Autism Overview
Communication and Behavioral Strategies for the Classroom
By Vanessa Tucker, M.Ed.

The term “Autism”
- This represents a continuum or “spectrum” of disorders
- From mild to severe
- Known by several names, including PDD, Autism Spectrum Disorder

Is there such a thing as “classic autism?”
- No 😞
- Every child is a unique individual, regardless of their diagnosis. Just spend some time with them to learn of their uniqueness.
Terms within the Autism Umbrella

- PDD/NOS Pervasive Developmental Disorder Not Otherwise Specified
- Autism
- Asperger’s Syndrome
- Childhood Disintegrative Disorder
- Rett’s Syndrome

Facts to Know About Autism Spectrum Disorders

- Time of onset varies; but is present from birth.
- Autism is five times more common in boys than in girls.
- 1 in every 250 children will be diagnosed. (this number is getting smaller, some say 1:156)
- It is now more common than Downs Syndrome.
- Co-morbidity; meaning can be present with other disorders such as seizure disorder, sleep disorders, etc.
- For the most part, life long effects; there is no known cure for Autism
- It is not a mental illness.

A Little History...
The roots of Autism Spectrum Disorders:

- Autism was first described as a specific condition by Dr. Leo Kanner, of Baltimore, Md., who published his famous paper on the disorder in 1943. In 1944, Dr. Hans Asperger, of Vienna, Austria, published another famous paper that first described a similar condition that later became known as Asperger Syndrome. These landmark papers featured the first theoretical attempts to explain these complex disorders. (taken from www.naar.org)

What doesn’t cause Autism...

- The notion of “refrigerator mothers”: a notion first proposed in the 50’s and known to be false. (Bettleheim)
- Poor parenting
- Vaccinations
- Always be careful of what you read on the internet

Typical Onset and Symptoms

- Noticeable developmental delays from birth, more so after first birthday. (first birthday video study)
- Loss of skills/regression after or around 1 year of age and up to 3 years of age (the most common diagnosis age range)
- Most pronounced areas are communication deficits, social deficits, and ritualistic behavior, rigid patterns, and atypical obsessions. (Not just the blanket for bedtime)
A Triad of Impairments

- 1. Socialization
- 2. Communication
- 3. Ritualistic Behaviors

Autistic Disorder (Autism): All three impairments present in moderate to severe form. 50% have cognitive impairment.

High Functioning Autism: Impairments generally in the social area and/or perseverative/ritualized behavior. Language present but lacking in pragmatics, average to above average cognitive ability.

PDD/NOS: Impairments along any of the three ranging from mild to severe but not qualifying in all three or "sub-threshold," cognitive ability varies.

Activity:

At your tables, describe what you have seen/experienced in each of these three areas:

1. Communication
2. Social
3. Perseverative/Ritualized Behaviors

DSM IV Symptoms:

- According to the Diagnostic and Statistical Manual (DSM-IV), issued by the American Psychiatric Association, the general symptoms for autism include:
- A total of six or more impairments in social interaction, communication, and restrictive or repetitive and stereotypical patterns of behavior.
- Delays or abnormal functioning in social interaction; language as a means for communication; or symbolic or imaginative play.
- Symptoms that cannot be described as Rett Syndrome or Childhood Disintegrative Disorder.
Stereotypical Behaviors (AKA self-stimulatory behaviors)

- We all have them! (nail-biting, rocking, toe tapping, hair flipping). We are just better able to keep them to a minimum and to control them in social situations.
- In some children on the Autism Spectrum, they are pronounced and interfere with their daily living, learning, and functioning in multiple environments.
- They also affect the quality or amount of attention a child with ASD can give to learning.
- In addition, these behaviors make children with ASD stand out from their typical peers.

Communication

- This is a core impairment area that influences every other aspect of life for a child with Autism.
- It is directly tied to social skills impairment as well as to behavior.
- Impairment in communication underlies many negative behaviors.
- If we give kids skills and support them in this area, it opens new doors for them and reduces many behaviors that get in the way of learning and having fun with others.

It’s a continuum...

- Language impairment runs on a continuum.
- Some children have no words at all, others have one-word sentences, etc.
- Other children may have HUGE vocabularies but make little sense to others, talk incessantly about their favorite subject, or seem to talk only in “scripts.” These children have issues with pragmatics or the “use” of language.
- Still others resort to “echoing” either what you’ve just said, or something they heard previously. This is “echolalia.”
- Others may be trying to communicate by using sounds, or signs they’ve been taught, etc.
Stereotypical Speech

- Immediate and Delayed Echolalia
- Perseveration
- Repeating Sounds, etc.
- Ways to interrupt/replace this...
- Sentence Strips with photos
- Maps of topics
- Talking Bubbles

Things we want to see...(and things we train kids to do, if they aren't)

- Communicative Intent: When a child uses language (of any kind) to try and get something that he wants, or to send any other kind of message. She understands that language has a purpose.
- Joint Attention: Pointing, showing behaviors that involve the child and another person: bringing a toy to show, pointing at the moon and looking at a parent for confirmation, etc.

Other language terms:

- Expressive Language: how we get the message across; can be verbal, sign, eye movements, noises, gestures, etc. At earliest stages it is crying and making faces, etc.
- Receptive Language: what is understood by the child; i.e. what they comprehend of what is spoken to them, or signed/gestured, etc.
Communication IS Behavior!

- To understand behavior is to know that all behavior has a purpose or a function.
- Communication breakdowns are frequently the root of behaviors.
- Teaching children to use language to get their needs met is giving them “functional communication skills.”
- Behaviors can serve a communicative function; we can replace these negative behaviors with ones that produce the same end-result but that are positively viewed by others.

Some ideas for supporting communication development in your classrooms...

- Ask the SLP (speech therapist) and your teacher if you can attend and observe a therapy session with the students you are supporting.
- See if you can do carry-over activities that support the speech and language goals. If you are already doing them, work with your team on ways that these skills can transfer to more environments.
  - For example, if your student is practicing requesting, he could ask (symbol, sign, word, etc.) for each part of the activity (pencil, paper, crayons by color).

More Ideas

- Honor communication attempts from the student, label them, work with your teacher and SLP to shape them into the mode of communication they have chosen for the student.
- Keep verbalization short and to the point.
- Discuss the use of augmentative communication systems such as picture exchange, signs, etc.
That’s what I like to see!

- Pair everything with social praise even when you are giving tangible or other desired items for working, etc.
- It doesn’t have to be long, but a quick smile, thumbs up, hug, special hand shake, etc. will be something that will “be there” long after the tangibles have passed. 😊

Communication Systems Seen In Classrooms

- PECS: Picture Exchange Communication System
- Sign Language
- Verbal
- Assistive Technology/Augmentative Communication
- Social Stories/Social Scripts
- Comic Strip Conversations

What is most important to remember...

1. Communication programs are a team decision, and for the best generalization, should involve buy-in from all members.
2. Good programs involve training and follow up. Ask if you don’t know!
3. To increase generalization, everyone should be using the system/same language.
4. Clarify, clarify, clarify.
Questions!

- Thank you for coming…
- We'll take questions now…