
AUTISM SPECTRUM DISORDER

Curriculum



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BACKGROUND INFORMATION FOR PRESENTERS

This background information provides presenters with additional information about Autism Spectrum Disorder that is not presented to the students. It is provided to help you avoid misconceptions, use appropriate disability-positive language and feel more comfortable answering questions that may arise during class discussion.

This curriculum addresses the disability, Autism. The term Autism Spectrum Disorder, or ASD, more helpfully represents the vast range of symptoms and characteristics of people with Autism. This curriculum uses the term Autism Spectrum Disorder, or ASD.

Although we still do not know the exact cause or causes of ASD, we do know that the brain develops differently in a person with Autism Spectrum Disorder. People with ASD have impairments in social interactions and communication skills. They exhibit stereotypic and restricted behaviors or interests. Theory of Mind, a term often associated with ASD, refers to the ability to take the other person's perspective, or understanding the same situation from another person's point of view. A person with ASD has trouble with Theory of Mind and may not understand that another person might not think or feel exactly as he/she does. For instance, a person with ASD may not understand that another person does not share an interest in rocket ships. Having difficulty with Theory of Mind also contributes to social impairments.

People with ASD think in concrete and literal ways, which can cause them to be rule-bound. For instance, if the rule states that you should not talk to your friends in the library, then you should receive a punishment if you do talk to them because you broke the rule. If a person does talk and does not receive punishment, then it is not fair. Exceptions to rules can happen, but a person with ASD may need to have these exceptions explained in a concrete and logical manner that follows another set of rules. For example, you may talk to your friends in the library if you work on a project together, or, if you whisper, you may talk about rockets for one minute.

Most people with ASD do not look different physically. However, someone with ASD may move or sound different or present in a stiff and aloof manner.

The autism spectrum represents a wide range of intellectual ability, oral language skills, social skills and adaptive skills. Individuals may have low abilities in some areas but higher abilities in other areas. They may not exhibit all their symptoms in all settings or every day.

- Intellectual ability: ranges from below average to above average intelligence
- Oral language skills: range from non-speaking to highly verbal

- Social interactions: awkward, but can range from withdrawn to talkative
- Adaptive skills: range from no independent personal care skills to meticulous and independent skills

One disorder on the autism spectrum is Asperger's syndrome (AS). People with AS have average to above average intelligence. A recent study found that at least 20 percent of high school students with AS have IQs in the gifted range. Studies have also shown that fifty percent of people with AS struggle with adaptive skills, such as self-help, safety and activities of daily living.

Individuals with AS do not have a delay in oral language development. However, they do have difficulties in higher-level language skills such as understanding idioms, jokes, sarcasm, homophones, etc. and interpreting nonverbal language such as facial cues and body language. Their expressive language skills exceed their receptive language skills. In fact, they may appear to be more competent than they are. They may say things that they have heard without understanding their meaning.

People with AS tend to focus on small details and have difficulty seeing the big picture. As a result, they have difficulty organizing and summarizing information. They have excellent rote memory skills, and they can memorize many facts and bits of information about special topics. They like to share their knowledge about these topics aloud and may do so randomly and without someone expressing interest. For example, they may approach you and suddenly talk about their special interests as if they were already engaged in a conversation with you. They may lack the ability to read your body language or other non-verbal cues that indicate inappropriateness. People with AS often express all of their thoughts aloud, including those that most of us might think, but not say. People with AS do not act rude intentionally, but they may speak their minds at inappropriate times.

