



Understanding Autism:
A Provider's Guide

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Understanding Autism: A Provider's Guide

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Introduction to:

Understanding Autism

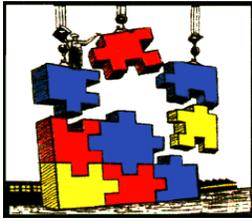


What is Autism?

Autism is a neurological disorder characterized by impaired social interactions and communication as well as restricted and repetitive behavior. A person diagnosed with autism can exhibit any combination of these behaviors in any degree of severity. Two children with the same diagnosis may act completely different from each other and have varying capabilities.

Autism is a spectrum disorder meaning that there is a broad spectrum by which Autism is diagnosed. People with high functioning Autism are usually highly intelligent but lack the ability to read social cues properly. A person with high functioning Autism is diagnosed as having Aspergers, this is on the Autism spectrum but is considered a less severe form of the disorder. There is also a form of Autism called PDD, Pervasive Developmental Disorder. This form of Autism is similar to Aspergers 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 includes repetitive body movements, unusual play with toys and difficulty with transitions.

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



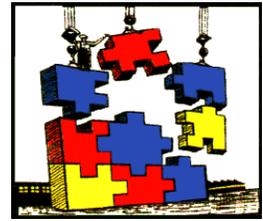
What are the Warning Signs?

There are many signs that a child has autism. Some can be recognized in infancy but a diagnosis is not usually given until the age of two or older. Below are some of the warning signs that a child may have autism. *It is important to note that these symptoms do not necessarily indicate that a child is autistic; They are simply warning signs that the child may have the disorder or may need to see a specialist.* For a diagnosis refer 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
- * Rocking back and forth

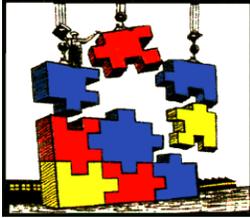
What do you say to parents?



Approaching parent's on this issue is a very sensitive subject and should be handled with care and as much diplomacy as possible. No parent wants to hear that their child has autism. It is a devastating diagnosis and the parents need to come to terms with it in their own way.

If you suspect that the child in your care may have autism you must first consider how it would impact you to hear that your child has a severe developmental disorder and may require care for the rest of their life. **Let the reality of that sink in** before you have any serious discussion with the parents. It will allow you to approach the conversation with a greater sense of empathy and genuine concern for the well being of the child.

When you have given the subject enough thought it is important to keep in mind that **only a physician can give a proper diagnosis.** Approach the conversation from that point of view, explain that you are happy to have the child in your care, and list some positive attributes about the child (always start with a positive). Next, explain that you have noticed certain behaviors such as: loss of language, lack of eye contact, etc. and that you feel it would benefit you if the child had an evaluation from a developmental pediatrician. **The truth is that an evaluation will help you as the care provider.** It will give you a better understanding of the child and their specific needs. No harm can come from an evaluation and it will benefit the family, especially the child, in the long run.



What do you say to parents? (continued...)

Do not be offended if the 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 the parent's will eventually come to terms with the diagnosis and will not hold you responsible. It is a very sensitive subject and again, only have the conversation when you feel you are ready and the parents are approachable. Only talk about this when you feel it is an appropriate time for everyone involved. For example, do not have the conversation if you've had a hard day or if the parent has just lost their job. It may help to do some research on your own before you speak with the parents. The following websites are great sites that have a lot of useful information:

www.autism.com and www.autismspeaks.org

These web sites will enable you to find useful information on obtaining a diagnosis and provide a list of warning signs. The more information you have for the parent's the less stress they will feel. Knowledge is the key to unlocking the hardship of autism. It will benefit everyone involved if you have information close at hand.

What can I expect?



Children with Autism are very innocent, loving and good natured. Once you have learned their triggers and how to avoid tantrums, you will find that caring for a child with autism is really quite rewarding. You will appreciate their milestones as you get to know them and you will find that there is a captivating and intelligent person just below the surface. In time they will become your buddy and you will have forgotten the rough start that is inevitable when a child with autism 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 therapy. There are also 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 the child with autism wants information on biomedical interventions be sure to refer them to a DAN doctor or the Autism Research Institute. They are the only sources for this information. Unfortunately, most pediatricians have not taken the DAN courses and are not certified to treat children with autism using these specific techniques. It is of the utmost importance that the parents find a doctor who has the right credentials to treat the child.

For information on DAN doctors contact the Autism Research Institute at 1-866-366-3361 or visit www.Autism.com

What can I expect? (continued...)



There are cases where people with autism recover or greatly improve. There are also people with autism whom, by any standard, have tremendous success in adulthood. Autism can be a lifelong disability but many people with autism have (with interventions and therapy) learned to use their autistic traits to their advantage. We all remember Jason McElwan, the young man who made six, three point baskets in his high school basketball championship game. There are also authors who have autism such as, Temple Grandin, Donna Williams and Ruth Elain. These people did not allow their disability to determine their future. Instead, they used their analytical and critical thinking skills to build a foundation for a prosperous career.

There are also cases of autism where the parents have tried every intervention, have arranged countless hours of therapy and have seen the best autism doctors and their children are 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 life long disability but it is worth the time and effort to try the many 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?



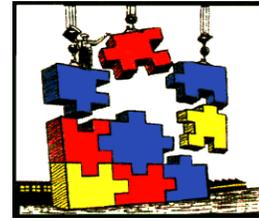
Every child is affected differently by autism and the parents must determine which therapies and interventions will work best for their child. As the awareness of Autism has increased so have the resources to help parents and caregivers. One such group is the The Autism Society which has chapters nationwide.

The Autism Society not only helps parents and caregivers find resources in their area, they also advocate for children with autism and offer parent and care giver support groups.

In addition to the Autism Society there are community center boards where people with disabilities can receive information and services pertaining to their specific disability. To locate your community center board ask the school social worker or school psychologist for contact information. Many children also qualify for social security benefits for people with disabilities (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 log on to www.ssa.gov/disability/ for more information (keep in mind it is best to have a diagnosis of autism before applying for disability benefits). The parents of the child in your care will be in need of sound advise and the information listed here will help them tremendously. It will also help them to know that you support them and their child in such a difficult time.

To find a local chapter of the Austism Society log on to 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 vocabulary words that will start you in the right direction. This list is a starting point and will help you as the provider to understand the vernacular of autism.

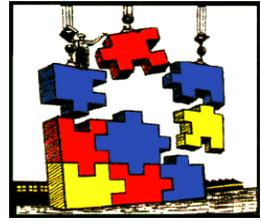
Occupational Therapist- A therapist who works with people with disabilities to maximize their skills and abilities. Children with autism have OT (Occupational Therapy) to work on age appropriate skills such as: using scissors, writing, coloring etc.

Speech Therapist- A Speech Therapist will help a child with autism learn phonetics, receptive and expressive language, articulation and intonation. They can also help non-verbal children by teaching sign language and facial expressions as a means of communication. They will often use picture symbols for the purpose of scheduling and communicating 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. It is often very successful with treating autism.

Stimming- Self stimulating behavior such as: spinning, turning light switches off and on, closing doors repetitively, rocking, hand flapping etc. A stim is a common indicator of autism - it helps the child to feel centered and calm.

Vocabulary List (continued...)



Perseveration- A repetitive behavior or gesture, perseveration can also come in the form of repetition of phrases or words.

Echolalia- Repetition of a sound or word. This is also common with autism. The child you are watching may say door, door, door (for example) it does not necessarily mean they want to go to the door. If echolalia is common for the child, they are just repeating a word they found interesting.

