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## Asperger's Disorder and High Functioning Autism: Do they differ?

For teachers and other professionals who routinely work with students with special needs, it is not uncommon to encounter a child who is described as having *Asperger's Disorder* (AD) or *High Functioning Autism* (HFA). Unfortunately, efforts to obtain information about the strengths, needs, and best practices for supporting such individuals are sometimes complicated by the ambiguity between the two terms, as well as between these terms and *mild autism* or *autistic traits*. The main reason for this ambiguity will be the focus of Part I of this article. In Part II of this article, which will appear in the next ASD Newsletter, the scientific research addressing the distinction (or lack thereof) between AD and HFA will be reviewed and several clinical guidelines for distinguishing between the two will be provided.

The primary reason for the ambiguity between AD and HFA involves the great similarity in the diagnostic criteria for the two disorders. According to the text that determines how diagnoses of psychiatric disorders are made in North America (i.e., the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition or DSM-IV*), AD and HFA differ only in that those with the former condition do not exhibit *clinically significant delays in language development* as young children while those with the latter condition do not achieve language milestones within normal limits (i.e., single word use by age two and communicative phrases by age three). Individuals with AD and HFA share the two other essential features of an ASD (i.e., marked social impairments and a highly restricted repertoire of activities and interests). They are distinct from most other individuals with an ASD in that their intelligence (by definition) falls within the average range or better (i.e., overall IQ of 80 or more).

Thus, the distinction between AD and HFA rests on the presence or absence of communication impairments in childhood. Unfortunately, the distinction is not as clear as it sounds. This is because consensus is not great concerning what constitutes a clinically significant delay in language development. For example, when carefully assessed, children with AD routinely exhibit communicative abnormalities including: (a) impairments in the ability to initiate or sustain a conversation (e.g., trouble with turn taking and topic transitioning), (b) stereotyped, repetitive, or idiosyncratic language (e.g., quoting DVDs out of context, talking about the same thing over and over, etc.), (c) poor prosody (i.e., restricted intonation, tone of voice unrelated to content of conversation), (d) egocentric conversational approach (i.e., failure to censor output which accompanies internal thoughts, failure to integrate what the listener can be expected to know in terms of background information), and (e) verbosity (e.g., tendency to launch into monologues on favorite topics with complete disregard for listener's interest or nonverbal cues). The presence of such abnormalities (or their precursors) during preschool and elementary school suggests that the language of individuals with AD has not developed normally even though their expressive and receptive language skills are average to above average on standardized language testing. Not surprisingly, when the parents of preteens or adolescents with existing diagnoses of AD are carefully interviewed regarding their son or daughter's development, virtually all such children are found to have evinced language impairments during their early childhood. These impairments typically take the form of either delays in the use of single words or communicative phrases, limitations in the ability to initiate or sustain a conversation, or the repeated use of stereotyped or idiosyncratic language.

As a consequence of the often more subtle but still clinically significant communication impairments of children with AD, a meaningful line between HFA-level and AD level language difficulties becomes hard to draw. Difficulties with this criteria, in turn, render the overall DSM-IV distinction between AD and HFA problematic with the result that these terms are used inconsistently by clinicians and the popular media.

Dr. Andrew Bennett

Please stay tuned for part II of this article which will appear in our next ASD Newsletter.

References: Susan Dickerson-Mayes, Susan Calhoun, & Dana Crites (2001) Does DSM-IV Asperger's Disorder Exist. *Journal of Abnormal Psychology* 29, 263-271. Ghaziuddin, M., Tsai, L., & Ghaziuddin, N. (1992) Brief Report: A reappraisal of the diagnostic criteria for Asperger's Syndrome. *Journal of Autism and Developmental Disorders*, 22, 643-649. Tsai, L. (2002). Diagnostic confusion in Asperger's Disorder. Paper presented at ASC-US Annual Conference, Orlando FL.

## Communication Corner

Many students with an ASD have difficulty initiating communication. Many of these students will respond to a basic question or an adult directive. When an adult changes their behaviour in order to foster initiation our students will become more competent communicators. The SCERTS Model (Prizant, Wetherby, Rubin & Laurent, 2006) describes these modifications as part of Transactional Support. Below are some suggestions from the SCERTS Model that will help foster initiation.

- **Look expectantly at your student and wait for the student to initiate.**

If your student has limited verbal communication, wait for a gesture or eye-gaze. Social games that require turn-taking are an excellent way to foster initiation. Wait for the child to initiate in order for the game to continue.

For a more verbal child, make a comment and wait for the student to ask a question or add another comment. Make sure you provide enough time to ensure that your student is not going to respond and then provide additional support.

- **Provide a balance of initiated and respondent turns.**

Asking too many questions and giving too many commands places the student in the role of respondent.

Allow for activities that require both partners to take a turn.

