Handbook Project

For

Postsecondary Students

With Autism Spectrum Disorder

2013

A Project Presented to

The Faculty of the School of Education

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by

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Handbook Project for Postsecondary Students with Autism Spectrum Disorder
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3 to 5 keywords or phrases to describe the item

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Handbook Project For Postsecondary Students With Autism Spectrum Disorder 2013

Introduction

This handbook contains important information about adult learners with autism spectrum disorders (ASD). Pervasive development disorders (PDD) and pervasive developmental disorder not otherwise specified PDD-NOS. ASD, PDD and PDD-NOS are umbrella terms for all learners with a developmental brain disorder that may include atypical behaviors of communication, social interaction, and repetitive actions.(2) Asperger syndrome and Rett syndrome are included in this spectrum of ASD are. The main goal of the handbook is to raise awareness, inform, and empower all individuals involved in the educational success of adult learners that may identify or show behaviors within the autism spectrum umbrella. This handbook will help colleges, universities and institution of higher education support students with autism spectrum disorders. The audiences that may benefit are: students, parents, librarians, staff, facility, administration and campus security. This handbook is formatted into five chapters with an extensive appendix.

This handbook will include extensive strategies and practical resources taken from real life experiences to researched behavior analysis.

Guide to reader

Chapter One includes:

Defining Autism Spectrum Disorder

History of Autism

Legal evolution of ASD

High school support vs. College support

IEP to EAC

504 and university supported special needs students.

Chapter 1

Defining Autism Spectrum Disorder

The familiar symptoms of autism spectrum disorder consist of three main non typical developing behaviors: communication, social interactions, and routines or repetitive behaviors. The symptoms can be mild to severe. As a brain disorder, the level of developmental delay is unique to each individual (Felicia, 2008). This developmental brain disorder is a diagnosis of a team that typically consists of pediatrician, psychologist, speech and language pathologist and occupational therapist (autismspeaks, 2012). The official diagnosis of autism spectrum disorder uses the DSM- IV. The Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition or DSM-IV is a manual published by the American Psychiatric Association it includes all mental health disorders. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis as well as some research concerning the optimal treatment approaches (Geller, 2009) see full Appendix A DSM-IV

History of Autism

In 1911, Eugen Bleuler first used the term "autism" (Bleuler, 1950).The root of autism is "auto" from the Greek word for "self" to describe a sub category of schizophrenic (Smith, 2012). This sub category was described by Bleuler as "difficulty in connecting with other people" (Bleuler, 1950). It was not until 1943 that "Autism" was being used in medical journals (Smith, 2012).

Dr. Hans Asperger from Austria was a pediatrician after whom Asperger Syndrome is named (Smith, 2012). Dr. Asperger has documented research in 1944 explaining very similar

characteristics as to Bleuler (Asperger, 1944) Dr. Asperger work wasn't studied by professionals until 1997(Smith, 2012).

During the 1960's through the 1970's the majority of individuals with autism spectrum disorder were categorized as schizophrenic and resided in state mental institutions (Lovaas, 1967). The research shows the treatments at this time for autism focused on medications such as LSD, electric shock, and behavioral change techniques (Freedman,1962; Lovass, 1965;Lovass, 1967).

Transition to today......

Legal evolution of ASD

The civil rights movement of the 1960s was the catalyst for the federal laws to demand that government mandate education services for students with autism spectrum disorder.

Prior to legislation requiring public education for students with autism, parents had few options other than to educate their children at home or pay for expensive private education.

In 1975, two federal laws changed the way the U.S. educated students with autism spectrum disorders. The Education for All Handicapped Children Act (EHA) (P.L. 94-142) (this law was later named) Individuals with Disabilities Act (IDEA) (P. L. 101-476).

In 1975 the EHA established a right to public education for all children regardless of disability, while the IDEA required schools to provide individualized or special education for children with qualifying disabilities. Under the IDEA, states who accept public funds for education must provide special education to qualifying children with disabilities (IDEA, 1997).

IDEA created Free Appropriate Public Education or FAPE. The law mandated that students with disabilities have educational needs be meet individually and this education provide must be of benefit to student's independence to live and work, and further his or her education, such as attending college (IDEA, 1997). This mandate helped created the Individualized Education Program or IEP.

The IEP is for students until graduation from high school or 22 years of age if receving services from the high school. The IEP team consists of Special Education teacher, a Regular Education teacher, an LEA (Local Education Agency) representative, related-services personnel i.e. Speech Pathologist, Occupational Therapist, Physical Therapist, the school psychologist, the parents, outside professionals who are involved with the child's therapies, medical or physical issues, or academic support. Parents may also invite an advocate on their behalf to help with the clarification and understanding of the IEP contents (Ventura County SELPA, 2012).

Autism was added as a separate category of disability in 1990 under P.L. 101-476. This did not change the law. Students with autism were enclosed by the law beforehand. The law after P.L. 101-476 identifies them as a "separate and distinct class" entitled to the law's benefits (IDEA, 1997).

P.L. 101-476 stated this about autism: "A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is

adversely affected primarily because the child has a serious emotional disturbance." (IDEA, 1997).

The biggest change for students with autism spectrum disorder was in the 1990s when educators started to use inclusion models. The goal of inclusion models are to include all students, regardless of their disabilities / impairments into the general education environment. IDEA mandates their inclusion due to two provisions found in PL 94-142/ PL 101-476 and PL 105-17 (IDEA, 1997)

a) to the maximum extent appropriate, handicapped children, including children in public and private institutions or other facilities, are educated with children who are not handicapped; and (b.) special classes , separate schooling, or removal of handicapped children from regular education environment occurs only when the nature and severity of the handicap is such that education in regular classes with the use of supplemental aid and service, cannot be achieved satisfactorily (IDEA Regulations, 34 C.F.R. (section) 300.550(b).

High School support vs. College support

There are many differences in the support that students with autism receive in the pre-post-secondary setting and at the college level. The major difference is that the law mandates a "child find" in public school and the burden is on the student in post-secondary to receive services. Child Find is where the school staff members must actively seek out students that are not meeting the educational benchmarks (Felicia, 2008). The school staff members must identify, recognize, assesses, and implement a plan to progress educational support and learning. In the college level the school and staff are not responsible to find students but the student must advocate for his or her self to receive services and support (Gerhardt, 2010).

In high school the students have an Individual Educational Plan or IEP or 504 plan. In college the student will have the EAC or Educational Access Center, Educational Assistant Center, Disability Resource Program, Disabled Students Program and Services, ect. This service is provided by the college and will help meet the needs of the student with autism.

The IEP is for students until graduation from high school or 22 years of age if receiving services from the high school. The IEP team consists of a Special Education teacher, a Regular Education teacher, an LEA (Local Education Agency) representative, related-services personnel (i.e. Speech Pathologist, Occupational Therapist, Physical Therapist, the school psychologist) the parents, and outside professionals who are involved with the child's therapies, medical or physical issues, or academic support. Parents may also invite an advocate on behalf of their child to help with the clarification and understanding of the IEP contents (SELPA, 2011).

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education in regular classes with the use of supplemental aid and service, cannot be achieved

satisfactorily.(IDEA Regulations, 34 C.F.R. (section) 300 550(b, (IDEA, 1997).

504 and University Supported Special Needs Students

At the college level the civil rights statute that covers students with special needs is Section 504. Section 504 is part of the Rehabilitation Act of 1973 that forbids discrimination based on disability. If a college accepts federal moneys, that college and university must provide equal access to all students with disabilities. This is not only for physical access to buildings and bathrooms but to all educational programs. The college or university must meet the needs of students with disabilities as effectively as the educational needs of the students without disabilities (Humphrey, 2010).

Section 504 states that: *"No otherwise qualified individual with a disability ... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. In addition, an individual is eligible for protection from discrimination if that individual as a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such impairment, or is regarded as having such an impairment. : [29 U.S.C. §794(a), 34 C.F.R. §104 4(a'].*

CHAPTER 2

Review of the Literature

This handbook is to support all people involved directly or indirectly with students with autism spectrum disorder at the college or university level. The following article review takes a look at this subject with wide range of research and data. This chapter includes studies about faculty training with special needs students, social justice and people with disabilities, and trends in autism spectrum disorders,

Salzberg, Peterson, Debrand, Blair, Carsey, and Johnson (2002) addressed the need for colleges and universities to provide training for faculty members about students with disabilities. The authors did not address which disability specifically but all students with disabilities. The study addressed specific areas of need: concerns of facility, content of training, participation, best formats to present information, and discussion of key issues regarding students with disabilities.

This article stated that young people with special needs in the United States seek higher education. It continued to state that students with disabilities who graduated did as well seeking and gaining employment as non-disabled students. Despite this information, the authors found that students with disabilities are less likely to graduate from college. A key element of success in postsecondary education was the knowledge and attitudes of the faculty about students with disabilities.

The authors' research shows that the majority of faculty do not have a problem accommodating students with disabilities, just that they do not know the campus resources and

services that will assist the students with disabilities. The literature shows a great need for faculty training resources on this topic (Salzberg et al., 2002).

With a total of 214 completed and returned surveys from colleges and universities around the country, a conclusion was made on areas of needs that could make current institutions more successful with students with disabilities (Salzberg et al., 2002). Responses included a need for a training program supported by faculty and administration. The items that were mentioned in the training programs will also be addressed in this handbook in a California context: testimonies and real life examples, relevant to faculty members; expert and professional responses; handbook and other written material that will offer references for faculty and staff; practical techniques for the classroom; and information about the law.

A great concern was raised with faculty about the core ideas of maintaining academic standards when providing course modifications and creating an environment of confidentiality for all special needs students (Salzberg et la., 2002). In addition, the fairness to other students and the possibility of students cheating on examinations was raised by the survey.

This handbook brings a great deal awareness to the needs that colleges and universities face with the population of students with disabilities. The majority of institutions lack basic training and handbook with support. This handbook is specific to students with autism and could be used as references for all other disabilities.

Loewen and Pollard (2010) discussed ways to promote social justice to all people with disabilities. This article gave a great deal of history of the laws of the human rights movement. The importance of providing, supporting, and assessing services to disabled students in higher education was researched in great detail and provides a solid foundation of history of disability

rights movement in this handbook. In addition, the links of support for the students with

disabilities in mediation and promotion of self-empowerment is discussed in this article. Having

clear and documented lines of communication for student to faculty, administration, legal

counsel is critical for the success of all students with disabilities.

Human rights and the equality of all people is a concept that was created long ago in the

United States. It was not until the Civil Rights movement that people with disabilities started to

advocate for social and political power shared by other minority groups previously discriminated

against.

A focus on the language regarding disability was changed in the late 1980's with society

starting to use "people first" language. This is to identify the person and not the disability. For

example, "the student with autism" is correct people first language while "the autistic student" is

not.