DAN Doctor- A DAN doctor is an autism doctor, the acronym 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 the visit. 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 in a nutshell they include specific diets, supplements and vitamins. These interventions help many children immensely and have helped some recover completely from autism. Again, contact the Autism Research Institute for information.

Gluten Free Casein Free Diet- A diet which excludes all wheat products and all dairy. This diet is very common in the world of autism and has been very successful in decreasing negative behaviors, skin irritation and digestive problems.



Recommended Activities

As the provider you will get to know the autistic child you are caring for and in turn will know which activities will work best for that particular child. An important thing to keep in mind when doing any activity is that autistic children need predictability. It is important to designate specific times and areas for each different activity. It is also helpful to keep a box marked with the child's name for coloring, reading, etc. so they know what they can play with and what is off limits.

Activity #1

Naming-

This activity is designed to encourage language. Many behaviors associated with autism stem from a lack of language. If the child has language, even just a few words, it should decrease the 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 them.

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

Name as many things as you can. When you open the door, say door, when it is time to eat say "eat," when you set juice out, say "juice," 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", if you are going to go outside , say "outside." The idea is if they hear you say something enough times they may eventually repeat it.

It is important to observe the child throughout the day. For example, if you notice an increase in negative behavior around lunchtime it is possible that they are hungry earlier than the other kids and naming should help decrease the behavior by simply acknowledging their needs. Saying the words "eat" or "lunch" will indicate to them that you are aware of their needs and that you understand why they are upset.

Remember:

**Autistic children are more likely to:
speak, show affection,
and play if they feel connected
to the people around them.**

In the space below describe three different ways in which you can use naming in your childcare:

1.)

2.)

3.)

Activity #2

Coloring-

Again, every autistic child is different. You can choose which coloring activities will work best with the particular child.

Crayons and Markers - If the child will use crayons and markers the first thing to do is indicate that it is time to color with a schedule board or even a verbal prompt. Next, sit the child down, preferably in the same place as they normally color, having all supplies ready. They may not color in the lines but it is good practice for their fine motor skills.

Bingo Markers - It is possible that the autistic child you are caring for will not want to use crayons or markers. If this is the case bingo markers will typically do the trick. The best way to start this activity is to draw a large square or circle on a piece of blank white paper. Show the child how to use the bingo marker by staying in the lines and then let them have a turn. Once they are comfortable with the idea you can introduce new pictures that have few lines like a picture of a ball or a house. This activity is designed to help with fine motor skills and will help them to grasp the concept of coloring in the lines.

Coloring continued...

Weighted Pencils - Weighted pencils are, in a nutshell, just really huge pencils. They can be purchased at most dollar stores or parents of the child can contact the Occupational Therapist at their school or ask a classroom teacher to order one for you. There are a lot of sensory issues with autism and the weighted pencils help give the child 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 coloring without incident.

Pencil Grips - Pencil grips are designed to help children understand where their fingers should be on a pencil, crayon or marker. They are particularly helpful with autistic children because the pencil grip will naturally guide their fingers. Verbal instruction can be difficult for an autistic child and the pencil grip used on a crayon will take the fight out of coloring time.

Autistic children may need a few different approaches to coloring. List three you could use below:

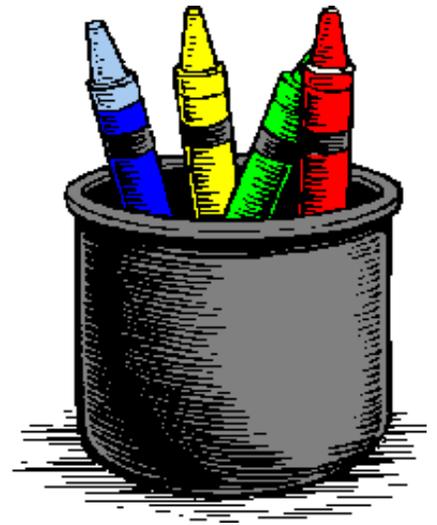
1.) _____

2.) _____

3.) _____

Case Study #1

This case study is designed to compliment Activity #2



Difficult behaviors with coloring activity:

Jason, the five year old autistic child in your care is having a tantrum after you sat him down for a coloring activity. He usually loves to use his crayons and is not normally agitated at coloring time. He is coloring with the crayons from his box and is sitting in the chair he always sits in.

