First Steps: Understanding Autism

Overview

Autism 101
Medical Diagnosis and Verification Processes
School Services
Resources

Autism 101

NE ASD Network 2014
Definition of Autism

Autism is a spectrum disorder

Autism is complex

Autism is behaviorally defined

Symptoms vary in degree of severity

Autism spectrum disorder is a complex developmental disability that typically appears during the first three years of life and affects a person’s ability to communicate and interact with others.

Autism Society of America, 2014

Autism Spectrum Disorder (ASD)

• A spectrum disorder
• Variance in characteristics and levels of functioning.
The Bottom Line

Autism is a developmental disability that affects social interaction skills (communication), and restricted interests or patterns of behavior.

Autism Facts

4 to 5 times more males than females
More common than Down syndrome, childhood cancer or Fragile X syndrome.
Fastest-growing developmental disability
A condition that can co-occur with other conditions, for example ADHD, OCD, Depression, etc.

Autism Facts

A lifelong complex developmental disability.
Knows no racial or socioeconomic differences
A developmental disability that can be improved and intervened upon, but not "cured".
Autism Myths

Autism is NOT...

- a mental illness
- unruly kids who choose not to behave
- caused by poor parenting
- always associated with mental impairment
- always associated with behavioral challenges
- diagnosed by a single medical test or a brief observation – or a phone call

Prevalence of ASD is estimated at

1 in 68 births
1 in 42 boys...

1% of children ages 3-17 in the U.S. have an autism spectrum disorder
Prevalence of autism in U.S. children increased by 119.4 % from 2000 (1 in 150) to 2010 (1 in 68).

ASD is the fastest-growing serious developmental disability.

Theories Not Validated by Research

Currently, there is no empirical data linking:

- Autism to MMR vaccinations
- A child’s risk for developing an autism spectrum disorder (ASD) is not increased by receiving “too many vaccines too soon,” according to a new study published in the Journal of Pediatrics. (March 2013)
- Autism and mercury poisoning
- Improvements for children with autism with secretin, and other non evidence based practices

What do we know about the causes and risk factors for ASDs?

Most scientists in the field of ASDs believe that there is no single cause. Research has shown that:

- Both genetic and non-genetic factors play a role in whether or not a person will have an ASD.
- Children who have a sibling or parent with an ASD are at a higher risk of having an ASD.
- Children born to older parents also are at a higher risk of having an ASD.
What do we know about the causes and risk factors for ASDs?

- ASDs tend to occur more often among people who have certain genetic or chromosomal conditions.
- About 10% of children with ASDs also have been identified as having Down syndrome, fragile X syndrome, tuberous sclerosis, or other genetic and chromosomal disorders.
- When taken during pregnancy, some prescription drugs have been linked with a higher risk of ASDs.
- A small % of children who are born prematurely or with low birth-weight are at a greater risk for having ASDs.


10 Things We Know About ASD (That we didn’t know a couple of years ago…)

1. High-quality early intervention for autism spectrum disorder (ASD) can do more than improve behaviors, it can improve brain function.

2. Being nonverbal at age 4 does NOT mean children with autism will never speak. Research shows that most will, in fact, learn to use words, and nearly half will learn to speak fluently.

3. Though autism tends to be life long, some children with ASD make so much progress that they no longer meet the diagnostic criteria for autism. High quality early-intervention may be key.
4. Many younger siblings of children with ASD have developmental delays and symptoms that fall short of an autism verification/diagnosis but still warrant early intervention.

5. Research confirms what parents have been saying about wandering and bolting by children with autism: It’s common, it’s scary, and it doesn’t result from careless parenting.

6. Prenatal folic acid, taken in the weeks before and after a woman becomes pregnant, may reduce the risk of autism.

7. One of the best ways to promote social skills in grade-schoolers with autism is to teach their classmates how to befriend a person with developmental disabilities.

