An Overview of Autism
(From the DSM-5)

Persistent deficits in social communication and social interaction across multiple contexts

Abnormal social approach

Failure of normal back and forth conversation

Reduced sharing of interests, emotions or affect

Failure to initiate or respond to social interactions

Deficits in nonverbal communication behaviors including abnormalities in eye contact and body language, deficits in using and understanding gestures, limited facial expression

Deficits in developing, maintaining, and understanding relationships including adjusting behavior to suit various social contexts, difficulties in sharing imaginative play; difficulties in making friends; variable interest in peers

Restrictive, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of the following

Stereotyped or repetitive motor movements, use of objects or speech (lining up toys, flipping objects, echolalia, idiosyncratic phrases)

Insistence on sameness, inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior (difficulties with transitions, rigid thinking patterns, etc.)

Highly restricted, fixated interests that are abnormal in intensity or focus

Hyper or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (indifference to pain or temperature, adverse response to sensory input, excessive smelling or touching objects, visual fascination with lights or movement)
Symptoms must be present in the early developmental period and symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.

Individuals with marked deficits in social communication, but whose symptoms do no otherwise meet criteria for autism spectrum disorder should be evaluated for social (pragmatic) communication disorder.

Individuals who were previously diagnosed as Asperger’s disorder or pervasive developmental disorder not otherwise specified will be given the diagnosis of autism spectrum disorder.

**Signs of Potential Sensory Differences**

**Vestibular Sense Difficulties:**
- Prefers sedentary and seated activities
- Avoids elevators, play equipment that spins
- Is afraid of heights
- Is fearful of going up and down stairs
- Is afraid of being tipped or having his head upside down
- Behaves like the energizer bunny – climbs, runs, jumps, is in constant motion
- Loves to swing
- Enjoys being upside down
- Rocks body while seated or standing
- Spins himself and/or objects

**Tactile Sense Difficulties:**
- Reacts emotionally to touch
- Does not like to be cuddled or hugged
- Has difficulty standing close to people in line
- Becomes distressed during grooming, haircuts, nail clipping, teeth brushing
- Is bothered by certain fabrics and textures; will only wear certain clothes; does not like tags, will not wear new clothes
- Avoids messy art and sensory activities
- May avoid walking barefoot on grass or sand
- Has a high tolerance for pain
- May walk on tiptoes
**Auditory Sense Difficulties:**

- Notices, is bothered by, or is distracted by background sounds such as the fluorescent lights, heating and cooling system motors, etc.
- Is terrified by the sound of a flushing toilet
- Is fearful of the sound of everyday appliances
- Is bothered by loud sounds such as a fire truck or fire alarm
- Is startled by unexpected sounds
- Appears distracted by and is unable to filter out background sounds
- Covers ears or hides when there is unexpected or loud sounds
- Cries and seems uncomfortable at loud events
- Displays inconsistent response to name
- May have difficulty figuring out where a sound is coming from

**Oral Functioning Difficulties:**

- May be described as a picky eater
- Only eats food of a certain consistency or texture
- Only eats food of a certain temperature
- Mouth inedible objects

**Olfactory Function Difficulties:**

- Has an unusually keen sense of smell
- Seems to notice and is bothered by smells that may be hardly noticeable to others
- May not be able to eat certain foods because of their smell
- Sensitive to even pleasant smells such as perfumes, air fresheners etc.
- Is bothered by household cleaning products
- May be under responsive to odors that bother others

**Proprioceptive Sense Difficulties:**

- Hugs others too hard
- Squeezes too hard
- Enjoys bumping, and crashing into things
- Enjoys jumping
- Craves biting, sucking, mouthing and chewing
- Has difficulty regulating the pressure when writing, drawing, holding foam or plastic cups
Using Visual Strategies

Visual strategies are very helpful to people with autism spectrum disorders because usually they understand what they see better than what they hear. We can all use a variety of visual tools to improve the person’s understanding of both the content of what you are teaching or communicating AND their understanding of the rules and guidelines of your environment or activity.