In the space below, provide an explanation as to why you think he may be exhibiting negative behaviors:

How Did You Do?

If the child is having a tantrum at a time that is usually peaceful for him or her, it is important that all factors are considered.

1.) Are you following the child's schedule?

- ✓ **Be mindful of the time of day. Is this the time he usually colors?**
- ✓ **If you are using a schedule board, was this activity talked about and addressed on the board?**

2.) Is there a lot of or new sensory stimulation in the house? Such as:

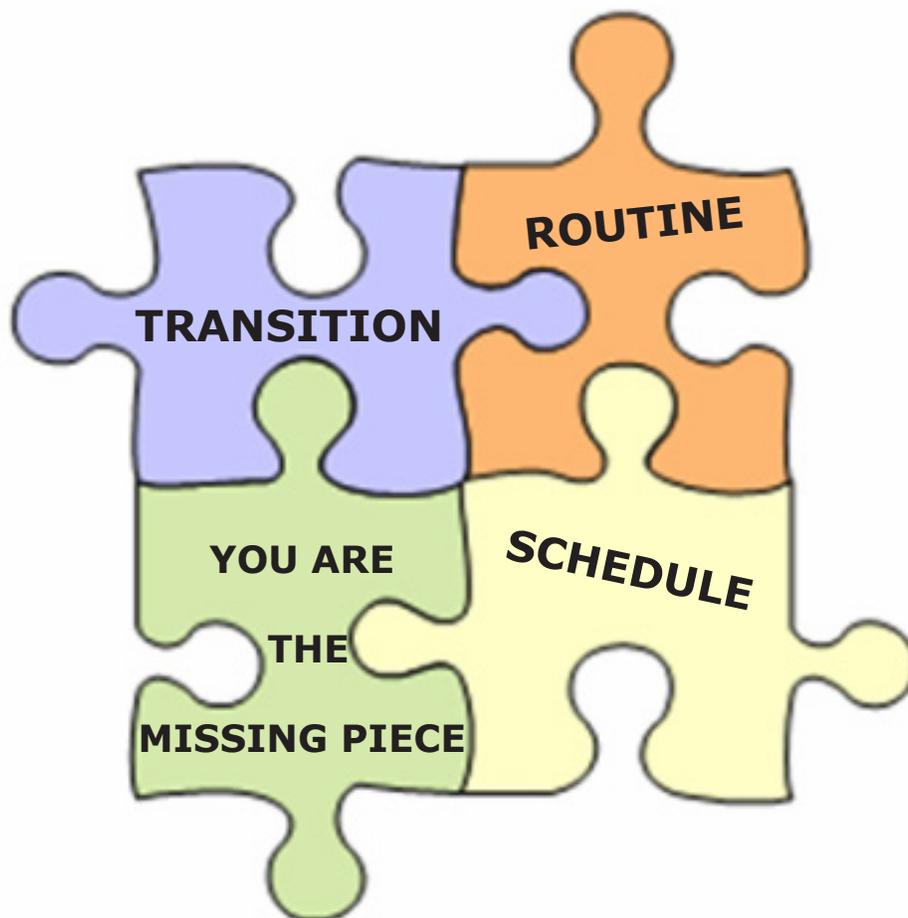
- ✓ **New pictures on the wall**
- ✓ **Radio Playing**
- ✓ **Unusual sounds**

3.) Are you using a coloring book that is unfamiliar to him?

When working with autistic children keeping them on a schedule and following routine are very important. Take into consideration all things that may be out of the ordinary when trying to figure out why the autistic child is upset.

