

GUAM DEPARTMENT OF EDUCATION

2022 SCHOOL SAFETY CONFERENCE

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AUTISM AWARENESS



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OBJECTIVES

- ❖ What is Autism?
- ❖ Statistics/Facts
- ❖ Understanding our students
- ❖ How to best support students with ASD





Imagine being in a foreign country; not being able to speak or interpret the language and not able to make yourself understood.



Imagine not
knowing what was
going to happen
to you next.



That is a little bit
what it is like to
have autism.

Video: What is Autism

What is Autism?



Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first two years of life.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a guide created by the American Psychiatric Association that health care providers use to diagnose mental disorders, people with ASD often have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that affect their ability to function in school, work, and other areas of life



Individuals with Disabilities Education Act (IDEA) – defined... }

Autism shall mean a developmental disability which significantly affects verbal and nonverbal communication and social interaction, generally evident before the age of three, that adversely affects 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 include children with characteristics of the disability category "behavioral disorder."



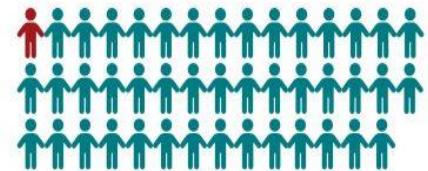
Autism Prevalence

- In 2021, the CDC reported that approximately 1 in 44 children in the U.S. is diagnosed with an autism spectrum disorder (ASD), according to 2018 data.
 - 1 in 27 boys identified with autism
 - 1 in 116 girls identified with autism
- Boys are four times more likely to be diagnosed with autism than girls.
- Most children were still being diagnosed after age 4, though autism can be reliably diagnosed as early as age 2.
- 31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70), 25% are in the borderline range (IQ 71–85), and 44% have IQ scores in the average to above average range (i.e., IQ >85).
- Autism affects all ethnic and socioeconomic groups.
- Minority groups tend to be diagnosed later and less often.
- Early intervention affords the best opportunity to support healthy development and deliver benefits across the lifespan.
- There is no medical detection for autism.

AUTISM QUICK STATS



1 in 44 kids identified with autism



241%
higher than baseline stats in 2000

Although autism can be diagnosed before a child reaches the age of two, most kids are diagnosed only after the age of

4

BOYS are 4X more likely to be diagnosed than **GIRLS**

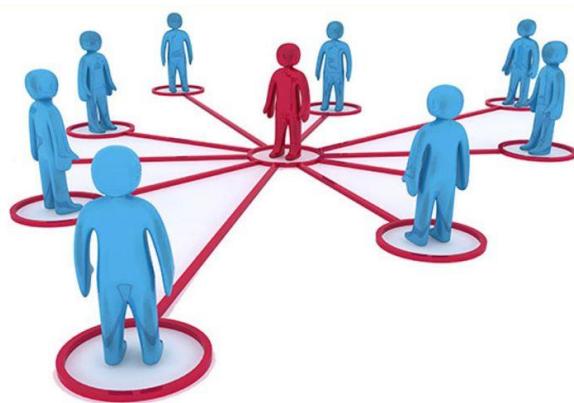
40% are nonverbal
44% Have average or above average intellectual ability
31% have an intellectual disability

Some areas have higher than average prevalence rates:
California 1/26
South Korea 1/38

36.5% of autism caregivers use ABA
20% of caregivers give CBD to autistic kids

Associated Challenges

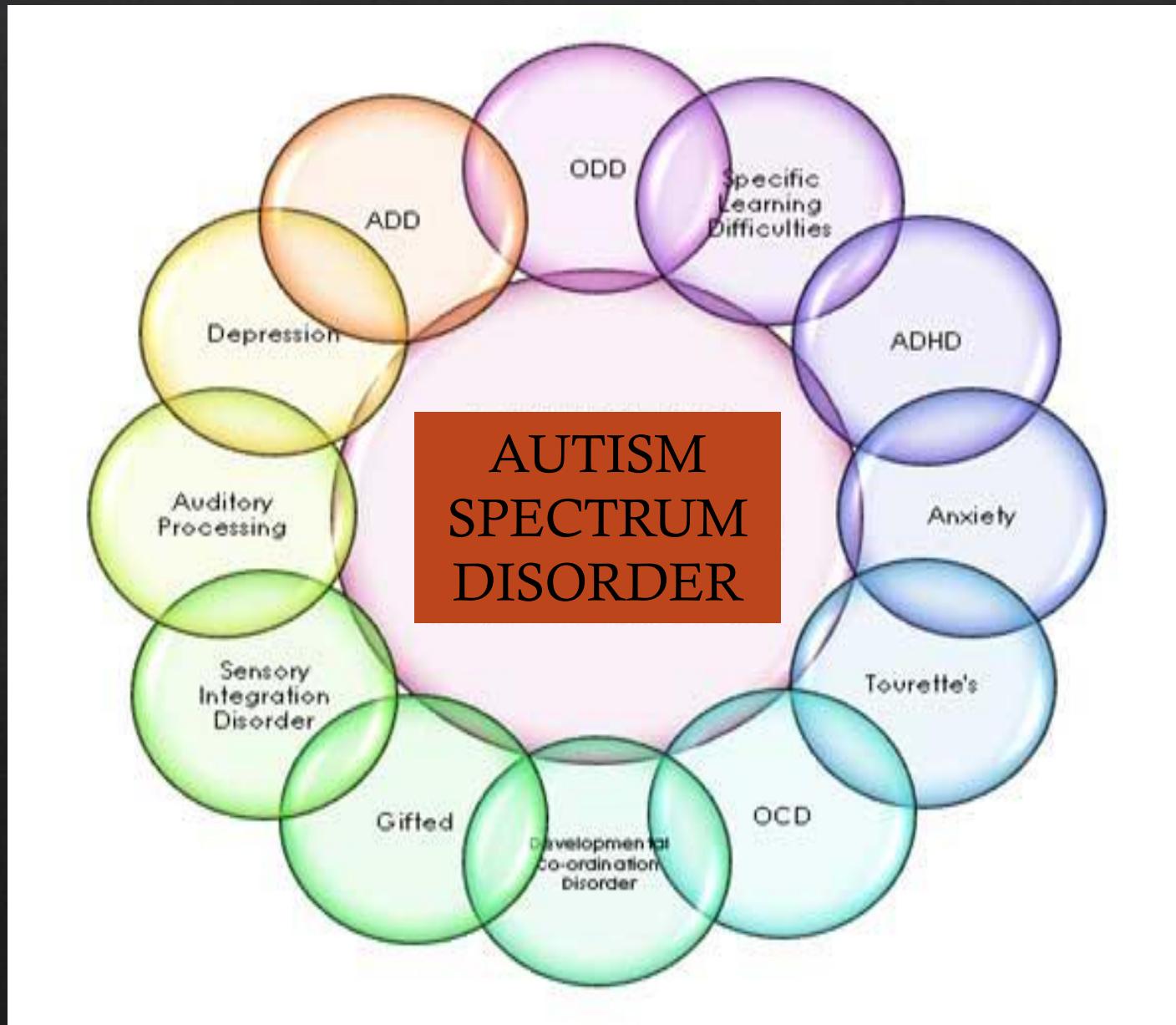
- An estimated 40 percent of people with autism are nonverbal.
- 31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70) with significant challenges in daily function, 25% are in the borderline range (IQ 71–85).
- Nearly half of those with autism wander or bolt from safety.
- Nearly two-thirds of children with autism between the ages of 6 and 15 have been bullied.
- Nearly 28 percent of 8-year-olds with ASD have self-injurious behaviors. Head banging, arm biting and skin scratching are among the most common.
- Drowning remains a leading cause of death for children with autism and accounts for approximately 90 percent of deaths associated with wandering or bolting by those age 14 and younger.



