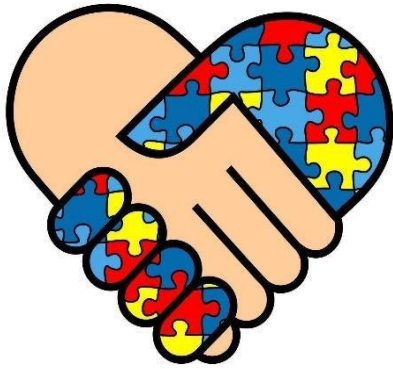


Autism: Understanding and Being Aware



What is Autism?

Autism is a group of neurological disorders characterized by impaired interactions and communication as well as repetitive behaviors. A person with the diagnosis of autism can exhibit any combination of these behaviors in any degree of severity. Two children with the same diagnosis may act differently from each other and have varying capabilities. Autism is a spectrum disorder, which means it can vary from mild to severe. One form of autism, called Asperger's Syndrome, often includes high functioning

individuals and is considered a less severe form of the disorder. Another form of autism called Pervasive Developmental Disorder (PDD) is similar to Asperger's in the sense that the person affected will have difficulty with social interaction, but PDD is marked by a severe difficulty comprehending and using language. PDD also included repetitive body movements, unusual play with toys and difficulty with transitions. PDD-NOS is another type, meaning Pervasive Developmental Disorder-Not Otherwise Specified.

It is estimated that 1 child in 150 may be affected by Autism. Of these children 4 out of 5 are boys. Autism is the fastest growing developmental disability with 1 to 1.5 million Americans affected. Costs for caring for our autistic population is in the billions but that number can be reduced by early diagnosis and intervention.



What are the Warning Signs?

There are many signs that a child may have autism. Some can be recognized in infancy, yet diagnosis is not usually made until the age of two or older. Below are some of the warning signs that a child may be on the autism spectrum, but it is important to note that these symptoms do not necessarily indicate that a child is autistic. These are simply

warning signs that a child should be referred to a medical professional to determine whether additional testing, observation or intervention is in order. For a diagnosis, families should be referred to a developmental pediatrician, a team of trained physicians, a child psychologist, an autism specialist or a DAN doctor (Defeat Autism Now).



Warning Signs

Covering ears
Loss of speech or social skills
Frequent tantrums or prolonged crying
Sensitivity to touch, sound or visual stimulus
Speech delay or repetitive speech
Spinning
Hand flapping
Agitation with change in routine
Lack of social interaction
Little or no eye contact



What do you say to parents?

Approaching parents on this issue is a very sensitive subject and should be handled with compassion and as much diplomacy as possible. No parent wants to hear that their child may have Autism. It can be a devastating diagnosis, and parents need time to come to terms with it in their own way.

If you suspect that a child in your care may be showing warning signs of autism, take a moment to put yourself in the parent's shoes. Consider how it would impact you to hear that your child may have a severe developmental disorder and may require specialized care for the rest of their life. Let that sink in before you have a serious discussion with the child's parents. It will allow you a greater sense of empathy and genuine concern for the wellbeing of the child.

After you have documented your observations or concerns and given the subject enough thought, it is important to keep in mind that only a medical professional can provide a proper diagnosis. Approaching the conversation from that point of view will allow you to be an ally to the parents through an unfamiliar situation. Explain that you are happy to have the child in your care and list some of the positive attributes about the child (always start with a positive). Next, detail the warning signs you have noticed, and mention that you feel it would benefit the child to undergo an evaluation by a developmental pediatrician.

The truth is that an evaluation will help you as a care provider. It will provide a better understanding of the child and his/her specific needs. No harm can come from an evaluation and it will benefit the family, especially the child, in the long run. There is always the possibility that the parents will meet your suggestion with resistance.

Parents may become agitated or offended, but at the heart of the matter, parents might know or suspect that something is different with their child. Do not be offended if parents take your advice in a negative manner. Keep in mind that your suggestion may benefit the child for years to come and know that parents will eventually come to terms with any diagnosis and will not hold you responsible.

Because this is a very sensitive subject, initiate this conversation only when you feel you are ready, and you sense the parents are approachable. As with any sensitive subject, do not try to have this conversation after you've had a bad day or if parents are experiencing a difficult day themselves. Only talk about this when you feel it is an appropriate time for everyone involved.