If everything is on schedule and you have not deviated from the routine, it may be that they feel physically sick, they may be getting a new tooth or have an earache. Any number of things can be wrong.

Autistic children may not be able to communicate that they feel ill or are experiencing pain. If their behavior is unusual keep an eye out for flu or cold like symptoms. If you try everything you can think of to get them to color and it does not work, transition them. Give them a toy they like or their favorite juice, anything to get them away from the table. It may be the activity that is triggering the behavior and a new activity will usually stop the tantrum.



Activity #3

Puzzles -

It may seem that putting a puzzle together does not require instruction and for a typically developing child it does not. For the autistic child however, any activity can turn in to 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 to see the final product. As the provider you can choose which puzzle activity will work best for the child in your care.

Small Puzzles

It may be necessary to start with five to ten piece puzzles. These puzzles enable the child to see the purpose of the activity and once complete, gives them a feeling of accomplishment.

24 Piece Puzzles

These puzzles are more difficult so expect some resistance but eventually it will become routine and the negative behaviors should decrease.

The best way to start (assuming the schedule board or verbal prompt has been addressed) is to lay all pieces face up on the table. Start by placing all corner pieces in the correct place. Next, separate all edge pieces out and put them close to where they should be. If they need help point or direct them but do not get in the habit of doing it for them or you will end up doing every puzzle on your own.

Puzzles continued...

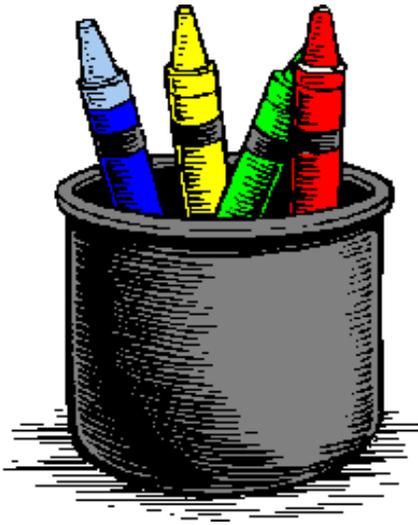
Once the border is complete try to let them find the pieces on their own. If they are frustrated help them by placing the correct pieces near each other without actually putting them together. Eventually they will get the hang of it and will not need much assistance; However, stay in close proximity. Puzzle time can turn in to a disaster if a piece is missing or does not fit properly.

25 + Piece Puzzles

Putting these puzzles together is similar to the 24 piece puzzle but the most important thing to do is to count all pieces before hand. There will be mayhem if 99 pieces have been successfully put together and the 100th piece is missing. The autistic brain operates in terms of finality, they must achieve the expected outcome or they literally can not process what is happening. To avoid the melt down, be certain that all pieces are accounted for and in the exact spot they were in the day before.

List three strategies to avoid negative behaviors during puzzle time:

- 1.) _____
- 2.) _____
- 3.) _____



Case Study #2

This case study is designed to compliment Activity #3

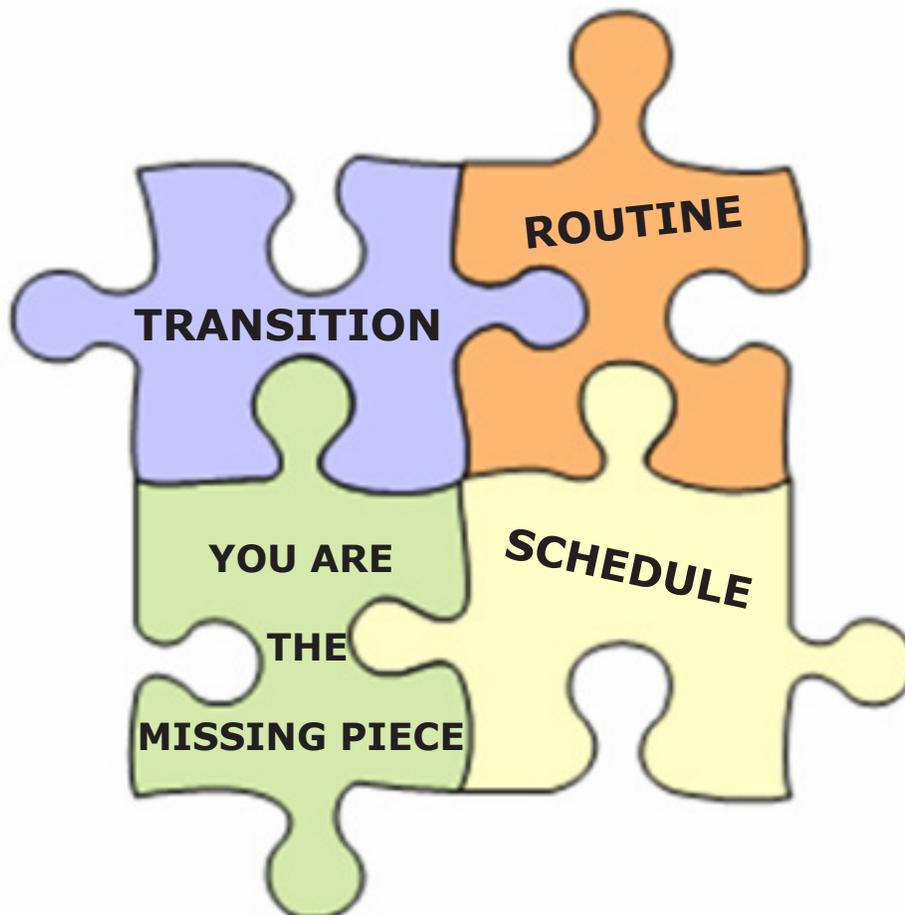
Negative Behaviors with Puzzle Activities

Andrew, the nine year old autistic child in your care has mastered the five to ten piece puzzles and has moved on to the twenty four piece puzzles successfully. He usually does well during puzzle time but today is throwing a tantrum. You started the puzzle by placing all corners in the correct location but stepped away to take a phone call, you returned to see him crying and throwing the pieces on the floor. You then pick the pieces up, place them face up on the table , put the corners where they should be and start lining up the edge pieces as you always do. He is still crying and upset and refusing to finish the puzzle.

In the space below discuss possible reasons for the behavior and what you can do to stop the tantrum:

How Did You Do?

The first thing to consider is the transition. Was he made aware with the schedule board or a verbal prompt that it was time for this activity? The next step is to think of any possible deviations from his routine. If you stepped away to take a phone call and he expected your help and did not see you there, it is possible the break in routine triggered the behavior. If you find yourself in this situation the best way to handle it is to transition him to a new activity. Give him a treat or a toy or turn on his favorite movie. Do whatever you have to do to distract him from the puzzle because as long as he sees it the behavior is likely to continue. It is also important to be easy on yourself, it takes a while to learn the triggers and does not reflect an inability to care for the child.



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 make at home with the family camera. This technique can be very effective especially if the autistic child in your care likes to watch movies. It is very 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, show them a video of their favorite cartoon character saying it and voila! All of a sudden they are saying the alphabet and recognizing the letters by sight.

This activity is designed to encourage language and activities. Choose the one that works best for the child in your care.

Lunch Time-

If the autistic child in your care is having a difficult time sitting down with the other children for lunch it might work to video tape the other kids in their normal routine for lunch. Video tape the entire process from washing their hands to putting their plates in the sink. Allow the child with autism to watch the tape as many times as they like. It is very common for these kids to watch the same thing over and over. The repetition will reinforce the idea and help them to understand what is expected from them. This activity will work with children who are non-verbal and those who have language.