8. Researchers can detect pre-symptom markers of autism as early as 6 months — a discovery that may lead to earlier intervention to improve outcomes.

9. The first medicines for treating autism’s core symptoms are showing promise in early clinical trials.

10. Investors and product developers respond to a call to develop products and services to address the unmet needs of the autism community.

Geraldine Dawson, Chief Science Officer, Autism Speaks 4/02/2013

Medical Diagnosis and Educational Verification
(determining eligibility for special education services)

...medical diagnosis and educational verification are separate processes.

A medical diagnosis is determined via the Diagnostic & Statistical Manual 5 (DSM 5)

Educational verification is the process conducted by a school district to determine if a student has a disability that affects their education, and to plan appropriate educational services. The verification will reflect assessments completed by a multidisciplinary team (MDT).
Medical Diagnosis and Educational Verification
(determining eligibility for special education services)

State eligibility requirements dictate how a public school student is made eligible for services.

Some states require an education verification of autism (ASD) for a student to receive special education services.

Some states require a medical diagnosis of an ASD.

**In both cases the school works with families as a team to determine eligibility and services available under IDEA.

Educational Identification

Under the Individuals with Disabilities Education Act (IDEA), all children with disabilities have a right to a free and appropriate education. The local school district is responsible for locating, identifying, and evaluating all children who may be eligible for special education services from 0 to 22 years of age.

- This process is called Child Find.

What Is an IEP?

When a child is determined to be eligible for special education services, an Individualized Education Program (IEP) is written.

The IEP is a written document listing, among other things, the special educational services that the child will receive. The IEP is developed by a team that includes the child’s parents and school staff.

Taken from: The Center for Parent Information and Resources, Office of Special Education Programs (OSEP) at the U.S. Department of Education.
What is the Purpose of the IEP?

The IEP has two general purposes:
1. to set reasonable learning goals for a child, and
2. to state the services that the school district will provide for the child.

Who Develops the IEP?

The IEP is developed by a team of individuals that includes key school staff and the child’s parents. The team meets, reviews the assessment information available about the child, and designs an educational program to address the child’s educational needs that result from his or her disability.

The IEP Team (Short and Sweet)…

- IDEA (at §300.321) describes the IEP team as including the following members:
  - the parents of the child;
  - not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
  - not less than one special education teacher of the child, or where appropriate, not less then one special education provider of the child;
The IEP Team (Short and Sweet)...

- a representative of the public agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; is knowledgeable about the general education curriculum; and is knowledgeable about the availability of resources of the public agency;
- an individual who can interpret the instructional implications of evaluation results;
- other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate (invited at the discretion of the parent or the agency); and
- the child with a disability (when appropriate).

When is the IEP Developed?

An IEP meeting must be held within **30 calendar days** after it is determined, through a full and individual evaluation, that a child has one of the disabilities listed in IDEA and needs special education and related services. A child’s IEP must also be reviewed at least annually thereafter to determine whether the annual goals are being achieved and must be revised as appropriate.

What’s in an IEP?

Each child’s IEP must contain specific information, as listed within IDEA, our nation’s special education law. This includes (but is not limited to):

- the child’s present levels of academic achievement and functional performance, describing how the child is currently doing in school and how the child’s disability affects his or her involvement and progress in the general curriculum
- annual goals for the child, meaning what parents and the school team think he or she can reasonably accomplish in a year
What’s in an IEP?

- the special education and related services to be provided to the child, including supplementary aids and services (such as a communication device) and changes to the program or supports for school personnel
- how much of the school day the child will be educated separately from nondisabled children or not participate in extracurricular or other nonacademic activities such as lunch or clubs
- how (and if) the child is to participate in state and district-wide assessments, including what modifications to tests the child needs
- when services and modifications will begin, how often they will be provided, where they will be provided, and how long they will last
- how school personnel will measure the child’s progress toward the annual goals.

School Resources

This is a great time to discuss resources that your school has available.

