

PDD and Autism Spectrum Disorders



SYMPTOMS OR BEHAVIORS

- Repetitive nonproductive movement like rocking in one position or walking around the room
- Trailing a hand across surfaces such as chairs, walls or fences as the student passes
- Great resistance to interruptions of such movements
- Sensitive or over reactive to touch
- May rarely speak, repeat the same phrases over and over, or repeat what is said to them (echolalia)
- Avoids eye contact
- Self injury

About the Disorder

PDD is an acronym for pervasive developmental disorders, which includes Rett's syndrome, childhood disintegrative disorder, and Asperger's syndrome. Another disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), also belongs to this category.

Autistic disorder belongs to the category of disorders known as PDD. According to U.S. Department of Health and Human Services, one in 1,000 to one in 1,500 have autism or a related condition. Autism appears in the first three years of life and is four times more prevalent in boys than girls. Autism is a neurologically based developmental biological disorder whose symptoms can range from mild to severe. The disorder is defined by a certain set of behaviors, but because a child can exhibit any combination of the behaviors in any degree of severity, no two children with autism will act the same.

The terminology can be confusing because over the years autism has been used as an umbrella term for all forms of PDD. This means, for example, that a student with Asperger's syndrome may be described as having a mild form of autism, or a student with PDD-NOS may be said to have "autistic-like" tendencies. In Minnesota and nationally these are all known as autism spectrum disorders.

Although the American Psychiatric Association classifies all forms of PDD as "mental illness," these conditions often affect children like a developmental disability. Under Minnesota law, autism and Rett's are considered developmental disabilities (DD), which means that children with these conditions are eligible for case management and other DD services. Children with Asperger's, childhood disintegrative disorder, or PDD-NOS may or may not be eligible for these services; although there is provision in state law allowing services for "related conditions."

A child who is suspected to be autistic should be evaluated by a multidisciplinary team. This team may be comprised of a neurologist, psychiatrist, developmental pediatrician, speech/language therapist, and learning specialist familiar with autism spectrum disorders.

Early intervention is important because the brain is more easily influenced in early childhood. Children with autism respond well to a highly structured, specialized education and behavior modification program tailored to the individual needs of that child. Children with autism range from above average to below average intelligence. Schools need to seek the assistance of trained professionals in developing a curriculum that will meet the specific needs of the child.

PDD and Autism Spectrum Disorders

EDUCATIONAL IMPLICATIONS

Each child's behavior is unique. Parents and professionals who are familiar with the student are the best source of information. In general, children with Autism usually appear to be in their own world and seem oblivious to classroom materials, people, or events. But a child's attention to you or the material you are presenting may be quite high, despite appearances. Teaching must be direct and personalized in all areas. This includes social skills, communication, and academic subject matter as well as routines like standing in line. Patience, firmness, consistency and refusing to take behaviors personally are the keys to success.

Instructional Strategies and Classroom Accommodations

- Use a team approach to curriculum development and adaptations.
- Materials should be age-appropriate, and relevant to students' lives.
- Maintain a consistent classroom routine. Objects, pictures, or words can be used as appropriate to make sequences clear and help students learn independence.
- Use written checklists, picture charts or object schedules (gym shoes, lunch tray, toy school bus) to show schedule or as checklist for task sequences. If necessary, give instructions one step at a time.
- Minimize visual and auditory distractions. Modify the environment to meet the student's sensory integration needs.
- Help students develop functional learning skills through direct teaching; i.e., teach them to work left to right and top to bottom.
- Teach them to understand social language, feelings, words, facial expressions, and body language.
- Students who get fixated on one subject can be motivated by making "their" topic the content for lessons in reading, science, math, etc.
- If the student avoids eye contact or looking directly at a lesson, allow them to use his/her peripheral vision. Teach students to watch the forehead of a speaker rather than the eyes if necessary.
- Some autistic children do not understand that words are used to communicate with someone who has a "separate" brain.
- Help students learn to apply their learning in different situations.

For additional suggestions on classroom strategies and modifications see "A Teacher's Guide to Children's Mental Health" available from MACMH.

RESOURCES

Autism Research Institute
4182 Adams Avenue
San Diego, CA 92116
619-281-7165
www.autism.com/ari
Provides research-related information, diagnostic checklists

Autism Society of America
7910 Woodmont Avenue
Suite 300
Bethesda, MD 20814-3015
800-3AUTISM
www.autism-society.org
Advocacy, educational information, referral

Autism Society of Minnesota (AuSM)
2380 Wycliff, Suite 102
St. Paul, MN 55114-1146
651-647-1083
www.ausm.org
Provides an introductory class series, information and referral, summer camps

Center for the Study of Autism
P.O. Box 4538, Salem, OR 97302
www.autism.org
Provides an overview of autism and related disorders, articles by Temple Grandin, and links.

Publications:
Powers, Michael D. *Topics in Autism. Educating Children with Autism: A Guide to Selecting an Appropriate Program.* Singular Publishing Group, 1995.