



**Applying New Knowledge:
Learning & Transfer**

Child Care Training Consultants, LLC
Accredited by International Association for Continuing Education and Training (IACET)

What You Need to Know About Autism

There is great variability on the autism spectrum, ranging from the mildly affected who can be gifted and extremely competent to those who are nonverbal and isolated, caught up in self-stimulating behaviors. Typical symptoms include lack of sustained eye contact, trouble reading social cues, being prone to repetitive behaviors, and being overly sensitive to sensory input.

Dr. Theresa Vadala





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CKA 3: Child Growth and Development

Title: WY 3.H What you Need to Know About Autism

3 Hours

0.3 CEUs



**Dr. Theresa Vadala
(Instructor & Curriculum Designer)**





Child Care Training Consultants LLC., Goal

The goal is to empower educators as they take Child Development Associate (CDA) courses to make a powerful difference in the lives of young children!

Mission Statement

“Child Care Training Consultants, LLC’s is committed to provide research-based professional growth and development training courses primarily focused on the Child Development Associate. The CDA is the nation’s premier credential that is transferable, valid, competency-based and nationally recognized in all 50 states, territories, the District of Columbia, community colleges and the United State Military.

Vision

Child Care Training Consultants, LLC’s vision is to provide the early childhood community with courses based on CDA competency standards to obtain their CDA Credential and assist in reaching their goal as an exceptional early childhood educator to ultimately achieve higher child outcomes.



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About the Instructor

Theresa has over 30 years experience in the field of Early Childhood Education. During that time, she served as a Preschool Teacher, Disabilities Coordinator, Program Facilitator, and Director of an Early Childcare Program. She has a Doctoral Degree in Educational Leadership with Specialization in Curriculum and Instructional Design. Theresa is a Professional Growth & Development Trainer and Curriculum Designer and offers web-based courses internationally. She is the Executive Director/Owner of the training organization Child Care Training Consultants, LLC., (CCTC).



Business Description

Child Care Training Consultants, LLC. (CCTC) is an accredited provider (AP) with the International Association for Continuing Education and Training (IACET) that provides Continuing Education Units (CEU) for adult education nationally. The business is also a recognized training organization with the Council for Professional Recognition, Child Development Associate Council (CDA), National Credentialing Program.



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**Thank you for choosing
Child Care Training Consultants, LLC.,
for your Training Needs!**

Learning Assessment

Read the material provided, take the 5-10 quiz questions and
complete the training evaluation at the end of the course.

Participants must receive 100% on individual courses to obtain a certificate of
completion.

Questions?

We are happy to help.

Support Services:

Please contact us 24/7 at

childcaretrainingconsultants1@gmail.com

Business # 702.837.2434



Objectives

Participants will learn:

- a) Identify Signs and Symptoms of Autism
- b) Implement policies that include but not limited to Autism
- c) Identify safety policies within child care centers given review of school policies.



Agenda

- What is Autism?
- Research
- What to Look For in Children
- Early Detection
- Gastrointestinal Issues
- Tantrums and/or Meltdowns
- Aggressive Behavior
- Function of Behavior
- Talking to Parents
- Working with Children
- Resources





What is Autism?

Communication

Social Interaction

Restrictive or repetitive behaviors and interests

Autism is a neurological/biological disorder, not a psychological or emotional condition.

The features, abilities and severity of symptoms vary considerably among people with autism

Always assume intelligence, teach competence, promote independence and be respectful.





What is Autism?

Autism is a general term used to describe a group of complex neuro-developmental disorders also known as Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). These disorders are characterized, in varying degrees, by challenges related to:

- Communication
- Social Interaction
- Restrictive or repetitive behaviors and interests

People with autism may also experience other difficulties including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions.





Research

Autism

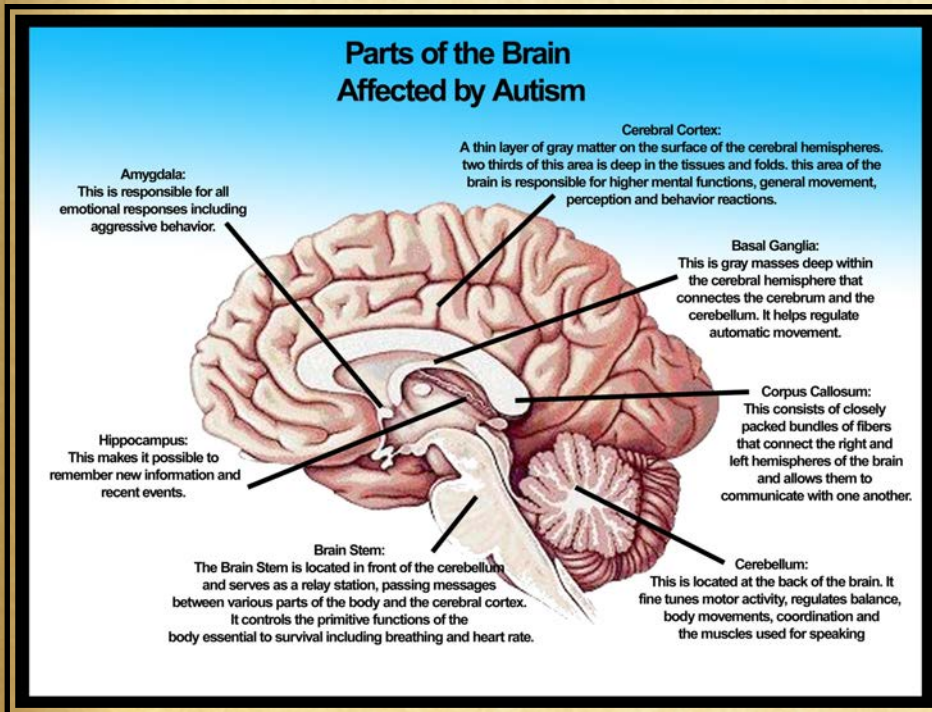
Asperger Syndrome

Rett Syndrome

Childhood Disintegrative Disorder

PDD-NOS (Pervasive

Development Disorder – Not
Otherwise Specified)





Research

Research has shown that there is no one cause of autism just as there is no one type of autism. Recently, scientists have identified a number of rare gene changes, or mutations, associated with autism. A small number of these are sufficient to cause autism by themselves. Most cases of autism, however, appear to be caused by a combination of autism risk genes and environmental factors influencing early brain development.

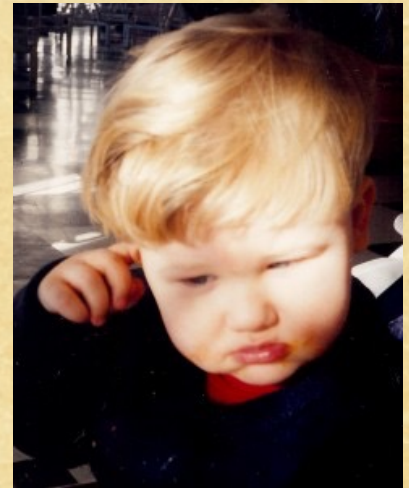
Although autism appears to have its roots in very early brain development, the most obvious signs and symptoms tend to emerge between two and three years of age. Often parents and caregivers are the first to notice that the child is showing unusual behaviors such as failing to make eye contact, not responding to his or her name or playing with toys in unusual, repetitive ways. Sometimes an autism spectrum disorder is diagnosed later in life, often in relation to learning, social or emotional difficulties.

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, **repetitive, and stereotyped** patterns of behavior. **Autistic disorder**, sometimes called **autism or classical ASD**, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome.



What To Look For In Children

- ◆ Communicating, whether verbally or non-verbally
- ◆ Relating socially and interacting with others and the world around them
- ◆ Having repetitive or restricted behaviors





What To Look For In Children

The early signs and symptoms of autism and the tantrums and adverse behaviors vary widely. Some autistic children have only mild symptoms and impairments, while others have more gut and behavioral difficulties. However, every child with an autism spectrum disorder has problems, to some degree, in the following three key areas:

- Communicating, whether verbally or non-verbally.
- Relating socially and interacting with others and the world around them.
- Having repetitive or restricted behaviors.



What To Look For continued...

- ◆ A lack of responsiveness to others
- ◆ Does not make eye contact
- ◆ Does not respond to being called, or to his or her name
- ◆ Does not make noises to attract your attention
- ◆ Does not reciprocate smiles or imitate facial expressions
- ◆ Does not reach out when being picked up
- ◆ Does not like to give or receive cuddles
- ◆ Doesn't call out or make basic requests
- ◆ Has self-stimulatory behaviors



What to Look For continued...

