Autism Spectrum Disorders
Overview

• General Characteristics of Autism Spectrum Disorders:
• Assessment: Verbal & Nonverbal
• Alternative & Augmentative Communication
• Intervention: Verbal & Nonverbal
Background:

*Autism* is a complex neuro-developmental disorder that is defined on the basis of three behavioral symptoms:

a. Deficits in communication,

b. Deficits in social interaction and,

c. repetitive stereotyped behaviors, interests and activities.
Pragmatic Impairments (Universal and Defining)

- Restricted range of speech acts
- Difficulties with rules of discourse (e.g., maintaining ongoing topics of conversation, observing rules of turn taking, providing new information, or following a partner’s conversational topic
  - Often inability to consider the listener’s perspective
  - Use of echolalia
  - Difficulties with deixis

Cognitive

~80% function in the MR range on intelligence and behavior measures

• Some have splinter skills; however, these skills do not decrease the validity of IQ scores

Social

• Social deficits form the core of the autistic syndrome
• Often form unusual attachments, display impoverished emotional expression, and do not use gaze to regulate joint attention
• Have difficulties conceiving other people’s state of mind (Theory of Mind)

Sensory
Are overly responsive to some stimuli (noise, bright lights) and undersensitive to other stimuli (failing to respond when spoken to)

Communicative
A disorder primarily of communication rather than of language
At least 50% never develop speech, and when speech is absent, it is not spontaneously replaced by communicative gestures

Behavioral
repetitive behaviors, routines, stereotypical behaviors, interests, and activities such as rocking, and hand flapping
DSM-IV
based on a triad of symptoms

1. Qualitative impairment in social interaction as manifested by at least two of the following:
   a) Qualitative impairment in social integration use of multiple non-verbal behaviors
   b) Failure to develop peer relationships appropriate to developmental level
   c) Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
   d) Lack of social-emotional reciprocity
2. Qualitative impairment in communication as manifested by at least one of the following:
   a) Delay or total lack of spoken language
   b) Individual with adequate speech, marked impairment to imitate or sustain a conversation with others
   c) Stereotyped, repetitive language or use of idiosyncratic language
   d) Lack of varied, spontaneous, make-believe play or social-imitative play appropriate to developmental level
3. Restricted, repetitive, and stereotyped behavior, interests, and activities as manifested by at least one of the following:
   a) Encompassing preoccupation with 1+ stereotyped and restricted patterns of interest that is abnormal in *Intensity* or *Focus*
   b) Apparently inflexible adherence to specific, non-functional routines or rituals
   c) Stereotyped and repetitive motor mannerisms
   d) Persistent preoccupation with parts of objects
Characteristics of Autism

Specifying PDD-NOS: A Comparison of PDD-NOS, Asperger’s Syndrome, and Autism (Walker et al. 2004)

• Study aimed at identifying
  – reasons why children diagnosed as PDD-NOS did not meet criteria for autism or AS.
  – looked for a pattern of symptoms that seemed to characterize the majority of children with PDD-NOS

• “Children with PDD-NOS have fewer autistic symptoms than children with autism and AS, especially in the domain of repetitive, stereotyped activities. They tend to be midway between the autism and AS groups on IQ, measures of adaptive behavior, and language milestones” (180).

• Three subgroups emerged:
  1. reciprocal social impairment and persistent language delay, few/no repetitive stereotyped behaviors: “Atypical Autism”
  2. more symptoms of repetitive behavior, good language functioning: AS
  3. those in which it was difficult to complete assessment, too young, too developmentally/cognitively delayed, late age onset: PDD-NOS

• Proposed: subdivide the PDD-NOS group: atypical autism, PDD-NOS, classify some as AS
Characteristics of Autism

Characteristics of Infantile Autism: Moving Toward Earlier Detection (Goin & Myers 2004)

• What are some pre-diagnostic characteristics? (prior to age 3)

• Goin and Myers (2004) examined existing literature on autistic characteristics in infants and toddlers.

• “Characteristics commonly noted across methods include lack of eye contact; affective differences; lack of social skills, including imitative acts and joint attention behavior; postural/motoric/gestural differences; unresponsiveness to others and/or one’s name; and absence of attention seeking behaviors; solitary or unusual play patterns; and communication delays” (10).