Not all students with disabilities in postsecondary classes will identify themselves or

register with the department of student services or learning resource center. The reason stated by

these authors is that students with disabilities can feel humiliated and stigmatized by having to

disclose disability information and request special treatment in order to participate in campus

activities.

The common goal for all members of postsecondary campus is to raise awareness by

educating students, campus community, and "other disenfranchised groups" that all people with

disabilities struggle for human dignity, non-discrimination, equal opportunity, and person

empowerment through independence.

In "Trends in Autism Spectrum Disorder Diagnosis" by Rosenburg, Daniels, Law, Law, and Kaufmann (2009) there was a great deal of valuable information to the taxonomy of the autism spectrum disorder community. With the first documentation of "autistic disturbance of affective contact" well over 60 years ago the ways professionals identify this disorder continues to find challenges in how students are labeled, identified, and classified. The reason for such diverse names and labels for people with autism spectrum disorder is that it is a spectrum which is defined as "values within a spectrum may not be associated with precisely quantifiable numbers or definitions". Each person with unique behaviors and social reactions responds differently to the brain processing of the disorder. This research shows that there are not enough labels for all the people that show behaviors of autism spectrum disorder. Currently the community uses the DSM IV-TR and in it, there are six disorders defined. The DSM IV-TR uses the Pervasive Developmental Disorders classification: 1. Autistic disorder, 2. Pervasive developmental disorder, 3. Not otherwise specified, 4. Asperger disorder/syndrome, and 5.Childhood disintegrative disorder, and 6. Rett Syndrome. This is the taxonomy that challenges professionals when a person develops one of the above conditions at a later age, atypical "symptomatology" or "subthresholds symptomatology"(Rosenburg, 2009).[1] An additional sub category is the intellectual disability label. This was previously known as mental retardation (Rosenburg, 2009).

The authors stated that researchers have tried to find different ways of identifying people with autism spectrum disorder with the hopes that a "more accurate and reliable diagnosis will result in more effective prevention and reporting and improved treatment and outcomes based on targeted and distinct diagnostic entities" (Rosenburg, 2009).

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[1] www.http://autisumspeaks.org

It is also common that the diagnosis of autism spectrum disorder will change in from one classification to another. This all depends on the evaluator and parent provided data.

The data collected showed that only 16% of the population with ASD was female (Rosenburg, 2009). This information is constant with the high population of males identified as having ASD on college and university campuses. More investigating is needed to see why the prevalence is so unbalanced. This is consistent with the Center for Disease Control report. It was released in 2012 which indicated that 1 in every 88 youth have autism and 1 144 boys. This study showed that 85% of the respondents lived in a metro area (Rosenburg, 2009). Due to the fact that a lot of the data collected were via internet and online surveys there may have been less access to online resources and computer literate families in just outside of metro versus rural areas in rural versus metro areas. Another unclear area in this study was that 91% of the people responded id'd themselves as white. It was unclear if minorities had as much access to internet and computers (Rosenburg, 2009).

The Ventura County Star reported on programs that help students with autism succeed in college. The nationwide increase of students with autism is growing at state university, private colleges, and community colleges (Wilson, 2012). Ventura College reports to have 50 students registered with Learning Resource Center CSU Channel Islands reported 18 and CLU reported having 10 registered to the disabled student assistance programs (Wilson, 2012). These numbers have doubled what was reported five years ago according to Wilson. The educational campuses report that more students are attending classes but are not registering with the disability services programs on campus (Wilson, 2012).

The key to the high number of students with ASD attending colleges and universities is not the high number of people diagnosed with ASD in recent years but the early intervention programs (Wilson, 2012). Awareness of the early stages and the high level of media and social consciousness promote these early interventions programs. Steve Turner of Ventura College states that "Behavioral therapy at an early age has really opened doors". Some other early interventions include occupational therapy, special education and reading programs, and personal aides to help with social skills (Wilson, 2012).

The personal and educational needs of students in postsecondary classrooms are different from many typically cognitively developing students. The postsecondary teachers report that students with ASD struggle to work in groups and handle the noise from outside stimuli (Wilson, 2012). Coping with changes to a syllabus according to Wilson was also a great concern. It is reported that these students do not speak up in class or start conversations (Wilson, 2012).

All students that attend college or university must meet the same standards in class as other people enrolled in class. But if the student contacts and registers with the Disability Resource Center, Educational Assistance Center or the Learning Resource Center, they may qualify for assistance such as extended time to take test, help with note-taking and special housing arrangements (Wilson, 2012).

The article also had a section on class behaviors and strategies for the educator to deal with students who monopolize the class discussion, burst out in anger or stiffen when the teacher gets close to them (Wilson, 2012). The article stated that Valeri Cirino-Paez, of CSUCI helped a student to stop asking repeated questions in class by advising him to doodle a picture of high interest animals every time another student posed a question. When he had drawn five animals it

was then ok for him to ask a question again. Christine O'Neill of Ventura College gives students the option of working privately if a group project overwhelms them.

According to Researcher Edlyn Vallejo Pena many students with ASD are majoring in the marketable fields of science, math, engineering and technology (Wilson, 2012).[2] This will be an area of future investigation for this handbook.

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Chapter 3

Methods

In the first part of this chapter I will discuss the purpose of the handbook and information

regarding its research. The second part will describe the process of gathering feedback and the

last part of the chapter will include an analysis of feedback and changes to be made as a result of

the feedback.

The purpose of this study was to create a handbook for postsecondary education

institutions to help all people involved with the education process of students with autism. The

handbook will help both the professional and the student in the post secondary setting. The

handbook's main audience is the staff that may work, protect, support, teach, counsel, guide, or

collaborate with the student with autism spectrum disorder. Parents and students will also

benefit from the extensive strategies and data included in the handbook. The handbook was

created based on the literature review. Due to the fact that autism research is cutting edge and in

constant change, new progress about the disorder is being published. The reason for the change

and reclassification of terms, identification, and services is that autism is a disorder that affects

each individual differently. The autism community has grown greatly in the last decade and

advocates, educates, and promotes new findings with, support, ideas, strategies, and statistics

through well developed articles and internet web pages which guided my research.

Once the handbook was developed and completed it was printed out and sent to

professionals who currently work with students with autism in the community. I researched

every postsecondary program in Ventura and Santa Barbra County. Using the college or

universities home page to find the Educational Assistance Center or Students with Disabilities

Services, I looked for the director and co director of the program, and emailed them a letter of

intent which is located in the appendix. After I received consent via email I mailed out the

handbook in a large envelope. I received confirmation that all 10 of the handbooks had been

received via email. I then used an anonymous survey with the internet site monkeysurvvey.com

to create a simple survey that included 5 questions. The questions are as follows;

Q1: Did you find the handbook useful?

Q2: Did you find the format of the handbook easy to read and understand?

Q3: In your opinion, do you feel that students, staff, and faculty would be able to apply the suggested strategies?

Q4: After reviewing the handbook, what new information could you give about students with Autism Spectrum Disorders? a. What best practices/ techniques are most effective? b. What practices/ techniques would you suggest improving?

Q5: What do you feel could be done to improve this handbook?

The feedback with monkeysurvey.com was analyzed and changes were made to the

handbook.

The responses to the handbook are mixed, both positive and negative. The professionals

in the community gave some great ideas and suggestions for me to make for the final handbook.

I will discuss the explicit breakdown of each question in Chapter 4 including the changes I made

to the handbook.

Chapter 4

This chapter will include two parts. The entire 30 page handbook will be in Part one. This is the original handbook that was sent to the professionals who are currently working with students with autism in the community. Part two contains the response, from the field and my analysis and comments on each response to the question.
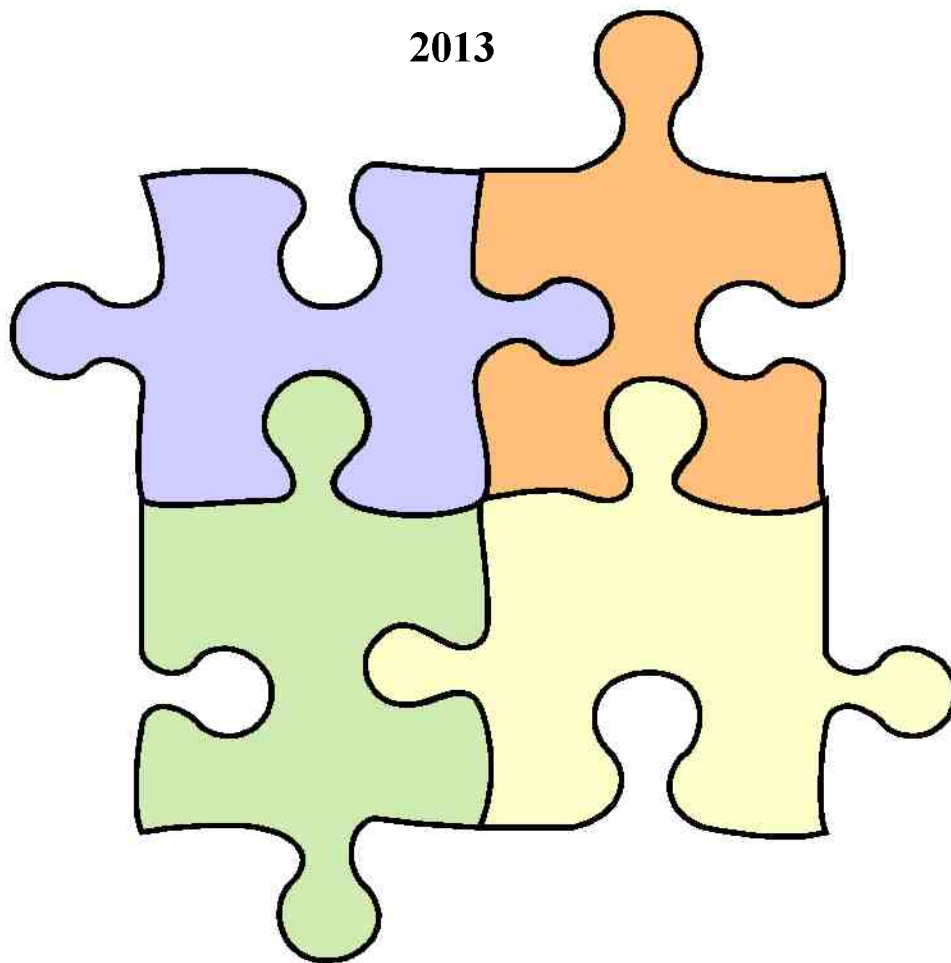
Part I

Handbook Sent to Professionals

Handbook

for

Postsecondary Students

With Autism Spectrum Disorder

2013

Table of Contents

Problem Solving Process

Success in post secondary is supported by great communication. Knowing the lines of communication can be challenging at times for both the student and the faculty. When a problem comes up, it can be confusing knowing whom to consult about how to solve the problem.