These are only common symptoms and do not include all of the behaviors that children with Autism can display, and these are not present in all children with Autism, which is why it is called an Autism 'Spectrum Disorder'.

- ◆ Delayed or no age-appropriate language development
- ◆ No pointing at objects or people or waving goodbye
- ◆ Not following people by eye
- ◆ Has repetitive behaviors such as hand flapping
- ◆ Lines toys up instead of playing with them for their functions
- ◆ Has an obsession with a particular video or TV program
- ◆ Displays echolalia (repeating what you say)
- ◆ Running close to a wall repetitively, and looking sideways at it



Early Detection

- ◆ Parents and caregivers are in the best position to notice early warning signs
- ◆ Parents and caregivers know a child better than anyone





Early Detection

Parents and caregivers are in the best position to pick up on the earliest warning signs or symptoms of autism. Parents and caregivers know a child better than anyone and observe the child around the clock. The key factor to early detection is to educate yourself as to what are typical behaviors and what might point to autism. Take control of monitoring a child's development, take action if you have concerns, trust your instincts and be pro-active, seek advice from a specialist autism professional, and don't accept a wait-and-see approach, as you risk losing valuable time for intensive early intervention.



Gastrointestinal Issues

- ◆ Gastrointestinal disorders and associated symptoms are commonly reported in ASD
- ◆ Care providers should be aware that problem behaviors in children with ASDs may be the primary or sole symptom of the underlying gastrointestinal conditions

Loose stools, diarrhea and/or constipation, bloating, flatulence, foul smelling stools are serious signs of intestinal disorders.



Tantrums and/or Meltdowns

- ◆ Tantrums – the child may still be in control
- ◆ Meltdowns – the child may not be able to calm down





Tantrums and/or Meltdowns

Screaming and tantrums are often seen in children with autism. However as with gastrointestinal disorders, they are not associated with the three key areas of ASD. While most children have the occasional gastro and tantrums, it is the pervasive nature of the symptoms in ASD that should be of concern.

Meltdowns happen, that's a given. What matters is how prepared you are and how you can minimize their occurrence.

With a tantrum, the child is still in control, they want to get their own way. With a meltdown, they can't calm down and at that point either they've gotten themselves so upset or so overwhelmed they're no longer in control of the situation. The difference between tantrums and meltdowns can be difficult to judge. It's really important not to always give in to meltdowns because you're afraid of them. The basic thing is to hold them and calm them and wait until they can calm down themselves. Some children have meltdowns, so it's important not to put them in a situation where you think they may have one but if they do, just keep them safe and soothe them in whatever way you know works until they can recover.



Aggressive Behavior

- ◆ There is a much higher rate of aggression towards caregivers in autism than in the general population and in others with intellectual disabilities
- ◆ Aggression was equally common in girls as boys with autism
- ◆ Age is considered to be a risk factor, with higher levels of aggression occurring at younger ages, which may suggest that learning and growth may help behaviors improve



Aggressive Behavior

Aggressive and self-injurious behaviors are fairly common in children with autism. Most times, when people better understand the basis for the aggressive or self-injurious behavior and then accommodate or support the person with autism, things can improve dramatically.

Behavioral problems may be due to difficulties in expressive language. In fact, many researchers feel strongly that the majority of behavioral problems are simply due to poor expressive communication skills.

Certain things can set a child off. Like a change in the weather, lighting or moving a piece of furniture in the classroom, which can really affect some children's behavior.

What do you do when aggressive or self-injurious behavior occur? Consider safety first with not only the child acting out but also the other children in your care. Involving the parents and experts in at this point is key.



Function of Behaviors

- ♦ Did this behavior start suddenly? If so, might the child be sick or is there another change that might have caused this?
- ♦ Is there some underlying medical concern or condition that is making the child reactive? Tired? Stressed? I
- ♦ What is the child attempting to gain from this behavior?
- ♦ Is he/she trying to escape something?
- ♦ What is he/she trying to tell you? What can I learn from this? Does it happen in certain places, with specific people or in situations where he is hungry or tired?
- ♦ Is there something you might adjust in his/her surroundings that might improve the situation?



Function of Behavior continued...

- ♦ What happens before the behavior? Is there something that makes it more likely to occur?
- ♦ What happens after the behavior occurs? What is helping this behavior persist? What maintains it or makes it work as a tool for the child?
- ♦ What do I typically do to get the child to stop engaging in the behavior? Am I (or is someone else) giving him/her more attention than, or doing something that might be making the behavior work to get him what he/she wants?



