Autism Spectrum Disorders
The Basics

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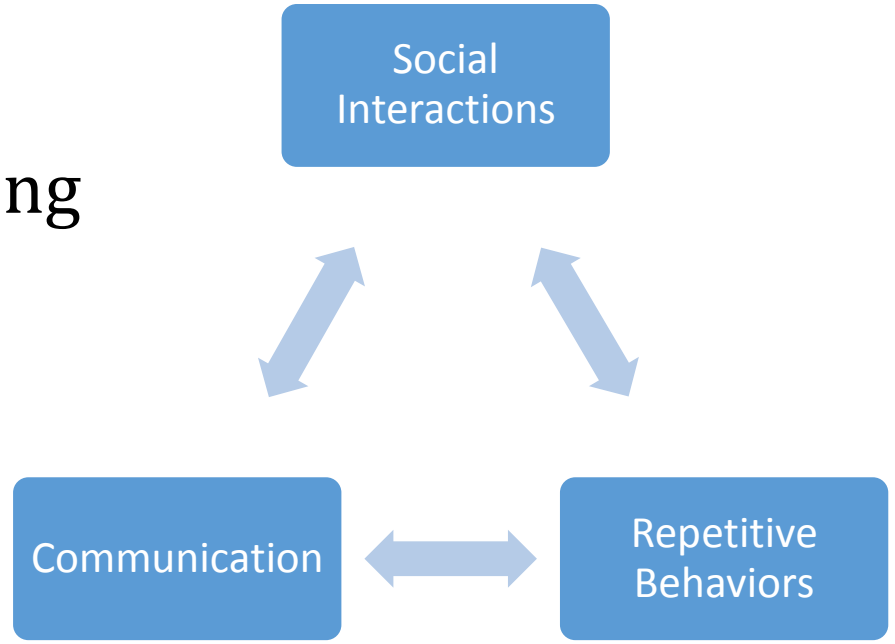
What is Autism?

- Autism, now commonly referred to as Autism Spectrum Disorder (ASD) is a general "umbrella" term for a group of complex disorders of brain development.

- These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication, and repetitive behaviors.

- Medicine and Education are not always on the same page when it comes to ASD.