Associated Medical & Mental Health Conditions

- Autism can affect the whole body.
- Attention Deficient Hyperactivity Disorder (ADHD) affects an estimated 30 to 61 percent of children with autism.
- More than half of children with autism have one or more chronic sleep problems.
- Anxiety disorders affect an estimated 11 to 40 percent of children and teens on the autism spectrum.
- Depression affects an estimated 7% of children and 26% of adults with autism.
- Children with autism are nearly eight times more likely to suffer from one or more chronic gastrointestinal disorders than are other children.
- As many as one-third of people with autism have epilepsy (seizure disorder).
- Studies suggest that schizophrenia affects between 4 and 35 percent of adults with autism. By contrast, schizophrenia affects an estimated 1.1 percent of the general population.
- Autism-associated health problems extend across the life span – from young children to senior citizens. Nearly a third (32 percent) of 2 to 5 year olds with autism are overweight and 16 percent are obese. By contrast, less than a quarter (23 percent) of 2 to 5 year olds in the general population are overweight and only 10 percent are medically obese.
- Risperidone and aripiprazole, the only FDA-approved medications for autism-associated agitation and irritability.





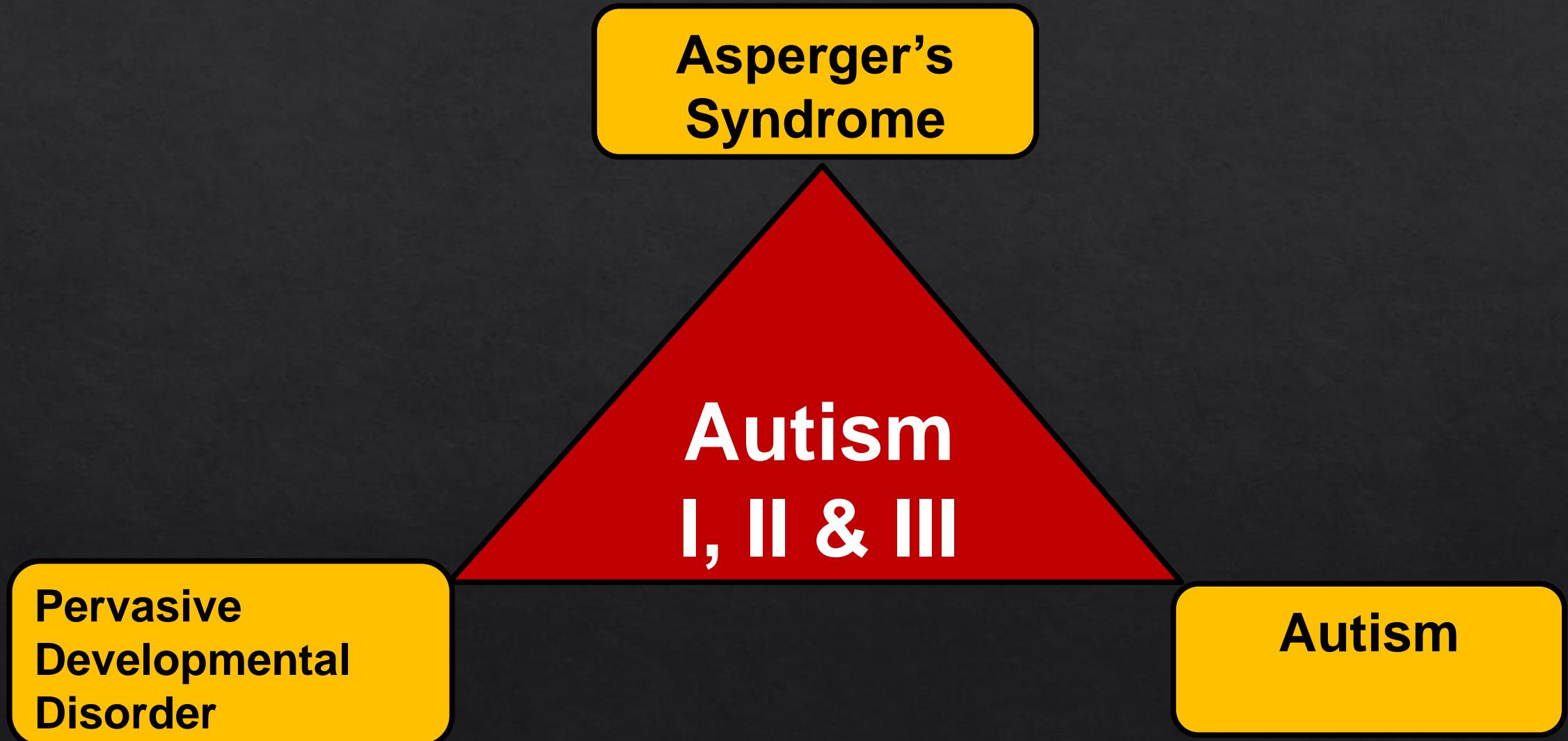
Other
disorders
commonly
co-exist in
people with
autism.