What can I expect?

Children with autism often struggle with transitions. To improve behavior when changing from one activity to another, try to follow routines, scheduled activities, and verbal cues which allow a child to mentally prepare for each activity of the day. Using a couple simple tools, you can aid the child in transitions that meet this internal need for structure. Using a visual schedule board to list or show the plan for the day, along with a timer, you can help a child feel more in control. A verbal cue along with a 5-minute warning (that's where the timer can be helpful) are valuable tips that allow for transitions to go smoothly for everyone involved.

Children with autism are often innocent, loving, and good natured. After you have learned their triggers and how to avoid tantrums, you will find that caring for a child with autism is quite rewarding. You will appreciate their milestones as you get to know the child, and you may find that he or she is a captivating and intelligent person just below the surface. In time, a child with Autism will become your buddy and you will have forgotten the rough start that is inevitable when a child enters a new setting.

It is also important to note that autism can be treated successfully. There are many children who have shown tremendous improvement with various therapies. There are some cases where children with Autism have completely recovered. Although recovery is rare, it has happened with the help of biomedical interventions and under the supervision of a DAN doctor.

If the family of a child with autism wants information on biomedical interventions, be sure to refer them to a DAN doctor or the Autism Research Institute. Unfortunately, most pediatricians have not taken the DAN courses and are not certified to treat children with autism using these techniques, so it is of the utmost importance that parents find a doctor who has the right credentials to treat the child.

For information on DAN doctors contact the Autism Research Institute at:
1-866-336-3361 or visit www.autism.com

In some cases, the person with autism may recover or greatly improve, and there are even those, whom by any standard, have tremendous success in adulthood. Autism can be a lifelong disability, but through interventions and therapy many people have learned to use their autistic traits to their advantage. There are also cases of autism where parents have tried every intervention, have arranged for countless hours of therapy with the best doctors yet their child is still very much autistic. The best way to approach autism is to hope for the best and plan for the worst. It can be a lifelong disability, but it is worth the time and effort to try various interventions available before throwing in the towel. The best advice you can give a parent in this situation is to seek the counsel of other parents who are treating their child's autism, and to do their own research.

What else can I do?

Every child is affected differently by autism. With the guidance and support of medical professionals, parents must determine which therapies fit best for their child. As the awareness of autism has increased, so have the resources to help parents and care givers. One such group is The Autism Society, which has chapters nationwide.



The Autism Society not only helps parents and care givers to find resources in their area, they also advocate for children on the autism spectrum and offer support groups for parents and care givers. In addition to The Autism Society, there are community-based programs where people with disabilities can receive information and services pertaining to their specific needs. To locate programs in your community, ask a school social worker or school psychologist or contact the county human services department or park and recreation to ask about Therapeutic Recreation programs. Many children diagnosed with autism or other disabilities qualify for social security benefits (SSI) or can receive a waiver to help pay the cost of therapy and other needs the child may have.

Contact the Social Security Office in your area or visit the website www.ssa.gov/disability/ for information. Keep in mind, it is best to have a diagnosis before applying for disability benefits. Parents will find sound advice and information which can be a tremendous help. Parent will also need your help and support as they navigate the assessment process and work through any diagnosis the child receives.

To find a local chapter of The Autism Society visit the organization website www.autism-society.org or call 1-800-3AUTISM.

Vocabulary List

Autism comes with a long list of therapies and an extensive vocabulary. Below are some useful terms that will start you in the right direction. This list is a starting point and will help you, as the care provider, to understand the vernacular of autism.

Occupational Therapist: An occupational therapist works with patients to maximize their skills and abilities. Children with autism have occupational therapy (OT) to work on age-appropriate skills such as: cutting with scissors, holding a pencil, writing, coloring, etc.

Speech Therapist: A speech therapist helps people to learn phonetics, receptive language, expressive language, articulation, and intonation among other skills. They can also help non-verbal children by teaching sign language and facial expressions as a means of communication and will often use picture symbols for the purpose of scheduling and communication needs.

ABA: Applied Behavioral Analysis (based on the theories of B.F. Skinner) is behaviorally based instruction meant to help children with autism learn social, play, and fine motor skills. ABA is often very successful with treating autism.