The team members in a post secondary campus are as follows:

First.................**Student** to **Faculty** to **Student**

Second ....EAC or Educational Access Center, Educational Assistant Center, Disability
                                    Resource Program, Disabled Students Program and Services, ect.

Third ....Department Chair

Last resort......................Dean of Student Services

Ultimate last resort ....Administration or Legal Actions

Faculty should first talk or email the student with ASD about any concerns.

The Student with ASD should first talk or email faculty (Teacher or Professor) with any

problems.

When a problem is not resolved with talking or emailing the second line of mediation will be the EAC or Educational Access Center, Educational Assistant Center, Disability Resource Program, Disabled Students Program and Services.

DO NOT GO TO: Department Chair, Dean of student services or Administration until the EAC has met with all people involved in the situation.

Introduction

This handbook contains important information about adult learners with autism spectrum disorders (ASD), pervasive development disorders (PDD) and pervasive developmental disorder not otherwise specified PDD-NOS. ASD, PDD and PDD-NOS are umbrella terms for all learners with a developmental brain disorder that may includes atypical behaviors of communication, social interaction, and repetitive actions. The main goal of the handbook is to raise awareness, inform, and empower all individuals involved in the educational success of adult learners who may identify or show behaviors within the autism spectrum umbrella. This handbook will help colleges, universities and institutions of higher education support students with autism spectrum disorders. The audiences that may benefit include (but not limited to): students, parents, staff, facility, administration and campus security. This handbook is formatted into 5 chapters with a Behavior Response Cycle and work cited.

Purpose of the Handbook

Center for Disease Control CDC estimates 1 in 88 children has been identified with an autism spectrum disorder. With the inclusion models for all special needs children in the least restrictive learning environments, colleges and universities are now seeing and will continue to see an increase of students with autism spectrum disorder.

This handbook was developed to support all people involved in the post-secondary education of a student with an autism spectrum disorder. It is designed to provide information, ideas, and strategies to help support highly individualized characteristics and learning styles that are much different than the styles of typical cognitive developing students.

Chapter 1

What are Autism Spectrum Disorders?

The official diagnosis of autism spectrum disorder uses the DSM- IV. The <u>Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition</u> or DSM-IV is a manual published by the American Psychiatric Association. It includes all mental health disorders. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis as well as some research concerning the optimal treatment approaches (allpsych.com, 2011). The five types of Autism Spectrum Disorders (which are being modified as more research becomes available) are listed below:

- **Autistic Disorder** is traditionally referred to as "autism," and is a neurological disorder that is more common in boys than in girls. It is diagnosed by repetitive behaviors and severe impairments of social interactions and communication skills (APA, 2000).

The familiar symptoms of autism spectrum disorder consist of three main non typical developing behaviors: communication, social interactions, and routines or repetitive behaviors. The symptoms can be mild to severe.

As a brain disorder, the level of developmental delay is unique to each individual (autismspeaks.org, 2011). This developmental brain disorder is a diagnosis of a team that typically consists of pediatrician, psychologist, speech and language pathologist and occupational therapist (autismspeaks.org, 2011).

- **Asperger's Disorder** is described as having intense challenges in social interactions and unusual patterns of interest. People with Asperger's are typically on the average to above average intelligence range (APA, 2000).

- **Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS)** identifies learners who display the social, communication, and behavioral challenges identified with autism but do not meet the specific criteria for Autistic Disorder (APA, 2000).

- **Rett's Disorder** is an extreme neurological developmental disorder that only affects girls. This gene mutation causes a severe intellectual disability, which may be paired with high intelligence in specific areas (APA, 2000).

- **Childhood Disintegrative Disorder (CDD)** describes learners who have lost significant loss of already acquired language, social skills, and adaptive behaviors before the age of ten. If a student has had a normal two years of learning and development and then has a pattern of severe developmental regression in multiple areas, then they are diagnosed with CDD.

History of Autism Spectrum Disorder

In 1911 Eugen Bleuler first used the term "autism" (Bleuler, 1950). The root of autism is auto from the Greek word for "self" to describe a sub category of schizophrenic (Kanner, 1943). This sub category of was described by Bleuler as "difficulty in connecting with other people". It was not until the 1943 that "Autism" was being used in medical journals (Kanner, 1943).

Dr. Hans Asperger was a pediatrician working in Austiria during the 1930s and 1940s after whom Asperger Syndrome is named (Asperger, 1944). Dr. Asperger's work wasn't studied by professionals until 1997(autismspeaks.org, 2011).

During the 1960s through the 1970s the majority of individuals with autism spectrum disorder were categorized as schizophrenic and resided in state mental institutions (Lovaas,

1967). The research shows that the treatments at this time for autism focused on medications

such as LSD, and pain-based treatments such as electric shock, and behavioral change techniques

(Freedman, 1962) (Lovaas, 1967) (Simmons, 1965).

Prevalence

The Center for Disease Control (CDC) estimates that as of 2011 1 in 88 children has been

identified with an autism spectrum disorder. Recent increases include:

- 23% increase since CDC report in 2009. (CDC, 2012)

- 78% increase since CDC first report in 2007. (CDC, 2012)

- ASDs are almost 5 times more common among boys (1 in 54) than among girls (1 in 252). (CDC, 2012)

- The largest increases over time were among Hispanic children (110%) and black children (91%).

Identified Prevalence of Autism Spectrum Disorders
ADDM Network 2000-2008
Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88

www.**autism**speaks.org (2012)

Chapter 2

Law and Policy

The civil rights movement of the 1960s was the catalyst for the federal laws to demand that government mandated education services for students with autism spectrum disorder be offered.

Previous to legislation requiring public education for students with autism, parents had few options other than to educate their children at home or pay for expensive private education.

In 1975 two federal laws changed the way the United States educates students with autism spectrum disorders. These laws are Education for All Handicapped Children Act (EHA) (P.L. 94-142) and the Individuals with Disabilities Act (IDEA) (P. L. 101-476).

In 1975 the EHA established a right to public education for all children regardless of disability, while the IDEA requires schools to provide individualized or **special education for children with qualifying disabilities.** Today the two laws are combined and known as IDEA. Under the IDEA, states that accept public funds for education must provide special education to qualifying children with disabilities (IDEA, 1997).

Autism was added as a separate category of disability in 1990 under P.L. 101-476. This did not change the law. Students with autism were enclosed by the law beforehand. The law after P.L. 101-476 identifies them in a new category as a "separate and distinct class" entitled to the law's benefits (IDEA, 1997).

P.L. 101-476 stated this about autism: "A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance." (IDEA, 1997)(SELPA, 2011).

IDEA created Free Appropriate Public Education or FAPE. The law mandated that a student with disability have educational needs met individually and this education provided must be of benefit to a student's independence to live and work, and further his or her education, such as attending college (IDEA, 1997). This mandate helped create the Individualized Education Program (IEP) for students from pre-k through grade 12 and up to 22 years of age.

Pre- Post secondary Services

The IEP is for students until graduation from high school or 22 years of age if receiving services from the high school. The IEP team consists of a Special Education teacher, a Regular Education teacher, an LEA (Local Education Agency) representative, related-services personnel (i.e. Speech Pathologist, Occupational Therapist, Physical Therapist, the school psychologist) the parents, and outside professionals who are involved with the child's therapies, medical or physical issues, or academic support. Parents may also invite an advocate on behalf of their child to help with the clarification and understanding of the IEP contents (SELPA, 2011).

The biggest change for students with autism spectrum disorder is when educators started to use inclusion models. The goal of inclusion models is to include all students, regardless of their disabilities / impairments into the general education environment. IDEA mandates their

inclusion due to two provisions found in PL 94-142/ PL 101-476 and PL 105-17 (IDEA, 1997) .

These provisions are:

a) to the maximum extent appropriate, handicapped children, including children in public and private institutions or other facilities, are educated with children who are not handicapped; and (b.) special classes , separate schooling, or removal of handicapped children from regular education environment occurs only when the nature and severity of the handicap is such that education in regular classes with the use of supplemental aid and service, cannot be achieved satisfactorily.(IDEA Regulations, 34 C.F.R. (section) 300.550(b) (IDEA, 1997).

Chapter 3

Characteristics Strengths and Challenges of Students with ASD

All people with autism spectrum disorder (ASD) have very unique and individualized characteristics of the disorder. The information below has been researched to be common strengths and Challenges for learners with ASD. The level at which the learner with ASD shows challenges in communication, socialization, sensory, behavior, and emotional connections will vary in degrees and may or may not show deficits in areas as described below.

Strengths and Positive Characteristics of ASD Students

ASD students have a lot to offer families, educational environments and our society.

Their skills and characteristic may include any or all of the following:

- Superior academic skills
- Very strong perseverance
- Can stick to routines
- Amazing visual learning skills
- An eye for detail
- Remarkable rote memory
- Ease of acquisition of knowledge
- Logical thinking
- High intelligence
- Proficiency in information and communication technology
- Objectivity (literal interpretation)
- Accuracy in mathematical computation.
- Able to forgive others
- Accepting of others
- Gentle
- Honest
- Not bullies, con artists, or social manipulators

- Not inclined to steal
- Perfectly capable of entertaining themselves
- Have a high respect for authority
- Talented
- Can make amazingly loyal friends
- Don't discriminate against anyone based on race, gender, or age
- Don't launch unprovoked attacks, verbal or otherwise
- Don't play head games, and don't take advantage of other's weaknesses
- Enjoy their own company, and can spend time alone
- Have a child-like innocence, and have no interest in harming others
- Notice fine details that others miss
- Prefer talking about significant things that will enhance their knowledge-base, rather than engaging in chit chat

Chapter 4

Challenges of Learners with ASD

Below are a few of the common challenges that are found associated with ASD.

The challenge is defined and examples are given. Included are some strategies to guide

those working with ASD students.

Communication Challenges

Due to the learners' large vocabulary the communication challenges are often hidden from others. Communication is often difficult in a face to face situation. The learner may be having sensory overload or be distressed by the social or communication demands on him or her in a classroom setting.

Inappropriate Question Asking–ASD learners may ask questions at inappropriate times or in excess or the same question multiple times. Asking questions is a stress reliever to some students.

Strategies:

- Let the learner know that you see they have a question and will answer it at a specific time.
- Set boundaries about when specific questions can be asked
- Have students write all questions down and address them after class.

Need for Concrete Language-People with autism will process language literally. It is critical to be aware of the language you use with the student with ASD. The slang expressions or idioms that are common everyday words to you or your culture have a impact of the picture that that is created in the thought processes of the student with ASD.

Strategies:

- Do not use idioms or slang. If idioms are used, teach the meaning.
- Use professional language; this will also help non-native English speakers as well.