Autism In Adulthood

- Over the next decade, an estimated 707,000 to 1,116,000 teens (70,700 to 111,600 each year) will enter adulthood and age out of school based autism services.
- Teens with autism receive healthcare transition services half as often as those with other special healthcare needs. Young people whose autism is coupled with associated medical problems are even less likely to receive transition support.
- Many young adults with autism do not receive any healthcare for years after they stop seeing a pediatrician.
- More than half of young adults with autism remain unemployed and unenrolled in higher education in the two years after high school. This is a lower rate than that of young adults in other disability categories, including learning disabilities, intellectual disability or speech-language impairment.
- Of the nearly 18,000 people with autism who used state-funded vocational rehabilitation programs in 2014, only 60 percent left the program with a job. Of these, 80 percent worked part-time at a median weekly rate of \$160, putting them well below the poverty level.
- Nearly half of 25-year-olds with autism have never held a paying job.
- Research demonstrates that job activities that encourage independence reduce autism symptoms and increase daily living skills.



Current Definitions



Severity Levels...

Diagnostic and Statistical Manual of Mental Disorders, 5th edition

Severity Level for ASD	Social Communication	Restricted interests & repetitive behaviours
Level 3 - 'Requiring very substantial support'	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others	Preoccupations, fixated rituals and/or repetitive behaviours markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.
Level 2 - 'Requiring substantial support'	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others	RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRB's are interrupted; difficult to redirect from fixated interest
Level 1 - 'Requiring support'	Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions	Rituals and repetitive behaviours (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest.

What is Autism ?



Autism is a developmental disorder that causes problems in three different areas of ability

Social Skills

**Communication
Skills**

**Ritualistic
Behaviours**

Social Communication and Social Interaction

- Making little or inconsistent eye contact
- Appearing not to look at or listen to people who are talking
- Infrequently sharing interest, emotion, or enjoyment of objects or activities (including infrequently pointing at or showing things to others)
- Not responding or being slow to respond to one's name or to other verbal bids for attention
- Having difficulties with the back and forth of conversation
- Often talking at length about a favorite subject without noticing that others are not interested or without giving others a chance to respond



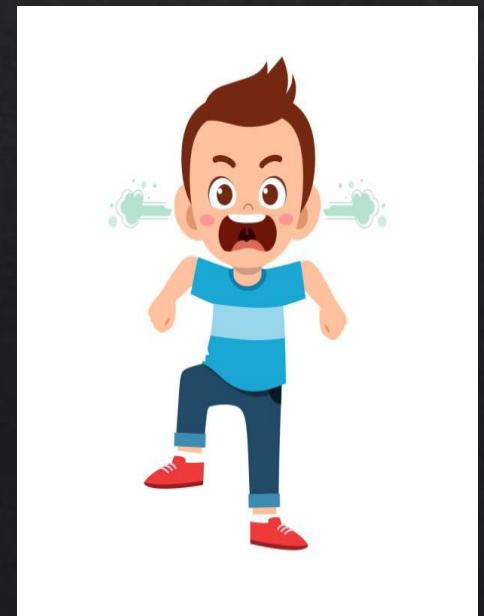
Social Communication and Social Interaction

- Displaying facial expressions, movements, and gestures that do not match what is being said
- Having an unusual tone of voice that may sound sing-song or flat and robot-like
- Having trouble understanding another person's point of view or being unable to predict or understand other people's actions
- Difficulties adjusting behavior to different social situations
- Difficulties sharing in imaginative play or in making friends



Restrictive/Repetitive Behaviors

- Repeating certain behaviors or having unusual behaviors, such as repeating words or phrases (a behavior called echolalia)
- Having a lasting intense interest in specific topics, such as numbers, details, or facts
- Showing overly focused interests, such as with moving objects or with parts of objects
- Becoming upset by slight changes in a routine and having difficulty with transitions
- Being more sensitive or less sensitive than other people to sensory input, such as light, sound, clothing, or temperature



Atypical Behavior Video

Other Characteristics

People with ASD also may experience sleep problems and irritability.

People on the autism spectrum also may have many strengths, including:

- Being able to learn things in detail and remember information for long periods of time
- Being strong visual and auditory learners
- Excelling in math, science, music, or art



What is stimming?

“Stimming” is a term used to describe self-stimulating behaviors, often involving repetitive motions or speech.

For example, someone might clap their hands, rub an object, or repeat a phrase. It’s typically associated with autistic people, but nearly everyone does some form of stimming, whether that’s rubbing their hands together or biting their nails.

For autistic people, stimming can sometimes get in the way of daily life or cause physical harm. But it can also serve as a helpful coping mechanism for dealing with sensory overload or navigating uncomfortable situations, among other things.



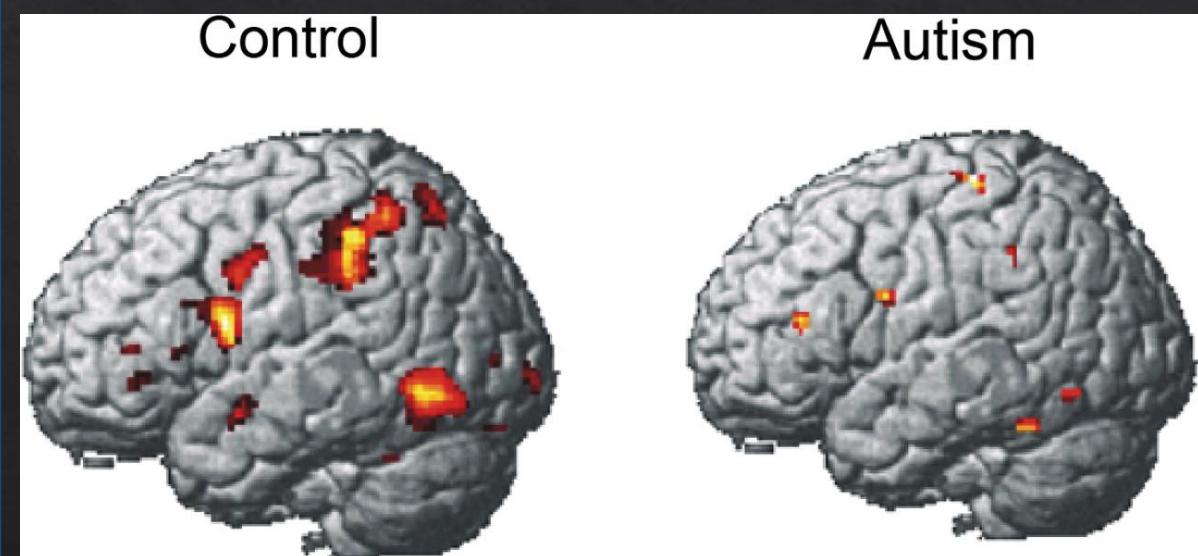
What are the causes and risk factors for ASD?

