Autism

Definition: Autism is a lifelong disability, the result of a neurological disorder affecting the functioning of the brain. Autism is usually diagnosed during the first three years of life. An accurate diagnosis requires a team of professionals including a pediatrician and a child psychiatrist or psychologist. Autism interferes with speech, learning, and social skills development.

Incidence: Ten to 15 of every 10,000 individuals have autism; over 380,000 in the United State alone. Autism occurs four times more frequently in males than females, and frequently occurs in association with other disorders that affect the functioning of the brain, such as epilepsy or metabolic disturbances.

- Activities
  1.) Elementary School Age
     a.) Words That Hurt
     b.) Helping Network
     c.) Knowing How to Help
  2.) Middle School Age
     a.) Respecting Others
     b.) Changing Perspectives
     c.) Gallup Poll
  3.) High School Age
     a.) Being Included
     b.) Medical Detective Work
- Fact Sheet on Autism
- Myths about Autism
- Bibliography of Children's Literature & Audio Visual Materials
- Community Resource Numbers

***Guest Speaker Presentation Idea:*
Autism Society of America

ELEMENTARY SCHOOL

Words That Hurt

Purpose: To practice alternatives to name calling. When observing a group of children playing, it is inevitable that you will hear one child calling another child a name, often while in the process of excluding that child from a group of friends or a game. The players in such a scenario can change almost instantly. Name calling is part of growing up, but children need to learn that calling other children names can be cruel and harmful. When children are young, their social behavior is in its most formative stage. In first grade, when children are still learning social rules, it is a good time to help children understand when their behavior hurts other people's feelings. This lesson deals with words that hurt, particularly words that make fun of a person because of a disability or some other inherent personal characteristic. In this lesson, the children explore the reasons why name calling occurs and why name calling hurts other people's feelings. They learn how to use respectful language when talking to or speaking about an individual who has a disability.

Materials: Easel paper and markers or blackboard and several pieces of colored chalk, medium-sized rubber ball

Activity:

a.) Ask the students if they have ever been called a name that made them angry or hurt their feelings.
b.) On newsprint or the blackboard, make a list of the names that they have been called or names that they have heard others called.
c.) Ask volunteers to come forward and underline in red the word that they think might hurt someone's feelings the most.
d.) Talk about why being called a name hurts.
e.) Ask the students the following questions:

Why do people call other people names?
- it is an easy way to make that person go away
- they don't know what else to say
- they are angry or hurt or confused

Does it do any good to use words that hurt?

What happens when you use words that hurt?
- you make people angry or hurt or confused
- you get into trouble

Do you think you can feel bigger or better than someone else because you can call them a name?

Alternatives:

a.) Have the children sit in a large circle on the floor.
b.) Roll the ball to one of the children and ask him or her to tell one thing you can do instead of calling someone a name.
c.) Have the students roll the ball to one another and ask the students, as they are selected, the following types of questions--

What should you do if ...
- someone you don't like wants to play with you
- someone didn't let you take a turn on the swing
- you heard someone calling another child names
- someone hits you by accident

Reference: People Like Us, Disability Awareness Curriculum For Montana's Student. Edited by Katharine A. Kelker. Parents, Let's Unite For Kids, Billings, Montana

ELEMENTARY SCHOOL

Helping Network

Purpose: The basis for a responsive classroom is a willingness on the part of class members to give and ask for help when they need it. If the climate of the classroom is such that each individual can be supported in areas of need, then a wide range of children can participate and feel a part. The following activity focuses on identifying and sanctioning the need for help and the offering of help. Many people grow up thinking that it is weak to need or ask for help. It is important to communicate to children that all of us need help with some things at some times and that it is okay to need it.

Materials: 3 X 5 Cards, pencils

Activity:

Have each person in the room write on a 3 x 5 card their name and some way or activity in which they need help from others. On a separate card each person writes his or her name and some way in which that person feels he or she can help another person; for instance, one child could help with subtraction while another could sharpen pencils or push a wheelchair or swing. Be aware that many people (adults as well as children) have low self-concepts and might not think of themselves as having skills to help someone else. Try to make contact with every child and if they are having trouble, suggest the ways in which they help or ask one of their classmates how they help.

Collect the two sets of cards and have a group of students work with you to set up a Helping Network on the bulletin board--matching the needs for help with the help givers. The network with its requests and offers for help can remain posted in the room to be used at future times.