Repetition of what is heard-This is a common communication

characteristic of a student with autism. It is called echolalia, when someone else's

word or phrase is repeated. Two common forms of echolalia will be observed:

immediate and delayed. The student may repeat what you said immediately after you

say something. The reason for this could be processing information delay, verbal

recovery of information, calming strategy, or reminder of data. The second, delayed

echolalia, is when the learner with ASD repeats word or phrases in succession. These

words or phrases may not be relative to current topics but of songs and television

slogans. This could possibly be a calming strategy used by the learner with ASD.

The student could be telling you they are upset or need assistance.

Strategies:

- Be aware if the student is trying to tell you something.
- Ignore the echolalia after it is determined to not be meaningful to discussion.
- If the echolalia becomes disruptive, respectfully, quietly and discreetly remind student to use a quiet voice.

No response-Every person processes information at a different speed. Typically

developing students will give a verbal clue to give more time or a visual sign cueing

you that they need more time to process information, retrieve the data and share

possible responses with you. The student with ASD will not give you any of these

clues that they are processing information, do not understand what was said, or need

more time to process. The response will be a total lack of response to what was

requested of them.

Strategies:

- Give processing time. Each student needs a different amount of time to process information.
- Use a variety of ways to ask questions.
- Ask a question, pause 5 to 10 seconds, give all students time to process information and then call on student.
- Give the question and tell student that you will get back to them for the answer.

Difficulty with Non verbal Cues- Everyday language consists of a lot of

body language and facial expressions. The student with ASD does not process body

language and facial expressions as easily. Hand gestures and body language need to

be explicitly taught and communicated to the learner with ASD.

Strategies:

- Use direct and explicit language with giving hand signals or expressive body language.
- If you are happy, frustrated, upset, or overwhelmed, *tell* the learner, don't show them.

Sensory Challenges

Students with ASD are very aware of their environment. The flickering of lights in a

classroom, or the humming of a heater or buzzing of electrical panel can cause great

distraction and high tension to the learner, much like finger nails on a chalk board to

neurotypical students. Certain kinds of paper and keypads of a computer may also

bring negative reactions to students with ASD. Hats, earplugs, headphones,

sunglasses, and their own materials can decrease these negative aspects of

environment.

Sight-Students with autism have two very different visual sensory challenges. The

person with autism may have too much or too little visual stimulation. The student

with autism may become overwhelmed with the input of visual processing and have

negative behaviors. In the opposite example, the student with ASD needs high

amounts of visual stimulation to stay focused and keeps interest levels high.

Strategies:

- Hats indoors help block overhead florescent light flicker.
- Sunglasses reduce sun reflections.
- Eye contact could be difficult for students with ASD. Do not mandate that a student with ASD look you in the eyes
- Visual information on handouts could be kept to a minimum
- A clutter free classroom and work area will help reduce distractions.
- Use a variety of teaching methods. Keep different forms of stimulation to keep interest levels high.

Sound-Students with ASD may have extremely sensitive hearing. Because of this,

they may need more time to process information. The common ticking of a clock may

be processed as pounding of church bells. Heating and air-conditioning units make

humming sounds that could be compared to fingernails on a chalk board. Classroom

light ballast in the ceiling also makes noises. Side conversations during lecture are

very difficult to filter out. The classroom environment is not always a quiet one. It is

mandatory to be aware of where the uncontrollable noises are and how you can help

minimize the auditory distractions.

Strategies:

- Give thought processing time after question or request.
- Write down multistep directions.
- Ask if a specific noise bothers anybody.
- <u>Earplugs and headphones</u> limit noise from background machines, fans, and conversations.
- Give warning of fire and emergency drills.

Touch-The learner with ASD may have heightened sensation to what they touch

and if someone touches them. It is critical to know that touching a student with ASD

could be like shocking them with high voltage. Crowded hallways, busy work areas,

and other places where accidental touches could occur will be avoided by some

students with ASD. A simple touch to the body of a student with ASD could actually

cause pain to them. Because of this heightened awareness of touch many ASD

students will have a tactile behavior that helps them cope or clam themselves. This is

in the form of slapping or rubbing hands. Items such as paper, keyboards and

classroom supplies may feel extremely uncomfortable to them to work with.

Strategies:

- *Never touch* from behind or without permission first.
- Give students the option to work with their own materials.
- Ignore repetitive hand movements or busy hand movements of object. If the movements are noise distractions discreetly bring awareness to the student and request to quiet the behavior.
- Give and respect personal space.

Smell-Like all the other senses some students with autism will have heightened

awareness of smells. The classroom environment has many smells that may be

devastating to the student with ASD. Perfumes, Colognes, and lotions may cause

great discomfort and frustration in the learning environment. In the class, lab or field

any learning activity that may include glue, paint, pens and other chemicals could

bring adverse behaviors.

Strategies:

- In your syllabus and as needed: request all students to respect others allergies/reactions to Perfumes and Colognes.
- Allow student with ASD to sit next to doors and window with good ventilation.

Behavior Challenges-The most important concept about behavior is to know

that it is a form of communication. Students with ASD may not be able to tell, show,

or express to you what they need, or are not getting. Behavior challenges may occur

if the student with autism is trying to avoid, control or is frustrated with the situation.

You need to be aware of the behavior and assess the seriousness of the behavior.

Strategies:

- **The respect and dignity of the student is most important if you must confront the negative behavior**.
- Can the behavior be ignored?
- Do you have a positive replacement behavior?
- Seek additional support for strategies.

Positive and Negative Behaviors

The student with ASD has extremely positive behaviors that can be viewed as
negative or challenge behaviors. Below are examples of these behaviors.

Strengths	Challenges
Attention to detail	Grasping the "big" picture
Often highly skilled in a particular area	Uneven set of skills
Deep study resulting in encyclopedic knowledge on areas of interest	Difficulty in developing motivation to study areas not of interest
Tendency to be logical (helpful in decision making where emotions may interfere)	Difficulty perceiving emotional states of others
Less concern for what others may think of them (can be a strength and a challenge)	Perceiving unwritten rules of social interaction, but can learn these rules through direct instruction
(Also known as)Independent thinking. Often results in novel "big picture" insights due to different ways of looking at things, ideas, and concepts	Difficulty processing in non-favorite ways of learning
Usually visual processing (thinking in pictures or video)	Difficulty parsing out and summarizing important information for a conversation
Often very verbal	Sensory integration problems where input may register unevenly, distorted, and difficulty in screening out background noise
Direct communication	Honesty
Loyalty	Generalization to be loyal to everyone

Honesty	Difficulty expressing empathy in ways that others expect or understand
Nonjudgemental listening	Difficulties planning long-term tasks
Average to above average intelligence	

(autismspeaks org, 2011)

Need for Consistency-Students with autism have a difficult time processing

environmental changes. One coping strategy students with ASD have is creating

strict routines. This consistency helps organize daily life and decreases surprise

changes which are very often difficult to process and cause anxiety.

Strategies:

- Create detailed syllabus.
- Give warning that Times/Dates/locations may change.
- If change is necessary: give multiple prompts, copies, postings, and documentation.

Perfectionism-Students with ASD have great attention to detail. It is possible

that the student with autism is so focused on the detail that they do not finish the

assignment or project in class.

Strategies:

- Give entire class warning that they will have 10 minutes then 5 minutes then 1 minute before the assignment or project is to be finished.
- Give positive reinforcement that perfection is not critical.
- Additional after class time may be needed to meet needs of students with ASD.

Emotional Challenges

Students with autism show emotion differently than typical developing students.

Some students with ASD struggle showing and identifying emotional feelings.

Students with ASD may show emotional diversity as tantrum or anxiety.

Anxiety-The postsecondary campus is a very stressful environment for all. The

many daily activities that can cause stress to anyone can cause above average anxiety

to the student with ADS. Be aware of signs of stress and behaviors that can be stress

related.

Strategies:

- Give prompts to take a break.
- Quietly and discreetly ask if you can help with a solution to anxiety.
- Give reassurance and support.

Common Classroom Strategies at a Glance

Communication Challenges

Inappropriate Question Asking

- Let the learner know that you see they have a question and will answer it at a specific time.
- Set boundaries about when specific questions can be asked
- Have students write all questions down and address them after class.

Need for Concrete Language

- Do not use idioms or slang. If idioms are used, teach the meaning.
- Use professional language; this will also help non-native English speakers as well.

Repetition of what is heard

- Be aware if the student is trying to tell you something.
- Ignore the echolalia after it is determined to not be meaningful to discussion.
- If the echolalia becomes disruptive, respectfully, quietly and discreetly remind student to use a quiet voice.

No response

- Give processing time. Each student needs a different amount of time to process information.
- Use a variety of ways to ask questions.
- Ask a question, pause 5 to 10 seconds, give all students time to process information and then call on student.
- Give the question and tell student that you will get back to them for the answer.

Nonverbal Cues

- Use direct and explicit language with giving hand signals or expressive body language.
- If you are happy, frustrated, upset, or overwhelmed, *tell* the learner, don't show them.

Sensory Challenges

Sight

- Hats indoors help block overhead florescent light flicker.
- Sunglasses reduce sun reflections.
- Eye contact could be difficult for students with ASD. Do not mandate that a student with ASD look you in the eyes
- Visual information on handouts could be kept to a minimum
- A clutter free classroom and work area will help reduce distractions.
- Use a variety of teaching methods. Has different forms of stimulation to keep interest levels high.

Sound

- Give thought processing time after question or request.
- Write down multistep directions.
- Ask if a specific noise bothers anybody.
- Earplugs and headphones limit noise from background machines, fans, and conversations.
- Give warning of fire and emergency drills.

Touch

- *Never touch* from behind or without permission first.
- Give students the option to work with their own materials.
- Ignore repetitive hand movements or busy hand movements of object. If the movements are noise distractions discreetly bring awareness to the student and ask them to quiet the behavior.
- Give and respect personal space.

Smell

- In syllabus and as needed request all students to respect others' allergies/reactions to Perfumes and Colognes.
- Allow student with ASD to sit next to doors and windows with good ventilation.

Behavior Challenges

Positive and Negative Behaviors

- *The respect and dignity of the student is most important if you must confront the negative behavior.*
- Can the behavior be ignored?
- Do you have a positive replacement behavior?
- Seek additional support for strategies.

Need for Constancy

- Create detailed syllabus.
- Give warning that Times/Dates/locations may change.
- If change is necessary, give multiple prompts, copies, postings, and documentation.

Perfection

- Give entire class warnings, that they will have 10 minutes then 5 minutes then 1 minute before the assignment or project is to be finished.
- Give positive reinforcement to show that perfection is not critical.
- Additional after class time may be needed to meet needs of students with ASD.

Emotional Challenges

Anxiety

- Give prompts to take a break.
- Quietly and discreetly ask if you can help with a solution to anxiety.
- Give reassurance and support.