Educational Activities-

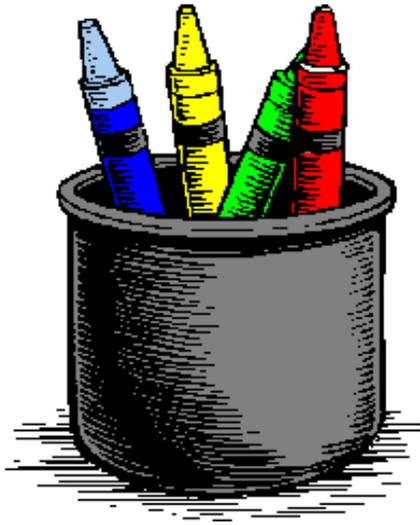
It is possible that you, the parents and the therapists have tried everything you can think of to get the child to spell, add, read or any number of academic activities but nothing has worked. If that is the case try video modeling, again, it can be a store bought movie or a home made video. Choose or make a video that is appropriate for the level of functioning of the child and not necessarily the age. Autism affects each person differently and as such the materials used should reflect the capability of the child.

Change

One of the most difficult things for a person with autism is change. If a major change is about to occur like a change in school or playground it may help to drive them by the new location and make a video or even take a picture of the new location then explain what change is coming.

Provide three examples not listed above for which video modeling can be used:

- 1.) _____
- 2.) _____
- 3.) _____



Case Study #3

This case study is designed to compliment Activity #4

Andrea, the five year old autistic child in your care does not speak but shows interest in the alphabet puzzle the other children play with.

In the space provided explain how you would use video modeling to teach her the alphabet. Also, provide an explanation of ways to test her knowledge of the alphabet as she can not repeat it back to you:

How Did You Do?

There are different ways to model this activity:

1.) The most **time effective** approach is to use a video that is already in your home.

- ✓ Sesame Street videos are a great way to teach children not only the alphabet but phonics as well.
- ✓ Any video that says the alphabet should work as long as the child is interested in the characters.

It may take a few different movies or shows to find the right one but the benefits are tremendous and worth the extra effort.

2.) Another approach is to video tape yourself.

- ✓ Hold up the letters of the alphabet and say them as you show the letter to the camera.
- ✓ Say the letters phonetically, such as, "A" says a like apple or a says a like Amy
- ✓ Personalize the video for the child which will also aid in them feeling connected to you.

In regard to the second part of the case study, a way to test her knowledge is to have her complete an alphabet puzzle in order until she can do it on her own.

- ✓ First see if she can identify the letters and place them in the correct order. Hold a letter, say it's name and tell her to place it where it should go.
- ✓ Next Put the letters out of order and see if she places them in the correct position.

An important thing to remember is that you will get to know the child and will eventually know what video modeling techniques will benefit the child the most.

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 them to warm up to the idea of playing a structured game but in the end it will benefit them tremendously.

Boggle Junior-

If the child you are caring 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 they are non verbal but in your opinion can identify letters this may open up a whole new world for them. It will give them a strong base on which to build a written vocabulary. There are a few changes in the game you might need to make. First, do not turn on the timer: It will send them into sensory over load. Second, you may need to help them find the correct letters at first but do it in a subtle way: Turn the dice to the letter so that they understand the concept and in time they should learn to spell the words with little to no assistance.

Continued...

Fridge Phonics-

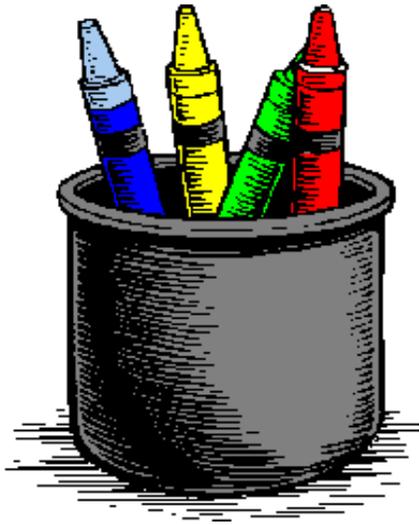
A few different companies make phonics games but the Leap Frog Fridge Phonics is possibly one of the most effective. It is a small, battery operated, speaking toy that goes on your refrigerator. When the child puts a letter in the receiver it says the letter name and its phonetic sound. This will eventually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