Suggestions for using visual strategies in the library include:

1. Use your own body and facial gestures to provide more visual information.
2. Provide objects, pictures or photographs of objects and written labels when possible.
3. Set up the visual schedule of activities that will be included in your story time or other activity before the children arrive. You can set this up in a left to right fashion or top to bottom depending on your preference and physical set up. Children will often look at the schedule when they arrive to see what will be happening.
4. The first few times you use the schedule, go over the schedule at the start of story time. Point to each picture and label it. Then as you actually are ready to do each activity, you can point to the corresponding picture card and say something like, “now it’s time for rhymes” or “next we are going to do a craft”.
5. As the children become more familiar with the schedule, they will probably “read” the schedule with you or even tell you what is going to happen next. You can decide whether or not you need to continue to point out the beginning of the new activity or if all the children are comfortable scanning the schedule themselves.
6. Consider ALWAYS having the visual schedule up for story time, even if all the children seem comfortable without it. For all children, it is a helpful prereading tool, and for children who have difficulty processing language or who have problems making transitions, it will encourage better attention and better participation.
7. Introduce the visuals for library rules to all children, pointing to the picture that goes with the rule with the words. Use your own body to model the behavior you want to see.
8. Keep the rules in plain sight during the activities. Point to them if needed during the activity.
9. Rules should always be written in a positive way (ex. Sit on your bottom vs Don’t stand up)

10. You may want to have a dry erase board, clip board or poster paper available during the story time. Either you, a library aide, or a parent might want to write key words or draw simple pictures on this during your activities to help the child understand key vocabulary and concepts you are presenting.

For more information on using visual strategies, visit www.lindahogdon.com
Social Stories 7/26/11

Social Stories are a very simple but very effective technique that was developed by Carol Gray to help children with Autism Spectrum Disorders (ASD) to develop social understanding about various situations. They can be used for such basic and everyday situations as how to play hide and go seek or how to throw away your trash. Or they can be used for more complicated or personal situations such as what to do if someone teases you or how to invite someone to play with you. Social Stories capitalize on the visual strengths of children with ASD while directly teaching them the social skills that many people are able to learn incidentally. For more information see https://carolgraysocialstories.com/social-stories/

Calming and Organizing Activities 2/3/14

Recall the basic calming strategies which are commonly used to soothe babies. Many of these same strategies can be modified for use with older children.

Heavy Work or Deep Touch Pressure Input:

- Lotion massage (With parent permission or done by a parent)
- Snuggling with a blanket
- Weighted lap “sock buddy” (made from a man’s tube sock filled with rice)
- Hugs
- Soda bottle tornado (also visual)
- Playdough (including the fun factory)
- Activities that provide input through the joints such as pushing or pulling heavy objects (rearranging furniture, pushing a weighted shopping cart, pulling a friend in a wagon), stretching theraband, pulling rapper snappers, etc.

Oral Input:

- Sucking through a straw or sport bottle (thickened liquids increase the input)
- Chewing resistive materials such as theratubing or a chewy toy brought from home
- Blowing games such as blowing a ping pong ball or a pompom through a straw
- Blowing toys/noisemakers
- Slow deep breathing (yoga breathing)

Movement:

- Slow rocking or swaying in a rocking chair or on a lap
- Go for a walk
Visual:
- Soda bottle tornado
- Aquarium
- Sand or oil timer
- Reduce lighting (especially fluorescent lights); use natural light when possible

Auditory:
- Quiet music with a steady 60 beats/minute (classical music)
- White noise
- Tennis balls or glides on chair legs to reduce room noise

Tactile:
- Neutral warmth such as warm water in the water table
- Playdough (see above)
- Fidget toys

Other:
- Create a hideout “fort” or quiet corner where visual and auditory distractions are reduced

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**Fidgets**

- **What are fidgets?** Fidgets are objects that can be manipulated (such as Sally’s frog, or the red squeeze ball provided for you) and are used by children and adults to promote increased focus and attention.
- **Why do we use fidgets?** Fidgets help individuals to achieve and/or maintain a state of calm alertness, by increasing focus and decreasing stress.
- **Examples of fidgets:** Good fidgets are small, silent toys which allow simple exploration. Objects which can be squeezed or which have movable parts seem to work best. Chewy fidgets are also useful as many individuals seek oral input as a way to help them calm, organize and improve attention. Objects such as koosh balls, small slinkies, bendable toys, transformer toys, fit together toys, pieces of satin or other cloth, small stuffed animals, pencil toppers, tangle junior, rubic’s cube, pipe cleaners, etc. can be used as fidgets. Use your imagination and develop a basket of fidget toys for your classroom!
- **How to use fidgets:** When introducing fidgets to students, please be aware that, as with any novel material, the children may require a period of time to become familiar with the items. While a child may be distracted during this initial period, many children do acclimate and ultimately benefit from the use of fidgets. Feel free to establish limits for the use of fidgets in your setting. 