A few GREAT ASD resources
ASD Resources

- Autism Speaks Toolkits
- 100 days Kit
- Advocacy Kit
- HFA Kit
- Behavioral Health Kit
- Dental Professionals Kit
- Challenging Behaviors Kit
- Transition Kit
- School/Community Professionals Kit
- Employment Kit
- Family Supports Kit
- Guide to Medication, Constipation, Feeding, PCA, Toilet training, sleep, vision exams, ABA

And the list goes on... go to: www.autismspeaks.org/family-services/tool-kits

State ASD Website

- Colorado Department of Education
- TASN
- Kansas ASD Network

Resources on Evidence Based Practices in ASD
Where do we get information about evidence-based approaches?

National Research Council Report

National Autism Center
- National Standards Project
  - http://www.nationalautismcenter.org

National Professional Development Center on ASD (NPDC)
- http://autismnpdc.fpg.unc.edu/

Ohio Center on Autism and Low Incidence (OCALI)
- Aim website (http://www.autisminternetmodules.org)

Currently, the Center has identified 27 evidence-based practices. Please note that every identified practice is not necessarily appropriate for every learner. Practices are most effective when carefully matched to a learner’s specific needs and characteristics.

http://autismnpdc.fpg.unc.edu/content/briefs

EVIDENCE-BASED PRACTICES FOR CHILDREN AND YOUTH WITH ASD

Antecedent-Based Interventions
Computer-Aided Instruction
Differential Reinforcement
Discrete Trial Training
Extinction
Functional Behavior Assessment
Functional Communication Training
Naturalistic Intervention
Parent-Implemented Interventions
## Peer-Mediated Instruction and Intervention
- Picture Exchange Communication System
- Pivotal Response Training
- Prompting Reinforcement
- Response Interruption/Redirection
- Self-Management
- Social Narratives

## Social Skills Groups
- Speech Generating Devices/VOCA
- Structured Work Systems
- Task Analysis
- Time Delay
- Video Modeling
- Visual Supports

## The Autism Internet Modules
The Autism Internet Modules were developed to make comprehensive, up-to-date, and usable information on autism accessible and applicable to educators, other professionals, and families who support individuals with autism spectrum disorders (ASD).

http://www.autisminternetmodules.org/
Questions...
Web Resources for Autism Spectrum Disorders

Nebraska ASD Network Website: http://www.unl.edu/asdnetwork/
Colorado Department of Education: www.cde.state.co.us/cdesped/sd-autism

Autism Society of America: http://www.autism-society.org
Autism Society of Nebraska: http://www.autismnebraska.org
Autism Speaks: http://www.autismspeaks.org
Autism Action Partnership: http://www.autismaction.org
Organization for Autism Research: www.researchautism.org

Behavior
IRIS Center: http://iris.peabody.vanderbilt.edu/resources.html
Behavior Doctor: http://www.behaviordoctor.org

Evidenced-Based Practices
National Professional Development Center on ASD: http://autismpdc.fpg.unc.edu/content/evidence-based-practices
National Autism Center: http://nationalautismcenter.org
Autism Internet Modules: http://www.autisminternetmodules.org

Social Skills
Jill Kuzma’s Blog: http://jillkuzma.wordpress.com
Michelle Garcia Winner: http://www.socialthinking.com
Week 1 – Terms

ASD – Autism Spectrum Disorders

MDT – Multi-disciplinary Team

DD – Developmental Delay

BD – Behavior Disorder

OHI – Other Health Impaired

IDEA – Individuals with Disabilities Education Act

IEP – Individual Education Plan

FAPE – Free Appropriate Public Education

IFSP – Individual Family Service Plan
Week 1 – First Steps – Understanding Autism

Based on information tonight, what is one resource that I want to explore:

**Know my Resources** - List new resources below for a quick reference

School Resources:

District Resources:

State Resources:

National Resources: