

AUTISTIC DISORDER/AUTISM



DEFINITION

Autistic disorder is a complex neurobiological disorder and defined as a presence of marked abnormal and impaired development in social interaction, communication and a markedly restricted repertoire of activity and interests. Autism is a spectrum disorder and usually manifests itself before age 3 and new research is discovering some as early as six months. Currently 1 in 150 individuals are diagnosed with Autism Disorder and it is four times more likely to affect boys than girls.

An autistic disorder adversely affects an individual's performance, and children with autism differ vastly in their abilities, behaviors and intelligence. Autism has been redirected from a form of emotional disturbance and is now considered under the "other health impaired" according to IDEA and by definition "other health impaired means having limited strength, vitality, or alertness, or a heightened alertness to environmental stimuli that limits alertness within the educational environment and is caused by chronic or acute health problems" (Lytle & Kasser, 2005).

DIAGNOSTIC CRITERIA FOR INDIVIDUALS WITH AUTISTIC DISORDER

- A total of six (or more) items from (1), (2), and (3), with at least two from (1) and one each from (2) and (3):
 1. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - a. Marked impairment in the use of multiple nonverbal behaviors such as eye- to-eye gaze, facial expression, body postures and gestures to regulate social interaction
 - b. Failure to develop peer relationships appropriate to developmental level
 - c. A lack of spontaneous seeking to share enjoyment, interests or achievements with other people
 - d. Lack of social or emotional reciprocity
 2. Qualitative impairments in communication manifested by at least one of the following:
 - a. Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to use alternative modes of communication)
 - b. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - c. Repetitive use of language or idiosyncratic language

- d. Lack of varied, spontaneous make-believe play appropriate to developmental level
3. Restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
 - a. Preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus
 - b. Strict adherence to specific, nonfunctional routines or rituals
 - c. Stereotyped and repetitive motor mannerisms (i.e., hand slapping/flapping or twisting or complex whole body movements)
 - d. Persistent preoccupation with parts of objects
- Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:
 4. social interaction,
 5. language as used in social communication, or
 6. symbolic or imaginative play.
 - The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

THERAPY

Currently there is no known cure for Autism because the specific cause is relatively unknown. Researchers have theories that Autism is possibly caused by a variety of things that affect brain development or that there may even be some underlying genetic traits but the significant genes have yet to be discovered. It is thought that early intervention is KEY to help aid children with autism and their families. There is not one single treatment procedure for all children with autism, but rather a variety of options centered around highly structured educational programs.

Some of these include the following:

- Applied Behavior Analysis
- Floortime Therapy
- Gluten Free/Casein Free Diets

SPECIAL CONSIDERATIONS AND TEACHING TIPS

- Utilize Premack principle with individuals with autism (pairing something liked with something disliked).
- Use teaching stations or a similar teaching technique that changes activities regularly.
- Teach to the preferred modality.

- Eliminate unnecessary external stimuli or distractions.
- Limit the amount of relevant stimuli presented at one time.
- Attempt physical guidance as movement skills are learned and incorporate verbal and visual cues with prompts.
- Teach in a game-like environment to facilitate generalization.
- Improve motor skill acquisition by using reinforcement, task analysis and physical prompting.
- Utilize sensory stimulation to increase attention span and decrease self-stimulation through music, dance and aquatic activities
- Use vigorous aerobic exercise to reduce self-stimulatory and off task behaviors and increase play behavior
- Create a stable, highly-structured environment.
- Use transitions that depict activities between each activity.
- Use the same organization and equipment each day.
- Use schedules and picture cards during lessons.
- If hypersensitivity to touch is present, desensitize through firmly but gently stroking with different cloth textures

RECOMMENDED WEB SITES

[Autism and Developmental Disorders: A Developmental Approach Information Sheet Home](#)
[Autism Speaks](#)
[Autism Awareness](#)

REFERENCES

Lytle, S. L., & Kasser, R. K. (2005). *Inclusive physical activity: A lifetime of opportunities*. Champaign, IL: Human Kinetics.

Therapy Available: Autism Awareness. (n.d.). Retrieved June 28, 2007, from Autism Awareness: <http://www.autismawareness.net/what.htm>

What is Autism: Autism Speaks. (2007). Retrieved June 27, 2007, from Autism Speaks: <http://www.autismspeaks.org/whatisit/index.php>

Developed by Texas Woman's University Graduate Adapted Physical Education Program in cooperation with Denton ISD (French, 1997). Updated by Mandy Goff, Master's Student (Summer 2007).

Information on this sheet contains only suggested guidelines. Each student must be considered individually, and in many cases, a physician's written consent should be obtained.