• Also found existence of autistic regression after typical development.
A Possible Origin: Trepagnier (1996)

- Onset of autism: the first months of life.
- Some core features of autism, such as obsessive interests and repetitive activities, may be a direct manifestation of the underlying neuropsychiatric disorder.
  - Differences have been found in the cerebellum, frontal and parietal lobes.
  - None of these neuropsychological theories, however, can account for more than a part of the autistic syndrome.
- **Trepagnier (1996) suggests the core social, communicative, and cognitive deficits of autism may stem from disruption of infant social gaze.**
  - The emergence of pathological symptoms, such as social aversion, in the first few months of life could subvert infant self-regulatory behaviors into a maladaptive withdrawal from social interaction.
- The critical period for language development (the first months of life) is then affected by infant’s failure to first experience acquisition of face-processing skills, a prerequisite for language development.
A Possible Origin: Trepagnier (1996)

• If the social gaze anomaly and atypical face processing hypothesis is supported, two implications are of particular importance:
  – Autism may result from diversion of development, rather than inherent deficits in linguistic, cognitive, or social capacities.
  – It is conceivable that early identification of infants at risk because of atypical reciprocal social gaze and intervention to restore social interaction could significantly mitigate and even prevent the social and communicative deficits of autism.
Diagnosis


• Dx’ d as early as 2;00 years
• Varied range of Cognitive Abilities
• Co-occurrence with language impairments or Delay in language alone
• Restricted range of communication behaviors and regular function
• Less responsive to Speech and Hearing
Prognosis

• IQ>85 good prognosis
  (Howlin 2000, Tsatsanis 2003)
• Fluent, functional speech before 5;00
  (Lord, Paul 1997)
Cognition/Language View

• “Typical” cognitive-linguistic development vs.
• “Atypical” cognitive-linguistic development
   → (Prizant’s Gestalt vs Specific framework)
Speech and Language

• Atypical preverbal vocalizations (Sheinkopf et al 2000)
• Deficits in pretend, imaginative play, decreased ability to imitate (Volkmar et al 1997)
• Differences in single and multi-word utterances
• Echolalia
S/L cont

• Typical; delay
• Varied developmental range
• Regression
Role of SLP

• Screen (SORF 9: red flags +/- typical behavior)
• Evaluate
• Treat 2° S/L deficits to 1° ASD Dx
• Participate in interdisciplinary teams
Issues to consider when evaluating verbal abilities of children with autism:

• Many aspects of autism—echolalia, neologisms pronoun reversals, and pragmatic impairment—make it difficult to investigate language development in this population (Trager-Flusberg 2000).
There are two general types of challenges:

1. Those having to do with the predictive reliability of assessments conducted at ages 2;0 and 3;0, for example;

2. And, those having to do with issues associated with the cognitive aspects of autism.
Study focusing on the predictive validity of early assessments (Charman et al. 2005)

- **GOAL:** To examine the predictive validity of symptom severity, cognitive and language measures taken at ages 2;0 and 3;0 years to outcome at age 7;0 in a sample of children diagnosed with autism at age 2;00 (Charman et al., p. 500).
  - N=26 children diagnosed with autism at age 2;0.
  - Children were re-assessed at ages 3;0 and 7;0 years.
  - At each age, assessments concerning symptom severity, cognition and language were conducted.
Results:

• *Pattern of autistic symptom severity varied over time by domain.*
• Across time:
  – Children moved across diagnostic boundaries in terms of both clinical and instrument diagnosis on the Autism Diagnostic Interview-Revised (ADI-R).
  – On all measures, group variability in scores increased with age. Although non-verbal IQ for the group remained constant across the three assessment measurements.

⇒ Standard measurements at age 2 did *not* predict outcome at age 7 even within the same domain of functioning.
  
  However, assessments at age 3 *did* predict outcomes at age 7.

• Interestingly, an assessment of rate of non-verbal communicative acts taken from an interview play-based task at age 2 was significantly associated with language, communications and social outcomes at age 7 (p. 500).
Considerations arising from the cognitive aspects of autism (adapted from Tager-Flusberg 2000)

• Often there is no interest on the part of children with autism to communicate with others or to respond to others’ imitations (Tager-Flusberg 2000).

⇒ This can lead to difficulties in terms of understanding whether the issue is language (failure to comprehend) or lack of communication.
Special Considerations

• Perseveration or the repeating of an action or response.
  – If the answer to the first item on a task requires a child to point to a picture in a particular location,… the child with autism might continue to point to that location on all subsequent items. (Tager-Flusberg 2000).
• Children with autism respond best to tests that “require them to imitate or recall words or sentences spoken by the tester (or better still, presented in a recording…”) (Tager-Flusberg 2000).