CRISIS SITUATION

Follow <u>Behavior Response Cycle </u>on next page

The Behavior Response Cycle show the emotional baseline of *not just* the student with ASD

but most people who are prone to a behavior crisis from: Trigger to Escalation to Crisis to

Recovery to Afterwards.

The Behavior Response Cycle can help at all stages of behaviors.

Top: Students with ASD possible behaviors before during and after crisis. It is important to

know triggers and escalation to prevent possible crisis situations.

Bottom: Possible response for staff, faculty and support.

Behavior Response Cycle

TRIGGER
1 Pain
2 Noisy environment
3 Tired
4 Tone of staff voice
5 Incontinence
6 Difficulty processing info

ESCALATION
1 Shakes Head
2 Adopts a blank stare
3 Slaps legs
4 Swears under his breath
5 Looks angry

CRISIS
1 Spits
2 Punches
3 Kicks
4 Throws objects
5 Pursues aggressively
6 Targets staff & students

RECOVERY
1 Says "I've had enough"
2 Asks for a drink
3 Asks for food
4 Asks to take break

AFTERWARDS
1 Visually Focused
2 Smiles
3 May apologize
4 Head twitches

EMOTIONAL BASELINE

RESPONSE
1 Offer to see health center
2 Offer reassurance
3 Redirect to quieter place
4 Ask if break is needed
5 Use neutral tone
6 Ask only one question

RESPONSE
1 Use calm voice
2 Stimulus change*
3 Offer to get a drink
4 Ask if there is pain

RESPONSE
1 Crisis communication**
2 Call for assistance
3 Stimulus change
4 Get out of way
5 Remove self from line
  of sight
6 Get everyone to safe area

RESPONSE
1 Agree to requests in timely
  friendly manner
2 Encourage to rest

RESPONSE
1 Use calm tone
2 Don't discuss event
  In front of others
3 Do not ostracize
4 Debrief staff
5 Document incident

* 'Stimulus change' means distracting student e.g. clapping hands, getting them to talk on the phone, dancing, throwing feathers, etc.

** 'Crisis communication' means keeping sentences short (i.e. no more than 5 words – 'rule of five') as student in crisis cannot absorb too much information

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Part II

Responses to Handbook

In this section all the confidential responses to the handbook are presented along with my analysis. The responses are listed below directly as gathered form monkeysurvey.com. Individual responses to the questions 1-4 with my analysis are as followed:

Question 1. Did you find the handbook useful?

Yes, great tool for parents navigating the ASD adventure and juggling the jungle of options!

3/26/2013 10:00 PM

There was some good in the book. However, it is titled a book for the student after high school and there really is not good useful information for that student. Should the name be changed to reflect the content?

3/26/2013 3:21 PM

This respondent was confused by the semantics of the title.

Yes, there were parts of the handbook that were very useful, but I do have some suggestions that I will include in the other sections.

3/26/2013 11:28 AM

yes

3/22/2013 9:30 AM

Question 2. Did you find the format of the handbook easy to read and understand?

Nice job, the language was simple, without a lot of jargon but it may be nice to label the tabs for

easy reference and perhaps use a basic protocol flow chart for intervention along with narrative.

3/26/2013 10:00 PM

This is a costly item to label each tab. I used numbered tabs that are pre-printed. A flow chart is a

good idea and the last section shows a behavior response cycle flow chart. Perhaps the

respondent made a comment without seeing this chart.

It may be too fundamental. This book is for a college student and in chapter 1 it tells about the

student's disability, shouldn't they know this by now?? For a graduate student's work, it needs

some improving.

3/26/2013 3:21 PM

The semantics could have been confusing for the respondent. It is to help ALL people working

with students with autism. I wanted the work to be simple for all people to understand and

process simple information for people from all educational backgrounds.

I think there is room for improvement on the format. 1) I found the change of font and size

confusing 2) I would have also liked to see some changes to signify section changes. For

example, in Chapter 4 under each section....communication challenges, I would have liked to

seen some numbering when talking about the different communication challenges. Same idea for

sensory challenges...... since Sensory Challenges were the main category, I would have liked to

see a number system for they types of sensory challenges. 2) I would suggest re-working the title

of the handbook. It seems like the handbook is really for professionals working with students

with ASD, and not for the students themselves, as the title suggests. 3) I loved the suggestions in Chapter 4, but I found Chapter 5 to be just a repeat. Maybe combine the two.

3/26/2013 11:28 AM

1) Font and size is very style oriented. I did not change size or font. 2) I used font and size to change sections along with tabs and chapter headings. 3) Chapter 5 is a repeat of chapter 4, a simpler easier to follow flow of ideas. This is a teaching strategy. The title uses people first language, a baseline for showing respect to people with special needs.

yes

3/22/2013 9:30 AM

Question 3. In your opinion, do you feel that students, staff, and faculty would be able to apply the suggested strategies?

Fantastic, I think the suggestions overall were good, but it might be nice to repeatedly clarify that while such techniques may work occasionally, realize that each individual student is unique with special strengths, individualized needs, often requiring multiple approaches.

3/26/2013 10:00 PM

Great idea to add to the top first page of this handbook.

But, if this handbook is for the student how will these people even see these strategies? The content seems to be all over the place.

3/26/2013 3:21 PM

I think this person was confused on people first language, and did not read the introduction.

Yes, but as I suggested above, I feel there needs to be some format and organizational changes to make it more user friendly. I would also not include so much history of the law and history of the diagnosis. If the handbook is truly for the professional working with the student, they don't need to know all that information. They would probably benefit more from the suggestions.

3/26/2013 11:28 AM

Background and history helps some people process and make connections to diversify and understand the rights of people with special needs. Where they have been. Where they are now and where they are going.

I feel that the book primarily would be helpful for faculty, because the strategies listed are focused on faculty actions rather than for students.

3/22/2013 9:30 AM

Yes but all people can get ideas that will promote a positive learning environment.

Question 4. After reviewing the handbook, what new information could you give about students with Autism Spectrum Disorders? a. What best practices/ techniques are most effective? b. What practices/ techniques would you suggest improving?

I like the simple communication and environmental strategies given, clearly that will avoid much frustration in structuring learning and improving life skills. I think more information about PSE options, vocational preparation, case management (Regional Center) and advocacy in a person-centered manner transitioning into the adult world.

3/26/2013 10:00 PM

More information on outside agencies would be helpful but the handbook is for a school campus

not a community outreach program.

b. There is not one Law and Policy for the college student, the mentioned laws are all K-12.

3/26/2013 3:21 PM

This was to show how and why students with autism get so much support in K-12 and very little

in Post-secondary. I will need to go and clarify what the differences between the two are.

a) I liked the practical suggestions b) Less history and more practical suggestions. Maybe even

scenarios.

3/26/2013 11:28 AM

Add a section on each page for student strategies

3/22/2013 9:30 AM

Students could use some of the strategies presented to the teachers but the document is for

teachers to use.

yes

3/13/2013 11:04 AM

Question 5. What do you feel could be done to improve this handbook?

Again, beautiful job! If possible, in addition to the PSE piece I would like to see more reference

material to community resources, like Autism Society, Autism Speaks, as I often hear needs for

Respite, Recreational and Residential options. Also, simple legal and accessibility advocacy

clarification with resource and contact information will help handbook users. Tal vez una versión en español también?

3/26/2013 10:00 PM

Adding additional outside agencies is a good idea but the main idea of the handbook is to help the campus and people working with the students in the classroom not provide outside support or give resources.

I would suggest what is already mentioned and maybe change some names, chapters and content to reflect more of the purpose of this project. I would also suggest you make it different than what you would find if you just googled Autism Spectrum. Maybe a website would be more appropriate for this current time.

3/26/2013 3:21 PM

I wanted to keep simple terms.

Please consult the now released DSM V. I believe they took out Aspergers and PDD. You want this new information and changes included.

3/26/2013 11:28 AM

I like the organization a lot. It makes things easy to find, and chunking the material serves the target populations well. I think formatting the pages with some visuals would be most beneficial - flow charts, graphs, etc. Even some pictures could be most useful.

3/22/2013 9:30 AM

As a handbook creating pictures and charts is a great idea.

yes

3/13/2013 11:04 AM

In conclusion the survey helped me add additional ideas and best practices from professionals who are working first hand with students with autism at the post secondary level. In Chapter 5 I will include the new handbook with additional information added as a direct result to the confidential survey that was conducted with the professionals in the autism community. In addition my discoveries and their implications will be discussed in the final chapter.

Chapter 5

Implications and Discoveries

In this final chapter, I will discuss what I have learned in the process of creating the handbook and what I will take into the future. Included in the discoveries are the change of my perspective and the overall response to what is needed for the autism community. I will conclude this chapter with my future steps for the handbook and possible outcomes for my further educational opportunities. Appendix 5 has the final handbook with corrections and suggestions made from the professionals in the field through confidential survey.

The idea for a handbook for students with autism was a collaboration of three professionals in the community of special education. After completing a 5 year long special education credential or Education Specialist Credential Program with California State University Channel Islands (CSUCI) the choice to do a project over the comprehensive question exam was critical to my future education choices. My credential supervisor made an appointment with a CSUCI administrator. Together we discussed ideas and concepts for a project that would benefit all three of us and the special education community. The idea of this project that would educate and empower the professionals working with students with autism at the post secondary level was created.

The fact that autism spectrum disorder is very diverse in symptoms and diagnoses are changing as of 2013 current news and media have added to awareness of this topic. Autism is familiar to not just the special education community but to many people who are not connected to the community of autism. Autism activists have created such an amazing supportive and active community the research data was plentiful and current.

Upon finishing this handbook I will still be connecting to the autism community. With current media such as podcasts, updated web pages, national radio and television shows reporting current discoveries and topics all with easy access with my personal technology devices.

The overall response to the need to educate and promote post-secondary educating of students with autism was extremely positive. Each post-secondary program will need to make a program for the increasing number of enrolling students with autism.

Some of the future steps that I will be making to promote my handbook are poster sessions, professional journals, and making the handbook available. Poster sessions are organized by universities for graduate students to educate and promote their research and give ideas to future graduate students. The special education community has professional journals that are sent to educators and administrators all over the nation. The promotion of this handbook could be fulfilled by sending it to the publishers. Posting the handbook online and having it available to any institutions that are willing to use it or expand upon it would be a great way to have more post-secondary programs using positive ways to meet the needs of students with autism.

This handbook is an ongoing and flexible tool that could be used for future students including myself, in doctoral level work at the university.

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Appendix A

The universally used terms under the umbrella of Autism Spectrum Disorder according to the

DSM IV are as follows:

Autistic Disorder (299.00 DSM-IV)

The central features of Autistic Disorder are the presence of markedly abnormal or impaired

development in social interaction and communication, and a markedly restricted repertoire of

activity and interest. The manifestations of this disorder vary greatly depending on the

developmental level and chronological age of the individual. Autistic Disorder is sometimes

referred to as Early Infantile Autism, Childhood Autism, or Kanner's Autism (page 66).