Barnes, Ellen, Carol Berrigan, and Douglas Biklen. What's the Difference: Teaching Positive Attitudes Toward People with Disabilities. Syracuse, NY: Human Policy Press, 1978.

ELEMENTARY SCHOOL

Knowing How to Help

Purpose: To apply information about courteous behavior toward individuals with disabilities.

Materials: poster board, markers, glue, scissors, rulers

Class Discussion: Sometimes it is difficult for people without disabilities to know what to say or how to act around a person with a disability. People with disabilities like to be treated with courtesy just like everyone else. But there are some special considerations when interacting with persons who have disabilities. The following are some general suggestions for courteous behavior--

- Maintain eye contact.
- Talk directly to the person with the disability, even if he or she is using an interpreter or has a care companion.
- Ask if assistance is needed, rather than assuming it is.
- Use a normal tone of voice. If the person cannot hear or understand you, he or she will let you know. Raising., your voice only causes more confusion.
- When talking with a person who has a mental disability, speak simply, not loudly. Remember that simple language is not childish language.
- Sign or gesture to make yourself understood, if that is necessary.

Be sure to have one piece of poster board for each student and some extras to allow for mistakes. Have an example of a completed poster on display, so that students can see what kinds of things they might want to do.

Activity:

1. Explain to students that they are to make posters which feature one type of courteous behavior toward an individual with a disability. Find out if all of the students have some idea about what they would like to do. Offer assistance to those students who are struggling with how to begin.
2. Distribute the poster board and encourage students to begin putting together their posters.
3. Circulate among students providing assistance as needed.
4. As posters are finished, display them around the room.
5. Students explain their posters to each other.

Reference: People Like Us, Disability Awareness Curriculum For Montana's Students, Edited by: Katharine A. Kelker. Parents, Let's Unite For Kids, Billings, Montana

MIDDLE SCHOOL

Respecting Others

Purpose: To model good manners in interacting with one another. Most people are unsure about how to treat people with disabilities courteously. How do you talk to someone in a wheelchair? Are there things you shouldn't say or do? How do you act around someone who has mental retardation? Should you talk loudly to someone who has autism? Middle Schoolers are highly interested in social behavior and generally want to know what is socially correct. This lesson gives them an opportunity to explore disability etiquette and in the process to talk about how people in general can treat each other with kindness and respect.

Materials: Disability Etiquette and role-play handouts

Activity:

1. Divide the class into small groups and assign 2 role-plays to each group.
2. Give the groups a few minutes to prepare their presentations. Make sure that all students are being included in the activity.
3. Have the groups present their role-plays.
4. Have the students in the audience critique the role-plays according to the rules for courtesy which the students have been studying.
5. Follow the role-playing with a class discussion using the questions below.

Discussion:

1. Have you ever made fun of someone with a disability? Did you ever call someone "stupid" or "retard"? Why?
2. Should you use the word "handicap" or "disability"?
3. Is it all right to ask people about their disabilities?
4. Do people with disabilities always need help?

Reference: People Like Us, Disability Awareness Curriculum For Montana's Students, Edited by: Katharine A.Kelker. Parents, Let's Unite For Kids, Billings, Montana

Disability Etiquette

- Offer assistance to a person who has a disability, but let the person tell you how best to help. Don't be offended if your offer of assistance is gracefully refused. Sometimes a person with a disability would like to do something without assistance.

- Talk directly to a person with a disability. Don't use a companion as a go-between.

- Don't talk down to a person with a disability. Talk in a normal tone of voice. Don't assume that the person with a disability leads a less interesting or active life than you do.

- Give your whole, unhurried attention when you are talking to a person who has difficulty speaking. Keep your manner encouraging rather than correcting. Be patient and don't speak for the person. If you have difficulty understanding the person, don't pretend that you do understand. Tell the person that you don't understand. The person may have an alternate way of communicating which you will understand better. Repeat what you understand. The person's reactions will clue you in and guide you if you have misinterpreted something.

- Don't lean or hang on a person's wheelchair. The chair is part of the body space of the person who owns it.

- When conversing with a person in a wheelchair, don't tower over the person. If possible have a seat!

- If you are pushing someone in a wheelchair, remember the person's view is several feet ahead and several feet lower than yours. Also, don't walk away from the wheelchair without letting the person know.

- Never pat a person in a wheelchair on the head. Reserve this sign of affection for small children even though a wheelchair user's head temptingly rests at about the same height as a child's.