• They often do well on naming or labeling tasks especially of concrete objects but have difficulties on tasks that involve relational or abstract meaning.
• Sentence completion tasks are difficult.

• Tasks that ask the child to create new sentences or utterances when given a single word are also difficult.

• Standardized tests that begin with items and progress to increasingly more difficult ones may cause great frustration in the children. This frustration could lead to other behavior difficulties that in turn may cause the testing session to end.
• Use of props (e.g., puppets, animals) to facilitate an exchange between a child and a tester may not be appropriate with this population. The use of these toys capitalizes on a child’s capacity to engage in symbolic play, take another’s perspective, role play etc.

• The use of animals in experimental tasks as if they were human (anthropomorphizing) is equally difficult for this population. Issues concerning theory of mind are relevant in these regards.

• The use of nonsense words such as illustrated in the Wug Test are also very problematic for this population. Lack of an ability to do the task can erroneously be interpreted as a lack of certain linguistic development.
Morpho-syntax of ASDs

• Roberts eta. Al. (2004): “….it is well known that there is significant heterogeneity among children with autism in the onset of language and rate of development. Until recently, this heterogeneity has not been incorporated into investigations of language skills in autism, thus potential obscuring important aspects of language disorder in this population.”
Autism and SLI: Similarities

Trager-Flusberg and her collaborators have recently shown that children with autism and SLI display similar properties in terms of morpho-syntactic deficits:

Kjelgarrd & Trager-Flusberg (2000) + there are three subgroups of autistic children with verbal skills:

a. normal language subtype
b. borderline language language subtype, and
c. impaired language subtype
• Higher-order syntax and semantic deficits
• Lexical knowledge/vocabulary impairments
• Non-word repetition failures
• Omission of tense/finiteness marking
• Taken together, we argue that children with autism with language impairments, probably including children in both the borderline and impaired subtypes... have a language disorder that is overlapping with the disorder of SLI (Kjelgaard & Tager-Flusberg)

• “Our main findings were that children with autism and language impairment showed high rates of omission on both the present and past tense experimental probe tasks.. [W]e found a significant correlation between performance on each tense marker and nonsense word repetition in the children with autism... Taken together, the findings presented here provide further support for the hypothesis that a subgroup of children with autism may have the same language phenotype that has been reported for children with SLI.
Sentences:

High Functioning Autism: (from Magnus)
Comparative/Superlative
1. This is more better than the other one.
2. He has more books more than I do.
3. This is the most fastest bike.
4. He was as worse as James.
Sentences cont.

• Conjunctions
• 1. Just in case if you come, bring the OJ with you.
• 2. I don’t know whether if he’s planning to be there.
• 3. He acts as if like he doesn’t know where he’s going.
• 4. This is the way how he did it.
• 5. I don’t know how he looks like.
• 6. At the same time while he was describing the feeling he had, he dropped his pencil on the floor.
Prepositions:
1. So there hasn’t been that much trouble since after the hearing?
2. There’s no way into escaping.

Tense:
1. Did he understood it all?
2. He couldn’t was able to.
3. He ated the whole entire thing.
Negation:

1. I don’t want no help with my homework--
   I can do it myself.

2. I can’t do nothing about it right now, so
   we might as well wait.
Adverbs/Adjectives:
1. He always talks all the time.
2. I want just only one slice.
3. He came the next morning after.
4. I also want to go along too.
5. All he said was that there wasn’t a good reason to leave the cover on.
6. It seems like I always never get enough to eat at snack time.
7. I guess this is enough amount.
Verb preposition/Adverb

1. He didn’t return back.
2. The blanket surrounded around him.
3. It appears out to me as if the wind wants to stay in the tree and not leave out of it.
4. He ated the whole entire thing.
What do these findings tell us about the language faculty?

