Autism Awareness

What is Autism?

Autism is a neurological condition (having to do with brain development), that starts in early childhood, where toddlers have difficulty in talking to and playing with others. Autism affects the ability of a person to communicate their needs and learn. It is a condition that is now showing up in children at an alarming rate. According to the U.S. Centers for Disease Control (C.D.C.), autism may occur in as many as 1 in every 68 children. Psychologists and pediatricians are looking for answers as to why so many people now have autism, and what can be done about it. They have been looking for signs of autism in young people for more than 30 years. There is no cure, but there is a lot that can be done. To understand more about autism, experts studying this disease first look for symptoms. What are some of the symptoms you might see in person diagnosed with Autism?

Symptoms of Autism

If you were to point out an object across the room, would a child with autism look at it? (For example, if you point at a toy or an animal, would the child look in the direction of the toy or animal?) The child may not. Children with autism can show a lack of focused attention on toys and others. Some children with autism at times even behave in a way that makes them appear to be deaf to others. Would a child with autism respond when you call his or her name? (For example, would he or she look up at the person who is talking?) The child may not. Children with autism can have difficulty responding to others. Would such a child play pretend or make-believe? (For example, would the child pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll...
Children with autism frequently show a lack of imaginative play. Sometimes children with autism make unusual wiggling finger movements near their face.

Many children with autism show a lack of interaction with others. Does a child with autism show an interest in other children? Does the child watch other children, smile at them, or go to them? Instead of interacting, children with autism might separate themselves from others. Does the child get upset by everyday noises? (For example, does the child scream or cry when hearing loud noises such as a vacuum cleaner or loud music?) Many children with autism have a hypersensitivity to loud sounds like an ambulance siren or a school bell. Does the child look you in the eye when you are talking to him, playing with him, or dressing him? Children with autism might not make eye contact with people speaking to them. Children with autism might show an avoidance to touch, closeness, or contact with water. A child with autism may avoid hugs, touches like ‘high-fives’ or ‘fist bumps’, or take steps to avoid contact with water, such as a sidewalk that is made wet from lawn sprinklers. Some children with autism frequently walk on tiptoes, others pull on their earlobes, and many like to spin in circles. These are not the only symptoms children with autism may show, and not all children with autism will display all of these symptoms. But these are signs, that often help psychologists make an early, preliminary diagnosis of autism.

There are other signs of autism seen during pediatric psychological evaluations that specialists refer to as ‘indicators’ of autism. These include lining up toy cars instead of the child making them go, “Vroom, vroom”, or using blocks to make slender towers instead of a more elaborate ‘house’ or other creation. Speech delay, where the child has
few or no words in his vocabulary, long after the time when most typical 1 and 2 year
olds begin talking, is the most telling symptom of autism in children. Many children with
mild autism don’t begin to speak until they are three or four years old. And even then, the
number of words the child will use is limited to just a few dozen. Children with severe
autism may never speak at all.

In older children, teens, and young adults, some symptoms that manifest
themselves are ‘self-talk’ (talking to self in a low voice that others nearby can hear),
scratching their skin, biting skin on hands and fingernails, and a habit of tearing bits of
paper and saving the scraps. These are generally indicators of stress that the child feels
about school, social situations, or concern about being punished for secretly damaging
something in the home. Many young people with autism can have food allergies and
serious issues with digesting certain kinds of foods.

The Autism Spectrum

What does the word *Spectrum* mean in the diagnosis of Autism Spectrum
Disorder (A.S.D.)? *Spectrum*, as we know from art, describes the range of a color tint
mixed in, to make a light, mild shade of a color, or with a larger amount of tint mixed in,
making the color more ‘severely’ visible. *Spectrum*, as it applies to a diagnosis of autism,
means that a person can have mild autism with few symptoms, or more severe autism
with numerous, obvious symptoms. Therefore, the more severe the autism, the more
difficult it is for a child to communicate with siblings, parents, and teachers. Children
with severe autism have more pronounced symptoms, are more distractible, and create
greater challenges for their parents and teachers in raising and working with them.

Regardless of the severity of the autism a child has, providing what is called “Early
Intervention” is critically important in helping a child with autism overcome these challenges, learn to make friends, take care of their personal needs, and learn in school.

**Early Intervention**

What are some practices that teachers and parents can use to help a student diagnosed with autism? Teachers and parents should always try to be kind and patient. They should show an enthusiastic love of learning. They can encourage a child to take up a musical instrument, interact with animals, or play a sport with peers, like youth soccer. Teachers and parents need to give clear instructions on how to do something, like brushing their teeth, putting toys away, or using their Google Drive account, one step at a time. Parents can help their child overcome a hypersensitivity to sound by helping the child himself learn to operate a blender, juicer, a vacuum or the volume control on a computer. Children with autism should be given opportunities to participate in art activities with their ‘typical’ peers. Here they can explore a variety of textures, using paint, shaving cream, clay, or glue with dried goods like beans and pasta shells when creating their art. They should have the chance to create pictures and describe them to others. People with autism are often ‘visual’ thinkers and learners. Many children with autism enjoy drawing, and they can use their drawings to communicate their likes and wants.