Researchers don't know the primary causes of ASD, but studies suggest that a person's genes can act together with aspects of their environment to affect development in ways that lead to ASD. Some factors that are associated with an increased likelihood of developing ASD include:

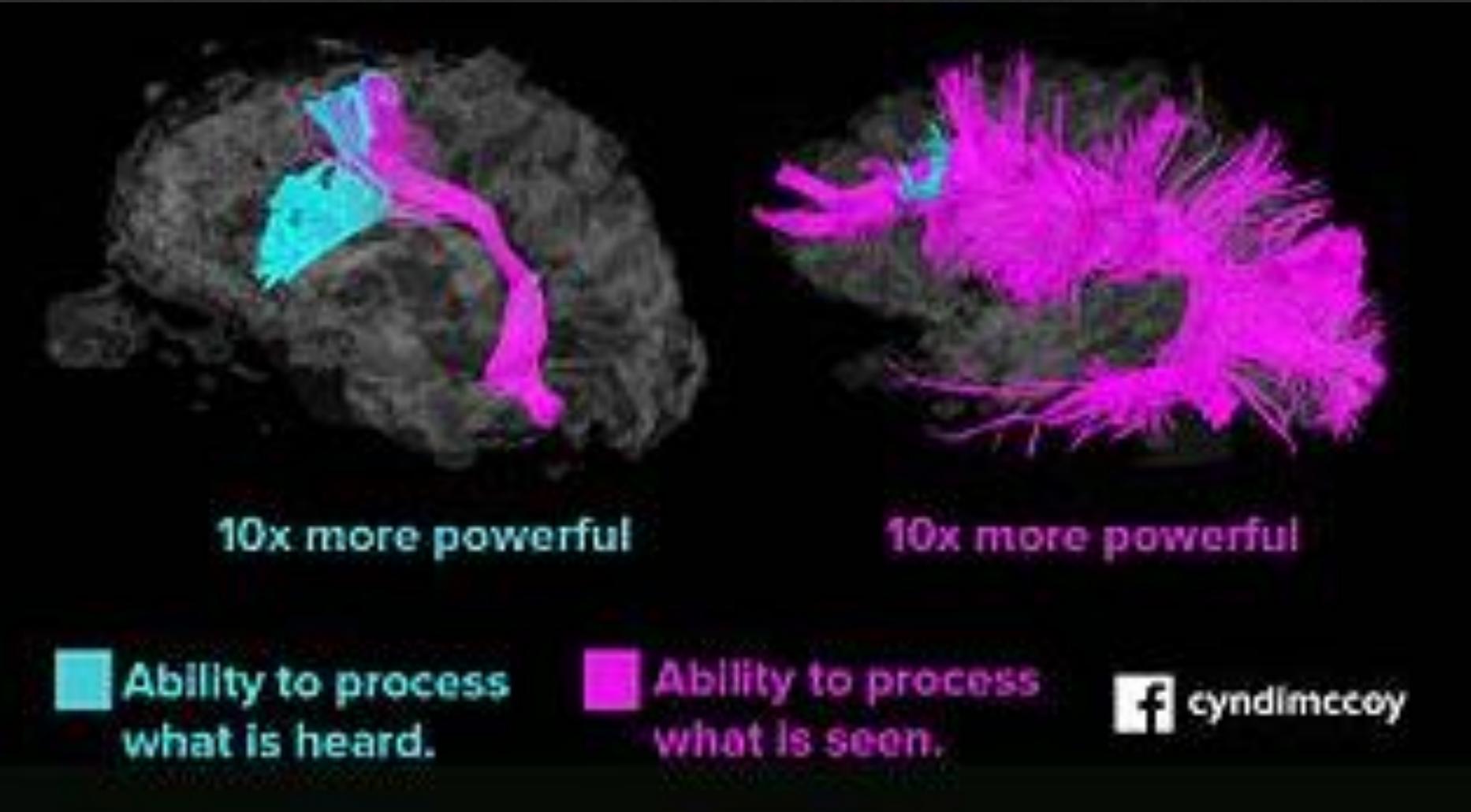
- Having a sibling with ASD
- Having older parents
- Having certain genetic conditions (such as Down syndrome or Fragile X syndrome)
- Having a very low birth weight



Brain Function NT vs. ASD



Visual Learners Need You to Speak Less! Show More!



How is ASD diagnosed?

Health care providers diagnose ASD by evaluating a person's behavior and development. ASD can usually be reliably diagnosed by the age of 2. It is important to seek an evaluation as soon as possible. The earlier ASD is diagnosed, the sooner treatments and services can begin.

The diagnostic evaluation is likely to include:

- Medical and neurological examinations
- Assessment of the child's cognitive abilities
- Assessment of the child's speech and language abilities
- Observation of the child's behavior
- An in-depth conversation with the child's caregivers about the child's behavior and development
- Assessment of age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting
- Questions about the child's family history



What treatment options are available for ASD?