DAN Doctor: A DAN doctor is an autism doctor. The acronym, DAN, stands for Defeat Autism Now. These doctors run tests for heavy metal toxicity and digestive problems and will look at all medical records prior to visits. They are the 'Go-to' doctors in the field. To find a DAN doctor, contact the Autism Research Institute at 1-866-366-3361 or at www.autism.com.

Biomedical Interventions: There are many biomedical interventions, but these strategies commonly include specific diets, supplements, and vitamins. This type of intervention may help children immensely and has resulted in complete recovery for some patients with autism diagnosis.

Diet: There are a lot of studies regarding nutrition as related to autism. Natural treatments for autism and foods to eat and avoid are easy ways to ensure a child with autism is getting proper nutrients.

Many studies suggest that autism may be linked to inflammation, leaky gut, nutrient deficiencies and food allergies. To help manage the symptoms of autism spectrum disorders there are several commonly held natural remedies listed below.

Foods that are recommended for children with autism include: **Whole, unprocessed foods** (Most processed foods contain chemical additives that can be problematic.), **Fiber** (Many children with autism have digestive issues, which fiber can benefit.), **Probiotics** (Fermented foods promote healthy gut bacteria.), **and Omega 3 Fats** (children with autism often have deficiency in essential fats which come from avocados, walnuts, and chia seeds.).

Foods to avoid for children with autism include: **Gluten** (Foods made with wheat, such as pasta, bread, cereal usually contain gluten.), **Dairy** (Cow's milk contains A1 casein, which can trigger an allergic reaction or intolerance. To get calcium, try leafy greens, oranges and almonds.), **Sugar** (Processed sugars can cause excessive inflammation as well as fluctuations in blood sugar, which can increase behavioral problems. Avoid **candy, desserts, soda, and fruit drinks**, which can all be high in sugar.), **Food coloring and dyes** (children with autism may be sensitive to artificial food dyes and colors. Avoid **processed foods** to ensure the child is not exposed to chemical dyes.), **Soy** (A common food allergy for children with autism, soy, can be harmful if children have an intolerance. Soy contains phytic acid which can irritate the intestines.)

Recommended Activities

As the care giver, you will get to know the child you are caring for and in turn, will learn which activities work best for that particular child. An important idea to keep in mind when doing any activity is that children with autism thrive on predictability. It is important to designate specific times and areas for each different activity whenever possible. It is also helpful to keep a box marked with the child's name for coloring, reading, etc. so the child knows what he/she can play with and what is off limits.



Activity #1

Naming

This activity is designed to encourage language skills. Many behaviors associated with autism stem from a lack of language. If a child has language, even a few words, it can decrease negative behaviors and help you connect with the child. When you are naming things, the child with autism will understand that you are trying to connect with him/her.

Please note, for this activity to be effective, it needs to be continual and consistent.

Name as many things as you can, providing words to go along with a visual image or the actual item. When you open a door, say "door", when it is time to eat, say, "eat", when you set out milk for a meal, say "milk", etc. It is also a good idea to say what you are going to do before you do it. If you are going to the car, say "car", or if you are going outside, say, "outside". The idea is that if a child hears you say something enough times, they may eventually repeat the word.

Observe the child throughout the day. For example, if you notice an increase in negative behaviors around lunchtime, it is possible that he/she may be hungry earlier than other children. Naming things and actions may help to decrease behavioral concerns by simply acknowledging the child's needs. Saying the word "eat" or "lunch" will indicate that you are aware of their needs and that understand that he/she is upset.

Children with autism are more likely to:
speak, show affection, and play
if they feel connected to the people around them.

Activity #2

Coloring! Every child is different, so you can choose which coloring activities will work best for each individual child.

Crayons and markers: If he/she will use crayons and markers, the first thing to do is indicate that it is time to color by using a schedule board and a verbal prompt. Next, sit the child down, preferably in the same place as they normally do to color, having all supplies ready ahead of time. A child may not color inside the lines, but any use of crayons or markers helps to build fine motor skills.

Weighted pencils: Weighted Pencils are heavy, oversized (huge) pencils. These can be purchased at most dollar stores or parents can work with the Occupational Therapist or classroom teacher to order one for you. There are many sensory issues related to autism, and weighted pencils can provide a sense of control over the writing utensil. The weighted pencil can be used for writing, but it is also a great way to get an autistic child to practice without incident.

