Autism Spectrum Disorders

Issues and Solutions

Columbus Public Schools
December 12, 2012

Educational Identification of Individuals with Autism Spectrum Disorders
Prevalence of Individuals with ASD

- 1 in 88 (US)
  - 1 in 54 boys
- 1 in 38 (South Korea)

Diversity of Individuals with ASD

### DSM-V

- Scheduled for release May 2013
- Autism Spectrum Disorders
- Social and communication criteria combined
- Sensory is considered

**THIS WILL NOT IMPACT EDUCATIONAL ELIGIBILITY**

### The Purpose of Special Education (IDEA)

... all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their **unique** need and **prepare** them for **further education, employment, and independent living**.

§300.1 (emphasis added)

Brenda Smith Myles, AUCD 2009

### IDEA 2004 defines autism as....

- Developmental disability
- Significantly affecting:
  - Non-verbal and verbal communication
  - Social interaction
- Generally evident prior to age 3

- Other characteristics often associated with autism:
  - Engagement in repetitive activities and stereotypic movement
  - Resistant to environmental change or change in daily routine
  - Unusual responses to sensory experiences
While individuals on the autism spectrum have some similar characteristics, no two individuals with autism spectrum disorders (ASD) will appear the same.
Underlying Characteristics

• Has difficulty recognizing the feelings and thoughts of others (Mindblindness)
• Uses poor eye-contact
• Has difficulty maintaining personal space, physically intrudes on others
• Lacks tact or appears rude
• Has difficulty making or keeping friends
Social
• Has difficulty joining an activity
• Is naive or easily taken advantage of
• Tends to be less involved in group activities than most same age individuals
• Has difficulty understanding others’ nonverbal communication
• Has limited understanding of own emotions

Social
• Has difficulty understanding jokes
• Other

Restricted Behaviors/Interests
• Expresses strong need for routine or “sameness”
• Expresses desire for repetition
• Has eccentric or intense preoccupation/absorption in own unique interests
• Asks repetitive questions
• Seems to be unmotivated by customary rewards
Restricted Behaviors/Interests

• Displays repetitive movements or paces
• Has problems handling transition and change
• Has strong need for closure or difficulty stopping a task before it is completed
• Other

Communication

• Has difficulty with rules of conversation (e.g., interrupts others, asking questions)
• Has difficulty starting, joining, and/or ending a conversation
• Has difficulty asking for help
• Makes irrelevant comments
• Has difficulty expressing thoughts and feelings

• Speaks in an overly formal way
• Gives false impression of understanding more than actually does
• Talks incessantly
• Uses an advanced vocabulary
• Speech sounds “unusual” (mechanical, sing-song, etc.)
• Has difficulty following instructions
Communication
• Has difficulty with multiple meanings such as idioms or humor
• Has difficulty talking about others’ interests
• Other

Sensory Differences
• Displays significant differences in response to sounds such as sudden unexpected noises, high-pitched continuous sounds, or complex/multiple noises
• Displays significant differences in response to pain (overreacts, or seems unaware of an illness or injury)

Sensory Differences
• Displays significant differences in response to taste (e.g., resists certain textures, flavors, brands, etc.)
• Displays significant differences in response to light or color (e.g., focuses on shiny items, shadows, reflections, shows preference or strong dislike for certain colors)
Sensory Differences

• Displays significant differences in response to temperature
• Displays significant differences in response to smells
• Seeks activities that provide touch, pressure, or movement (e.g., swinging, hugging, pacing, hand flapping, etc.)

• Avoids activities that provide touch, pressure, or movement (e.g., resists wearing certain types of clothing, strongly dislikes to be dirty, resists hugs, etc.)
• Other

Cognitive Differences

• Has narrow interests
• Displays poor problem-solving skills
• Has poor organizational skills
• Withdraws into complex inner worlds/ fantasizes a lot
• Is easily distracted by unrelated details–has difficulty knowing what is relevant
Cognitive Differences

- Displays weakness in reading comprehension with strong word recognition
- Knows many facts and details but has difficulty with abstract reasoning (weak central coherence)
- Has difficulty applying learned skills in new settings

Cognitive Differences

- Has academic skills deficits
- Has attention problems
- Displays very literal understanding
- Has difficulty understanding the connection between behavior and consequences
- Memory seems to be inconsistent (seems to forget previously learned information)
- Other

Motor Differences

- Has balance difficulties
- Strongly resists handwriting
- Has poor handwriting
- Motor coordination is poor (e.g., accident prone, difficulty using fasteners, etc)
- Writes slowly
- Has athletic skills deficits
Motor Differences
- Displays an awkward gait
- Other

Emotionality Vulnerability
- Is easily stressed – worries obsessively
- Seems to be depressed or sad
- Exhibits rage reactions or “meltdowns”
- Has difficulty tolerating mistakes
- Has low frustration tolerance
- Has low self-esteem, makes negative comments about self

Emotionality Vulnerability
- Has difficulty identifying, quantifying, expressing, and controlling emotions (e.g., can only recognize and express emotions in extremes)
- Has a limited understanding of own and others’ emotional responses
- Has difficulty managing stress and anxiety
- Other
From the wonderful book …

The Ziggurat Model
by
Ruth Aspy and Barry Grossman

Characteristics of ASD

The Big Bang Theory - pilot

Diagnosis vs. Eligibility

Parents are not required to obtain a diagnosis from a physician or any other medical professional as a part of the eligibility determination process.

