go.

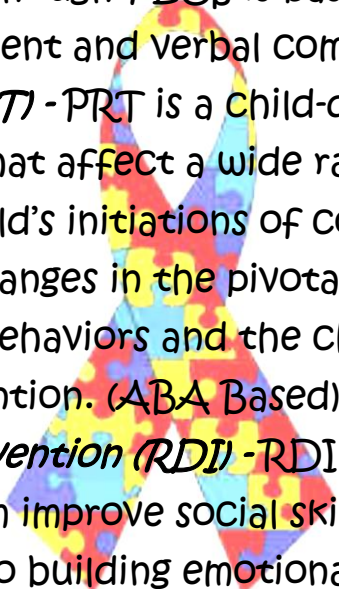


Top 10 Books About Autism

- 
- *Let Me Hear Your Voice: A Family's Triumph over Autism* by Catherine Maurice
 - *Behavioral Intervention for Young Children with Autism: A manual for parents and professionals* by Catherine Maurice
 - *Thinking in Pictures: and Other Reports of my Life with Autism* by Temple Grandin
 - *Teaching Developmentally Disabled Children: The Me Book* by Ole Ivar Lovaas
 - *Nobody Nowhere: The Extraordinary Autobiography of an Autistic* by Donna Williams
 - *Emergence: Labeled Autistic* by Temple Grandin & Margaret M. Scariano
 - *Biological Treatments for Autism and PDD* by William Shaw, Bernard Rimland, Pamela Scott, Karyn Seroussi, Lisa Lewis & Bruce Semon
 - *Somebody Somewhere: Breaking Free from the World of Autism* by Donna Williams
 - *There's a Boy in Here* by Judy Barron & Sean Barron
 - *The World of the Autistic Child: Understanding and Treating Autistic Spectrum Disorders* by Bryna Siegel

Instructional Methods for Teaching Children With Autism

- ***Applied Behavior Analysis*** - Behavior Analysis is the science of behavior, or the knowledge gained about how and why behavior occurs that is based on validated scientific research. When this research is used to improve socially significant behavior, it is considered to be *applied*. ABA is the name of the systematic approach to the assessment and evaluation of behavior, and the application of interventions that alter behavior.
- ***Discrete Trial Teaching (DTT) or the Lovaas Model*** - Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that the child finds to be highly motivating. (ABA Based)
- ***Floortime, or Difference Relationship Model (DIR)*** - The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child's lead.

- 
- ***Picture Exchange Communication System (PECS)*** - A learning system that allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently, and starts by teaching the child how to exchange a picture for an object. Eventually, the individual is shown how to distinguish between pictures and symbols and use these to form sentences. Although PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged.
 - ***Pivotal Response Treatment (PRT)*** - PRT is a child-directed intervention that focuses on critical, or “pivotal,” behaviors that affect a wide range of behaviors. The primary pivotal behaviors are motivation and child’s initiations of communications with others. The goal of PRT is to produce positive changes in the pivotal behaviors, leading to improvement in communication, play and social behaviors and the child’s ability to monitor his own behavior. Child-directed intervention. (ABA Based)
 - ***Relationship Development Intervention (RDI)*** - RDI seeks to improve the individual’s long-term quality of life by helping him improve social skills, adaptability and self-awareness through a systematic approach to building emotional, social and relational skills.
 - ***Social Communication/Emotional Regulation/Transactional Support (SCERTS)*** - SCERTS uses practices from other approaches (PRT, TEACCH, Floortime and RDI), and promotes child-initiated communication in everyday activities and the ability to learn and spontaneously apply functional and relevant skills in a variety of settings and with a variety of partners. The SCERTS Model favors having children learn with and from

children who provide good social and language models in inclusive settings as much as possible.

- ***Training and Education of Autistic and Related Communication Handicapped Children (TEACCH)*** - TEACCH is a special education program using Structured Teaching, a process designed to capitalize on the relative strength and preference for processing information visually in individuals with autism, while taking into account the recognized difficulties. Individualized assessment and planning is used to create a highly-structured environment (organized with visual supports) to help the individual map out activities and work independently.
- ***Verbal Behavior (VB)*** - VB employs specific behavioral research on the development of language and is designed to motivate a child to learn language by developing a connection between a word and its value. (ABA Based)



In compliance with the Executive Order 11246; Title II of the Education Amendments of 1976; Title VI of the Civil Rights Act of 1972; Title IX Regulation Implementing Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and all other Federal, State, School rules, laws, regulations, and policies. Scott County Schools does not discriminate on the basis of race, color, national origin, religion, age disability or gender in any educational program including vocational education, daily activities or extra-curricula activities, or the admission to such programs or activities.