Characteristics of Autistic Spectrum Disorder Include:

- Diagnoses such as Autistic Disorder (Autism), Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), High Functioning Autism, Asperger's Disorder (Asperger's syndrome).
- Non-verbal cues: People with ASD have difficulty interpreting body language, facial expressions, personal space and silence. They may have difficulty making eye contact.
- Stereotypic behaviors: These might look like strange behaviors and often attract a lot of attention. Some common stereotypies include hand flapping, spinning, tapping a hand against a counter or a pencil against a book, pacing, rocking, self-talk and even head banging.
- Atypical language and echolalia: repeating quotes, videos, commercials or cartoons or repeating what is said or parts of what they themselves have just said; this may be immediate or occur at a later time (delayed echolalia).
- Sensory integration: People with sensory integration difficulties interpret information from any or all of their senses differently; this may include auditory, visual, tactile input, etc. They may hear and find irritating the hum

of a fluorescent light or the whirl of an air conditioner. Their sensory system may interpret a gentle pat on the shoulder – indicating your turn in line – as painful. Smells and temperature may also bother people with sensory integration problems. Issues with sensory integration can lead a quick change from a calm, relaxed state to a state of excitement or agitation.

- Anxiety: When the world is not predictable, when the rules are not followed, when there is confusion and noise, the setting can feel frightening and unsafe. The person with ASD does not have the flexibility of thinking to come up with another solution. During such times, stereotypic behaviors often increase in frequency and intensity. At the same time, tolerance for frustration decreases, causing tension. During increased anxiety levels, “meltdowns” are most apt to occur, and individuals with ASD may try to flee or become rigid and unresponsive. However, stereotypic behavior may also allow them to calm themselves after a few minutes without further intervention.

It is important to know that some people experience difficulties in some of these areas, but having difficulties in one of these areas does not mean an individual has ASD.

Please be aware that not all people and/or families living with ASD choose to disclose their diagnosis publicly. Presenters need to be aware of this sensitivity and not put students in the position of feeling pressure to self-disclose or to diagnose their peers. In the event that a child wants to share information about their diagnosis, this should be clearly discussed with the parent in advance. Presenters should refer questions about diagnosis to school staff in the event that students raise questions or concerns about themselves or their school peers.

GLOSSARY

Adaptive skills are the set of abilities necessary for typical functioning in everyday life including self-help skills, personal safety skills and community navigation.

Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam, and keep focused on an important speech. In general, it helps one cope. When anxiety becomes an excessive, irrational dread of everyday situations, it becomes a disabling disorder.

Asperger's Syndrome (AS) is a neurobiological disorder on the Autism Spectrum affecting several areas of development. People with AS are unable to read the social cues or body language of others, and may not be able to sense the feelings of others around them. Their conversations may be one sided, and overly focused on a narrow topic of interest and monotonous. Many people with AS are likely to be considered odd or eccentric and are unable to mediate social interactions.

Autism Spectrum Disorders (ASD) are usually diagnosed in childhood and include Autistic Disorder, Pervasive Development Disorder Not Otherwise Specified (PDD-NOS) and Asperger's syndrome.

Autism is a neurobiological disorder of development that results in social interaction problems, communication difficulties, and restrictive or repetitive interests and behaviors. It usually affects cognition.

Developmental delay refers to slow or late attainment of developmental milestones. This is a term typically used for children.

Developmental disabilities are a diverse group of chronic conditions that begin anytime during development from birth up to 22 years of age and may include cognitive and/or physical symptoms. People with developmental disabilities may have difficulties with major life activities such as mobility, speaking, learning, self care, decision making and independent living.

Echolalia is the involuntary repetition or echoing of a word or phrase spoken by another person. The repetition may be immediate or delayed (delayed echolalia).

Expressive communication is the way people express verbal and non-verbal language to convey thoughts and feelings.

Fine motor skills refer to the movements and functions of the hands and fingers.

Gross motor skills refer to full body movements such as walking, hopping and jumping.

Nonverbal language is the way in which we communicate without verbal language such as proximity, body language, facial expression and tone of voice.

People First Language refers to describing a person before their disability by explaining-what a person *has*, rather than defining who a person *is* by the disability. For example: the person with autism, rather than the autistic person

Pervasive Developmental Disorders are characterized by severe and pervasive impairment in several areas of development: reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities. (DSM IV)

Receptive communication is the way people receive verbal and non-verbal language to interpret thoughts and feelings.

Sensory Integration Dysfunction is the inability of the brain to typically process information brought in by the senses. Individuals with sensory integration dysfunction may seem over or under sensitive to certain types of stimuli such as sounds, touch or texture, taste and smell.

Stereotypic behaviors/Stereotypies are repetitive movements such as hand flapping, spinning and rocking. Stereotypic behaviors are calming for many individuals, and may increase during times of anxiety.

Theory of Mind refers to understanding that other people have their own plans, thoughts and points of view, including beliefs, attitudes and emotions.

Universal Design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

- Ron Mace Center for Universal Design, College of Design, North Carolina State University

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Web Sites for Students

KidsHealth for Kids: Autism

http://www.kidshealth.org/kid/health_problems/brain/autism.html

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Aspergers Syndrome and High Functioning Autism Association: New York (ahaNY)
<http://www.ahany.org/>

Autism Alliance of Metrowest (Natick, MA)
<http://www.autismalliance.org/>

Autism Connect (The Shirley Foundation and National Autistic Society)
<http://www.autismconnect.org/>

Autism National Committee (AUTCOM)
<http://autcom.org>

Autism Research Institute
<http://www.autism.com>

Autism Society of America (ASA)
<http://www.autism-society.org>

Doug Flutie, Jr. Foundation for Autism
<http://www.dougflutiejrfoundation.org/>

Kids Health
<http://www.kidshealth.org/>

National Institutes of Health: Autism
<http://health.nih.gov/result.asp/62/24>

Online Asperger Syndrome Information & Support (O.A.S.I.S.)
<http://www.udel.edu/bkirby/asperger>

SCHEDULE

The Autism Spectrum Disorder unit will take 2 hours to implement and requires 2 rooms for the activities, and 4-5 volunteers for every 30 students.

ACTIVITY	TIME	ORGANIZATION
1. Introduction	20 min	Students are kept in one group for a PowerPoint presentation.
2. Activities These activities <u>must</u> be done in separate rooms. The noise from the "Sensory Stimulation" is distracting to the other activity group.	40 min	Students are divided into 2 groups. One group is sub-divided into groups of 4-6, each group with one leader. These small groups do the Cooperative Puzzle activity. The other half of the students does the Sensory Stimulation activity together, in one large group. After 20 minutes, the groups swap and do the other activity for 20 minutes.
3. VIDEO: Intricate Minds II: Understanding Elementary School Classmates With Asperger Syndrome	25 min	Students join back into one group to watch the VIDEO and then discuss the VIDEO.
4. Guest Speaker with Autism Spectrum Disorder	30 min	Students remain as one group to meet and interact with the guest speaker.
5. Wrap Up	5 min	Students remain as one group for the Wrap Up.

TWO-DAY IMPLEMENTATION SCHEDULE

Some schools choose to have the speaker and/or optional activities at another time. If this is the case, please end the first session with all students in a large group after the activities. Tell students that they will meet a guest speaker when they next meet. Thank the students for doing a great job!

1. INTRODUCTION

1 Leader
20 minutes

Note to presenters:

Teach and use the American Sign Language sign for "I agree" (or YOU-ME-SAME) to:

- Keep students engaged
- Allow all students to have a voice
- Keep the fast pace of the discussion on track

The ASL sign for YOU-ME-SAME is a "Y" hand shape with a back and forth movement between the speakers.



- PURPOSE:**
- To introduce the concept of a spectrum
 - To understand that Autism Spectrum Disorder affects the brain
 - To define the term social communication skills
 - To understand that Autism Spectrum Disorder affects social communication skills

- MATERIALS:**
- Introduction PowerPoint from UOD website or Flash drive from kit

- SETUP:**
- Set up the computer, projector, external speakers, and screen.

- PROCEDURE:**
- Students sit facing the leader and the projection screen.
 - Leader teaches the students the ASL sign for "I agree."
 - Leader leads the discussion using the PowerPoint slide.