• Clahsen (1999):
  “A linguistic approach allows one to explain disorders or delays of grammatical development in terms of selective deficits of the language faculty itself.”
The Grammatical Deficit Mode,

...children have problems establishing agreement relations between two elements in a phrase structure in which one element asymmetrically controls the other...

a. Subject-verb agreement
b. Auxiliaries
c. Overt structural case markers
d. Gender marking on determiners and adjectives
The Hard Task

• To identify the impairments which seem to be due to the deficits in the language faculty only (i.e. those which can only be explained in terms of syntactic mechanisms).
Assessment of Nonverbal Children

• Requires the collaboration of many throughout the process (Lantz, 2005)
• The purpose of the assessment must be considered (Lantz, 2005)
• Difficult: “subjects may be uncommunicative and extremely heterogeneous in problem presentation (Arnold et. al., 2000)”
• Overlap with assessment of Verbal children (Lantz, 2005)
Assessment of Nonverbal Children

• 2 Level/2 Step Process  (Lantz, 2005)
• Level 1: Screening
• Level 2: Diagnosing
Assessment of Nonverbal Children

• Step I
  – Parent interview
    • Autism Diagnostic Interview-Revised (ADI-R)
  – Diagnostic assessment/behavioral checklists
    • Prelinguistic Autism Diagnostic Observation Schedule (PL-ADOS) (CA Dept. of Ed., 1997)
    • Childhood Autism Rating Scale (CARS) (CA Dept. of Ed., 1997)
Step I cont.

• Developmental Assessment
  – Standardized IQ tests
  – Standardized Expressive/Receptive Language Tests
Assessment of Nonverbal Children

• Step II
• Assessment of Nonverbal children specifically
  – Communication and Symbolic Behavior Scales (CSBS) (Snell, 2002)
  – Test of Nonverbal Intelligence-Third Edition
  – The Nonspeech Test for Receptive/Expressive Language
  – (CA Dept. of Ed., 1997)
Assessment of Nonverbal Children

• According to a study conducted by Snell at the University of Virginia, DYNAMIC ASSESSMENT is the key! (Snell, 2002)

• Static assessment is limiting

• Comparison to normed groups may not give full picture
Assessment of Nonverbal Children

- Dynamic assessment: explores an individual’s potential for learning [and communicating] by giving measured amounts of assistance and determining the difficulty of evoking new behavior (Snell, 2002)
  - Flexible, learner centered
  - Varying contexts
Assessment of Nonverbal Children

• Dynamic assessment uses “test-teach-retest” model

• Benefits of Dynamic Assessment (Snell, 2002)
  – Identification of idiosyncratic forms and functions as well as the activities, people and settings associated with communication
  – Obtain rich (nonverbal) communication samples of interactions with familiar partners
  – Assess the repair of communication
  – ALL of which may be overlooked by static assessment
Assessment of Nonverbal Children

- Sample Assessment Process (Snell, 2002)
  1. Interview team members to get info (1-2 hours)
  2. Study interview data to plan optimal observation (0.5-1 hour)
  3. Observe/video record the child with familiar partners in communication facilitating routines (1-1.5 hours)
Assessment of Nonverbal Children

4. Study tapes to generate hypotheses for potential dynamic assessment (1-1.5 hours)
5. Collaborate with team members on hypotheses and devise assessment plan (1 hour)
6. Conduct and video record assessment (1.5-2 hours)
7. Study tapes to summarize findings (1-1.5 hours)
8. Collaborate with team on intervention based on findings (1-2 hours)
Assessment of Nonverbal Children

• Drawbacks of Dynamic Assessment
  – Time consuming (8-11 hours)
  – Requires expertise in the area of ASD
Autism and Visual Skills

• Strong visual-spatial skills with deficits in verbal skills (Grandin, 1995)
• Respond better to visual cues (representations and/or written words) (Quill, 1997) than at processing spoken language
• 50% ASD: non-verbal, but highly visually oriented (Wetherby & Prizant, 2000)
• Picture Exchange Communication System (PECS) and Functional Communication Techniques (FCT) teach to these strengths
• Poor joint attention is a negative indicator
Autism and AAC

• Unaided
  – Signs, gestures

• Aided
  – Low tech
    • Visual schedules
    • tangible symbols (e.g. real or miniature objects)
    • picture / photo boards or books
    • phrase boards
    • communication cards (e.g. clipped on a key ring on a belt)
    • pointer boards (stop the pointer when it's at the symbol required.
  – High tech
    • VOCAs (voice output communication devices)
    • Speech-generating devices (SGD)
    • dedicated communication aids
      – designed and used solely for the purpose of replacing or enhancing a person's oral speech.
    • computer based communication equipment using added software/hardware
      – transform an ordinary computer into a system functioning as a communication aid (while still giving access, usually, to all its other functions as well).
AAC Assessment: Participation Model
(Beukelman & Mirenda, 1998)

1) Current and future communicative needs

2) Assessment of skills
   - Sensory
   - Receptive and expressive language
   - Symbol representation
   - Lexical organization
   - Motor skills