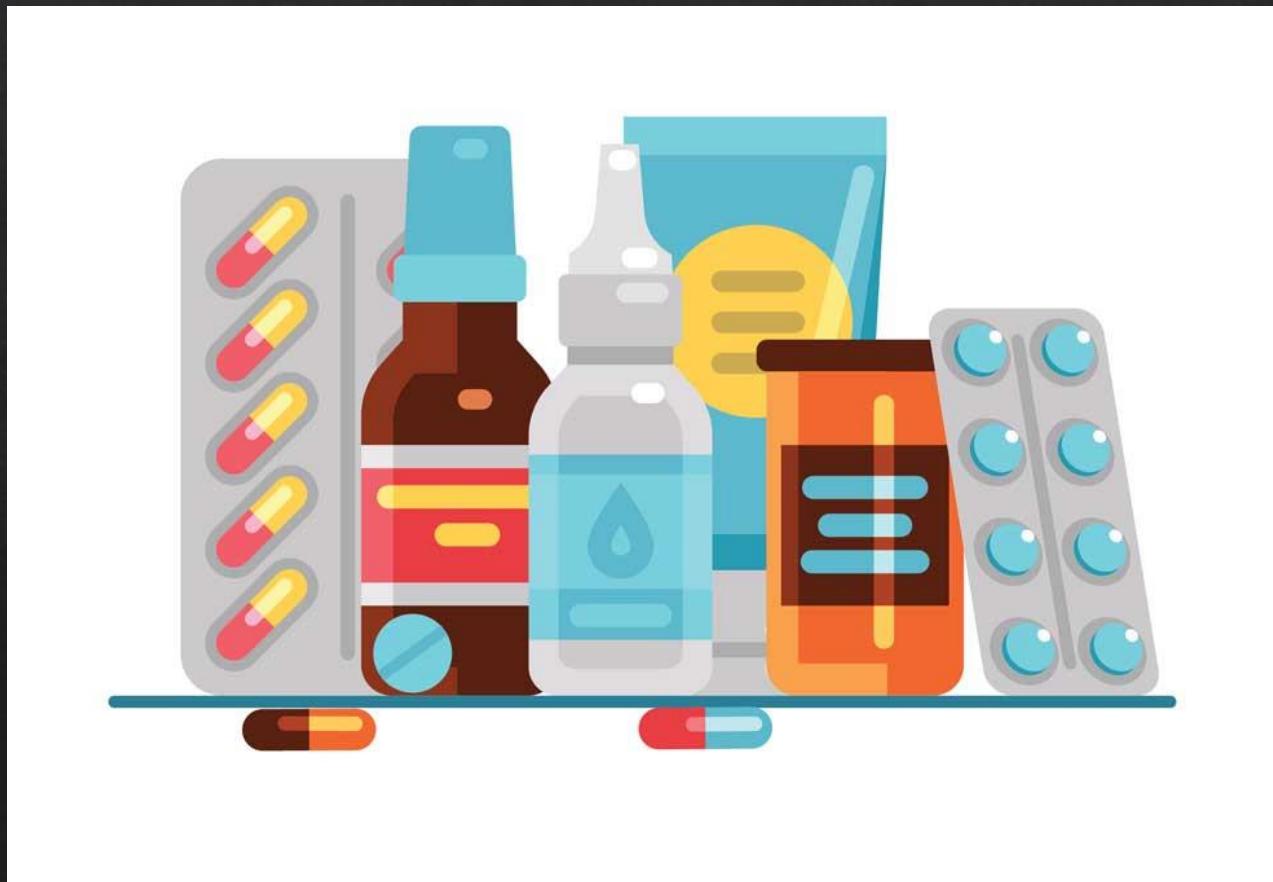
People with ASD may face a wide range of issues, which means there is no single best treatment for ASD. Working closely with a health care provider is an important part of finding the right combination of treatments and services.



Medication

A health care provider may prescribe medication to treat specific symptoms. With medication, a person with ASD may have fewer problems with:

- Irritability
- Aggression
- Repetitive behavior
- Hyperactivity
- Attention
- Anxiety and depression



Behavioral, Psychological, and Educational Interventions

People with ASD may be referred to health care providers who specialize in providing behavioral, psychological, educational, or skill-building interventions. These programs are typically highly structured and intensive, and they may involve caregivers, siblings, and other family members. These programs may help people with ASD:

- Learn social, communication, and language skills
- Reduce behaviors that interfere with daily functioning
- Increase or build on strengths
- Learn life skills for living independently



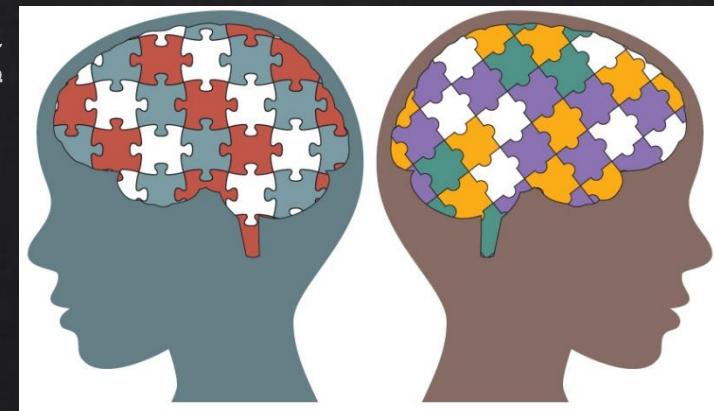
Autism Gifted Video

Visual Schedules are VERY Important!

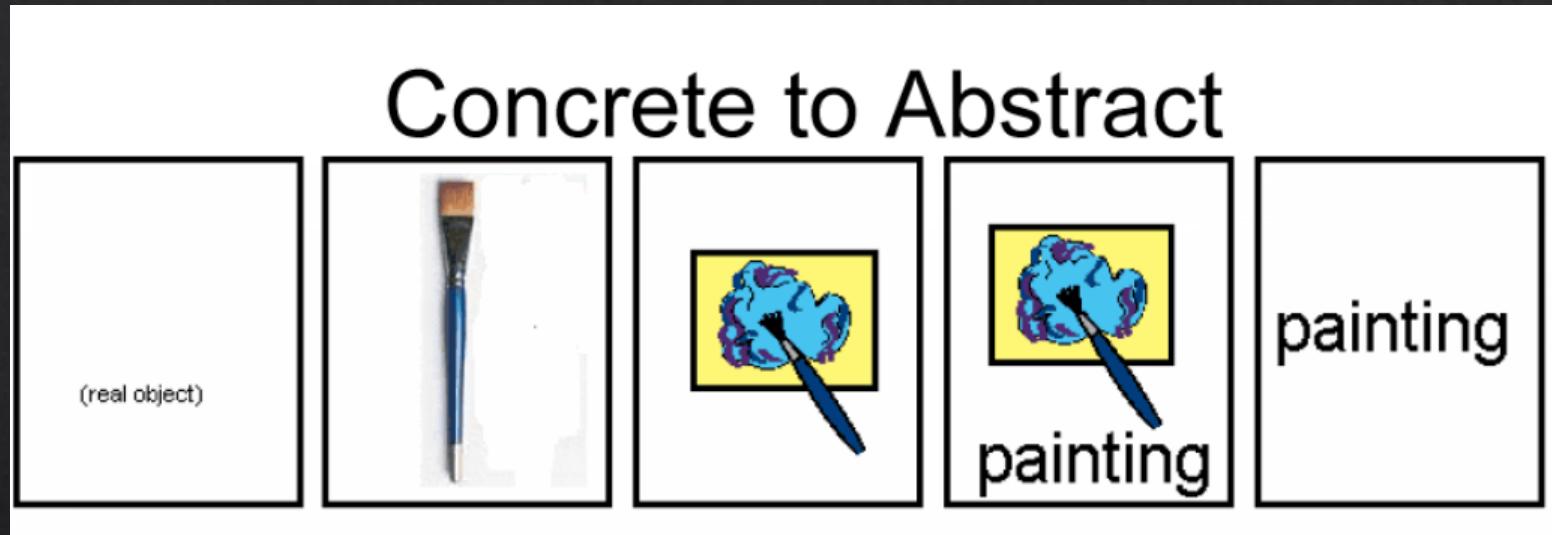


Research Supports the Use of a Visual Schedule

- ❖ It utilizes the individual's visual strengths and therefore provides a receptive communication system to increase understanding.
- ❖ It helps the individual to learn new things and broaden their interests.
- ❖ It provides tools that allow the individual to use skills in a variety of settings.
- ❖ It can increase the individual's flexibility.
- ❖ It helps the individual remain calm and reduces inappropriate behaviors.
- ❖ It helps the individual to develop independence and resulting self-esteem.