(Kidspeak 1/14)
### What to Put in a Calm Down Box

**Items that provide proprioceptive support**
- Weighted lap cushion or weighted stuffed animal
- Weighted vest or pressure vest
- Stretchy resistance bands
- Sensory tunnel
- Mini massager
- Body sock
- Small blanket

**Items to squeeze & keep hands busy**
- Fidgets like Tangle Jr. or puffer ball
- Rubik’s Cube
- Play dough or silly putty
- Pipe cleaners
- Stress balls
- Bubble wrap
- Bag of tissue paper to rip
- Scarves or fabric scraps
- Spinning top

**Items to support breathing & relaxation**
- Bottle of bubbles
- Pinwheels
- Straws and cotton balls or pom poms

**Items for olfactory sensory support**
- Calming essential oil spray
- Smelling bottles
- Scratch and sniff stickers

**Items to get kids moving**
- Book of yoga poses or yoga activity cards
- Skipping rope

**Items for auditory sensory support**
- Noise cancelling headphones
- MP3 player with music

**Items for oral motor sensory support**
- Chew toy or chew necklace
- Chewing gum, hard candies, or lollipops
- Snacks with a variety of textures
- Whistle, harmonica, party blowers, or similar
- Rescue Remedy Spray

**Items that give kids a brain break**
- Puzzle
- Books to read
- Blank notebook and writing utensils
- Coloring books
- Scratch art doodle pad
- Small chalk board, Magna-Doodle, Etch-a-Sketch, or Boogie Board
- Activity books
- Photo album

**Items to visually calm**
- Visual calm down cards
- Sensory bottle or calm down jar
- Light up toys
- Flashlight
- Plastic snow globe
- Kaleidoscope
- Hourglass
- Eye mask
Working with any child requires the adult to be kind, patient, loving, and caring. When working with children with Autism Spectrum Disorders (ASD) in addition to all of these characteristics, the adult must also be a detective, willing to seek out information and modify each interaction as they see fit.

- Really be a detective. Realize that things may not be as they seem on the surface. Behaviors are influenced by many factors in the environment and serve many different purposes. As you know from interacting with babies a cry may mean “I am hungry” or “I have a wet diaper.” For a child with ASD, behaviors frequently serve as a means of communication as well.
- Learn what the child likes. Ask the parents for input and observe the child while in your care.
- Learn what the child does not like. Again ask the parents for their input and observe the child in the child care environment.
- Meet each child where they are. If a child is non verbal, use simpler verbal directions and use visual strategies as appropriate.
- Anticipate what might happen in a specific situation and plan ahead. (It’s the old saying plan for the worst!) After an interaction that is not particularly successful, think about what you might have done differently and make a mental note to change your approach. (It may take several tries before you remember to try your new strategy, but it will be worth the effort when your new approach works on your fourth interaction!)
- Use the child’s interests to your advantage. Have Dora napkins for the little girl who does not like to come to the lunch table. Use Sponge Bob soap for the child who does not like to wash his hands.
- Be predictable. You will be your child’s most favorite child care provider!
- Plan changes in routine carefully. Prepare the child ahead of time when appropriate. Use social stories, pictures, etc.

**Things to consider**

- Consider asking the program or parent about:
  - Individual’s area of interest
  - Individual’s triggers
  - Specific behavioral concerns
  - Communication system
  - Individual’s routines
- Provide positive, structured, consistent, predictable programs and staff
- Explicitly and directly teach skills
- Involve peers and others to model desired behaviors
- Teach using multisensory methods
- Utilize special interests
- Consider the individual’s chronological and developmental age