3) Environmental considerations
   - Compensatory strategies used by conversational partners
   - Environmental barriers to communication (setting)
AAC Is Not an End, but a Means to Address Goals and Objectives

• Request or refuse items, activities or people (Sigafoos & Mirenda, 2002; Sigafoos, et. al., 2002)
• Behavior management (Bopp, Brown & Mirenda, 2004)
• Enhance comprehension (Beukelman & Garret, 1988; Romski & sevcik, 1988,1993)
• Literacy and curricular adaptations
• Language acquisition
AAC Is Not an End, but a Means to Address Goals and Objectives

- FCT: Functional Communication Training minimizes the development of aberrant behaviors (Mirenda, 1998)

- PECS provides the scaffolding for the development of more complex language and cognitive skills (Dexter, 1998; Cafiero, 1998, Kangas & Lloyd, 1988)
Meta-analysis of Research

- Examined single-subject intervention studies AAC in ASD (Wendt et. Al. 2005)
  - Speech generating devices: potentially effective (5/6)
    - synthesized speech feedback increases communicative interactions
  - PECS: contradictory results (4/6)
    - increases verbal speech
  - FCT: effective strategy (10/12)
    - Replaces problem behavior with functionally equivalent communication skills
  - Manual signs: (12/14)
    - Variable success and generalization and development of vocalization
  - Limited amount of data
# Searching for Research

- Adapted from Schlosser et. al. 2005  Includes summaries of databases and specific search tips for each

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Intervention: What is the role of the SLP?

- According to ASHA (2006):
  - Assist parents/caregivers in recognizing communicative functions of challenging behavior
  - Help design environments to support positive behavior
  - Help the child initiate spontaneous communication in functional activities with different partners in different environments
  - Increase understanding of verbal & nonverbal communication across settings including social, academic, & areas of the community
  - Communication for a variety of social functions such as forming friendships
  - Verbal & nonverbal means of communication in any modality
  - Access to literacy & academic instruction and curricular, extracurricular, & vocational activities
Intervention: What are some ways to think about my intervention goals?

4 Suggested Principles for Intervention (Wetherby, 1986)

1. Communicative Intent
   – Express needs through any form of communication

2. Reflect Communicative Development of Child with Autism
   – Doesn’t have to follow normal path

3. Communicative Means – Communicative Intentions
   – “Communicative functions (intentions) can be taught using more primitive communicative means (such as gestures)” (Kuder, 2003)
   – Start with functions they’ve already mastered when teaching the child a new way to express themselves.

4. Social Content
   – Not enough to teach language skill all by itself
   – Structure social environment, so that this skill must be used
Intervention: Nonverbal

• Guidelines for Intervention with Nonverbal Children (Paul, 2001):
  – Establish anticipatory and intentional behaviors
  – Replace unconventional communicative means
  – Establish multiple means of communication
  – Expand the range of communicative functions
  – Develop strategies to maintain communication and repair breakdowns
  – Provide environmental supports to enhance social communication

(Adapted from: Schuler, Prizant & Wetherby, 1997; Quill, 1998)
Intervention: Nonverbal Examples

• PECS/Boardmaker Symbols
Intervention: Nonverbal Examples

Intervention: Lower functioning
Examples

• Rebus Story
Intervention: Lower functioning

Examples

• Game time:
  includes bingo & other games that incorporate concepts from unit, along with:
  • Turn-taking
  • Social language
  • Pronoun usage
  • Describing skills
  • Following directions
  • Being aware of others
  (Drake, 2001)
Intervention: Verbal

Two populations: High functioning Verbal Autism and Asperger’s Syndrome

**Verbal Autism**

- Focus of intervention is making the language forms child already possesses more effective for communication
  - Since formal aspects of language are usually more advanced than language skills
- Schreibman et al. (1996) emphasized the importance of social skills training
  - Role playing, practice in social situations, models, expression of emotions, emotion, and social participation.

**Asperger’s Syndrome**

- Social deficits in the presence of normal intelligence
- Same approaches as those used for children with high functioning verbal autism
- Visual cueing, social skills training, and script-based and metacognitive strategies for social communication.
Social Stories
Gray, 1995; Tyron

• Give clients an explanation of social situations at their level of comprehension. Story addresses the needs and improves the social understanding of people on both sides of the social equation.
• Often written in response to a troubling situation, in an effort to provide child with the social information he may be lacking.
• Stories use descriptive statements to help child understand situations and provide scripted verbal models for child to use when they experience difficulty.
• Steps for creating: Picture the goal, Gather Information, Tailor the text, Teach with the title, Putting it all together.
• Steps for Implementing: Introduce, Review, Fade
• Examples
What do I do in a fire drill?