POWERPOINT PRESENTATION

	SLIDE		DISCUSSION
1	<p>AUTISM SPECTRUM DISORDER (ASD)</p>		<p>It's nice to be back with you again for the Understanding Our Differences Program. We are going to be giving you a lot of information and asking you a lot of questions. This is the ASL sign to show that you agree. When you agree, do this (show the sign). Everyone, give it a try.</p> <p>We would like to talk with you about a disability called Autism Spectrum Disorder. You may have heard of autism, but we use the term Autism Spectrum Disorder or ASD.</p>
2	<p>AUTISM SPECTRUM DISORDER (ASD)</p> <p>What is a spectrum?</p>		<p>Who knows what spectrum means?</p> <ul style="list-style-type: none"> • <i>(A wide range of things, rainbow is a spectrum of colors, octaves are a spectrum of musical sounds).</i>
3	<p>A spectrum is a wide range</p> <ul style="list-style-type: none"> • Rainbow - a spectrum of colors • Octave - a spectrum of musical notes • Autism Spectrum Disorder - a wide range of abilities 		<p>A spectrum is a wide range.</p> <ul style="list-style-type: none"> • The rainbow has a range or spectrum of colors. • An octave has a range or spectrum of musical notes. • People with Autism Spectrum Disorder have a wide range of abilities. That is why we call it a spectrum.

<p>4</p>	<p style="text-align: center;">Autism Spectrum Disorder</p> <ul style="list-style-type: none"> ▪ ASD affects the brain ▪ The brain develops differently • Causes are unknown • Each person with ASD is unique 	<p>Now let's think back to our discussion in the intellectual disability unit. Remember we said the part of the body affected is the brain.</p> <ul style="list-style-type: none"> • This is also true for Autism Spectrum Disorder as the part of the body affected is the brain. • Some people say the brain is "wired" differently in people with ASD. This wiring is not an electrical wire, but refers to the organization of the brain. • Most people with Autism Spectrum Disorder are born with it. We do not yet understand why, but for some reason, very early on their brains develop differently. • Each person with ASD is unique. • Most people with Autism Spectrum Disorder do not look different physically. However, someone with ASD may move or speak differently.
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<p>5</p>	<p style="text-align: center;">INTELLECTUAL DISABILITIES AFFECT:</p> <ul style="list-style-type: none"> ▪ Large Motor Skills ▪ Small Motor Skills ▪ Language Skills ▪ Academic Skills • Self-Help Skills 	<p>To understand a little better, let's go back to our timeline from the last session when we talked about different areas of development.</p> <p>Do you remember that we separated development into different categories? What are these categories? <i>(large motor skills, small motor skills, language, academic and self-help)</i></p> <p>(See page 17 in the intellectual disabilities curriculum guide.)</p>
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6		<p>People with Autism Spectrum Disorder may or may not have slower development with large motor, small motor, academic or self-help skills.</p>
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7	<p>AUTISM SPECTRUM DISORDER</p> <p>Affects Social Communication Skills</p>	<p>People with ASD usually have difficulties in the language category and a new category called social-communication skills.</p>
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8	<p>SOCIAL COMMUNICATION SKILLS</p> <p>The ways we interact and exchange ideas with other people</p>	<p>Social communication refers to the ways we interact and exchange ideas with other people.</p> <p>Let's talk about some skills that people develop when learning to interact with people.</p>
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9	<p>TRACKING A FACE</p> <p>A baby's eyes follow the movement of a nearby person, usually studying the person's face.</p>	<p>One of a baby's first milestones in social-communication development is "tracking a face." A baby's eyes will follow the movement of a nearby person, usually studying the person's face. The baby's brain teaches him to recognize faces and expressions.</p>
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10

SMILING BACK

When you smile at a baby he or she smiles back at you.



“Smiling back” comes next. Can you tell me what “smile back” might mean?

(when you smile at a baby she reacts by smiling back at you)

A baby continues to learn how to interact with someone. The baby learns that if I smile at that person looking at me, she smiles back. Without words, the baby begins to interact with another person.

If you smile at a teddy bear, does it smile back at you? *(No)* You do all the work, and the teddy bear does not answer back.