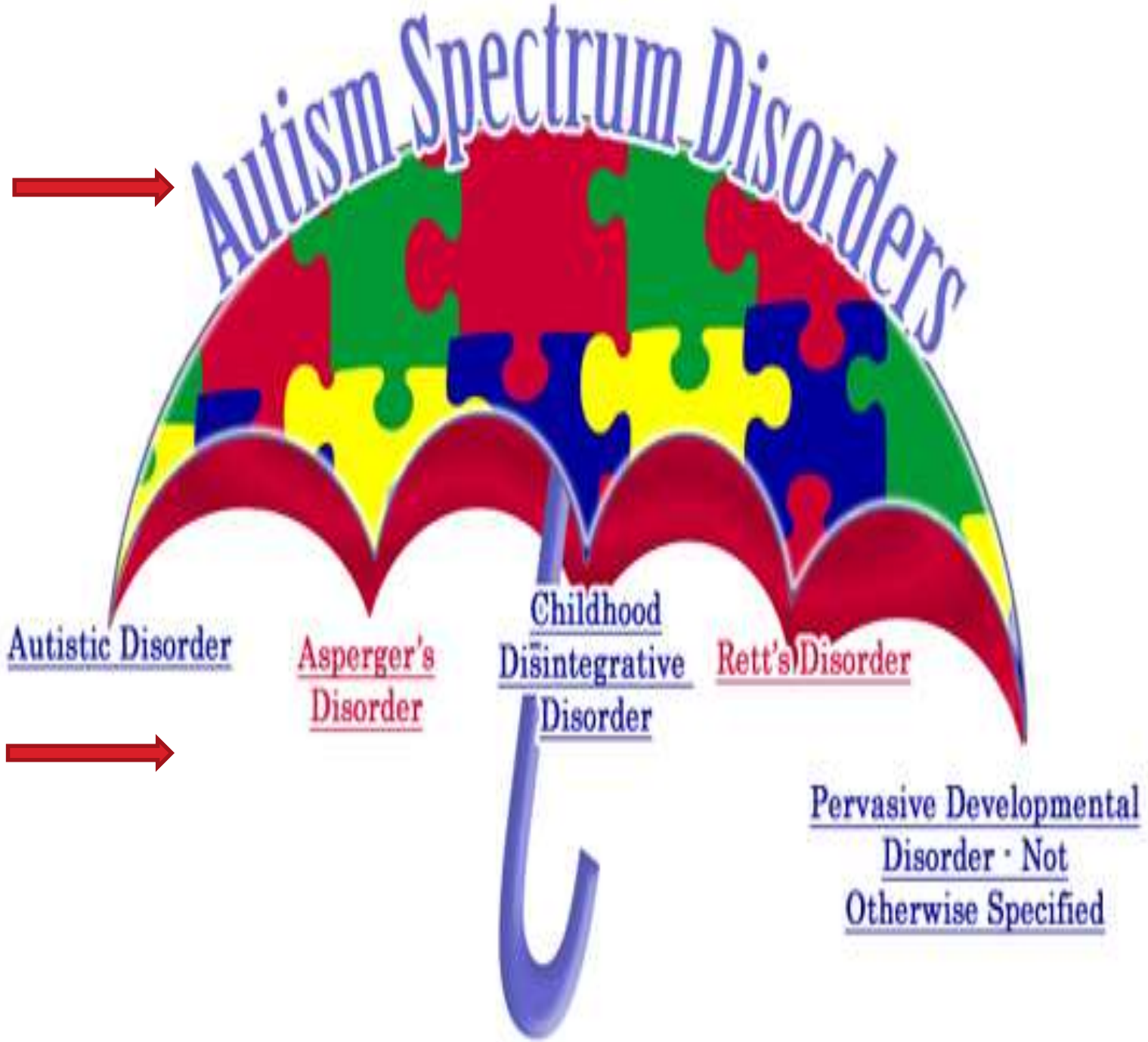
Cognitive Profile

- Large range of cognitive abilities
- Often have an uneven cognitive profile (peaks and valleys)
- Difficulty with executive functioning skills

Autism Spectrum Disorders: Medical Perspective

DSM ~ V →

DSM ~IV →


Autism Spectrum Disorders
Autistic Disorder
Asperger's Disorder
Childhood Disintegrative Disorder
Rett's Disorder
Pervasive Developmental Disorder - Not Otherwise Specified

DSM - V

Autism Spectrum Disorder 299.00 (F84.0)

A. Persistent deficits in social communication and social interaction **across multiple context**, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

1. Deficits in social-emotional reciprocity.
2. Deficits in nonverbal communicative behaviors used for social interaction.
3. Deficits in developing, maintaining, and understanding relationships.

Specify current severity: (Severity is based on social communication impairments and restricted repetitive patterns of behavior (see Table 2))

DSM - V

Autism Spectrum Disorder 299.00 (F84.0)

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested **by at least two** of the following, currently or by history (examples are illustrative, not exhaustive; see text)

1. Stereotyped or repetitive motor movements, use of objects, or speech.
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.
3. Highly restricted, fixated interests that are abnormal in intensity or focus.
4. Hyper-or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment.

Specify current severity: (Severity is based on social communication impairments and restricted repetitive patterns of behavior (see Table 2)).

DSM – V

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.


CLOSE TO HOME JOHN MCPHERSON
SUSIE HOPED THAT THE INTERVIEWER WOULDN'T NOTICE HER NERVOUS HABIT OF PLAYING WITH HER HAIR.
I WAS THE MARKETING DIRECTOR FOR THREE YEARS, THEN I TOOK A POSITION WITH...