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each

from (2) and (3):

1. Qualitative impairment in social interaction, as manifested by at least two of the

    following:

    o Marked impairment in the use of multiple nonverbal behaviors such as eye to-eye

        gaze, facial expression, body postures, and gestures to regulate social interaction

        .

    o Failure to develop peer relationships appropriate to developmental level

    o A lack of spontaneous seeking to share enjoyment, interests, or achievements with

        other people (e.g., by a lack of showing, bringing, or pointing out objects of

        interest)

    o Lack of social or emotional reciprocity

2. Qualitative impairments in communication as manifested by at least one of the following:

- o Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)

- o In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

- o Stereotyped and repetitive use of language or idiosyncratic language

- o Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- o Encompassing preoccupation with one or more stereotyped patterns of interest that is abnormal either in intensity or focus

- o Apparently inflexible adherence to specific, nonfunctional routines or rituals

- o Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

- o Persistent preoccupation with parts of object

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

- Social interaction
- Language as used in social communication
- Symbolic or imaginative play

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.(2)

Pervasive Development Disorders (PDD)

This is an umbrella term commonly used by professional to label children and adults with autism. This causes a perplexed challenge with individuals labeled with this diagnosis of PDD because PDD is not a specific diagnosis under DSM-4. "As no medical tests can be performed to indicate the presence of autism or any other PDD, the diagnosis is based upon the presence or absence of specific behaviors."(3) According to autismspeaks.org PDD label can prevent children from obtaining services relative to their needs.

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific pervasive developmental disorder, schizophrenia, schizotypal personality disorder, or avoidant personality disorder. For example, this category includes "atypical autism" -- presentations that do not meet the criteria for autistic disorder because of late age of onset, atypical symptomatology, or subthreshold symptomatology, or all of these.(2)

PDD-NOS (299.80 DSM-IV)

This is the same as PDD

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or

when stereotyped behavior, interests, and activities are present, but the criteria are not met for a

specific Pervasive Developmental Disorder, Schizophrenia, Schizotypical Personality Disorder,

or Avoidant Personality Disorder. For example, this category includes "atypical autism"--

presentations that do not meet the criteria for Autistic Disorder because of late age of onset,

atypical symptomatology, or sub-threshold symptomatology, or all of these.(2)

Asperger syndrome or Asperger's Disorder (299.80 DSM-IV)

The essential features of Asperger's Disorder are severe and sustained impairment in social

interaction and the development of restricted, repetitive patterns of behavior, interest, and

activity. The disturbance must clinically show significant impairment in social, occupational, and

other important areas of functioning. In contrast to Autistic Disorder, there are no clinically

significant delays in language. In addition there are no clinically significant delays in cognitive

development or in the development of age-appropriate self-help skills, adaptive behavior, and

curiosity about the environment in childhood.(2)

A. Qualitative impairment in social interaction, as manifested by at least two of the following:

- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze,

  facial expression, body postures, and gestures to regulate social interaction

- Failure to develop peer relationships appropriate to developmental level

- A lack of spontaneous seeking to share enjoyment, interests, or achievements with other

  people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other

  people)

- Lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus

- Apparently inflexible adherence to specific, non-functional routines or rituals

- Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

- Persistent preoccupation with parts of objects

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)

E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.(2)

Rett Syndrome or Rett's Disorder (299.80 DSM-IV)

The essential feature of Rett's Disorder is the development of multiple specific deficits following a period of normal functioning after birth. There is a loss of previously acquired purposeful hand

skills before subsequent development of characteristic hand movement resembling hand

wringing or hand washing. Interest in the social environment diminishes in the first few years

after the onset of the disorder. There is also significant impairment in expressive and receptive

language development with severe psychomotor retardation. (Page 71)

A. All of the following:

- Apparently normal prenatal and prenatal development

- Apparently normal psychomotor development through the first 5 months after birth

- Normal head circumference at birth

B. Onset of all of the following after the period of normal development:

- Deceleration of head growth between ages 5 and 48 months

- Loss of previously acquired purposeful hand skills between ages 5 and 30 months with
  the subsequent development of stereotyped hand movements (e.g., hand-wringing or
  hand washing)

- Loss of social engagement early in the course (although often social interaction develops
  later)

- Appearance of poorly coordinated gait or trunk movements

- Severely impaired expressive and receptive language development with severe
  psychomotor retardation

The term "PDD" is widely used by professionals to refer to children with autism and related

disorders; however, there is a great deal of disagreement and confusion among professionals

concerning the PDD label. Diagnosis of PDD, including autism or any other developmental

disability, is based upon the *Diagnostic and Statistical Manual of Mental Disorders - Fourth

Edition (DSM-IV)*, published by the American Psychiatric Association (Washington, DC, 1994),

and is the main diagnostic reference of mental health professionals in the U.S.

Currently the Diagnostic and Statistical Manual of Mental Disorders 4 or DSM-4 states Autistic

Disorder (299.00 DSM-IV)

The central features of Autistic Disorder are the presence of markedly abnormal or impaired

development in social interaction and communication, and a markedly restricted repertoire of

activity and interest. The manifestations of this disorder vary greatly depending on the

developmental level and chronological age of the individual. Autistic Disorder is sometimes

referred to as Early Infantile Autism, Childhood Autism, or Kanner's Autism (page 66).

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each

from (2) and (3):

1. Qualitative impairment in social interaction, as manifested by at least two of the

   following:

   o Marked impairment in the use of multiple nonverbal behaviors such as eye to-eye

      gaze, facial expression, body postures, and gestures to regulate social interaction

      .

   o Failure to develop peer relationships appropriate to developmental level

- o A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)

- o Lack of social or emotional reciprocity

2. Qualitative impairments in communication as manifested by at least one of the following:

- o Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)

- o In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

- o Stereotyped and repetitive use of language or idiosyncratic language

- o Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- o Encompassing preoccupation with one or more stereotyped patterns of interest that is abnormal either in intensity or focus

- o Apparently inflexible adherence to specific, nonfunctional routines or rituals

- o Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

- o Persistent preoccupation with parts of object

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

- Social interaction

- Language as used in social communication

- Symbolic or imaginative play

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.
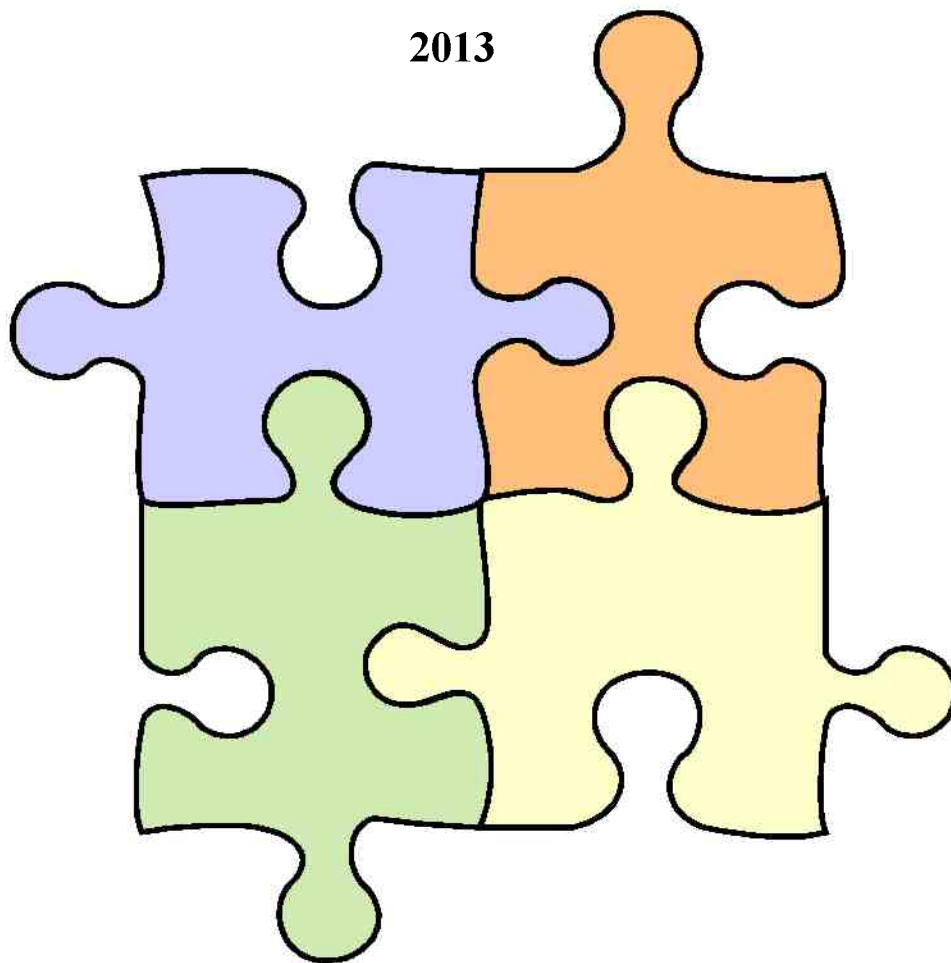
The community that advocates and supports autism awareness and education is apprehensive of the new definition of autism spectrum disorder by *Diagnostic and Statistical Manual of Mental Disorders* or DSM-5. The DSM-5 is scheduled for publication in spring 2013

Appendix B

Final Handbook

Handbook

for

Postsecondary Students

With Autism Spectrum Disorder

2013

Table of Contents

Problem Solving Process

Success in post secondary is supported by great communication. Knowing the lines of communication can be challenging at times for both the student and the faculty. When a problem comes up, it can be confusing knowing whom to consult about how to solve the problem.

The team members in a post secondary campus are as follows:

First.................Student to Faculty to Student

Second ....EAC or Educational Access Center, Educational Assistant Center, Disability Resource Program, Disabled Students Program and Services, ect.

Third ....Department Chair

Last resort......................Dean of Student Services

Ultimate last resort ....Administration or Legal Actions

Faculty should first talk or email the student with ASD about any concerns.

The Student with ASD should first talk or email faculty (Teacher or Professor) with any

problems.

When a problem is not resolved with talking or emailing the second line of mediation will be the EAC or Educational Access Center, Educational Assistant Center, Disability Resource Program, Disabled Students Program and Services.

DO NOT GO TO: Department Chair, Dean of student services or Administration until the EAC has met with all people involved in the situation.

Introduction

This handbook contains important information about adult learners with autism spectrum disorders (ASD), pervasive development disorders (PDD) and pervasive developmental disorder not otherwise specified PDD-NOS. ASD, PDD and PDD-NOS are umbrella terms for all learners with a developmental brain disorder that may includes atypical behaviors of communication, social interaction, and repetitive actions. The main goal of the handbook is to raise awareness, inform, and empower all individuals involved in the educational success of adult learners who may identify or show behaviors within the autism spectrum umbrella. This handbook will help colleges, universities and institutions of higher education support students with autism spectrum disorders. The audiences that may benefit include (but not limited to): students, parents, staff, facility, administration and campus security. This handbook is formatted into 5 chapters with a Behavior Response Cycle and work cited.