True communication happens when one person does something, and the other person responds. For example, a person smiles at a baby and the baby communicates by smiling back, or you wave to a friend and your friend waves back to you.

11

SHARING



- Toys
- Books
- Ideas

“Sharing” follows this type of interaction.

What examples of sharing can you give me?

(toys, books, friends, ideas)

How does sharing relate to social communication?

(You need to interact with someone.)

12

Cooperative play

includes two or more people playing the same game together



The last skill we will discuss is “**cooperative play.**” Cooperative play includes two or more people playing the same game together. Can someone give me an example of “cooperative play?” (*board games, imaginary games like playing house or Power Rangers, team sports, group projects*)

In order to play together well, children need to have social-communication skills.

Usually, we communicate by talking and using our words. We can also communicate by using computers, sign language or gestures to get our ideas across.

What ways do we communicate without words? For example, how might you know if I were sad? (*facial expressions*)

In what other ways do we communicate without words? (*hand motions, eye contact, body language*)

(The presenter should give an example using body language.)

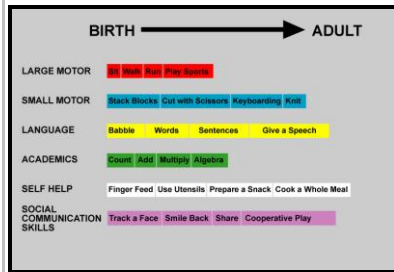
Just like we started to learn in the “smile back” stage, we communicate in many ways without using words.

13



Most of us learn these social communication skills naturally, without really trying to learn them, but we learn them in a step-by-step, orderly way.

14



Let's remember back to the last unit.

- Children with intellectual disabilities develop these skills, but reach these milestones much more slowly.
- Children with Autism Spectrum Disorder have a lot of difficulties mastering or getting good at social communication. When most children have developed the skills for cooperative play, and can play easily with others, many children with ASD may still have difficulty. They need extra help and practice to learn how to join other children in their games or class activities.

Like all the other skills we talked about before - walking, talking, playing - have a timeline, so does the way in which social communication develops. Children with ASD may take longer to develop and to learn to interact with others effectively.

We are now going to divide into groups for some activities.

2. ACTIVITIES

COOPERATIVE PUZZLE ACTIVITY

Station 1

1 leader for each group of 4-6 students

20 minutes

PURPOSE:	<ul style="list-style-type: none">• To help students understand the social-communication challenges that people with Autism Spectrum Disorder often experience
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MATERIALS:

- Large piece borderless puzzle approximately 20-30 pieces
- Two-minute timers

SETUP:

- The children sit in small groups at a table or around a surface to hold a puzzle.

PROCEDURE:

- Move into small, cooperative workgroups at various stations.
- The leader distributes an equal number of puzzle pieces to each student.
- The leader explains the rules.
- The activity repeats 3 times, but the rules change each time.
- Lead the discussion.

COOPERATIVE PUZZLE ACTIVITY

Before the activity:

Let's move into small cooperative workgroups to do a puzzle together. (**Direct the students to small group areas.**)

Round 1: No Communication At All

(The leader distributes an equal number of puzzle pieces to each student and explains the rules.)

We will try to put this puzzle together following these rules:

- Each of you will have the same number of pieces for the puzzle.
- I will start with this piece.
- If you think you have a piece that fits from your pile, give the piece to me to place on the puzzle.
- **You may not communicate in any way. You may not speak or gesture. You may not indicate where the piece goes.**
- You have two minutes to do the puzzle.
- Go!

(After two minutes, tell the group "time is up." Count the pieces completed, but expect the students to have limited success with the puzzle. The leader must remind the students not to communicate or try to connect with each other or with the leader in any way.)

Round 2: Only Non-Verbal Communication (i.e. gestures)

(The leader mixes up the pieces and distributes an equal number of puzzle pieces to each student and explains the new rules.)

