

PDD and Autism Spectrum Disorders



Symptoms or Behaviors

- Repetitive, nonproductive movement like rocking in one position or walking around the room
- Trailing a hand across surfaces such as chairs, walls, or fences as the student passes
- Great resistance to interruptions of such movements
- Sensitive or over-reactive to touch
- May rarely speak, repeat the same phrases over and over, or repeat what is said to them (echolalia)
- Avoids eye contact
- Self injury

About the Disorder

PDD, the acronym for pervasive developmental disorders, includes Rett's syndrome, childhood disintegrative disorder, and Asperger's Syndrome. Pervasive developmental disorder not otherwise specified (PDD-NOS) also belongs to this category.

Autistic disorder belongs to the category of disorders known as PDD. According to the U. S. Department of Health and Human Services, 1 in 1,000 to 1 in 1,500 have autism or a related condition. Autism appears in the first 3 years of life and is 4 times more prevalent in boys than girls. It occurs in all racial, ethnic, and social groups. Autism is a neurologically based developmental disorder; its symptoms range from mild to severe and generally last throughout a person's life. The disorder is defined by a certain set of behaviors, but because a child can exhibit any combination of the behaviors in any degree of severity, no 2 children with autism will act the same.

The terminology can be confusing because over the years autism has been used as an umbrella term for all forms of PDD. This means, for example, that a student with Asperger's syndrome may be described as having a mild form of autism, or a student with PDD-NOS may be said to have autistic-like tendencies. In Minnesota and nationally these are all known as autism spectrum disorders.

Although the American Psychiatric Association classifies all forms of PDD as "mental illness," these conditions often affect children in much the same way a developmental disability would. Under Minnesota law, autism and Rett's are considered developmental disabilities (DD), which means that children with these conditions are eligible for case management and other DD services. Children with Asperger's, childhood disintegrative disorder, or PDD-NOS may or may not be eligible for these services; although there is provision in state law allowing services for "related conditions."

Diagnosis of autism and other forms of PDD is based on observation of a child's behavior, communication, and developmental level. According to the Autism Society of America, development may appear normal in some children until age 24–30 months; in others, development is more unusual from early infancy. Delays may be seen in the following areas:

- **Communication:** Language develops slowly or not at all. Children use gestures instead of words or use words inappropriately. Parents may also notice a short attention span.
- **Social Interaction:** Children prefer to be alone and show little interest in making friends. They are less responsive to social cues such as eye contact.
- **Sensory Impairment:** Children may be overly sensitive or under-responsive to touch, pain, sight, smell, hearing, or taste and show unusual reactions to these physical sensations.
- **Play:** Children do not create pretend games, imitate others, or engage in spontaneous or imaginative play.
- **Behavior:** Children may exhibit repetitive behavior such as rocking back and forth or head banging. They may be very passive or overactive. Lack of common sense and upsets over small changes in the environment or daily routine are common. Some children are aggressive and self-injurious. Some are severely delayed in areas such as understanding personal safety.

A child who is suspected to have autistic disorder should be evaluated by a multidisciplinary team. This team may be comprised of a neurologist, psychiatrist, developmental pediatrician, speech/language therapist, and learning specialist familiar with autism spectrum disorders.

Early intervention is important because the brain is more easily influenced in early childhood. Children with autism respond well to a highly structured, specialized education and behavior modification program tailored to their individual needs. Children with autism range from above average to below average intelligence. Schools need to seek the assistance of trained professionals in developing a curriculum that will meet the child's specific needs. Technical assistance, consultation, and training are available to all schools in Minnesota through the Minnesota Autism Network. Contact your director of special education for more information (see *Resources* on the following page for contact information).

Good communication and collaboration between school personnel and parents is very important and can lead to increased success.

PDD and Autism Spectrum Disorders

Educational Implications

Each child's behavior is unique. Parents and professionals who are familiar with the student are the best source of information. In general, children with autism usually appear to be in their own world and seem oblivious to classroom materials, people, or events. But a child's attention to you or the material you are presenting may be quite high, despite appearances. Teaching must be direct and personalized in all areas. This includes social skills, communication, and academic subject matter as well as routines like standing in line. Patience, firmness, consistency, and refusing to take behaviors personally are the keys to success.

Instructional Strategies and Classroom Accommodations

- Use a team approach to curriculum development and classroom adaptations. Occupational therapists and speech-language pathologists can be of enormous help, and evaluations for assistive/augmentative technology should be done early and often.
- To teach basic skills, use materials that are age-appropriate, positive, and relevant to students' lives.
- Maintain a consistent classroom routine. Objects, pictures, or words can be used as appropriate to make sequences clear and help students learn independence.
- Avoid long strings of verbal instruction. Use written checklists, picture charts, or object schedules instead. If necessary, give instructions a step at a time.
- Minimize visual and auditory distractions. Modify the environment to meet the student's sensory integration needs; some stimuli may actually be painful to a student. An occupational therapist can help identify sensory problems and suggest needed modifications.
- Help students develop functional learning skills through direct teaching. For example, teach them to work left to right and top to bottom.
- Help students develop social skills and play skills through direct teaching. For example, teach them to understand social language, feelings, words, facial expressions, and body language.
- Many children with autism are good at drawing, art, and computer programming. Encourage these areas of talent.
- Students who get fixated on a subject can be motivated by having "their" topic be the content for lessons in reading, science, math, and other subjects.
- If the student avoids eye contact or looking directly at a lesson, allow them to use peripheral vision to avoid the intense stimulus of a direct gaze. Teach students to watch the forehead of a speaker rather than the eyes if necessary.
- Some autistic children do not understand that words are used to communicate with someone who has a "separate" brain. Respond to the words that are said and teach techniques for repairing "broken" communication. Consult your school's speech language pathologist for more information about your student's communication.
- Help students learn to apply their learning in different situations through close coordination with parents and other professionals who work with the student.

Resources

Autism Research Institute

4182 Adams Avenue, San Diego, CA 92116
619-281-7165 • www.autism.com/ari

Provides research-related information, diagnostic checklists, articles, and many links

Autism Society of America

7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814
301-657-0881 • 800-3AUTISM

www.autism-society.org

Advocacy, educational information, referrals

Minnesota Autism Network

State Specialist: 612-638-1528

To find Regional Low Incidence Facilitators, go to
<http://education.state.mn.us/html/026290.htm>

Publications

The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations, by Brenda Smith Myles, Melissa L. Trautman, and Ronda L. Schelvan, Autism Asperger Publishing Co., 2004. Available from www.asperger.net/bookstore

Pervasive Developmental Disorders: Diagnosis, Options, and Answers, by Mitzi Waltz, Future Horizons, 2003.

Right from the Start: Behavioral Intervention for Young Children with Autism, by Sandra L. Harris and Mary Jane Weiss, Woodbine House, 1998.

Videos

Autism Spectrum Disorders and the SCERTS™ Model: A Comprehensive Educational Approach, developed by Barry M. Prizant, Brookes Publishing Co. Video booklet also available.

Visual Supports in the Classroom for Students with Autism and Related Pervasive Developmental Disabilities, by Jennifer Savner, Autism Asperger Publishing Co. (AAPC), 1999. Available from www.asperger.net/bookstore

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.