Purpose of the Handbook

Center for Disease Control CDC estimates 1 in 88 children has been identified with an autism spectrum disorder. With the inclusion models for all special needs children in the least restrictive learning environments, colleges and universities are now seeing and will continue to see an increase of students with autism spectrum disorder.

This handbook was developed to support all people involved in the post-secondary education of a student with an autism spectrum disorder. It is designed to provide information, ideas, and strategies to help support highly individualized characteristics and learning styles that are much different than the styles of typical cognitive developing students.

Chapter 1

What are Autism Spectrum Disorders?

The official diagnosis of autism spectrum disorder uses the DSM- IV. The Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition or DSM-IV is a manual published by the American Psychiatric Association. It includes all mental health disorders. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis as well as some research concerning the optimal treatment approaches (allpsych.com, 2011). The five types of Autism Spectrum Disorders (which are being modified as more research becomes available) are listed below:

- **Autistic Disorder** is traditionally referred to as "autism," and is a neurological disorder that is more common in boys than in girls. It is diagnosed by repetitive behaviors and severe impairments of social interactions and communication skills (APA, 2000).

The familiar symptoms of autism spectrum disorder consist of three main non typical developing behaviors: communication, social interactions, and routines or repetitive behaviors. The symptoms can be mild to severe.

As a brain disorder, the level of developmental delay is unique to each individual (autismspeaks.org, 2011). This developmental brain disorder is a diagnosis of a team that typically consists of pediatrician, psychologist, speech and language pathologist and occupational therapist (autismspeaks.org, 2011).

- **Asperger's Disorder** is described as having intense challenges in social interactions and unusual patterns of interest. People with Asperger's are typically on the average to above average intelligence range (APA, 2000).

- **Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS)** identifies learners who display the social, communication, and behavioral challenges identified with autism but do not meet the specific criteria for Autistic Disorder (APA, 2000).

- **Rett's Disorder** is an extreme neurological developmental disorder that only affects girls. This gene mutation causes a severe intellectual disability, which may be paired with high intelligence in specific areas (APA, 2000).

- **Childhood Disintegrative Disorder (CDD)** describes learners who have lost significant loss of already acquired language, social skills, and adaptive behaviors before the age of ten. If a student has had a normal two years of learning and development and then has a pattern of severe developmental regression in multiple areas, then they are diagnosed with CDD.

History of Autism Spectrum Disorder

In 1911 Eugen Bleuler first used the term "autism" (Bleuler, 1950). The root of autism is auto from the Greek word for "self" to describe a sub category of schizophrenic (Kanner, 1943). This sub category of was described by Bleuler as "difficulty in connecting with other people". It was not until the 1943 that "Autism" was being used in medical journals (Kanner, 1943).

Dr. Hans Asperger was a pediatrician working in Austiria during the 1930s and 1940s after whom Asperger Syndrome is named (Asperger, 1944). Dr. Asperger's work wasn't studied by professionals until 1997(autismspeaks.org, 2011).

During the 1960s through the 1970s the majority of individuals with autism spectrum disorder were categorized as schizophrenic and resided in state mental institutions (Lovaas,

1967). The research shows that the treatments at this time for autism focused on medications

such as LSD, and pain-based treatments such as electric shock, and behavioral change techniques

(Freedman, 1962) (Lovaas, 1967) (Simmons, 1965).

Prevalence

The Center for Disease Control (CDC) estimates that as of 2011 1 in 88 children has been

identified with an autism spectrum disorder. Recent increases include:

- 23% increase since CDC report in 2009. (CDC, 2012)

- 78% increase since CDC first report in 2007. (CDC, 2012)

- ASDs are almost 5 times more common among boys (1 in 54) than among girls (1 in 252). (CDC, 2012)

- The largest increases over time were among Hispanic children (110%) and black children (91%).

Identified Prevalence of Autism Spectrum Disorders
ADDM Network 2000-2008
Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88

www.autismspeaks.org (2012)

Chapter 2

Law and Policy

The civil rights movement of the 1960s was the catalyst for the federal laws to demand that government mandated education services for students with autism spectrum disorder be offered.

Previous to legislation requiring public education for students with autism, parents had few options other than to educate their children at home or pay for expensive private education.

In 1975 two federal laws changed the way the United States educates students with autism spectrum disorders. These laws are Education for All Handicapped Children Act (EHA) (P.L. 94-142) and the Individuals with Disabilities Act (IDEA) (P. L. 101-476).

In 1975 the EHA established a right to public education for all children regardless of disability, while the IDEA requires schools to provide individualized or **special education for children with qualifying disabilities.** Today the two laws are combined and known as IDEA. Under the IDEA, states that accept public funds for education must provide special education to qualifying children with disabilities (IDEA, 1997).

Autism was added as a separate category of disability in 1990 under P.L. 101-476. This did not change the law. Students with autism were enclosed by the law beforehand. The law after P.L. 101-476 identifies them in a new category as a "separate and distinct class" entitled to the law's benefits (IDEA, 1997).

P.L. 101-476 stated this about autism: "A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has a serious emotional disturbance." (IDEA, 1997)(SELPA, 2011).

IDEA created Free Appropriate Public Education or FAPE. The law mandated that a student with disability have educational needs met individually and this education provided must be of benefit to a student's independence to live and work, and further his or her education, such as attending college (IDEA, 1997). This mandate helped create the Individualized Education Program (IEP) for students from pre-k through grade 12 and up to 22 years of age.

Pre- Post secondary Services

The IEP is for students until graduation from high school or 22 years of age if receiving services from the high school. The IEP team consists of a Special Education teacher, a Regular Education teacher, an LEA (Local Education Agency) representative, related-services personnel (i.e. Speech Pathologist, Occupational Therapist, Physical Therapist, the school psychologist) the parents, and outside professionals who are involved with the child's therapies, medical or physical issues, or academic support. Parents may also invite an advocate on behalf of their child to help with the clarification and understanding of the IEP contents (SELPA, 2011).

The biggest change for students with autism spectrum disorder is when educators started to use inclusion models. The goal of inclusion models is to include all students, regardless of their disabilities / impairments into the general education environment. IDEA mandates their

inclusion due to two provisions found in PL 94-142/ PL 101-476 and PL 105-17 (IDEA, 1997) .

These provisions are:

a) to the maximum extent appropriate, handicapped children, including children in public and private institutions or

other facilities, are educated with children who are not handicapped; and (b.) special classes , separate schooling,

or removal of handicapped children from regular education environment occurs only when the nature and severity

of the handicap is such that education in regular classes with the use of supplemental aid and service, cannot be

achieved satisfactorily.(IDEA Regulations, 34 C.F.R. (section) 300.550(b) (IDEA, 1997).

Chapter 3

Characteristics Strengths and Challenges of Students with ASD

All people with autism spectrum disorder (ASD) have very unique and individualized

characteristics of the disorder. The information below has been researched to be common

strengths and Challenges for learners with ASD. The level at which the learner with ASD shows

challenges in communication, socialization, sensory, behavior, and emotional connections will

vary in degrees and may or may not show deficits in areas as described below.

Strengths and Positive Characteristics of ASD Students

ASD students have a lot to offer families, educational environments and our society.

Their skills and characteristic may include any or all of the following:

- Superior academic skills
- Very strong perseverance
- Can stick to routines
- Amazing visual learning skills
- An eye for detail
- Remarkable rote memory
- Ease of acquisition of knowledge
- Logical thinking
- High intelligence
- Proficiency in information and communication technology
- Objectivity (literal interpretation)
- Accuracy in mathematical computation.
- Able to forgive others
- Accepting of others
- Gentle
- Honest
- Not bullies, con artists, or social manipulators

- Not inclined to steal
- Perfectly capable of entertaining themselves
- Have a high respect for authority
- Talented
- Can make amazingly loyal friends
- Don't discriminate against anyone based on race, gender, or age
- Don't launch unprovoked attacks, verbal or otherwise
- Don't play head games, and don't take advantage of other's weaknesses
- Enjoy their own company, and can spend time alone
- Have a child-like innocence, and have no interest in harming others
- Notice fine details that others miss
- Prefer talking about significant things that will enhance their knowledge-base, rather than engaging in chit chat

Chapter 4

Challenges of Learners with ASD

Below are a few of the common challenges that are found associated with ASD.

The challenge is defined and examples are given. Included are some strategies to guide

those working with ASD students.

Communication Challenges

Due to the learners' large vocabulary the communication challenges are often hidden

from others. Communication is often difficult in a face to face situation. The learner

may be having sensory overload or be distressed by the social or communication

demands on him or her in a classroom setting.

Inappropriate Question Asking–ASD learners may ask questions at

inappropriate times or in excess or the same question multiple times. Asking

questions is a stress reliever to some students.

Strategies:

- Let the learner know that you see they have a question and will answer it at a specific time.
- Set boundaries about when specific questions can be asked
- Have students write all questions down and address them after class.

Need for Concrete Language-People with autism will process language

literally. It is critical to be aware of the language you use with the student with ASD.

The slang expressions or idioms that are common everyday words to you or your

culture have a impact of the picture that that is created in the thought processes of the

student with ASD.

Strategies:

- Do not use idioms or slang. If idioms are used, teach the meaning.
- Use professional language; this will also help non-native English speakers as well.

Repetition of what is heard-This is a common communication

characteristic of a student with autism. It is called echolalia, when someone else's

word or phrase is repeated. Two common forms of echolalia will be observed:

immediate and delayed. The student may repeat what you said immediately after you

say something. The reason for this could be processing information delay, verbal

recovery of information, calming strategy, or reminder of data. The second, delayed

echolalia, is when the learner with ASD repeats word or phrases in succession. These

words or phrases may not be relative to current topics but of songs and television

slogans. This could possibly be a calming strategy used by the learner with ASD.

The student could be telling you they are upset or need assistance.

Strategies:

- Be aware if the student is trying to tell you something.
- Ignore the echolalia after it is determined to not be meaningful to discussion.
- If the echolalia becomes disruptive, respectfully, quietly and discreetly remind student to use a quiet voice.

No response-Every person processes information at a different speed. Typically

developing students will give a verbal clue to give more time or a visual sign cueing

you that they need more time to process information, retrieve the data and share

possible responses with you. The student with ASD will not give you any of these

clues that they are processing information, do not understand what was said, or need

more time to process. The response will be a total lack of response to what was

requested of them.

Strategies:

- Give processing time. Each student needs a different amount of time to process information.
- Use a variety of ways to ask questions.
- Ask a question, pause 5 to 10 seconds, give all students time to process information and then call on student.
- Give the question and tell student that you will get back to them for the answer.