We will try to put this puzzle together once again, but some of the rules have changed:

- Each of you will have the same number of pieces for the puzzle.
- I will start with this piece.
- If you think you have a piece that fits from your pile, give the piece to me to place on the puzzle.
- **This time, if you think your friend has a piece, you can point to the piece, but your friend must hand the piece to me.** You may not hand another person's piece to me.
- **You may gesture, but you may not speak.**
- You have two minutes to do the puzzle.
- Go!

(After two minutes, tell the group "time is up" and count the pieces completed.)

Round 3: All Forms of Communication Allowed

(The leader mixes up the pieces, distributes an equal number of puzzle pieces to each student and explains the new rules.)

We will try to put this puzzle together once again, but some of the rules have changed again:

- Each of you will have the same number of pieces for the puzzle.
- I will start with this piece.
- **This time, you may gesture, speak or communicate in any way. You can discuss strategies to complete the puzzle such as color or shape.**
- If you think you have a piece that fits from your pile, give the piece to me to place on the puzzle.
- **You may tell your friend if they have a piece that fits, but your friend must hand the piece to me.** You may not hand another person's piece to me.
- You have two minutes to do the puzzle.
- Go!

(After two minutes, tell the group "time is up" and count the pieces completed.)

Discussion:

1. What did it feel like to have to work with a group of your peers without being able to communicate with gestures or words?
(difficult, frustrating)
2. How did you feel when you saw a piece in your classmate's pile that would fit but could not tell him/her?
(wanted to talk, point or grab the piece)
3. Once allowed to talk, point and discuss strategies for putting the puzzle together, did you feel different than you did in the first and second round?
(yes)
4. Which group worked most successfully?
(third)
Why?
(It was easier to complete the puzzle working as a group; we could communicate in any way; we could help each other.)

Many children with ASD want to play and work with a partner or with groups, but they have difficulty telling someone they want to join in. As a friend or classmate, you can invite them to join. When they join your group, continue to encourage them to participate.

SENSORY STIMULATION

Station 2

1 leader (an assistant is helpful)

20 minutes

PURPOSE: • To help students understand how people with sensory integration issues have difficulty interpreting sensory information and how they might feel in their environments

MATERIALS: ■ Distracting Sounds audio from UOD website or Flash drive from kit
■ Worksheet and a pencil for each student

SETUP: • Set up a room for the activity where the students will sit very close together on the floor.
• Set up the computer with external speakers

PROCEDURE: • The students enter the room.
• The leader asks everyone to sit on the floor close together.
• Distribute the worksheet and a pencil to each student.
• Tell students to start doing the worksheet.
• Begin to play the Distracting Sounds audio from the UOD website or Flash drive from kit. Volume should be very high.
• After 2 minutes, the audio will stop.
• Collect the worksheets and pencils.
• Settle down with relaxation exercise.
• Lead the discussion.
• Ask participants to close their eyes again and focus on the sounds in the environment.
• Lead the discussion.

Hot Tips!

Individuals with sensory integration issues, with anxiety disorders such as Post Traumatic Stress Disorder, or with a seizure disorder may find this activity especially uncomfortable. Parents and teachers should be informed ahead of time about this activity so that they can choose whether the student should participate.

It is helpful to have a second adult in the room to assist with distributing and collecting the worksheets and pencils.

SENSORY STIMULATION

(The students enter the room. The leader asks everyone to sit on the floor. Distribute a worksheet and a pencil to each student. Begin to play the Distracting Sounds audio from the UOD website or Flash drive from kit. Volume should be very high. The students do the worksheet. After 2 minutes, the audio will stop. Collect the worksheets and pencils. Settle down with the relaxation exercise.)

Sample Discussion

Let us settle down with a relaxation exercise. We will do a breathing exercise. Breathe in deeply, hold your breath for three counts, and now exhale. (**Leader demonstrates**) We will do this three times: One, breathe in deeply, hold your breath, exhale. Two, breathe in deeply, hold your breath, and exhale. Three, breathe in deeply, hold your breath, and exhale. Now that you are relaxed, we want you to think about what you experienced when you tried to do the activity sitting very close together with the loud noises playing.