Pencil Grips: Pencil grips are designed to help a child understand where his fingers should be on a pencil, crayon, or marker for the best control. These can be particularly helpful with autistic children because the pencil grip will naturally guide the fingers to the correct position. Verbal instructions can be difficult for an autistic child to comprehend and using the correct grip on a crayon may take the struggle out of coloring time.

If a child is having a tantrum at a time that is usually peaceful for him or her, it is important that all factors are considered to determine possible triggers or causes for the behavioral response.

1. Are you following the child's usual schedule?
 - a. Be mindful of the time of day and ask what usually happens at this time.
 - b. If using a schedule board, was the current activity talked about and included on the board to help the child through the transition?
2. Is there any new sensory stimulation in the house or nearby?
 - a. New pictures on the wall
 - b. Radio playing
 - c. Unusual sounds/noises: nearby construction work
3. Are the activities occurring familiar to the child?
 - a. Is he or she using the usual coloring book or toys?
 - b. Are new foods being introduced?
 - c. Any new people present?

Following a consistent routine is important in helping children with autism to feel safe and comfortable. Take into consideration all things that may be out of the ordinary when trying to figure out why a child is upset. Things that may be unnoticed or insignificant to a child with typical development may be enormously disruptive to the sensitive sensory receptors of a child with autism.

If everything is on schedule and you have not deviated from the usual routine, the cause may be internal to the child. He or she may not be feeling well, may be getting a new tooth or have an earache. Any number of internal or external influences can impact a child struggling with sensory processing issues, so be sure to explore all factors.

Activity #3

Puzzles

It may seem that putting a puzzle together does not require instruction, and for the typical child, it may not. For the autistic child however, any activity can turn into a battle if not approached correctly. Most children with autism love puzzles. They enjoy seeing how things come together and it gives them a sense of confidence and accomplishment to see the final product. As the care provider, you can choose which puzzle activity will work best for the child in your care based on your knowledge of the child's interests and skills.

Small Puzzles

It may be necessary to start with very basic puzzles of only five to ten pieces. These puzzles enable the child to see the purpose of the activity and once completed, gives the child the reward of feeling successful.

24 Piece Puzzles

These puzzles are more difficult, so expect some resistance at first. After repetition it will become routine and any resistant behavior should decrease. The best way to start

(assuming the schedule board and verbal prompt has been addressed) is to lay all of the pieces face up on the table. Start by placing the corner pieces in the correct positions. Next, separate all edge pieces and put them close to where they should be in the puzzle without attaching them to the neighboring pieces. If the child needs help, point to or provide verbal encouragement about which pieces connect. Resist the urge to do it for the child. If you put the pieces together, that is what the child expects to happen. When you allow the child to connect the pieces, he or she learns that he is capable and can do it. If he or she becomes frustrated, you can help by moving pieces very close together in the correct location, without putting them together. Eventually the child will get the hang of it and will not need much assistance but stay close by to assist if frustration sets in. Puzzle time can turn into a disaster if a piece is missing or does not fit properly.

25+ Piece Puzzles

Putting larger puzzles together is similar to the 24-piece puzzle, but the most important thing to do is count the pieces beforehand to be sure none are missing. There will likely be mayhem if 99 pieces have been successfully put together and the 100th piece is lost. The autistic brain operates in terms of finality. If the expected outcome is not achieved, the child may be unable to process what is happening. To avoid a meltdown when a child is working on larger puzzles, be certain that all pieces are accounted for and in the exact same spot they were in the day before or the last time the child worked on the puzzle.

Activity #4

Video Modeling

Video Modeling is basically modeling any activity you want the child to do, but on video. This can be a store-bought video or one you create with your own camera. This technique can be very effective, especially if the child enjoys watching movies or videos. It is common for a child with autism to repeat words they hear in movies and mimic actions they see on television. You can say the alphabet a million times and they will show no interest but show the child a video of their favorite cartoon character saying the alphabet and VIOLA! All of the sudden the child may say the alphabet and recognize the letters by sight. This activity is designed to encourage language and other activities, so you may know best what areas the child is likely to be successful at with a little repetition.