Computer Games-

This is a tricky one because you might not be able to get them off the computer once they have started to play games. It is of the utmost importance that you set a time of day aside for this activity. If the child in your care is able to use the mouse properly after you have shown them how(it may take several attempts) this can also be a great learning tool. Pick games appropriate for the child and keep them educational. Visual learning may be the best way to teach them and playing games with no academic value is a missed opportunity.

In the space below list three different ways in which you can use these games to increase a child's written or verbal communication skills:

- 1.) _____
- 2.) _____
- 3.) _____



Case Study #4

This case study is designed to compliment Activity #5

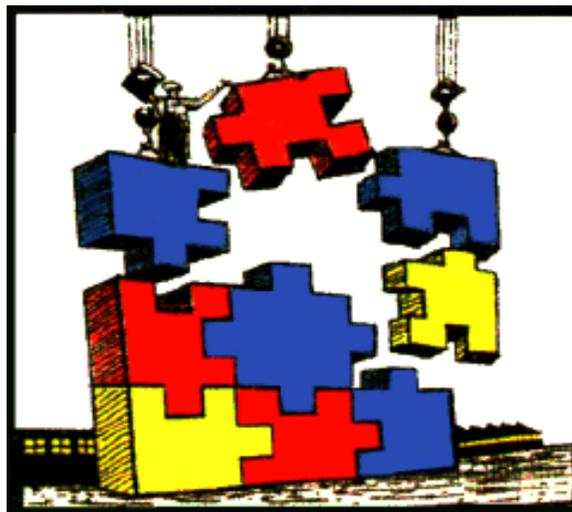
Jose, the nine year old autistic child in your care has a limited vocabulary but can say some letters and seems to recognize the numbers 1-10. He shows little interest in the Boggle Junior game or the Fridge Phonics but loves to play on the computer. Although he is usually well behaved he has severe tantrums when you turn the computer off before lunch time.

In the space provided list different types of computer games that will work for him and explain how you can avoid tantrums when it is time to turn the computer off:

How Did You Do?

The type of games that would suit this child best are games that are simple and straight forward. For letters, choose a game that goes through the entire alphabet saying all letters as they appear on the screen. For numbers, choose a game that focuses on numbers 1-20. This will help the child to recognize commonly used numbers while giving them a foundation for mathematics. Some games are too advanced or too technical for children on this academic level. Be sure to use games that teach fundamentals first. Once the child has learned the basics they will be ready for games that are more complex and challenging.

If turning off the computer becomes a major issue use a schedule board to indicate the time of day the computer will be used. Using a timer will also help the child understand when it is time to transition to a new activity. It works best to set the timer for five minutes to allow them time to process the change and to finish up the activity they are working on.



Resource List

Autism Research Institute
4182 Adam Avenue
San Diego, California 92116
www.autism.com

Autism Society of America
7910 Woodmont Avenue, Suite 300
Bethesda, Maryland 20814
1-800-3-AUTISM
www.autism-society.org

Gluten Free Casein Free Support Group
www.gfcfdiet.com

Grandin, Temple 2006. Thinking In Pictures Doubleday, New York

Image Sources:
www.democratandchronicle.com/
goaupairprovidence.wordpress.com/

Kranowitz, Carol Stock, 1998. The Out of Sync Child The Berkley Publishing Group, New York

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

Pangborn, Jon, MacDonald, Sidney 2005.
Autism: Effective Biomedical Treatments
Autism Research Institute, California

www.starfall.com
This website teaches phonics and spelling to young children.



When you have completed this course, click [HERE](#) to take the test.
Your order "Confirmation Number" is your "Test Number"

Thank you for choosing us for your
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