The “Autism Epidemic”: The Truth Revealed!
OUTLINE

1. What is Autism?
2. What is referred to as the “Autism Epidemic”
3. The Truth Revealed
4. How does this impact you?
5. Universal Design and The Law
7. Final thoughts / Q & A
What is Autism?
Autism spectrum disorder (ASD) is a complex developmental disability; signs typically appear during early childhood and affect a person’s ability to communicate, and interact with others. ASD is defined by a certain set of behaviors and is a “spectrum condition” that affects individuals differently and to varying degrees.

Some of the behaviors associated with autism include delayed learning of language; difficulty making eye contact or holding a conversation; difficulty with executive functioning, which relates to reasoning and planning; narrow, intense interests; poor motor skills’ and sensory sensitivities.

Again, a person on the spectrum might follow many of these behaviors or just a few, or many others besides.”

http://www.autism-society.org/what-is/
The prevalence of autism has risen to 1 in every 68 births in the United States.

This is nearly twice as great as the 2004 rate of 1 in 125.

Autism occurs in almost 1 of every 54 boys.

About 1% of the world population has autism spectrum disorder.

Prevalence has increased by 6-15 percent each year from 2002 to 2010.

Today, 60 individuals will be diagnosed with autism, and their families have no clear path to treat the symptoms of this complex condition.

http://www.autism-society.org/what-is/
### Identified Prevalence of Autism Spectrum Disorder

**ADDM Network 2000 – 2012**

**Combing Data from All Sites**

<table>
<thead>
<tr>
<th>Surveillance Year</th>
<th>Birth Year</th>
<th>Number of ADDM Sites Reporting</th>
<th>Prevalence per 1,000 Children (Range)</th>
<th>This is about 1 in X children...</th>
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<tbody>
<tr>
<td>2000</td>
<td>1992</td>
<td>6</td>
<td>6.7 (4.5 – 9.9)</td>
<td>1 in 150</td>
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<tr>
<td>2002</td>
<td>1994</td>
<td>14</td>
<td>6.6 (3.3 – 10.6)</td>
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<tr>
<td>2004</td>
<td>1996</td>
<td>8</td>
<td>8.0 (4.6 – 9.8)</td>
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<tr>
<td>2006</td>
<td>1998</td>
<td>11</td>
<td>9.0 (4.2 – 12.1)</td>
<td>1 in 110</td>
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<tr>
<td>2008</td>
<td>2000</td>
<td>14</td>
<td>11.3 (4.8 – 21.2)</td>
<td>1 in 85</td>
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<tr>
<td>2010</td>
<td>2002</td>
<td>11</td>
<td>14.7 (5.7 – 21.9)</td>
<td>1 in 68</td>
</tr>
<tr>
<td>2012</td>
<td>2004</td>
<td>11</td>
<td>14.6 (8.2 – 24.6)</td>
<td>1 in 68</td>
</tr>
</tbody>
</table>
Know some Signs for the relatives and friends in your life with ASD!

- Lack of or delay in spoken language
- Repetitive use of language and/or motor mannerisms (e.g., hand-flapping, twirling objects)
- Little or no eye contact
- Lack of interest (or inept skills) in peer relationships
- Lack of spontaneous or make-believe play
- Persistent fixation on parts of objects

http://www.autism-society.org/what-is/
Autism is referred to as a spectrum disorder because it can manifest in a variety of ways – all of which are unique to the individual.

Many people believe that all people fall somewhere on this spectrum. However, the spectrum is only meant to include those individuals who have been diagnosed with autism – this means that they meet specific criteria as diagnosed by a qualified professional.

This is a better representation of the autism spectrum. The focus is not in the colors, but rather in the blending of the colors. The colors represent the areas impacted by autism and how the effect of each area is also on a slider.

A Better Visual Autism Spectrum

- Another way to visualize the spectrum has emerged as a color palette. Any color within the circle is not a “symptom”, but rather a representation of one aspect that may manifest in an individual with autism – however; each of these individual colors should also be viewed as a “slider”. All the colors for one individual interact at their specific levels to influence that individual in a specific way.

- The only individuals represented on the autism spectrum are those diagnosed with autism. A non-autistic person would not be represented anywhere on or within the spectrum.

- The various areas and degree of impact that might be experienced by an individual with autism are so varied that trying to identify “autistic behaviors” that are universal is impossible.
“Once you have met one person with Autism...

...you have met one person with Autism!
A Simplified way to view ASD

“Stuckness” – persons on the spectrum get stuck in thoughts, speech, movements, perceptions, postures, emotions, etc.

More Commonly recognized characteristics of Autism are

- Perseveration
- Ritual Behaviors (Flapping, Rocking, Etc.)
- Inability to process verbal language, heavy reliance on Visual Input
- Over reliance on literal word use and concrete experience.
- Sensory issues

Now that you are thinking....

- An official diagnosis of ASD must be completed by a qualified professional.
- ASD “symptoms” may lessen with time and education; however, there is not a cure for ASD.
- You may recognize some signs of ASD in people that you know...this does not mean that they have autism.
- Disability of any type, including ASD, is protected by the law and you may not inquire as to what, if any, disability a person has.
- If an individual chooses to disclose their disability to you, you may then ask questions and engage in conversation about the disability...as they have self-disclosed this information.
- While DSS has record and evidence to support the existence of a disability – we may not disclose what the disability is or specific information about the student with you. We can offer strategies and supports that may help you in meeting students’ individual needs.
Let’s Try some things....

“There is nothing we can truly do to create the experience of Autism for someone who doesn’t have it” This is because of how differently it can impact each individual.