- When giving directions to a person in a wheelchair, consider distance, weather conditions, and physical obstacles; such as stairs, curbs, and steep hills.

- When offering assistance to a person with a visual impairment, allow the person to take your arm. This will enable you to guide rather than propel the person.

- When giving directions to a person with a vision impairment, use specifics such as "left one hundred feet" or "right two yards."

(cont'd. on next page)

Etiquette, (cont'd. from previous page)

- Always use the person's name when starting a conversation with a person who is blind, so that the person who is blind will know you are talking to him or her.

- Don't avoid words like "see" or "look" when talking to a person who has a visual impairment. Use your usual vocabulary and tone of voice.

- Don't walk away from a conversation with a person who has a visual impairment without indicating that you are departing. If a blind person extends a hand to you, always be sure to take it.

- To get the attention of a person who has a hearing problem, tap the person on the shoulder or wave your hand. If the person reads lips, face the person and speak distinctly and in a normal tone of voice.

- Avoid staring at someone because he or she is different.

- Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.

- When planning events involving persons with disabilities, consider their needs ahead of time. If an insurmountable barrier exists, let the guests know it prior to the event.

Role-Plays

AN EPISODE ON THE BUS

Characters: 2 students, bus driver, person with autism

Situation: You and your buddy are riding on the bus downtown and you notice a student you know from school who has autism. The student with autism suddenly becomes upset and agitated. The bus driver stops the bus and starts down the aisle toward the student with autism. What would you do? How would you handle the situation in a way that would be helpful to the student with autism?

TELLING THE HOSTESS

Characters: 3 students, Nancy

Situation: You and two friends are at a party and the hostess Nancy is making nasty remarks about a student in your class who has cerebral palsy. Nancy says: "I hate it when Josh drools at the lunch table. It makes me want to throw up. I don't think they should let him in the lunch room when the rest of us are there." You and your friends know Josh and you like him. What would you say to Nancy about Josh?

ORAL REPORT

Characters: 3-4 students, Michael, the teacher

Situation: You are a seventh-grade history teacher. Michael is trying to make an oral report in your history class. He has a speech problem so he must speak very slowly. Several of the students in the class are getting restless and starting to make remarks about Michael's speech. If you were the teacher, how would you handle the situation?

HELPING OUT IN THE HALL

Characters: Marilyn and another student

Situation: Marilyn is a new girl in your English class. She is visually impaired and uses a white cane for mobility within the school. You see Marilyn walking down the hall and notice that she appears to be confused about where she is. How would you help her?

Reference: People Like Us, Disability Awareness Curriculum For Montana's Students, Edited by: Katharine A. Kelker. Parents Let's Unite For Kids, Billings, Montana

MIDDLE SCHOOL

Changing Perspectives

Purpose: To describe different perspectives that society has adopted toward individuals with disabilities.

Materials: Rainman Video, VCR

Activity:

A. Prepare the Rainman video so that it is set at the dancing lesson sequence (51.50).

B. Provide students with the following brief summary of the movie: Rainman is about Charlie Babbitt (played by Tom Cruise), a callous, self-centered young hustler who feels he is being cheated out of his 3 million dollar inheritance. Left only with his late father's prized rose bushes and a vintage '49 Buick convertible, Charlie soon uncovers yet another surprise--a brother he never knew he had.

   Charlie's brother is Raymond, a man with autism who has been living in an institution called Wallbrook for most of his life. Charlie abducts Raymond from the institution in a last-ditch attempt to extort his "fair share" of the family estate. The brothers travel across the country in the old Buick. However, what begins as an unsentimental journey evolves into a story of growing love between the brothers.

C. Provide the following explanation of the video activity: We are going to show two parts of the movie Rainman. The first part is a scene in Las Vegas after Raymond has helped Charlie win a great deal of money because of Ray's uncanny ability to remember numbers. The second scene is at the end of the film when Charlie is trying to convince some doctors who, are experts on autism that Raymond should remain with him.