Function of Behavior continued...

An example of a productive behavior might be asking for something to eat, then receiving a cookie. The function of making the request is to get the cookie. For a child with limited language skills, the strategies involved in getting a cookie might look very different. But if the end result is the same, whatever the child needed to do to be fed is the method by which he/she has learned to ‘get a cookie.’ Over time, a child with significant communication challenges is likely to develop some creative and interesting methods for communicating—some of which might be considered challenging.



Functions of Behavior continued...

Behavior generally serves one of several functions:

- ◆ Obtaining a desired object or outcome
- ◆ Escaping a task or situation
- ◆ Getting attention, either positive (praise) or negative (yelling)
- ◆ Trying to self-calm, self-regulate or feel good (*sensory input*)
- ◆ Blocking or staying away from something painful or bothersome (*sensory avoidance*)
- ◆ Responding to pain or discomfort. Attempting to gain control over an environment or situation (*self-advocacy*)



Functions of Behavior continued...

If you can develop an idea of when or why a behavior is happening, you may realize there are simple solutions that help to improve a situation and make an undesired behavior less likely to occur.

It is also essential to remember that behavior changes, and people adapt. The same behavior that serves a specific function in one situation may serve a different purpose in another setting. In other words, one bite might be out of frustration when a child wants something he is unable to ask for. Another might occur when he is afraid and needs to get away, and yet another might be an automatic response to intense stress. And although biting is the same behavior, the reasons it happens (the function) can be very different.

Improvements can often be made by changing the situations and environment, or the things that come before and after problem behaviors occur. And since behavior is often a form of communication, teaching more adaptive and appropriate ways of communicating can often reshape problem behaviors into more appropriate requests, protests and responses.



Talking to Parents

- ♦ Listen to the child's parent, start with their observations or concerns
- ♦ Always be supportive, never judgmental
- ♦ Avoid jargon, labels, and terminology
- ♦ Keep it positive; emphasize 'ruling out' anything serious

If a caregiver has some suspicions, talking to the parents is important. Parents react differently to the news, some leap into action actively seek information and help, refusing to accept that it is a permanent disorder and that nothing can be done. Others withdraw in pain and are filled with guilt or even a sense of shame, and may hide the diagnosis from themselves, other family members and friends. Others just go along with the minimum intervention of one or two hours a week with a Speech Pathologist, Occupational Therapist or Psychologist.

Always talk to your Director first about your concerns before talking to the parents.



Talking to Parents continued...

- ♦ *Set the stage for a successful conversation*
- ♦ *Put yourself in the parent's shoes. Be supportive, not judgmental*
- ♦ *Refer parents to other resources. Some parents need to come to this understanding on their own*
- ♦ *Be confident that sharing your concerns is always the right thing to do. The hardest part is finding the right words and getting started*
- ♦ *By sharing your concerns, you may help to validate what a parent is afraid or unable to express*



Talking to Parents continued...

Some of the most memorable conversations that parents of children with special needs report are those that take place at the critical moment a first concern is expressed. An empathetic approach goes much further in establishing trust and understanding than a judgmental or emotionally-closed or -charged one. Your tone and manner should be open and available. Whatever the outcome, in the long run, the parent will remember and appreciate your discussion if it is framed in a caring way.

Seeing developmental disorders described in writing, whether through literature or on the Web, allows a parent to make the match with his/her own child's behaviors and needs. It provides an objective description of common features and allows the parent to come into recognizing developmental concerns at their own pace.

Try role playing what you will say first. Express what you have observed that gives you concern in a caring, supportive way. By doing so, it may lower your own anxiety and give you the confidence to have a heart-to-heart with a positive outcome.

Often a parent may have a nagging and persistent subliminal fear that something is indeed wrong developmentally, but they may be afraid to say it out loud. All they may need is to hear the same concern from someone else to confirm their suspicions. These outcomes are usually described by parents as bringing them relief. Now they don't feel so alone. It provides the help to take the next step for their child.



Early Intervention

- ◆ Intensive early intervention is vital
- ◆ Ideally by the age of eighteen months
- ◆ Treatment can reduce the symptoms of Autism





Early Intervention

The rate at which a child develops varies greatly, and often parents, caregivers and health professionals hope that the child with a developmental difference will eventually catch up.

