

Autism—Autism is a complex developmental disorder that appears in the first 3 years of life (though it may be diagnosed much later). It affects the brain's normal development of social and communication skills. Autism is a spectrum that encompasses a wide continuum of behavior. Core features include impaired social interactions, impaired verbal and nonverbal communication, and restricted and repetitive patterns of behavior. The symptoms may vary from quite mild to quite severe.

What is the cause of autism? There is no single cause of autism that has been discovered. It is biological possibly from genetics, viral infections, or complications during pregnancy. Vaccinations are also being investigated as a cause.

Rate of Incidence and Facts associated with autism

- Autism occurs in 1 in every 500 births and in a rate of 5 boys to every girl (girls who are autistic are more likely to exhibit severe mental retardation)
- Autism currently affects over 400,000 people in the US
- Autism is the third most common developmental disability following mental retardation and cerebral palsy
- Autism is more common than multiple sclerosis, cystic fibrosis or childhood cancer
- The annual per-person allocation for persons with autism is approximately \$35. In contrast, multiple sclerosis receives roughly \$158, diabetes \$424, breast cancer \$600, and AIDS \$1000. Currently there is no medical detection, treatment or cure for autism.

How does autism manifest itself? (with examples)

Lack of Attending—extremes in energy levels from very passive to immediately becoming very loud and giggling uncontrollably. Temper tantrums lasting 10-30 minutes:

Aggression towards other children—repeatedly lunged into other children's backs while standing in line. Head butt other children

Task Related Behaviors—repeatedly lay on back in hallways during walks or stopped tasks to do so. While attempting tasks on floor, stretched legs out to repeatedly kick assistant, established eye contact and giggled uncontrollably

Eating Behaviors—Used both hands at once to push food into mouth. Repeatedly grabbed food from other children licked it and giggled uncontrollably.

Play Behaviors—Opened doors, then darted to far side of nearby rooms, loudly vocalizing and arm flapping. Repeatedly looked under couch and sink edges.

Gaze—Stared intently at objects for several minutes (wide fixed eye gaze and animated smile)

Handflapping—Fingerflicking while rocking back/forth during tasks

Spinning—Fixated on spinning or rolling objects, handflapping and loudly vocalizing

Walking/Sitting—While standing rocked back/forth or side/side with rigid arm and leg movements

Recommended Accommodations

Visual—Many are fascinated with the movement of alternating colored and white stripes as they move past their eyes

Tactile—They enjoy playing with water, sand, or mud for hours and like to feel smooth wood, plastic and soft fur

Auditory—They love rhythmic sounds, send them to quiet corner of the room for time of listening to soft music or stories

Taste—Providing opportunities for water play, offering small sips of water and having them chew on IV tubing are suggested intervention strategies for the cravings of oral stimuli.

Smell—They smell objects or sniff people's hair or hands which calms them and gives them a familiarity to the situation

*Don't let the children have any free-time or breaks and teaching needs to be highly structured and task oriented

Programming (child's first day of school)

- It is helpful for the teacher and assistant to meet with the parents to discuss the child's present skill levels in all areas of development, receptive language acquisition, self help skills, family schedules and methods of discipline
- One of the most important tasks for the assistant within the first few days is to observe and record the child's behaviors, social interactions, fine/gross motor skills, intellectual ability and level of self help skills.
- The IPP should be developed in cooperation with speech/language therapists, occupational therapists, physical therapists, behavioral management consultants, school personnel and parents.
- Transitional times are particularly difficult for the autistic child. Having a set routine each day provides children with a sense of predictability, security and structure within a given setting. Communications aids, such as object or schedule boards help to guide the child from one activity to another.
- Implementing a communication journal between home and school is vitally important for program continuity.