- How did you feel?
(Covered ears, surprised, upset, not what I expected, annoyed; nervous, tense, it was too loud, I could not concentrate)
- What did you want to do?
(I wanted to leave the room, stop the noise, move to another area to get more space)
- Did you feel physically uncomfortable?
(I had ringing in my ears, I felt myself becoming anxious, there was not enough space)
- When we turned the music off how did you feel?
(Relieved, calmer, able to focus and hear others)
- Can you think of another experience you had when sensory input made you uncomfortable?
(I get headaches when I am in a noisy, crowded environment, like the mall, fire alarms, subway, traffic, sirens, bowling alley)
- This is another way that the brain of a person with Autism Spectrum Disorder may work differently. It sometimes interprets information coming in from the senses in a different manner. Remember when you studied the five senses? Who can name the senses?
(smell, vision, hearing, taste, touch)
(Write the five senses on the board.) That's right. These are the five senses.

- What senses are you using right now while I stand in front of you and talk?
(*vision, hearing – someone may say smell because someone is wearing perfume*)
What sense is _____ using now? (**leader touches another adult in the room on the arm**)
(*touch*)
That's right. She/he used her sense of touch, which is also called the tactile sense. What message did _____'s touch or tactile sense bring to her brain?
(*a feeling on the outside of the skin, pressure on the arm, etc.*)
Did it hurt?
(*No*)
No, it did not hurt because the stimulus – the touch - was gentle, it did not make a mark or an indentation.

The brain of a person with ASD might interpret the gentle tap or a noise as something painful or uncomfortable, causing a reaction that indicates dislike. The person might jump up, or run away, or hide under the table, or make noises or flap his/her arms, or spin around. These behaviors may look unusual to you, but they tell us that someone may be nervous or uncomfortable. It is important to understand that these behaviors may also soothe or calm a person with ASD. What do you do to help soothe or calm yourself?

(*shake a leg, tap pencil, twirl hair, take deep breaths, take a break*)

There are other ways that the senses interpret information differently. Sometimes people with ASD hear sounds or noises that other people do not notice. Everyone close your eyes, stay really quiet and listen. What did you hear? (**Be sure there are environmental noises– computer, overhead lights, air conditioner, window or door open, etc.**) Did anyone notice those noises before? (*No*) If you did not notice, your brain screened out those background noises so that you could give all your attention to me and the other people talking in the classroom. If your brain is wired differently, you may focus on the background noises, making it harder to pay attention, listen to the teacher, or follow directions. For some people, many hours of the day might be as loud or as uncomfortable as you felt entering the room today.

3. VIDEO: “INTRICATE MINDS II: UNDERSTANDING ELEMENTARY SCHOOL CLASSMATES WITH ASPERGER SYNDROME”

(Coulter Video)

1 leader

25 minutes

(VIDEO: 16 minutes)

- PURPOSE:**
- To learn about the unique characteristics of Asperger syndrome
 - To understand that people with Asperger syndrome have feelings, likes and dislikes and want to be included

- MATERIALS:**
- VIDEO “Intricate Minds II: Understanding Elementary School Classmates with Asperger Syndrome” (Coulter Video) from UOD website or Flash Drive from kit

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- SETUP:**
- Set up the computer, projector, external speakers, and screen

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- PROCEDURE:**
- Students and presenters sit facing the television screen.
 - The VIDEO is introduced and shown.
 - The VIDEO is discussed.
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VIDEO: “INTRICATE MINDS II: UNDERSTANDING ELEMENTARY SCHOOL CLASSMATES WITH ASPERGER SYNDROME”

Introduction to the Video

Now, let’s talk about a group of children who have a type of Autism Spectrum Disorder called Asperger’s syndrome or AS (**write on board**). Children with Asperger syndrome do not have language problems, and, in fact, they have great vocabularies. They also have great memories and can remember a lot of facts and details, especially about their interests. Many people with AS have one very special interest that they know a lot about, sometimes even more than their teachers and parents. Special interests might include things like planets, trains, fish, Pokemon or NASCAR. We all have things that we like to think about more than other things. I bet lots of you have special interests that you like to think about. Anyone want to share one? (*bugs, baseball facts*) What wonderful ideas! Sometimes people with AS spend more time thinking about that one thing than about anything else. Their special interest has so much importance to them that they want to talk about it all the time. They may even talk about it while a friend tries to talk about something else. This makes it hard for the two of them to have a real conversation.