Difficulty with Non verbal Cues- Everyday language consists of a lot of

body language and facial expressions. The student with ASD does not process body

language and facial expressions as easily. Hand gestures and body language need to

be explicitly taught and communicated to the learner with ASD.

Strategies:

- Use direct and explicit language with giving hand signals or expressive body language.
- If you are happy, frustrated, upset, or overwhelmed, *tell* the learner, don't show them.

Sensory Challenges

Students with ASD are very aware of their environment. The flickering of lights in a

classroom, or the humming of a heater or buzzing of electrical panel can cause great

distraction and high tension to the learner, much like finger nails on a chalk board to

neurotypical students. Certain kinds of paper and keypads of a computer may also

bring negative reactions to students with ASD. Hats, earplugs, headphones,

sunglasses, and their own materials can decrease these negative aspects of environment.

Sight-Students with autism have two very different visual sensory challenges. The person with autism may have too much or too little visual stimulation. The student with autism may become overwhelmed with the input of visual processing and have negative behaviors. In the opposite example, the student with ASD needs high amounts of visual stimulation to stay focused and keeps interest levels high.

Strategies:

- Hats indoors help block overhead florescent light flicker.
- Sunglasses reduce sun reflections.
- Eye contact could be difficult for students with ASD. Do not mandate that a student with ASD look you in the eyes
- Visual information on handouts could be kept to a minimum
- A clutter free classroom and work area will help reduce distractions.
- Use a variety of teaching methods. Keep different forms of stimulation to keep interest levels high.

Sound-Students with ASD may have extremely sensitive hearing. Because of this, they may need more time to process information. The common ticking of a clock may be processed as pounding of church bells. Heating and air-conditioning units make humming sounds that could be compared to fingernails on a chalk board. Classroom light ballast in the ceiling also makes noises. Side conversations during lecture are very difficult to filter out. The classroom environment is not always a quiet one. It is mandatory to be aware of where the uncontrollable noises are and how you can help minimize the auditory distractions.

Strategies:

- Give thought processing time after question or request.
- Write down multistep directions.
- Ask if a specific noise bothers anybody.
- <u>Earplugs and headphones</u> limit noise from background machines, fans, and conversations.
- Give warning of fire and emergency drills.

Touch-The learner with ASD may have heightened sensation to what they touch

and if someone touches them. It is critical to know that touching a student with ASD

could be like shocking them with high voltage. Crowded hallways, busy work areas,

and other places where accidental touches could occur will be avoided by some

students with ASD. A simple touch to the body of a student with ASD could actually

cause pain to them. Because of this heightened awareness of touch many ASD

students will have a tactile behavior that helps them cope or clam themselves. This is

in the form of slapping or rubbing hands. Items such as paper, keyboards and

classroom supplies may feel extremely uncomfortable to them to work with.

Strategies:

- *Never touch* from behind or without permission first.
- Give students the option to work with their own materials.
- Ignore repetitive hand movements or busy hand movements of object. If the movements are noise distractions discreetly bring awareness to the student and request to quiet the behavior.
- Give and respect personal space.

Smell-Like all the other senses some students with autism will have heightened

awareness of smells. The classroom environment has many smells that may be

devastating to the student with ASD. Perfumes, Colognes, and lotions may cause

great discomfort and frustration in the learning environment. In the class, lab or field

any learning activity that may include glue, paint, pens and other chemicals could

bring adverse behaviors.

Strategies:

- In your syllabus and as needed: request all students to respect others allergies/reactions to Perfumes and Colognes.
- Allow student with ASD to sit next to doors and window with good ventilation.

Behavior Challenges-The most important concept about behavior is to know

that it is a form of communication. Students with ASD may not be able to tell, show,

or express to you what they need, or are not getting. Behavior challenges may occur

if the student with autism is trying to avoid, control or is frustrated with the situation.

You need to be aware of the behavior and assess the seriousness of the behavior.

Strategies:

- **<u>The respect and dignity of the student is most important if you must confront the negative behavior</u>**.
- Can the behavior be ignored?
- Do you have a positive replacement behavior?
- Seek additional support for strategies.

Positive and Negative Behaviors

The student with ASD has extremely positive behaviors that can be viewed as negative or challenge behaviors. Below are examples of these behaviors.

Strengths	Challenges
Attention to detail	Grasping the "big" picture
Often highly skilled in a particular area	Uneven set of skills
Deep study resulting in encyclopedic knowledge on areas of interest	Difficulty in developing motivation to study areas not of interest
Tendency to be logical (helpful in decision making where emotions may interfere)	Difficulty perceiving emotional states of others
Less concern for what others may think of them (can be a strength and a challenge)	Perceiving unwritten rules of social interaction, but can learn these rules through direct instruction
(Also known as)Independent thinking. Often results in novel "big picture" insights due to different ways of looking at things, ideas, and concepts	Difficulty processing in non-favorite ways of learning
Usually visual processing (thinking in pictures or video)	Difficulty parsing out and summarizing important information for a conversation
Often very verbal	Sensory integration problems where input may register unevenly, distorted, and difficulty in screening out background noise
Direct communication	Honesty
Loyalty	Generalization to be loyal to everyone

Honesty	Difficulty expressing empathy in ways that others expect or understand
Nonjudgemental listening	Difficulties planning long-term tasks
Average to above average intelligence	

(autismspeaks org, 2011)

Need for Consistency-Students with autism have a difficult time processing environmental changes. One coping strategy students with ASD have is creating strict routines. This consistency helps organize daily life and decreases surprise changes which are very often difficult to process and cause anxiety.

Strategies:

- Create detailed syllabus.
- Give warning that Times/Dates/locations may change.
- If change is necessary: give multiple prompts, copies, postings, and documentation.

Perfectionism-Students with ASD have great attention to detail. It is possible that the student with autism is so focused on the detail that they do not finish the assignment or project in class.

Strategies:

- Give entire class warning that they will have 10 minutes then 5 minutes then 1 minute before the assignment or project is to be finished.
- Give positive reinforcement that perfection is not critical.
- Additional after class time may be needed to meet needs of students with ASD.

Emotional Challenges

Students with autism show emotion differently than typical developing students.

Some students with ASD struggle showing and identifying emotional feelings.

Students with ASD may show emotional diversity as tantrum or anxiety.

Anxiety-The postsecondary campus is a very stressful environment for all. The

many daily activities that can cause stress to anyone can cause above average anxiety

to the student with ADS. Be aware of signs of stress and behaviors that can be stress

related.

Strategies:

- Give prompts to take a break.
- Quietly and discreetly ask if you can help with a solution to anxiety.
- Give reassurance and support.

Common Classroom Strategies at a Glance

Communication Challenges

Inappropriate Question Asking

- Let the learner know that you see they have a question and will answer it at a specific time.
- Set boundaries about when specific questions can be asked
- Have students write all questions down and address them after class.

Need for Concrete Language

- Do not use idioms or slang. If idioms are used, teach the meaning.
- Use professional language; this will also help non-native English speakers as well.

Repetition of what is heard

- Be aware if the student is trying to tell you something.
- Ignore the echolalia after it is determined to not be meaningful to discussion.
- If the echolalia becomes disruptive, respectfully, quietly and discreetly remind student to use a quiet voice.

No response

- Give processing time. Each student needs a different amount of time to process information.
- Use a variety of ways to ask questions.
- Ask a question, pause 5 to 10 seconds, give all students time to process information and then call on student.
- Give the question and tell student that you will get back to them for the answer.

Nonverbal Cues

- Use direct and explicit language with giving hand signals or expressive body language.
- If you are happy, frustrated, upset, or overwhelmed, *tell* the learner, don't show them.

Sensory Challenges

Sight

- Hats indoors help block overhead florescent light flicker.
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- Visual information on handouts could be kept to a minimum
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- In syllabus and as needed request all students to respect others' allergies/reactions to Perfumes and Colognes.
- Allow student with ASD to sit next to doors and windows with good ventilation.

Behavior Challenges

Positive and Negative Behaviors

- *__The respect and dignity of the student is most important if you must confront the negative behavior.__*
- Can the behavior be ignored?
- Do you have a positive replacement behavior?
- Seek additional support for strategies.

Need for Constancy

- Create detailed syllabus.
- Give warning that Times/Dates/locations may change.
- If change is necessary, give multiple prompts, copies, postings, and documentation.

Perfection

- Give entire class warnings, that they will have 10 minutes then 5 minutes then 1 minute before the assignment or project is to be finished.
- Give positive reinforcement to show that perfection is not critical.
- Additional after class time may be needed to meet needs of students with ASD.

Emotional Challenges

Anxiety

- Give prompts to take a break.
- Quietly and discreetly ask if you can help with a solution to anxiety.
- Give reassurance and support.

CRISIS SITUATION

The Behavior Response Cycle show the emotional baseline of *not just* the student with ASD but most people who are prone to a behavior crisis from: Trigger to Escalation to Crisis to Recovery to Afterwards.

The Behavior Response Cycle can help at all stages of behaviors.

Top: Students with ASD possible behaviors before during and after crisis. It is important to know triggers and escalation to prevent possible crisis situations.

Bottom: Possible response for staff, faculty and support.

Behavior Response Cycle

TRIGGER	ESCALATION	CRISIS	RECOVERY	AFTERWARDS
1 Pain	1 Shakes Head	1 Spits	1 Says "I've had enough"	1 Visually Focused
2 Noisy environment	2 Adopts a blank stare	2 Punches	2 Asks for a drink	2 Smiles
3 Tired	3 Slaps legs	3 Kicks	3 Asks for food	3 May apologize
4 Tone of staff voice	4 Swears under his breath	4 Throws objects	4 Asks to take break	4 Head twitches
5 Incontinence	5 Looks angry	5 Pursues aggressively		
6 Difficulty processing info		6 Targets staff & students		

EMOTIONAL BASELINE

RESPONSE	RESPONSE	RESPONSE	RESPONSE	RESPONSE
1 Offer to see health center	1 Use calm voice	1 Crisis communication**	1 Agree to requests in timely friendly manner	1 Use calm tone
2 Offer reassurance	2 Stimulus change*	2 Call for assistance	2 Encourage to rest	2 Don't discuss event in front of others
3 Redirect to quieter place	3 Offer to get a drink	3 Stimulus change		3 Do not ostracize
4 Ask if break is needed	4 Ask if there is pain	4 Get out of way		4 Debrief staff
5 Use neutral tone		5 Remove self from line of sight		5 Document incident
6 Ask only one question		6 Get everyone to safe area		

* 'Stimulus change' means distracting student e.g. clapping hands, getting them to talk on the phone, dancing, throwing feathers, etc.

** 'Crisis communication' means keeping sentences short (i.e. no more than 5 words – 'rule of five') as student in crisis cannot absorb too much information

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