There are many more techniques teachers and parents can use to help children with autism improve their social, communication, and academic skills. They can make good use of travel time by reading with, or talking with the child in the car. Families can carry toys and activities with them when they are out of the house, at the doctor’s office, or at a restaurant. These games might include picture flash cards, mini board games, and
puzzles. Note that this does not include the use of video games, which only serve to
restrict social interaction and speech with others, which are what children with autism
need most.

Establishing daily routines and following them (like doing chores and keeping a
calendar) can lower a child’s anxiety level and increase participation in activities at
school and home. Children with autism often act out when faced with a surprise of
change in routine. Helping children cope with these changes is important, but requires
tremendous patience on the part of the caregivers. Knowing what activities are upcoming
helps a child with autism mentally prepare him or herself. Teachers and parents can help
find ‘playbuddies’ and ‘studybuddies’ for their children and make sure they have a lot of
time to be together. Teaching with manipulatives like Lego™ and other toys fosters the
imagination. A good prompt to promote communication is to ask the child to ‘describe’
the building product or scene with characters she has set up. Taking swimming lessons
has proven to help children with autism gain self confidence and become more
comfortable with water, touch, and unusual textures. Self confidence and independence
can also increase as children learn how to ride a bike, ride a horse, skate, or learn
tumbling or martial arts moves.

Using plastic props to pretend they are running a store, a school, or a medical
clinic can help children with autism take part in group dramatic play activities and
improve their communication. Getting down on the floor with children with autism,
making efforts to gain eye contact and initiate conversation, as outlined in the writings of
psychologist, Dr. Stanley Greenspan, has also proven effective. Here, adults get down to
floor level, one on one, and help the child to focus on the adult and the task before him.

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This could include naming objects, choosing among objects based on a question like, “Which animal has a shell and can swim?” This is sustained time, repeated, ideally on a daily basis, that children with autism recognize as time dedicated to communicating their learning.

Another pioneer in developing methods to help children with autism is an adult who was born with autism himself. Ruan Kauffman, the original focus of the Son-Rise™ program was taught from early childhood with dedicated techniques developed by his parents to emerge from his confining autistic world. Basically, in the Son-Rise™ program, a windowless room with little visual simulation is first used where the child learns to focus on a family member or therapist. The child is encouraged to use whatever language he or she has to get needs met. This includes getting the adult to retrieve a toy down from a high shelf, share in imaginative play with a stuffed animal, make silly facial expressions, talk about Thomas the Train™, or whatever the child wants. Once some interaction with the adult is achieved, the adult responds with positive reinforcement, and gradually seeks to get the child to extend the activity or begin to follow the adult’s prompt for further communication or play. In this way, the child begins to trust the adult, follow social cues like conversational turn-taking, head nodding, smiling, and sharing. Little by little, the child can begin to interact with other people, showing what activities interest him, including playing with age-group peers, using these same skills. Once this happens with regularity within the confined space, the child can begin to function successfully with others, trained or untrained, in the real world of school, stores, restaurants, hospitals, amusement parks, at a sporting event, or other places in the community.

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What can these peers do to help a child with autism? They can make eye contact and smile. They can talk together about what interests the child. If the child with autism cannot yet speak, the typical peer can point at objects, use the Picture Exchange System (P.E.C.s), or use sign language gestures to communicate. Age group peers can make an effort to always include a peer with autism in their clique. Adults can help to foster these relationships, meaning teachers and parents can try to group kids together for playdates and schoolwork. Having patience and a positive attitude while socializing with a child can lead to many positive outcomes. With the right people using the right approaches, children with autism often can be nurtured to become the most friendly, affectionate, positive, and social people you will ever meet.

Conclusion

Really, there is no ‘conclusion’ to the commitment of assisting in the social growth and development of a child with autism. This is an ongoing, never-ending dedication to helping the child grow into a happy, social, successful, independent adult. The early intervention methods discussed here begin with the diagnosis of autism in a toddler and continue through consistent, creative support in the elementary years. Next will come the middle school and high school years, with puberty and awkwardness arriving along the way. Every new experience that approaches is a challenge and a potential learning experience that the child should be prepared for, whenever possible. Every difficulty or failure becomes an opportunity to learn to do better next time. This includes the child, the parents, and other adults the child knows. Much of the learning of children with autism is aided by repetition, until the skill is mastered. People who work
with the child should expect plenty of bumps and some unforgettable high points on this
journey, ideally with a community of supporters eager to cheer the child on.

Ruan Kauffman, the child of the Son-Rise™ program mentioned earlier, was at
one time, a child who was diagnosed with autism, who grew into a college graduate of
Brown University, and later became a best-selling author and engaging public speaker.

His own experiences and early intervention advocacy have influenced millions of parents
and teachers of children with autism, and led to outstanding results for their children and
students. What Raun’s parents, therapists, and teachers attained shows what early
intervention, research, insight, patience, and dedication can achieve. More and more
children diagnosed with autism today are making strides forward and realizing
achievements as Raun did, that years ago were not thought of as possible. With early
intervention, children diagnosed with autism can have a bright future.

Henry Anker and his wife Barbara are public school teachers and parents of a college
student with autism who realized great success using the methods presented here. Ms.
Anker is a teacher of elementary students with autism. Mr. Anker is also an educational
technology web site author.

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Work Cited