D. (Start the video at 51.50, the dancing sequence. Stop the video at 52.50 and discuss the following questions.)

   1. What did you notice about Raymond's appearance and behavior that appeared odd? *Raymond is very, stiff and jerky in his movements, he avoids making eye contact, his motions seem mechanical, he does not like to be touched.*

   2. What are the characteristics of autism? *Inability to communicate; repetitious, meaningless speech: ritualistic behavior; inability to form relationships; dislike of being touched.*

(Cont'd on next page)

MIDDLE SCHOOL

Changing Perspectives, *(cont'd. from previous page)*

3. Had Raymond stopped being autistic because of his adventure with his brother? *No.* How do you know? *Even though Raymond seems to enjoy the dance lesson and responds well to the instruction, he reacts violently when Charlie wants to give him a hug. Raymond is still autistic, though his symptoms have lessened during his time with his brother out in the real world.*

E. (Fast forward the video to 57.652 and play the scene with Charlie, Raymond and the doctors. Stop the video at 60.39 and discuss the following questions.)

1. What did Raymond enjoy most about his time with his brother? *Driving, learning to dance, kissing a girl, pancakes and maple syrup.*

2. Is Raymond capable of deciding whether or not he wants to live with his brother or in the institution? *Raymond can't make an either/or choice. He appears to like both living with Charlie and living at the institution. The question is: which environment helps him to grow the most.*

3. Where do you think Raymond should live? Why? (Answers will vary.)

4. How did the journey with his brother change Charlie? What did Charlie learn from Raymond? *Charlie was very self-centered and greedy until he spent a week with Raymond. He learned the value of having a family and making sacrifices for someone whom you love.*

5. How do you know Charlie has changed? *During the meeting with the doctors, Charlie could have insisted on his way--keeping Raymond--but instead he stopped the questioning because it was upsetting to Raymond. Charlie put Raymond's interests ahead of his own. Charlie had learned to see things from Raymond's perspective.*

Reference: People Like Us, Disability Awareness Curriculum For Montana's Students, Edited by: Katharine A. Kelker. Parents Let's Unite For Kids, Billings, Montana

MIDDLE SCHOOL

Gallup Poll

Purpose: To identify and discuss different attitudes society has adopted towards individuals with disabilities.

Materials: Index Cards, Copies of Gallup Poll

Activity:

A. Divide the class into ten small groups.

B. Give each group a card from this selection: menace, object of dread, subhuman, object of ridicule, object of pity or charity, holy innocent, eternal child, sick, people like us, friend

C. Have each group read the information on the card and prepare an argument for why a person with a disability should be viewed as a menace, holy innocent and so forth.

D. When all the groups are prepared, have each group present its case. Then discuss the following questions:
   1. How have attitudes toward persons with disabilities changed over time? Why do you think they have changed?
   2. What do you think are the most common attitudes today? Why?

Write a list on the blackboard or on easel paper of what the class agrees are common attitudes today.

Distribute copies of the 1991 Gallup Poll which describes attitudes of Americans toward people with disabilities. Read the article aloud and compare the findings of the poll with the list of attitudes that the class has just generated.

Reference: People Like Us, Disability Awareness Curriculum For Montana's Students, Edited by: Katharine A. Kelker. Parents, Let's Unite For Kids, Billings Montana

Gallup Poll

A recent Louis Harris and Associates Poll, Public Attitudes Toward People with Disabilities (1991) shows that the majority of American people support increased participation of this nation's 43 million citizens with disabilities in community life. Harris described the study as "one of the most interesting and most important surveys my firm has ever conducted."

Movies and television programs apparently have had a powerful and positive impact on improving public attitudes toward people with disabilities. Individuals cite *Rainman, My Left Foot, Born on the Fourth of July*, and *Children of a Lesser God*, as well as television programs such as "L.A. Law" and "Life Goes On" as having a very positive impact.

Harris Poll highlights include:

- 98 percent believe that everyone, including people with disabilities, should have equal opportunity to participate in American society;
- 92 percent believed that society will benefit economically if people with disabilities are fully assimilated as participating partners;
- Nine out of ten said that society will benefit from having persons with disabilities becoming more productive and contributing to the economy rather than receiving welfare payments;
- Most Americans have not yet heard of the Americans with Disabilities Act of 1990, but they overwhelmingly support its key provisions when informed;
- 96 percent support making public places, such as stores, restaurants, theaters, and hotels accessible;
- Almost all polled know people with disabilities as friends, relatives, neighbors, or workers, and almost a third have a close friend or relative with a disability;
- On the other hand, most Americans continue to still feel somewhat awkward, embarrassed, or apathetic around people with disabilities. Seventy-seven percent said that they feel pity toward people with disabilities.