IDEA 2004 clearly states this.
Educational Identification

• Multi-factored Evaluation team process
  – Who can begin that process?
  – What documentation is needed for eligibility?
  – What categories can be considered?
• Comfort level with educational identification?
• Developing a plan
• How does diagnosis fit into the plan?

What information do we need?

• If the MFE team determines within its plan that a medical diagnosis is needed to assist that team in determining eligibility for special education services, then they can request that the parent obtain that diagnosis.
• With this request, it is then the responsibility of the district to pay for that medical diagnosis
If a parent brings in an outside evaluation...

If it is just a “prescription pad” diagnosis, the team should request a report to consider along with that “prescription pad.”

If a report is presented, the MFE team must consider that report along with all the other aspects of the plan they have developed for determining eligibility. It need not be given more or less weight than any other piece of information.

What categories can be considered?

• It is left to the discretion of the MFE team whether they consider autism or another category when determining eligibility for special education services.
• To be eligible for the autism scholarship the child must have an educational eligibility for special education under the category of autism OR have a diagnosis of PDD-NOS and be eligible for special education services under another categorical label such as LD, OHI, etc.

Common Misconceptions “He can’t have ASD, he …”

• Is affectionate
• Doesn’t have stereotypic movements
• Makes eye contact
• Is too social
• Is too smart
• Has a friend
• Has a sense of humor
• Isn’t mean
• Is too angry
• Didn’t have problems in early school years
• Was delightfully socially with me!
Common Misperceptions

• Just because a child is intelligent does not mean he is not VERY IMPAIRED
• There is a continuum of disabilities that is independent of IQ
• IF YOU DON’T ASK YOU DON’T GET (i.e., many times the questions you need to ask the parents are about things the child DID NOT do)
• Understanding the child’s personality is crucial
• Early symptoms often instill a sense of pride, rather than alarm

What Precipitates an Evaluation Request for a Child with ASD?

• Depending on age of the individual:
  – Social interaction problems
  – Lack of understanding the environment/hidden curriculum/common sense
  – “Cluelessness”
  – Overactivity
  – Anxiety/stress
  – Fears
  – Sensory issues
  – Lack of regulation

What Precipitates an Evaluation Request for a Child with ASD?

• Depending on age of the individual:
  – Disorganization
  – Depression
  – Perfectionism
  – Inattention
  – Home schooling
  – Multiple diagnoses
    • 2+ suspicious
    • ADHD, OCD, ODD, Bipolar Disorder
Eligibility Procedures

- Administration of evaluation instruments
- Interview parents/caretakers/educators, including developmental history
- Observation of child

Interdisciplinary Team

Ask the Parent About…

- Sensory issues
- Friendships
  - Does he always want to be the leader? How does he get along with peers? If he has says he has friends, what do they do together?
- Organization
- Long and short-term memory
- Anxiety
- Problems related to change or unanticipated events
Ask the Parent About …

- Academic strengths and weaknesses
- Handwriting
- Life skills/adaptive behaviors
  - Taking showers, brushing teeth, combing hair
  - Answering the phone
  - Making change
  - Ordering at restaurants

Ask the Parent About …

- Areas of interest
- Naivety
- Problem solving
  - Can't find something
  - What if the bus left him at the wrong stop
- Sharing
- Friendliness (appropriateness/inappropriateness)

Believe the Parents

- Ask:
  - How was the child as a baby (easy to please, required nonstop attention, etc …)?
  - How did he play as a toddler? Did he want you to play with him all of the time? Did he always want to play alone? What happened if you tried to change his play activities? Was the play creative?
Believe the Parents

• Ask:
  – Does the child imitate gestures, facial expressions?
  – Does the child use language primarily to get what he needs for to share feelings and stories?
  – If you are in a grocery store and the child is complimented on his t-shirt, how does he react?
  – Does he say embarrassing things to people?

Believe the Parents

• Ask:
  – Is he at times inappropriately friendly?
  – Does he seem naïve for his age?
  – Do you ever worry he might wander off?
  – What would he/she do if the bus left him at the wrong stop?
  – Does he share and what does he share?
  – How does he sleep?

DO NOT TRUST YOUR INSTINCTS IN AN OFFICE OR OTHER STRUCTURED SITUATION!
<table>
<thead>
<tr>
<th>Do Not Trust Your Instincts</th>
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<tbody>
<tr>
<td>• Children and youth with autism spectrum disorders often appear to have little difficulties/challenges when talking with adults.</td>
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<td>• In interviews, adults tend to focus on (a) intelligent conversation, (b) above average vocabulary, (c) interesting topic of discussion, and (d) adult-manner. Affect and eye contact may appear normal.</td>
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<th>Your Best Bet</th>
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<td>• Observe in an unstructured setting</td>
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<td>• Observe in the hallway, cafeteria, playground or other less structured setting</td>
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In School

- In class, compare with same age/gender peers …
  - Interactions with others
  - On/off task behavior
  - Odd or silly behaviors
  - Help needed by peers and teacher
  - Ease in transition between classes/activities
  - Lunch, recess, physical education behaviors

Other Co-Morbid Conditions

- Attention Deficit Hyperactive Disorder
- Anxiety Disorder
- Bipolar Disorder
- Conduct Disorder or Oppositional Defiant Disorder
- Depression
- Obsessive Compulsive Disorder
- Tourette Syndrome
- Elective Mutism
www.autismresearchcentre.com/arc_tests