Let’s watch a video about a group of students who have Asperger syndrome. The students are about your age and talk about their interests and going to school.

(Show the Video)

Discussion Questions

1. What do you remember about the video? (They may have many answers but make sure to include the following comment about the video.)

Sometimes children with AS may say something rude or inappropriate, and they may correct you if they believe you did something wrong. This may annoy you, but remember people with AS do not do this intentionally to make you feel bad or to annoy you. Because of the “wiring” in their brains, they may not understand that these things upset you.

2. What do you think the student in the video meant when she said, “her interests would take over?”
(she can’t think about anything else, only wanted to talk about her special interest and nothing else, she is not interested in hearing what another person is saying, she is more interested in her hobby than anything else)

Children with AS have to learn how to stop thinking about their special interests so they can think about other things, listen to friends talk about their interests, and have conversations.

3. Why do some individuals make fun of people with ASD?
(They probably do not understand what ASD is. They are afraid of people who are different.)
4. Children with Asperger syndrome know that they have difficulty making and keeping friends. Do they want to be included and have friends?
(Yes)
5. How can you be a friend to someone with AS? (Write answers on the board)
 - Be friendly
 - Be understanding
 - It is OK to tell the person that things they do annoy you, why it bothers you and what you want them to do differently the next time.
 - Be a champion and an ally: stand up for your classmate if he/she is bullied or teased
 - Be adventurous: look for someone's strengths

4. GUEST SPEAKER

1 leader

30 minutes

- PURPOSE:**
- To put a personal face on the unit information
 - The speaker tells the students about his or her experience and feelings living with Autism Spectrum Disorder.
 - The students have an opportunity to express their curiosity, interest, and understanding.
 - This experience reinforces the concept that a disability is only one of the many traits that contribute to a person's identity.

- MATERIALS:**
- No special materials required
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- SETUP:**
- No special setup is required.
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- PROCEDURE:**
- Students and leaders sit facing the guest speaker.
 - The speaker is introduced.
 - The speaker speaks and answers questions.
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Sample Discussion

I'd like to introduce our guest speaker _____.

Here's a chance for you to listen and learn more about what it's like to live with Autism Spectrum Disorder. Feel free to ask any questions you may have.

5. WRAP UP

1 leader

5 minutes

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| <p>PURPOSE:</p> <ul style="list-style-type: none">• To recognize the commonalities among us all• To share the human needs for respect, self-esteem, family, friendship, accomplishment and independence• To recognize that Autism Spectrum Disorder is only one of the many traits that contribute to making a person the individual that he or she is• To put the experiences of the unit into perspective• To answer any remaining questions |
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- MATERIALS:**
- Card with optional speaker questions and wrap-up discussion from kit
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- SETUP:**
- No special setup is required.
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- PROCEDURE:**
- Students and leaders remain in their seats as the guest speaker leaves.
 - A wrap-up discussion follows.
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Sample Discussion

We learned today about Autism Spectrum Disorder. I want to review with you some of the main points that we learned.

1. People with ASD have a wide range of abilities and are unique from one another.
2. One usual challenge for people with ASD is social-communication skills. They may also interpret sensory input, like noises or touch, differently than you do.
3. You can be a good friend by inviting them to join you when you are playing and continuing to encourage them to participate in your activities.
4. Being part of our community and a good friend means valuing and accepting people of all abilities. Every person has a combination of strengths and challenges, and who a person is on the inside is what matters.

You did a great job today. Thank you!