(Source: PLUK News, February 1992.)

Attitudes Toward People with Disabilities

People with disabilities have been considered different by society. Treatment of differences has varied. The following are descriptions of disability that have been used during different historical periods:

Menace

Between 1870 and 1925, persons with disabilities were linked in the public mind with poverty, crime, and promiscuity, and they were seen as contributing to the decline of civilization. Individuals with mental retardation, in particular, were viewed as "threats" to society. This view led to the segregation, imprisonment, and sometimes even the persecution of individuals with disabilities. Placement in large custodial settings or "asylums," as they were called then, was common. Sterilization was widely used to prevent the "spread" of social problems through heredity.

Object of Dread

This view stems from the time when leprosy was a dreaded disease. After the Crusades, the first institutions were built in Europe to house lepers. These prison-like buildings were placed well outside the cities, often on hilltops for the clean air. When leprosy declined, the "leprosariums" were quickly filled with society's misfits, criminals, and persons with disabilities. The image of dread was transferred to the new tenants.

Subhuman

This view is still encountered today, particularly in the case of persons with more severe disabilities. Such persons are often compared with "animals" or "vegetables." Simple amenities such as heat and regulation of water temperature may be ignored because the person is thought to be insensitive to heat or cold.

Object of Ridicule

Those who have seen the movie *Charly* will recall how the main character who had mental retardation was the butt of frequent and humiliating jokes from coworkers. The appearance of persons with disabilities in freak shows and circuses also illustrates this point. Historical novels show that people with disabilities were used as fools, court jesters, or clowns.

Object of Pity or Charity

Until recent years, services (from education to provision of clothing) were given to people with disabilities out of pity or a sense of charity. These persons were even placed in the position of having to beg for survival. In fact, the term "handicap" is said to reflect the fact that people with disabilities had to have "cap in hand" to beg for survival. The pity and charity approach is still used in public fund-raising campaigns, such as the Jerry Lewis Telethon for Muscular Dystrophy.

Holy Innocent

This view characterizes the person with a disability as a "holy innocent," a "child of God," "a special messenger," someone who is incapable of sin and is, therefore, not responsible for his or her own actions.

Eternal Child

The most common misconception about persons with mental retardation is that mentally they remain children forever. The tendency, then, is to expect them to behave like children. For example, an 18 year-old man may be expected to play with toys as a 6 year-old does instead of engaging in adult leisure time activities like participating in sports or going to the movies.

Sick

A final stereotype and one which is also common today is the view of the person with a disability as sick. Most people with disabilities are, in fact, healthy and their disability is a physical or mental impairment and not an illness. The erroneous idea that disability is an illness has led to an emphasis on medical treatment in hospital settings. Some disabilities, such as epilepsy or mental disorders, can be treated or controlled by medication. But it is unrealistic to expect most disabilities to be totally overcome or medically "cured." Even so, all persons with disabilities can be helped through better services and opportunities to achieve a measure of independence. Greater emphasis should be, and is being, put on education and rehabilitation, schools, vocational centers, and residential services. These non-medical services are more appropriate and will, in the long run, produce more direct benefits to the individual who has a disability and to society.

HIGH SCHOOL

Being Included

Purpose: To explore the possibilities of including people with disabilities in the mainstream. This lesson is intended to give students a vision of what school and life in the community would be like if people with disabilities were fully included into everyday activities. The video *Regular Lives* depicts children with disabilities participating in the regular school program and adults with disabilities living in their own apartments and making decisions about their own lives. The video is realistic and does include the ideas of some individuals who think full inclusion is not a good idea.

Materials: Wrapped hard candies, VCR, Video--*Regular Lives*

Order from: PBS Video
1320 Braddock Place
Alexandria, VA 22314-1698
800-424-7963

Borrow from: The Resource Center for Families and Schools
410-887-5443

Activity:

A. Segregation Exercise

1. Ask all the students with a particular characteristic (e.g., with brown eyes) to go to the back of the room and stand.
2. Give all the remaining students a piece of candy.
3. Ask the students in the back of the room how they felt when they saw the other students receiving a treat that they did not receive.
4. Using the "candy" example, have the students return to their seats and ask them to define the terms segregation, integration, and inclusion. Try to make clear the distinctions between the meanings of integration and inclusion.
   - Segregation: To separate, isolate, exclude students with disabilities from programs for students without disabilities
   - Integration: A broad term which refers to the opportunities for the student with a disability to have access to, inclusion in, and participation in all activities of the total school environment.
   - Inclusion: To have or regard or treat as part of a whole; inclusion of those who have been left outside is the first step in integration.
5. Ask the class how to distribute the candy fairly and give out candy according to their instructions.