- **Allow the student to initiate and terminate activities.**

Allow your student to share control over when to initiate and terminate an activity. The student may indicate that he/she want an activity to end by pushing away materials or walking away. If they are verbal they may verbalize that they are "done". If it is not possible to terminate an activity, acknowledge the child's communication attempt to end the activity by saying "You want to finish." Let the student know how many more steps need to be completed. Saying "no" or "stop" to these non-verbal attempts to communicate may lead to an escalation of behaviour.

Watch for and acknowledge your students' attempts to initiate an activity. You could say "Oh, you want to \_\_\_\_\_." If it is not possible to carry-out a particular activity let the student know when they can by using a First-Then card or the schedule. Don't undermine these communicative attempts by saying "no".

- **Offer choices throughout the day.**

Use verbal and non-verbal means to offer choices. When your student is highly anxious or agitated offer choices non-verbally. When your student appears well regulated you can offer the choices verbally. Provide many opportunities throughout the day. These may include what materials to use in activity, what book to read, etc.

## Teacher Tips

Try setting up a buddy system in your class. Using a buddy system is great because students with ASD often relate best 1 on 1. It can help the student during unstructured times when he/she is unsure of what is expected of him/her. Here are some things to consider when choosing a peer buddy:

- ◆ Try to get the child with ASD involved in the choosing process
- ◆ Pick a student that is accepting, patient and a good role model
- ◆ Remember that teasing and bullying may be an issue with older buddies
- ◆ During class time, pair the child with ASD with someone academically weaker

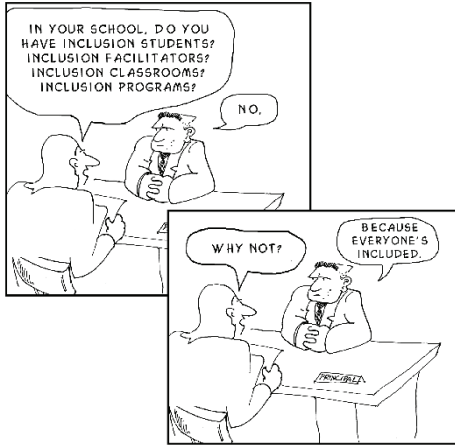
## Let's Talk O.T.

### **Embedded Sensory Activities**

Students with an ASD frequently present sensory modulation difficulties, which refers to a difficulty with the unconscious process of taking in and balancing all incoming sensory information. This leads to difficulty maintaining functional attention, alertness and activity level necessary for productive interactions and learning. To assist these students in achieving their potential, the occupational therapist may prescribe sensory diets which often include embedded sensory-based activities into the student's schedule. This means that the student requires certain amounts and types of sensory input periodically throughout the day to support going through his/her day comfortably. It may take the form of using prescribed adaptive supplies, such as a deep pressure vest to provide calming deep touch input, a weighted lap pad to provide grounding input in sitting, or a seat pillow to provide movement input in sitting. It may also take the form of

an activity that the student performs. Common activities recommended for students in grounding proprioceptive input include: participating in floor time activities, sitting on a bean bag while looking at books/listening, being door monitor at recess, pushing the garbage/recycling bin/cart of books, carrying the library basket/milk cart, putting up students' chairs on the desks at the end of the day. As well, standing up and stretching, repetitive squatting to pick up objects from the floor, distributing papers to peers or picking up materials in a bin and bringing a note/absentee card to the office are little ways to provide the student with much needed alerting movement input. Alternately, using a rocking chair or listening to background music in class may help some students more organized. Keep this concept in mind when developing a schedule for your student with an ASD. Consult with the occupational therapist for suggestions of appropriate activities for your student. It may well result in smoother days for you and your student!!!

Top Shelf



INCLUSIVE EDUCATION BECOMES A MOOT POINT

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**Asperger Syndrome - A Practical Guide for Teachers.** This book is a clear and concise guide to effective classroom practice for teachers and integration aides working with children with Asperger Syndrome.

In this book, the authors outline impairments and educational implications, offer practical strategies for classroom intervention and consider behavioural challenges which may arise with children with Asperger Syndrome.

**Asperger Syndrome - A Practical Guide for Teachers,** Cumine V., Leach J., and Stevenson, G. David Fulton Publishers, London, 1998.

Behaviour Strategies

For some of the higher functioning students with an ASD, attempting to manage their own negative reactions to situations can be a very challenging task. However, it is often a goal that we encourage schools to work on with these students since self-management of behaviours can be considered an important life and coping skill.

A tool that is often used to this end, and one that has proven to be very effective in certain cases, is the Incredible 5-point Scale (refer to figure beside). This is a tool which is designed to help student better understand their emotions and reactions in different situations. It is a colour-coded scale which depicts and describes the escalation

of the student's behaviour in their own words. The 5-point Scale makes behaviours more concrete to the student and breaks them down into sequential and understandable parts. Because the student is an active participant in creating the scale, it is individualized to their specific issues or needs. Once completed, the scale can be referred to like a script where alternative and positive behaviours are suggested at each level of the scale.