When it comes to autism, “intensive” early intervention is vital. The sooner it is started, ideally by the age of eighteen months, the greater the chances of making deeper and faster changes. The younger the child, the greater the impact of treatment on the symptoms of autism. However, don't lose hope no matter what the child's age. Treatment can reduce the symptoms of Autism and help a child learn, grow, and thrive.



Working with Children

- ♦ **Consistency is Vital** - While function-based behavior intervention can be very effective, for it to be most successful, it must be implemented consistently at all times by the majority of people who interact with the child.
- ♦ **Continuation is Vital** - More importantly, the behavior intervention should continue even if the challenging behavior begins to decrease. With consistency and adherence to the behavioral guidelines, you will see gradual change in the individual's challenging behavior.



Working with Children

Meet the child where he is and learn from him.

- Respect him as an individual.
- Do not talk about him in his presence as if he isn't there.
- Set clear expectations and boundaries.
- Be consistent.
- Develop and implement structure.
- Practice and provide repetition to help with understanding and to build skills.
- Expect growth. Keep your standards high.



Working with Children continued...

- ◆ Promote acceptance and understanding among peers and staff
- ◆ Support social development with role-playing, modeling, and rewards.
- ◆ Communicate with family members and other caregivers
- ◆ Ask questions and share what works. Problems solve what isn't working
- ◆ Always keep learning and be creative



Working with Children continued...

- ♦ Offer preferred seating or placement and allow for additional response time.
- ♦ Provide organizational supports like written schedules, lists, visual cues, and specific verbal directions.
- ♦ Be aware of a child's sensory needs. Avoid or prepare for triggers like fire alarms.
- ♦ Give breaks for self-regulation.
- ♦ With small steps and supports, allow the participant to exhibit success.
- ♦ Reward what you want to see with positive reinforcement. Use the child's interests to engage and motivate him.



Resources

Great websites to educate you and your school about Autism

<https://www.autismspeaks.org/family-services/tool.../early-intervention>

<https://www.autismspeaks.org/.../early-intervention-toddlers-autism>

www.profectum.org/Autism

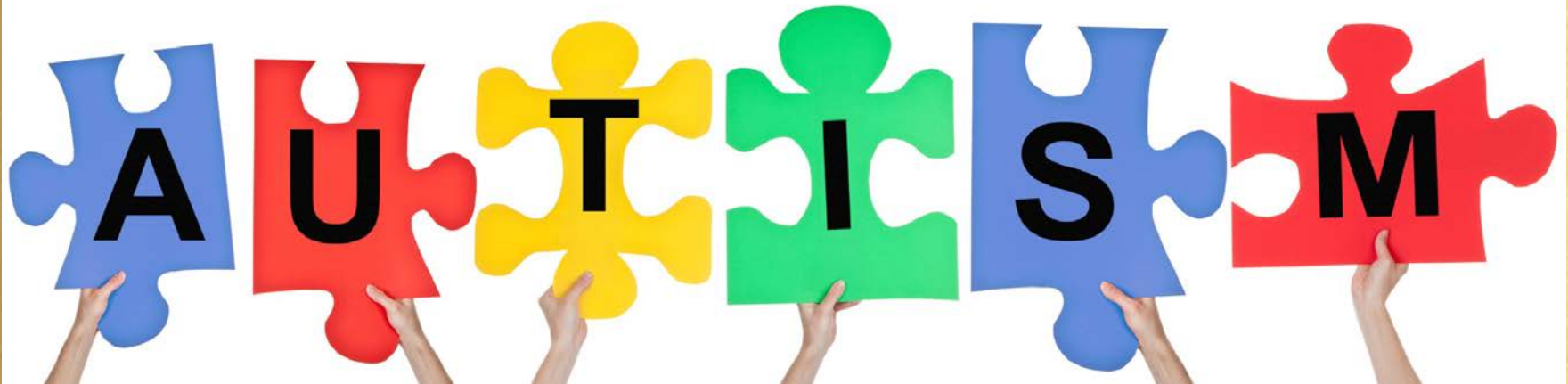
www.apa.org/monitor/2012/10/autism.aspx

www.autism-programs.com/how-we-can-help/early-intervention-programs.htm

www.autism-programs.com/how-we-can-help/early-intervention-programs.htm

www.aecf.org/

www.myasdf.org/.../early-intervention-makes-a-huge-difference-for-autistic-children/





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