(Cont'd on next page)

Being Included *(cont'd. from previous page)*

B. *Regular Lives* Video
   1. Show video.
   2. Lead discussion concerning the students' reaction to the video. See discussion questions below.

C. Discussion
   1. What are the benefits of inclusion? For the person with a disability? For people without disabilities?
   2. What are the potential problems or difficulties with inclusion?
   3. Is inclusion the right thing to do? Why or why not?
   4. Do you think a goal of full inclusion is realistic? Why or why not?

Reference: People Like Us, Disability Awareness Curriculum For Montana's Students, Edited by: Katharine A. Kelker. Parents, Let's Unite For Kids, Billings, Montana

HIGH SCHOOL

Medical Detective Work

Purpose: The purpose of this activity for more advanced students is to understand research into the causes of and means to diagnose and detect their presence. Students need some basic understanding of heredity and genetics before doing this activity. When people are born with a disability, doctors often suspect two kinds of causes: (1) A defect or change in the genes which determine our body structure or (2) a trauma, disease, or other unusual condition when the baby is growing in the uterus inside the mother's body,or at birth. Scientists have been working long and hard to find tests which will tell us if a baby has a defect in his/her genetic structure, and also develop vaccinations which prevent diseases which might damage the baby. Now the effects of some birth defects can be prevented (PKU, Rh-negative) while in other cases (Tay-Sachs, Spina Bifida, Hemophilia) parents can be tested to let them know if they carry the gene of the disability and what the chances are of their having a child with the disability. This is known as genetic testing and counseling. Some diseases which used to cause disabilities can now be prevented through vaccinations, such as Polio, Rubella (German Measles).

Materials: Library research resources

Activity:

Have students do library research--read and report on

(a) Disabilities caused by specific genes, such as:
- Down Syndrome
- Tay-Sachs
- Spina Bifida
- Hemophilia
- PKU

(b) Disabilities caused by microbes/viruses
- Polio
- Rubella

Tie in the study of disability with the appropriate health and science units related to the body. For example,

The Senses - include blindness and various visual impairments, including near- and farsightedness, deafness and hearing impairment

Circulatory and Respiratory Systems - heart disease, asthma, hemophilia

Bones - brittle bones, dwarfism, spina bifida

Muscles - Cerebral Palsy, muscular dystrophy

Nervous System - Cerebral Palsy, epilepsy

Barnes, Ellen, Carol Berrigan, and Douglas Biklen. What's the Difference: Teaching Positive Attitudes Toward People with Disabilities Syracuse, NY: Human Policy Press 1978

National Information Center
for Children and Youth
with Disabilities

P.O. Box 149
Washington, D.C
20013-149
E-Mail: nichcy@aed.or
URL: http://www.nichcy.or
1-800-695-0285 (Voice/TTY

AUTISM / PDD

✧ *Definition* ✧

Autism and Pervasive Developmental Disorder-NOS (not otherwise specified) are developmental disabilities that share many of the same characteristics. Usually evident by age three, autism and PDD-NOS are neurological disorders that affect a child's ability to communicate, understand language, play, and relate to others.

In the diagnostic manual used to classify disabilities, the *DSM-IV* (American Psychiatric Association, 1994), "autistic disorder" is listed as a category under the heading of "Pervasive Developmental Disorders." A diagnosis of autistic disorder is made when an individual displays 6 or more of 12 symptoms listed across three major areas: social interaction, communication, and behavior. When children display similar behaviors but do not meet the criteria for autistic disorder, they may receive a diagnosis of Pervasive Developmental Disorder-NOS (PDD not otherwise specified). Although the diagnosis is referred to as PDD-NOS, throughout the remainder of this fact sheet, we will refer to the diagnosis as PDD, as it is more commonly known.

Autistic disorder is one of the disabilities specifically defined in the Individuals with Disabilities Education Act (IDEA), the federal legislation under which children and youth with disabilities receive special education and related services. IDEA, which uses the term "autism," defines the disorder as "a developmental disability significantly affecting verbal and nonverbal communication and social interaction, usually evident before age 3, that adversely affects a child's 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." (In keeping with the IDEA and the way in which this disorder is generally referred to in the field, we will use the term autism throughout the remainder of this fact sheet.)