Name: Colton My Behavior Scale


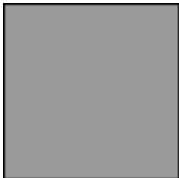
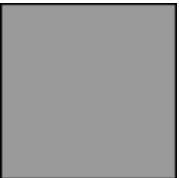

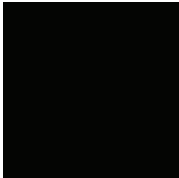


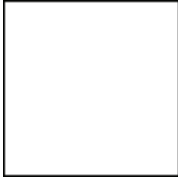
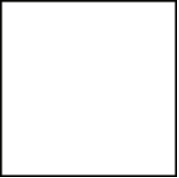
| Rating | Looks like                            | Feels like                         | I can try to   |
|--------|---------------------------------------|------------------------------------|--|
| 5      | hurting others<br>throwing things     | like a flood<br>drowning           | Too late — other people should leave me alone            |
| 4      | screaming<br>swearing                 | like a train wreck                 | walk away<br>stop talking<br>go to Mr. Nelson's office   |
| 3      | ripping up assignments<br>running out | like I can't stand it              | walk to the weight room and lift — write a note          |
| 2      | pacing in the room                    | getting nervous<br>brain is racing | write down my thoughts<br>get a drink<br>read Happy Book |
| 1      | sitting doing work                    | fine<br>pretty good.               | stay that way!   |

from: The Incredible 5-Point Scale, by Biem, Karl Dunn and Curtis, Mitzi, 2003

Try This!

Many students with autism who have learned their colours cannot generalize the colour to real-life objects. Here is an easy to make colour matching activity that you can create using the Boardmaker software, which may help in the first steps towards generalization.

1. Target 3 to 4 colours that you would like the child to learn to generalize.
2. Pick 3 to 4 real-life objects that represent the same colour as the ones you are targeting (e.g. fruits, veggies, animals, etc.).
3. Using Boardmaker, create one set of pictos for the objects and two sets for the actual colour; cut them out and laminate; place hard Velcro on one set of colour pictos and soft Velcro on the back of the other set.
4. The student has to match the colour to the corresponding real-life object.

|   |   |   |
|---|---|---|
| hare<br>   |  |  |
| spider<br> |  |  |
| sheep<br>  |  |  |



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**We're on the web!**

<http://www2.lbpsb.qc.ca/eng/asdn/index.asp>

Our team is comprised of many professionals with a variety of specializations. Designated as a Centre of Excellence within the province, our mandate is to assist schools in the implementation of best practices for the inclusion of students with an ASD and to serve as a resource to the other English school boards in Quebec. Our team provides assistance to students and families and works to support educational personnel in developing their capacity to meet a wide range of needs in the classroom. We do this through direct intervention, coaching, consulting, professional development, and the sharing of materials.

**WELCOME BACK !**

Jade Lawsane will be returning from Maternity leave later this month. We are all looking forward to continuing to benefit from her knowledge and expertise.

**Coming Soon!**

Please stay tuned for the Center of Excellence for  
**Autism Conference with Leslie Broun**  
 coming up on **May 16th, 2008.**

Also, the Abe Gold Learning and Research Centre is introducing many new evenings sessions as well as a 2008 Lecture Series with Michael Weiss Ph.D. Dr. Weiss, an internationally recognized lecturer and author related to child development and developmental disabilities, will discuss "From the Brain to Behavior Management - An Interdisciplinary Integration to Understanding (and Influencing) Autism" May 1 and 2, 2008.

The Abe Gold Centre is also now preparing for the Second Annual Symposium taking place November 2008. For more information please visit [www.goldlearningcentre.com](http://www.goldlearningcentre.com) or contact Allison Slopack at 514.345.8330 ext. 319.

**WWW**

Sen Teacher: Free special needs teaching resources

A fantastic resource! If you check out the tabs at the top of the page, there are free educational games under the downloads tab, and hundreds of printables for telling time, literacy, early handwriting and much more. The Links section also offers many wonderful links for all different types of needs, as well as typical classroom materials. Definitely a site worth bookmarking!

<http://www.senteacher.org/>

**HOT OFF THE PRESS**

10 Ways to help Children on the Autism Spectrum Succeed in School - Tips for educators, by Jennifer Gerlach. This insightful article can be found in the Asperger's Digest Magazine of September/October 2007, and may be borrowed from our library.

For your own monthly subscription please visit: [www.autismdigest.com](http://www.autismdigest.com).

***Thank you to Nicole Guy, Lester B. Pearson Career Advisor and students from Pierrefonds Comprehensive High School for preparing this newsletter for distribution.***

