

Maryland School Mental Health Alliance*

Autistic Disorder Information for School Clinicians

Definition

Autism is a developmental disorder that usually appears during the first years of childhood (18 to 60 months). Although there is no known cause for autism, researchers believe that it is a neurological disorder brought on by genetic and biological factors.

The diagnostic criteria for autism fall into three categories: (1) impairment in social interaction, (2) qualitative difficulties with communication, and (3) repetitive, restricted, or stereotyped behaviors. In order to receive a diagnosis for autism, a child must meet requirements in each of the three categories.

Children with autism have difficulty communicating and interacting with others (no eye contact, limited or no language, low motivation for typical play). They often display repetitive behaviors that reflect their desire for extreme order. For instance, a child with autism may not want to go the bathroom until they first have their favorite book. Without the book, they refuse to use the bathroom. Children with autism have different sensitivities to the physical world. For example, one child with autism may not hear high pitches; another may cry and moan when a siren goes by because it physically hurts them.

Unlike children with mental retardation, children with autism do not necessarily have low levels of intelligence. Some children with autism have a *splinter skill*, an ability to do something very well (e.g., remembering names and dates).

Unlike children with Asperger Syndrome, children with autism display significant delays in language, cognitive development or in the development of age-appropriate self-help skills.

Asperger's Syndrome is one of five Pervasive Development Disorders (PDDs), a category of neurologically-based disorders that have a range of delays in different developmental stages.

Children diagnosed with Asperger's Syndrome have difficulty with social interactions and understanding unspoken social cues (facial expressions and body language). Children diagnosed with Asperger's Syndrome are often highly intelligent and highly verbal and many individuals (although not all), exhibit exceptional skill or talent in a specific area. They often have obsessive routines and may be preoccupied with a particular subject of interest.

Individuals with Asperger's Syndrome are often viewed as eccentric or odd and can easily become victims of teasing and bullying.

Why do we care?

When compared to their developmental peers, students with autism have:

- Greater difficulty interacting with teachers and peers.
- Greater difficulty performing activities of daily living.
- Lower levels of academic performance.
- Greater communicating their thoughts and needs appropriately.
- Greater difficulty altering their daily routines.

What can we do about it?

- Provide parents and school staff with for information about autism spectrum disorders.
- Serve as a liaison for parents and special education specialists. Learn about the available sources of funding for in-home treatment and school-based services.
- Explain to parents their child's right to a free and public education (FAPE). Seek out a parent advocate at the school your child would likely attend.
- Contact a local public university to see if they have any qualified students who want to work with a child with autism. Establish contacts with the departments of psychology and education.
- Review the basic treatment approaches for children with autism. Focus your search on applied behavior analysis and verbal learning.
 - Effective Behavioral Treatments:
 1. *Applied Behavioral Analysis* – uses general principles of behavioral therapy to build the skills that children with autism lack, such as language, play, self-help, social, academic, and attentional skills.
 2. *DIR/Floortime* – designed to build affective relationships between caregivers and the autistic child.
 3. *TEACCH* – Treatment and Education of Autistic and related Communication-handicapped Children; takes place in a school setting and at home as well; based on a comprehensive assessment of his or her skills, interests, and needs, and taking this assessment to develop treatment plans that takes maximum advantage of each person's unique strengths while successfully addressing their weakness, either through education and training, or through environmental accommodations.
 4. *The Denver model* – recognizes interplay among cognitive, communicative, and social and emotional development; focus on intensive teaching, as well as on developing the social-communicative skills that are so affected by autism.
 5. *Pivotal Response Model*- a naturalistic behavioral intervention aimed at change in certain pivotal areas (e.g., responsiveness to multiple cues, motivation, self-management, and self-initiations). Curriculum goals are targeted in communication, self-help, academic, social and recreational skills, both at home and at school.
 6. *Individualized Support Program* – a parent training model to help families gain the knowledge and skills needed to solve problems, advocate for their child and guide interventions.

Helpful Forms and Handouts

- American Academy of Child and Adolescent Psychiatry (AACAP)
 - Practice Parameters: <http://www.aacap.org/galleries/PracticeParameters/Autism.pdf>
 - The Child with Autism: http://www.aacap.org/cs/root/facts_for_families/the_child_with_autism
- Questions from Parents (AACPS): <http://www.aacps.org/aacps/sssd/aut.pdf>.
- ABA Resources for Recovery from Autism/PDD/Hyperlexia: <http://rsaffran.tripod.com/aba.html>.
 - What is ABA? <http://rsaffran.tripod.com/whatisaba.html#top>.
 - ABA Consultants and Service Providers: <http://rsaffran.tripod.com/consultants.html>.

- Maryland State Department of Education Special Education Overview:
<http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/>.
 - Maryland Infant and Toddlers Program:
http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/infant_toddlers/mess_age.htm.
- FirstSigns recommended screening tools: <http://www.firstsigns.org/screening/tools/rec.htm>
 - Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP™):
http://www.brookespublishing.com/store/books/wetherby-csbsp/CSBDP_Checklist.pdf
 - Checklist for Autism in Toddlers (CHAT):
<http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=128&a=2226>.
- Kyle's Treehouse: Information on treatment, resources, events, and supports.
<http://www.kylestreehouse.org>.

**Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.*