Due to the similarity of behaviors associated with autism and PDD, use of the term pervasive developmental disorder has caused some confusion among parents and professionals. However, the treatment and educational needs are similar for both diagnoses.

✧ *Incidence* ✧

Autism and PDD occur in approximately 5 to 15 per 10,000 births. These disorders are four times more common in boys than in girls.

The causes of autism and PDD are unknown. Currently, researchers are investigating areas such as neurological damage and biochemical imbalance in the brain. These disorders are not caused by psychological factors.

✧ *Characteristics* ✧

Some or all of the following characteristics may be observed in mild to severe forms:

- Communication problems (e.g., using and understanding language);
- Difficulty relating to people, objects, and events;
- Unusual play with toys and other objects;
- Difficulty with changes in routine or familiar surroundings; and
- Repetitive body movements or behavior patterns.

Children with autism or PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak; others have language that often includes repeated phrases or conversations. Persons with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well. Unusual responses to sensory information — for example, loud noises, lights, certain textures of food or fabrics — are also common.

✧ *Educational Implications* ✧

Early diagnosis and appropriate educational programs are very important to children with autism or PDD. PL 105-17, the Individuals with Disabilities Education

Act (IDEA), formerly PL 94-142, includes autism as a disability category. From the age of three, children with autism and PDD are eligible for an educational program appropriate to their individual needs. Educational programs for students with autism or PDD focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning sometimes require the assistance of a knowledgeable professional in the autism field who develops and helps to implement a plan which can be carried out at home and school.

The classroom environment should be structured so that the program is consistent an predictable. Students with autism or PDD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavioral skills. To overcome frequent problems in generalizing skills learned at school, it is very important to develop programs with parents, so that learning activities, experiences, and approaches can be carried over into the home and community.

With educational programs designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, children and adults with autism or PDD can live and work in the community.

✧ *Resources* ✧

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Harris, S.L., & Weiss, M.J. (1998). *Right from the start: Behavioral intervention for young children with autism: A guide for parents and professionals.* Bethesda, MD: Woodbine House. (Telephone: 1-800-843-7323.)

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✧ *Organizations* ✧

Autism Hotline
Autism Services Center
P.O. Box 507
Huntington, WV 25710-0507
Telephone: (304) 525-8014

Autism National Committee
635 Ardmore Avenue
Ardmore, PA 19003-1831
URL: http://www.autcom.org

Autism Society of America
7910 Woodmont Avenue, Suite 300
Bethesda, MD 20814
(301) 657-0881
URL: http://www.autism-society.org
For information and referral, call 1-800-328-8476.

Institute for the Study of Developmental Disabilities
Indiana Resource Center for Autism
2853 East 10th Street, Indiana University
Bloomington, IN 47408-2601
(812) 855-6508 (V/TTY)
E-mail: prattc@isdd.isdd.indiana.edu

FS1, February 1999

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Myths about Autism

MYTH: Autism is a result of poor parenting.
FACT: Current research indicates that autism is biological, not psychological.

MYTH: Children can be treated and cured of autism.
FACT: Although children with autism can and do progress, autism is not a disease and there is no "cure."

MYTH: Persons with autism are not able to show affection.
FACT: People with autism can show affection and are responsive to physical affection.

MYTH: Persons with autism choose not to talk.
FACT: Many individuals with autism do want to talk but simply cannot.

MYTH: Persons with autism want to live in their own world and are unaware of others.
FACT: Individuals with autism want friends and are aware of others in their lives.

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RESOURCE ORGANIZATIONS

State/National Resource Organizations

Autism Hotline
Autism Services Center
P.O. Box 507
Huntington, WV 25710-0507
304-525-8014

Autism National Committee
249 Hampshire Drive
Plainsboro, NJ 08536

Autism Society of America
7910 Woodmont Avenue, Suite 650
Bethesda, MD 20814
301-657-0881
800-3-AUTISM
Web address:
http/www.autism-society.org
For information and referral, call
800-328-8476

Institute for the Study of
Developmental Disabilities
Indiana Resource Center for Autism
2853 East 10th Street
Indiana University
Bloomington, IN 47408-2601
812-855-6508 (V/TTY)

Local Organization

Autism Society of America
Chesapeake Chapter
410-655-7933