Determine the Level of Student Need



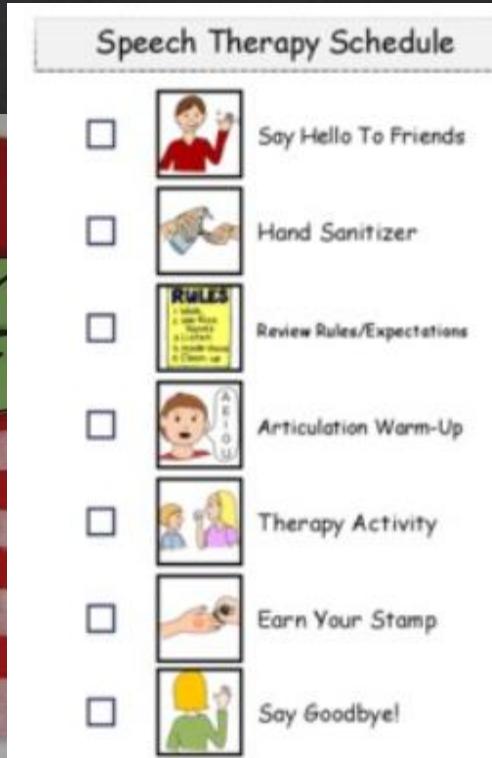
Determine the Type



OBJECT



PULL-OFF



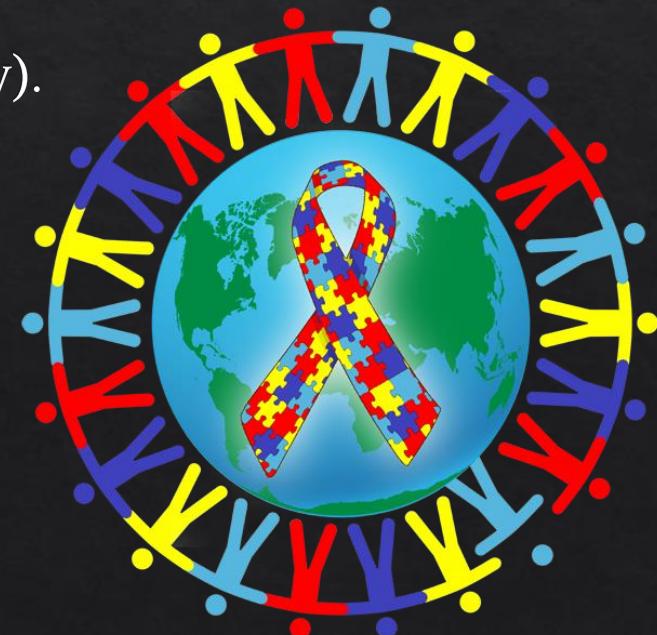
CHECK-OFF



PICS & WORDS

Guidelines for Creating Visual Schedules:

1. Utilize “First/Then” or “If/Then” chart to begin using visual schedule.
2. Make more than one schedule: morning routine, departure routine, daily routine, therapy schedule.
3. Keep time periods vague (“game” instead of “Angry Bird Game”).
4. Pair pictures with words to promote literacy (but not too many words).
5. Try to use actual photos of student, activities, and environments.
6. Activities should have an ending (use visual timer for preferred activity).



Lets Build a Visual Schedule Together

Kion's DAILY SCHEDULE		
TIME	ACTIVITY	COMPLETED
7:30-7:45	Breakfast (Cafeteria)	
7:45-8:45	Science Class (Mr. Simba)	
8:45-9:45	Math Class (Mrs. Nala)	
9:45-10:45	Music Class (Mrs. Notes)	
10:45-11:45	Art Class (Mr. Happy)	
11:45-12:15	Lunch	
12:15-12:30	Recess	
12:30-1:30	English Class (Mr. Mufasa)	
1:30-2:30	Social Studies Class (Mrs. Kiara)	
2:30-2:45	Get ready to go home	
2:45	Leave for Home	

How to Teach the Use of Visual Schedules

- ❖ When using the schedule, remember the following steps:
- ❖ Give a standard phrase (e.g., “Check schedule”)
- ❖ Prompt the individual (from behind) to go to the schedule
- ❖ Prompt the individual to look at or point to the first activity
- ❖ Prompt the individual to go to the location of the first activity
- ❖ When the activity is over, give the standard phrase again and prompt the individual back to the schedule

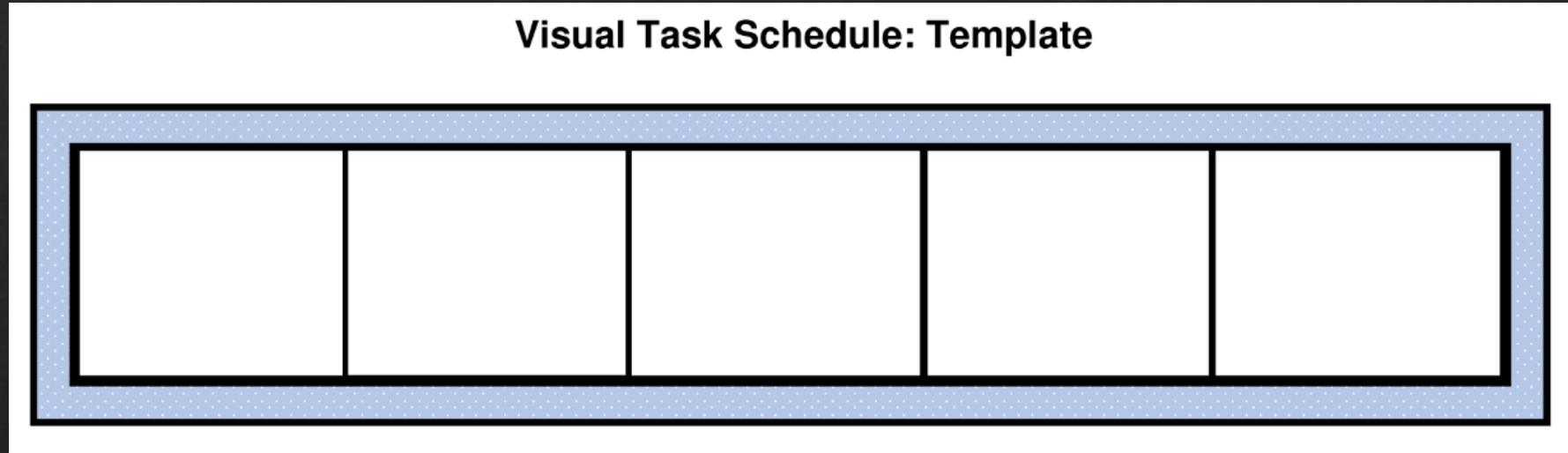


REMINDER:

- ❖ *The schedule will require teaching; it will not automatically have meaning.*
- ❖ *Use enough prompting to ensure the child gets there, but fade out slowly so s/he goes to the schedule with increasing independence.*

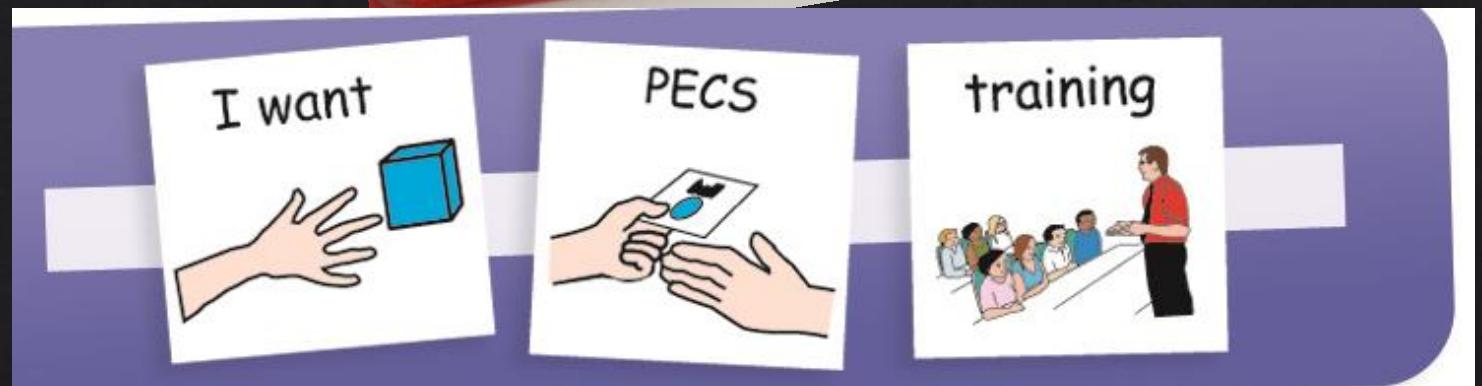


Using Visual Strips on Student Desk



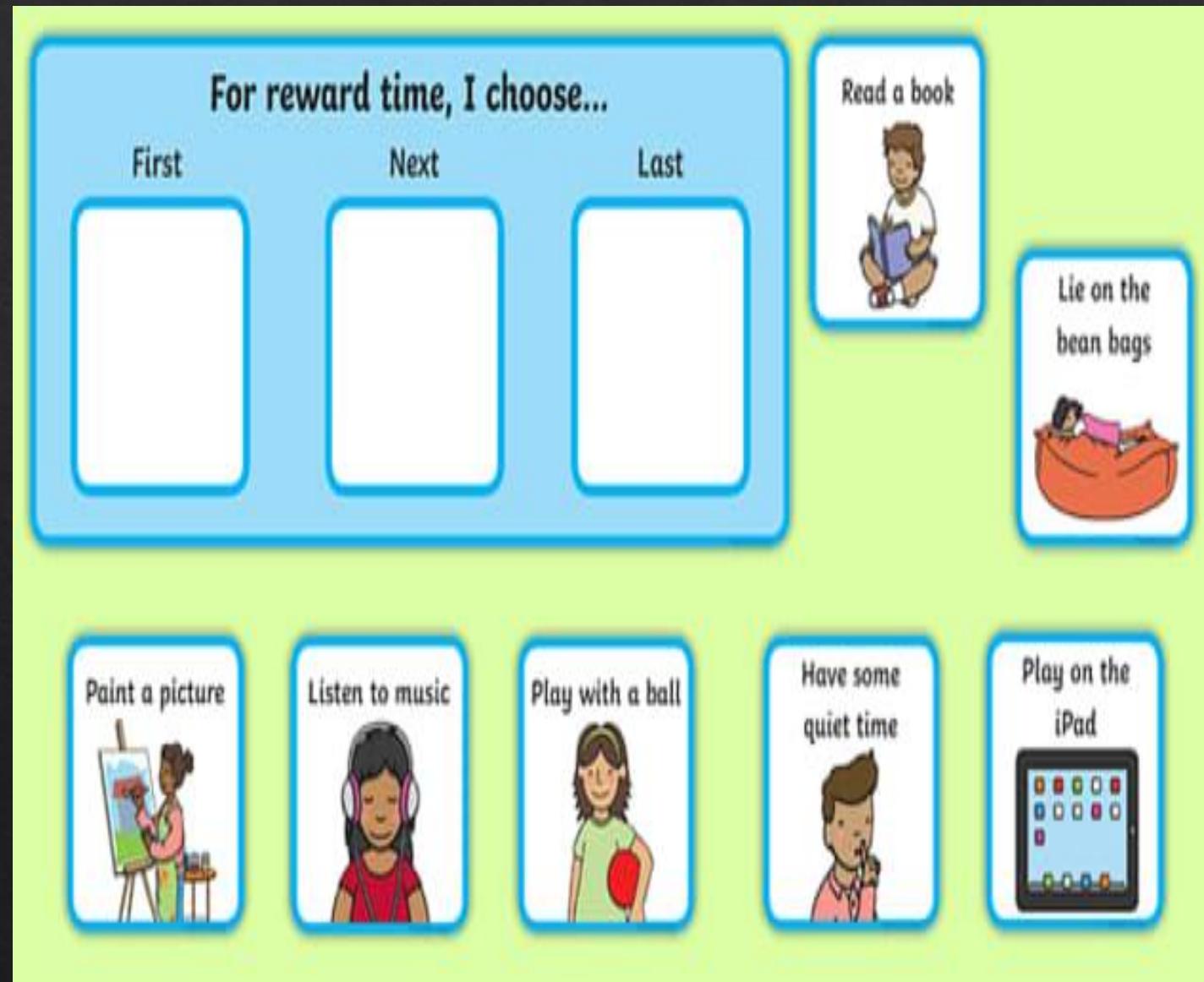
Why Use Visual Supports and Aids?