- Sometimes at school we have fire drills. They are only practice. Usually, fire drills only last a short time.
- Usually there is not a real fire. I have to practice just in case.
- When I hear the alarm, I quietly get up from my seat when my teacher tells me to.
- I stand in line with my class and we walk outside with our teacher.
- When the fire drill is done, I can go back to my classroom.
Hidden Curriculum

• Refers to the set of rules of guidelines that are often not directly taught but are assumed to be known (Garnett, 1984; Hemmings, 2000; Jackson, 1968; Kanpol, 1989).

• These items impact social interactions, school performance, and sometimes safety, idioms, metaphors, and slang.

• Things that most people often just ‘pick up’ or learn through observation or subtle cues.

• It is difficult to explain social cues, but when they are broken, they can become painfully clear.

• Differs across age, cultural, race, sex, and who you are with

• Books that teach the hidden curriculum
Examples of the Hidden Curriculum

- Airplane trips
- Bathroom Rules
- Clothing
- Eating
- Friendship
- Life Skills

- School
- Social Situations
- At the Swimming Pool
- Figurative Speech and Idioms
- Slang Terms
Birthday Parties

• Before the Party
  – Do not ask to be invited to a party.
  – Buy a present for the person that he would like – not something that you would like.
  – If you are around people who are not invited to the party, do not discuss plans for the party around them

• The Birthday Cake
  – You may not like the design on the cake, but don’t say that the cake is ugly.
  – Only the birthday person can blow out their candles, unless they invite someone to help out.
  – If you do not like the flavor of the cake, you may simply say, “NO thanks” or “I don’t care for any right now” when offered a piece.
  – If the birthday person is older, there will be many candles on the cake. Refrain from saying things like “The cake is as bright as the sun” or “I need my sunglasses.”

• At the Party
  – If you are a teenager and the party is an all-girl party, the topic of conversation may be about boys.
  – You may not like the theme of the party - people have different interests and tastes. If you do not like the theme, do not tell the host.

• Presents
  – The person whose birthday it is gets to unwrap the presents by himself.
  – Do not announce how much the present costs.
  – Only the person who receives the present can play with the present, unless she gives permission.
  – Refrain from telling someone you do not like his gifts.
  – If you know what a person is getting for his birthday, do not tell him. Just say that you cannot share that information because it’s a secret. It is not a lie to keep this kind of information secret.
Power Card

• This is a visual aid that incorporates the child’s special interest to teaching appropriate social interactions including routines, behavior expectations, the meaning of language, and the hidden curriculum.

• A short scenario describing how the ‘hero’ solves a problem similar to the one experienced by the child. Cards recaps the strategy.

• Hero is motivating, nonthreatening, and has a relationship with the child.

• First paragraph shows how hero places value on the expected behavior, second paragraph encourages the child to attempt a new behavior.

• LBJ and Curious George
Curious George is a very curious little monkey! He seems to always be getting himself into trouble, even when he doesn’t mean to do anything wrong. And when George starts getting into trouble, he only digs himself deeper!

George has to work with other people a lot, like on the farm, at the fire station, or as a window washer. Sometimes, this is hard for George because he has to listen to what everyone is saying, and share talking time with others. Being patient and waiting for a talking space can be very difficult for a curious monkey!

Sometimes George forgets to wait his turn, and he talks in other people’s talk spaces. He interrupts others, and makes noises that bump into other people’s words. George works hard to remember to share talking time with others, and wait for his turn. George’s monkey and human friends are happy with him when he remembers to share talking time, because it shows them that he cares about them.
When working with a group, Curious George would want you to remember to:
- Think about how everyone shares talk time, and that you too will get your chance to share.
- Other people need a turn to speak, answer, and ask questions.
- Wait for a talk space so your words don’t bump into others.
- Keep quiet while waiting for a turn, and listen to what other people are saying.
Web Resources:

• For more information:
  • www.autism-society.org
  • www.autism.com
  • www.aspergerssyndrome.org
  • www.pecs.com
References: Characteristics

- Condouris, Karen “Autism Seminar”
  SAR CD notes/articles, summer 2005 revised syllabus
References: Verbal Assessment


References: Assessment of Nonverbal Children


References: AAC

References: 
Nonverbal Intervention

References: Verbal Intervention

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