Lunch Time - - If the autistic child in your care is having difficulty sitting down with other children for lunch, it might help to videotape the other kids in their normal routine for lunch. Videotape the entire process from handwashing to putting the plates in the sink afterward. Allow the child with autism to watch the tape as many times as she likes. It is common for kids to watch the same thing over-and-over and the

repetition will reinforce the idea and help the child understand what is expected from them. This activity may assist children who are non-verbal as well as those with emerging language skills.

Educational Activities - - It is possible that together, you and parents, and the therapists have tried everything you can think of to get the child to spell, add, read, or any number of academic tasks and nothing has worked. If that is the case, try video modeling. Again, it can be a store-bought movie or a homemade video. Choose or make a video that is appropriate for the level of functioning of the child and not necessarily the age of the child. Autism affects each person differently and the materials should reflect the developmental capabilities of the child.

Change - - One of the most difficult aspects for a person with autism is change. If a major change is about to occur, like a change of school or playground, it may help to drive the child past the new location and make a video or even take a picture there, then explain numerous times what is coming.

It may take a few different movies or shows to find the right fit, but the benefits are tremendous and worth the extra effort. An important thing to remember is that you will get to know the child and eventually know what video modeling techniques are best for the child.

Activity #5

Store-bought Games

There are many store-bought games you can use to increase vocabulary and encourage language for a child with autism. Below are some suggestions that have worked well with autistic children. It may take a while for the child to warm up to the idea of playing a structured game.

Boggle Junior

If the child you care for can recognize letters (whether they are verbal or non-verbal) this is a great learning tool. The letters are on dice and the child must find the letter that corresponds with the word card placed in front of them. If the child is non-verbal, but in your opinion, can identify letters, this may open a whole new world for him/her. It will give them a strong base on which to build a written vocabulary. There are a few adjustments that you might want to make to the game before you try it. First, don't use the timer, which may send a child into sensory overload. Second, you may need to help the child find the correct letters at first but do it in a subtle way. Turn the dice to the letter so they understand the concept, and in time the child will learn to spell the words with little assistance.

Fridge Phonics

A few different companies make phonics games, but the Leap Frog Fridge Phonics is possibly one of the most effective. It is a small, battery operated, speaking toy that goes on your refrigerator. When the child puts a letter in the receiver it says the letter name and its phonetic sound. This repetition can slowly teach the child the alphabet and may aid in reading and writing skills as they learn to sound out words that they see. It is common for a child to push the buttons a thousand times before they learn to use it the right way, but don't be discouraged. It might be the thing to get them interested in the alphabet.

The type of games that will suit a child with autism best are simple and straight forward. For letters, choose a game that has all the letters included and speaks each one. For numbers, choose games that focus on the numbers 1 through 20. Some games are too advanced or too technical for children who are autistic, so be sure the use games that teach fundamentals first. After a child has learned the basics, they will be ready for games that are more complex and challenging. Make sure to use a schedule, so that the child knows when they will be playing games, and when a timer goes off, they have 5 minutes to complete what they are working on. You don't want any major issues. when it is time to move on to another activity.

Children with autism are like any other child. They want to please you and do the right thing. It is just more difficult for them. As you learn what works best for each child, your job and rewards will become easier and gratifying. Patience is the key and being aware of the child's needs may turn their life around as well as yours.



Resources

Autism Society of America

7910 Woodmont Avenue, Suite 300

Bethesda, MD 20814

Phone: 1-800-3-AUTISM

Website: www.autism-society.org

Autism Research Institute

4182 Adam Avenue

San Diego, CA 92116

Website: www.autism.com

Gluten Free Casein Free Support Group

Website: www.gfcfdiet.com

Grandin, Temple. (2006). "Thinking In Pictures". Doubleday, New York.

Kranowitz, Carol. (1998). "The Out of Sync Child". The Berkley Publishing Group, New York.

McCarthy, Jenny. (2007). "Louder Than Words". Penguin Group, New York.

Pangborn, Jon and MacDonald, Sindy. (2005). "Autism: Effective Biomedical Treatments", Autism Research Institute, California

Starfall

Teaching phonics and spelling to young children

Website: www.starfall.com

Wolfe, David.

Natural treatments for Autism

Website: www.davidwalfe.com/natural-treatments-autism-food-eat-avoid/

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