DSM-V - Severity Table

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 – "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches .	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 – "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions, and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who had markedly odd verbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 – "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to – and – fro conversation with others fails, and whose attempts to make friends are off and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Autism Spectrum Disorders: Educational Perspective

MN's Educational Criteria for ASD

Core Area 1: Qualitative impairment of reciprocal social interactions **(two or more):**

- Limited joint attention and limited use of facial expressions towards others
- Does not show or bring things to others to indicate interest in activity
- Demonstrates difficulty relating to people, objects, and events
- Gross impairment in ability to make and keep friends
- Significant vulnerability and safety issues due to social naiveté
- Appears to prefer isolated or solitary activities
- Misinterprets others' behaviors and social cues

MN's Educational Criteria for ASD

Core Area 2: Qualitative impairment in communication **(one or more indicator):**

- Not using finger to point or request
- Using others' hand or body as a tool
- Lack of spontaneous imitations or lack of varied imaginative play
- Absence or delay of spoken language
- Limited understanding of nonverbal communication skills (gestures, facial expressions, tone of voice)
- Repetitive or idiosyncratic language
- Inability to initiate or maintain a conversation when speech is present

MN's Educational Criteria for ASD

Core Area 3: Restricted, repetitive or stereotyped patterns of behavior, interests, activities **(one or more):**

- Insistence on following routines or rituals
- Distress or resistance to change in activities
- Repetitive hand or finger mannerisms
- Lack of true imaginative play vs. Reenactment
- Overreaction or under-reaction to sensory stimuli
- Rigid or rule-bound thinking
- Intense, focused preoccupation with a limited range of play, interests or conversation topics.

Key Points of Educational Criteria

- Focus is on the impairment in **Reciprocal Social Interaction**
- Requires concern with impairment in communication
- State is looking at adding severity level
- Meeting criteria for a medical diagnosis and educational label do not always go hand in hand

Autism Spectrum Disorders: Comorbidity & Common Concerns

Comorbidity

- About 70% of individuals with ASD have 1 comorbid mental disorder

- 40% have +2 comorbid mental disorders
  - ADHD
  - Anxiety disorder
  - Intellectual disabilities
  - Developmental coordination disorder
  - Depression disorder

- Medical Disorders
  - Sleep disorders
  - Constipation
  - Epilepsy
  - Nutritional concerns

Common Concern #1

Students Lack of “Theory of Mind”

- Students on the Autism Spectrum tend NOT to understand that others have thoughts and emotions that are independent and different from their own.

Manifestation

- Students frequently fail to “read” others emotions
- Students might believe everyone is interested in the same things they are
- Students sometimes become frustrated when others expresses feelings or opinions different from their own

Common Concern #2

Students Exhibit Brain Differences

- Less pruning of synapses
- Larger amygdala

Manifestation

- Students take longer to process information because of less efficient synapse pathways
- Students might have increased fears and atypical levels of anxiety

Common Concern #3

Students Make False Associations

- Due to delays in both the social and communication domains, students may associate two things with one another in ways other students would not

Manifestation

- Student is looking at someone who is wearing a blue jacket when the fire alarm suddenly begins to ring. Student associates blue jackets with the noise of the fire alarm and becomes fearful or anxious every time s/he sees a person wearing a blue jacket.

Common Concern #4

Students Respond Differently to Various Modes of Stimulation

- Sensory Processing Disorder / Sensory Integration Dysfunction if frequently co-morbid with Autism Spectrum Disorders
- Students are unable to successfully process stimulation in appropriate ways to respond to the demands of the environment.

Manifestation

- Student may shut down, refuse, become significantly more withdrawn or introverted, or may have a meltdown.
- A meltdown and a tantrum are not the same thing – determining which is occurring will help determine the staff response.