- ◆ Provides and aids in effective communication
- ◆ Decreases behavior challenges
- ◆ Allows for appropriate social interaction
- ◆ Helps to organize thinking
- ◆ Allows for choice-making
- ◆ Builds confidence
- ◆ Better presentation of information or task; task demonstration
- ◆ Helps with transitions
- ◆ Allows for increased participation
- ◆ **Builds independence**



Choice boards:

At times your student with autism will need to make a choice provide a choice board with a list of acceptable activities they can choose from.



Social Story

Social stories provide an individual with accurate information about situations your student with autism may find difficult or confusing. They can be written for a specific situation for the individual child. The story should be short and the focus should be limited to one or two key points: the important social cues, the events and reactions the individual might expect to occur in the situation, the actions and reactions that might be expected of him, and why.

When someone is hurting or annoying me I will:

1. Look at them.

2. Put my hand up in a 'stop' sign.

3. Say to the person, "Stop it, I don't like it."

4. If it doesn't work I will get help from a teacher.


What we sometimes see as
a failure to **BEHAVE**
properly,

is actually a failure to
COMMUNICATE
properly.

Communication Issues in ASD

- ❖ Picture Exchange Communication System (PECS)
- ❖ Augmentative Communication Devices
- ❖ IPad Apps such Proloquo2go and Verbal Me



Use Student Interests, Gifts, and Talents

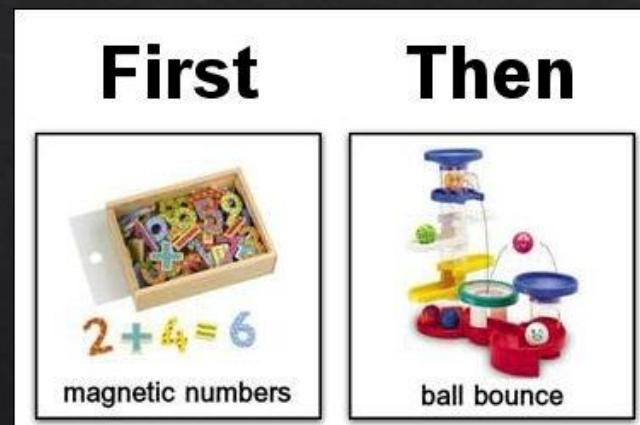
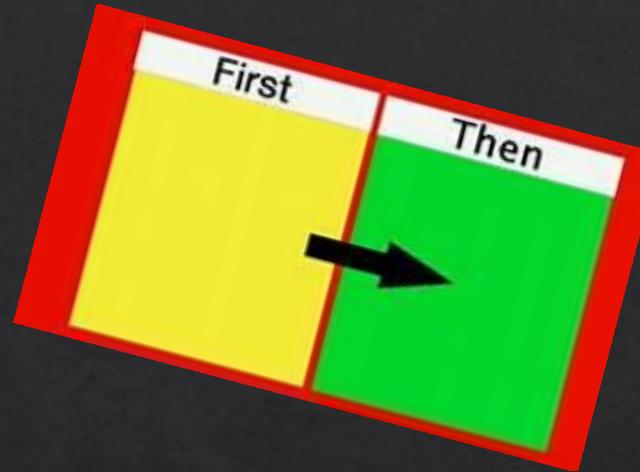
- ❖ Rewards
- ❖ Motivation
- ❖ Improves Engagement
- ❖ Decreases Inappropriate Behaviors
- ❖ Encourages a Safe and Positive Learning Environment
- ❖ Increases Achievement & Confidence



Using Personal Motivation



Important: Always use a visual timer for the preferred activity. Time Timer has an app!



Behavior Interventions & Strategies

- ❖ Remove triggers from the environment (within reason).
- ❖ Use planned ignoring (unless injurious behavior).
- ❖ Offer limited choices (ex. “You can type your answers or use the wiggle pen to do your spelling. You choose.”).
- Try pairing Interrupting with the Broken Record.
- Teach, re-teach, and reinforce desired behaviors, expectations, and rules.
- Decrease amount of “running space” in classroom or environment.
- Teach socially acceptable replacement behaviors.
- Discrete Trials & ABA methodology have been found effective for those with ASD.
- Request or conduct a Functional Behavior Assessment (FBA). Requires PARENT CONSENT
- Request or develop a Behavior Intervention Plan (BIP). Requires PARENT CONSENT



More Interventions & Strategies

De-escalation Strategies

- ◊ Use Calm, Even Voice
- ◊ Respond, Don't React; Don't Engage in a Power Struggle
- ◊ Use Positive Words
- ◊ Speak Less, Show More
- ◊ Re-direct Attention
- ◊ Let the Student "Save Face"
- ◊ Take a Break or Walk with Student
- ◊ Pre-teach Coping Skills
- ◊ Be Proactive to Help Student
- ◊ Offer and/or Allow for Scheduled Sensory Breaks
- ◊ Provide a Safe Place or Cool Down Area; Use Cool-Off Pass

Sensory Activities

- ◊ Movement & Motor Breaks
- ◊ Carrying Books
- ◊ Rocking Chair
- ◊ Music
- ◊ Scented Playdough
- ◊ Squishy toys
- ◊ Rice & Ice
- ◊ Pasta or Bean Containers
- ◊ Sand and/or Water Play
- ◊ Sensory Box/Bin
- ◊ Hands-on Learning (ex. Shaving Cream Spelling, Finger Paint, Explore and Sort Buttons)
- ◊ Chewelry or Pencil Topper



Strategies & Supports

- ❖ **Remember:** Think pictures! Use visuals such as daily schedules using real pictures, map of school with room locations, fire drill escape plans, morning/departure routines, bus routines, home routines, digital formats for textbooks and books, etc.
- ❖ Utilize priming (go over the activity, information, transition, or expectation with the child before it occurs).
- ❖ Provide more hands-on learning.
- ❖ Declutter, organize the environment, and use of masking when reading for visual discrimination.
- ❖ Provide copy of notes or provide content topic in advance.
- ❖ Teach and allow use of a “time out” or “break” card.
- ❖ Break tasks down into smaller steps. Instead of saying, “Clean your room, clean up your toys, etc.” say, “Clean up your toys, then clean up your clothes, then clean up your room.”



Simulation Video: Carly's Cafe

Simulation: Street Walking

Sensory Overload Video

QUESTIONS

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