Unique Issues

- Antidepressant therapy may aid autistic children: Many autistic children may actually suffer from a genetically linked depression that is treatable with antidepressants such as Prozac.
- A new hypothesis that about two-thirds of children with the most common form of infantile autism actually have a treatable, genetically linked, early onset form of severe depression. 70% appear to be inherited.
- 37 autistic children ages three to seven were treated with Prozac for up to three years, 22 responded well to the medication, regaining language abilities, becoming more sociable and losing obsessive compulsions such as fixating. Of those children who responded to the medication, all had a family history of major depressive disease, such as bipolar disorder.

Resources

The best place to start looking for information on Autism is the *Autism Resource Page* maintained by John Wobus (2000). It contains a FAQ as well as several papers on Autism. Stephen Edelson, Ph.D., has created another excellent page at the *Center for the Study of Autism* (2002) in Portland, Oregon. This site is working hard at becoming the best-organized place to find Autism information on the Web.

The Autism mail list is mirrored through UseNet via a list server as bit.listserv.autism. Since the mail list used to be very active with approximately 100 messages per day, this newsgroup is an excellent way to view messages of interest. Since most modem newsreaders will follow threads of subjects, it is easy to skip messages that you have no interest in. A newer UseNet newsgroup is alt.support.altuism. This is a much more active group and does have about 100 messages a day.

Organizations:

Autism Society of America (ASA) (2002), Autism Research Institute (ARI) (2002), The Georgiana Organization, Inc., Society for Auditory Integration Training.

Training:

Eden Family of Services (2002).
Project TEACCH
*Soon Will Come the Light. A View from
Inside the Autism Puzzle*
Thomas A. McKean
©1994 Future Horizons 188547711-2
Laughing & Loving with Autism
Compiled by R. Wayne Gilpin
©1993 Future Horizons
*Soon Will Come the Light. A View from
Inside the Autism Puzzle*
Thomas A. McKean
©1994 Future Horizons 188547711-2
Laughing & Loving with Autism
Compiled by R. Wayne Gilpin
©1993 Future Horizons
There's a Boy in Here
Judy and Sean Barren
©1992 Avon Books 0-380-72292-5
Autism: Handle with Care
Gail Gillingham
©1995? Future Horizons
The World of the Autistic Child
Bryna Siegel
©1996 Oxford University Press 0-19-
507667-2

Autism: Explaining the Enigma
Uta Frith
©1989 Blackwell 0-631-16824-9
Dancing in the Rain
Edited by Annabel Stehli
©1995 The Georgiana Organization 0-
9644838-0-7
*The Sound of a Miracle. A Child's
Triumph over Autism*
Annabel Stehli
©1991 Doubleday 0-385-41140-5
Thinking in Pictures
Temple Grandin
©1995 Doubleday 0-385-47792-9
Emergence: Labeled Autistic
Temple Grandin with Margaret M.
Scariano
©1986 Arena Press 0-87879-524-3
A Parent's Guide to Autism
Charles A. Hart
©1993 Pocket Books 0-671-75099-2
Children with Autism, A Parents' Guide
Edited by Michael D. Powers, Psy.D.
©1989 Woodbine House 0-933149-16-

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"Red Flags" include...

- The child does not respond to his/her name.
- The child cannot explain what he/she wants.
- Language skills or speech are delayed.
- The child doesn't follow directions.
- At times, the child seems to be deaf.
- The child seems to hear sometimes, but not others.
- The child doesn't point or wave bye-bye.
- The child used to say a few words or babble, but now he/she doesn't.
- The child throws intense or violent tantrums.
- The child has odd movement patterns.
- The child is hyperactive, uncooperative, or oppositional.
- The child doesn't know how to play with toys.
- The child doesn't smile when smiled at.
- The child has poor eye contact.
- The child gets "stuck" on things over and over and can't move on to other things.
- The child seems to prefer to play alone.
- The child gets things for him/herself only.
- The child is very independent for his/her age.
- The child does things "early" compared to other children.
- The child seems to be in his/her "own world."
- The child seems to tune people out.
- The child is not interested in other children.
- The child walks on his/her toes.
- The child shows unusual attachments to toys, objects, or schedules (i.e., always holding a string or having to put socks on before pants).