• Experience 1: Sensory Bombardment
  • (https://www.youtube.com/watch?v=KurXpARairU)

• Experience 2: Autism Simulator
  • (https://www.youtube.com/watch?v=EX5bVo9Ooj8)

• Discussion/Comments
• Experience 3: Monochannel Functioning
  • Right Hand = Represents Hearing
  • Left Hand = Represent Touch
  • Right Leg = Represents Smell
  • Left Leg = Represents Taste
  • Eyes = Represent Sight

• Experience 4: Cognitive Style
  • No Sharing
  • Finish the Pattern:

OTTFFSS_ _ _ _
The “Autism Epidemic”
The “Autism Epidemic”

- In the late 1990’s through the early 2000’s you began to hear the phrase “autism epidemic”.

- The increase in occurrences was not due to an increase in individuals with autism, but rather a better understanding of autism and changes in diagnostic practices.

- Individuals prior to this time were often mislabeled as having other conditions.

- Over time the criteria for diagnosing autism have broadened.
  - The 1980 Version of the American Psychiatric Association’s Diagnostic Manual (DSM – III) required individuals to meet six of six criteria, and had only two diagnoses relevant to autism.
  - The DSM- IV (1994), required individuals to meet any eight of 16 criteria and contained four diagnoses related to autism.

http://www.scientificamerican.com/article/is-there-really-an-autism-epidemic/
Current Diagnostic Criteria

- DSM-5: This is the most recent version used for diagnosis. This edition was published in 2013 and is considered the culmination of a 14-year revision process.
- Researchers found that the 4 diagnoses related to autism were not consistently applied across different clinics and treatment centers.
- The 4 diagnoses were combined into one disorder, ASD (Autism Spectrum Disorder), to be a better reflection of the state and knowledge about autism.

The symptoms of people with ASD will fall on a continuum, with some individuals showing mild symptoms and others having much more severe symptoms. This spectrum will allow clinicians to account for the variations in symptoms and behaviors from person to person.

http://www.dsm5.org
The Truth Revealed
There is not now and never has been an “Autism Epidemic”!!!
How Does This Impact You?
What to Watch for...

► Watch for repetitive behaviors (flapping, rocking, tapping, etc.) as these are signs of sensory overload.
► Watch for frustration in completing tasks that may seem easy to the majority of your students.
► Watch for lacking social skills (missing social cues, literal responses, etc.) that may be caused by ASD.
► Be aware of individuals who become very frustrated with changes in routines and may not be able to vocalize what is occurring.

ASK QUESTIONS!
Your DSS Allies are here to support you, as well as our students!
What Can you Do?

► Increase your knowledge and understanding of ASD
► Provide highly structured classes/assignments/etc. whenever possible.
► Provide a consistent daily routine.
► Recognize social skills delays or misunderstandings.
► Communicate expectations, including behavioral expectations, clearly.
► Try to avoid over-stimulation (noise, chaos, unrelated visual stimuli, etc.)
► Provide visual models/directions/labeling.
► Recognize that some learners are very literal. Many people with ASD see things very “black and white” in regard to rules, expectations, and what they have been previously taught.
► Do not take lack of eye contact as a sign of disrespect (both ASD and Culturally)
► Avoid lengthy, wordy directions and instructions. Be clear and provide step-by-step, clear directions
Universal Design & The Law
Universal Design Components

- Universal Design is intended to provide equal access to all individuals, with and without disabilities.

- Some UDL Principles that are specifically useful for individuals with ASD:
  - Say it: Lecture, discussion, questions, read aloud, verbal descriptions
  - Show it: Pictures, graphics, transparency, white board, video, closed captions
  - Model it: Demonstrate, think aloud, act out, build/construct, manipulatives
  - Media: Video, audio, computer, SMART technology

  
  KISS = Keep it simple stupid!

- Remove Barriers (For all students with disabilities)
  - Change the way you present the material
  - Provide alternate ways for students to demonstrate “what they know”
  - Change the ways you engage students
All students, regardless of disability, **must** have access to the same education.

You **cannot** exclude or discriminate against a student with a disability: some behaviors and reactions are beyond the control of the student.

You **cannot** inquire about a student’s disability. You also **cannot** require medical or other evidence (DSS does that), you **cannot** change your classroom expectations or require additional work from a student with a disability that you are not requiring from nondisabled students.

You **cannot** share with parents, co-workers, or anyone else (except DSS) any identifying information, progress, concerns, etc.

You **CAN** have a complaint filed against you with the Office of Civil Rights (OCR) for violating the rights of any student. This student can try to work with DSS to resolve the issue; however, this is not required before they file a complaint with the OCR. *(This is an undesirable experience for both you and the college)*
Disability Support Services (DSS) Can Help!
DSS is here to support you!

What can DSS do:

► We are qualified to evaluate documentation to determine if a student has a disability and what accommodations are appropriate for that student to remove the barriers.
► We can work with staff and faculty to assist in problem solving for students and courses. **Proactive is always better than Reactive!**
► You should review all student accommodation notices and contact our office immediately if you feel that there is a direct conflict with your course expectations or requirements. We are not experts in your content area. Without communication we may be unaware of these situations.
► We can suggest strategies and modifications that you may not be aware of to alleviate problems and concerns.
► We can meet with the student and help them in specific areas where they are struggling or causing you frustration.
► We cannot “change” the student, but we can work on replacement behaviors. Remember, the student is not making conscious choices about many of these things.

**WE ARE HERE TO SUPPORT COLLEGE FACULTY AND STAFF...NOT JUST STUDENTS.**
Final Thoughts / Q & A
Accessibility is a process, not a policy.

Communication is key!
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