Meltdown vs. Tantrum

Tantrums: Manipulative

- Generally straightforward
- Working to achieve a goal
- Interested in the reaction of others
- Considers own safety
- Child is in control of his or her behavior
- May use social situation to his or her benefit
- Will end as soon as the situation is resolved

Meltdowns: Disorganized

- Frequently mystifying
- No conscious goal is present
- Not interested in others' reactions
- Does not consider own safety
- Child is not in control
- No interest in the social situation
- Generally continue as though powered externally, may take significant amount of time

Common Concern #4 - Continued

- Both typically developing students and students on the Autism Spectrum can exhibit meltdowns and tantrums.

- Tantrums are best handled with calm, clear, direct expectations, consequences that are stated and followed through on, and a discussion regarding how to make more appropriate behavioral choices in the future.

- Meltdowns are best handled by identifying and removing the triggers of the behavior, pre-teaching pro-social steps that can be taken in future situations, and providing strategies and “outs” for children to use as they begin to understand how their behavior is influenced by stimuli.

Common Concern #4 - Continued

- Sensory issues
  - https://www.youtube.com/watch?v=ecHO4qnfsWg

Autism Spectrum Disorders: Prevention and Intervention Tips

Prevention and Intervention Tips

- Teach Routines Early and Often:
  - Bell work
  - Asking for help
  - Putting away homework
  - Getting assignments
  - Taking a bathroom break
  - Contributing to class discussion
  - Staying busy when work is complete
  - Taking a sensory break

Prevention and Intervention Tips

- Use Visual Supports Whenever Possible:
  - Classroom schedule and routine
  - Classroom expectations posted
  - Visual schedules
  - Picture rings, keychains, planner
  - First / Then page
  - Visual timers
  - Social stories
  - Visual menus of appropriate behaviors
  - Written rubrics, written directions, completed sample problems
  - Color-coded anything and everything

Prevention and Intervention Tips

- Build-In Transition Time:
  - Set up and practice transitions and transition activities
  - Forewarn students five minutes and one minute away from transitions
  - Provide a transition aid such as a picture or object to assist in moving from one place or activity to the next
- Structure the Layout of the Room:
  - Label work areas, quiet areas, etc.
  - Think about opportune placement for individual students
  - Have necessary materials readily available to reduce transitions and provide structure to activities

Prevention and Intervention Tips

- Play Off of Student Interests and Strengths:
  - Change activities to fit the student's interest or strength areas
  - Start with an activity where the student can find success before moving on to more difficult content

- Develop a Behavior Contract:
  - With the student, agree what will or will not be acceptable ways to behave within the classroom
  - Outline the alternatives, options, and consequences of inappropriate behavior

Prevention and Intervention Tips

- Identify and Understand the Student's Triggers:
  - Antecedents to behavior can be difficult to identify – focus in on what is happening right before the student exhibits inappropriate behaviors so that the antecedent can be altered or removed
  - Understand that some students are "quick-shots" and some student are "slow-fuses." Antecedents may be exactly the same but manifest differently and vice versa.

Prevention and Intervention Tips

- Understand and Follow the Student's Behavior Intervention Plan:
  - Consistency across settings is key when working to develop, increase, decrease, or extinguish
  - Routinely report information to the student's case manager so the team has information for progress reporting and to use in determining whether adjustments need to be made

- Teach Peers about Autism as part of overall discussion regarding acceptance and differences:
  - Peers can be strong supports for students with disabilities

Prevention and Intervention Tips

- <u>Develop Strategies to Address Known Inevitable Triggers:</u>
  - Pre-written notes
  - Noise-cancelling headphones
  - Sensory breaks
  - Fidget supports
  - Help with organizing
  - Provide choices / options
  - Rethink writing

Prevention and Intervention Tips

- <u>Remember We All Do the Best We Can with What We've Got:</u>
  - Many of the behaviors we witness are not the student's choice; they are responses to the world around them, which looks much different to them than to us.
  - Treat every day as a new day, every hour as a new hour, and every minute as a new minute.

I cannot emphasize enough the importance of a good teacher.

- Dr. Temple Grandin