

# Autism Spectrum Disorders

- \* Symptoms of Autism Spectrum Disorders (ASD) include: impaired social knowledge and skills, gross motor and fine motor difficulties, repetitive behaviours, stereotyped interests, sensory perception difficulties and often impaired language development. Symptoms can range from mild to severe.
- \* Autism Spectrum Disorders are diagnosed by a multi-disciplinary team using standardized test batteries, observation and parent and teacher report. A confirmed diagnosis of ASD can qualify the child for a MELS Code 50 if the symptoms impair functioning at school.
- \* Children with ASD are usually highly visual learners. A spoken word or sentence is finished too quickly, and can sound different from different speakers or in different situations. Images are constant and concrete. Furthermore, people with ASD are often highly anxious and/or dealing with sensory perception difficulties, and so will have more difficulty paying attention to things that they hear.
- \* Children with ASD can present with a wide range of language difficulties, but almost every child will have some difficulties. Even higher-functioning children miss out on a tremendous amount of information that is important to language development because of their impaired social skills.
- \* Language difficulties can include: taking language too literally (not understanding sarcasm, jokes or idioms); pronoun difficulties, inability to interpret tone of voice and other nonverbal cues, inability to use language functionally, unusual intonation, poor vocabulary development, poor grammatical development, articulation and/or praxis difficulties, receptive language difficulties, and poor narrative skills. Some children with ASD are nonverbal.
- \* Echolalia is the term for repeating chunks of language. It can be immediate (i.e. repeating what was just said) or delayed (repeating conversations, movie scripts, etc. from another time). Echolalia can often have a purpose; the child wants to say something but is having trouble accessing the correct words. Sometimes the repeated words are functionally related. For example, it may have the same emotional

tone (the child is angry and repeats an angry rant heard on a favourite TV show) or a key word (the child repeats a conversation about ice cream because he or she is trying to request ice cream.) Sometimes the echolalic response occurs because the child knows he or she must take a conversational turn. Echolalia may also serve as self-stimulatory behaviour or self-soothing behaviour. Helping a child by teaching more appropriate things to say can reduce echolalic behaviour.

\* We can support communication and language in children with ASD by: teaching and modeling good social skills, teaching idioms and non-literal meanings, improving grammar skills, improving vocabulary skills, and teaching important functional phrases, scripts, gestures or picture communication to children with more limited language. We must help students by clearly structuring the environment and breaking down expectations into manageable steps. Teaching play skills is also valuable.

\* For nonverbal children, introducing or improving communication involves: using pictures or gestures to supplement or replace verbal speech, starting with a limited core vocabulary, establishing joint attention, and using highly motivating activities or items to encourage requests. Requests are important because they can demonstrate the need for communication. Other strategies include using scripts and breaking routines to encourage comments or questions (e.g. giving a closed snack box so the child must request help to open it).

\* More information can be found here and in the attached handout from the CASLPA website:

\* <http://www.asha.org/public/speech/disorders/Autism/>

\* <http://www.nationalautismresources.com/language-development-for-children-with-autism.html>

\* <http://teachmetotalk.com/2008/06/01/echolaliawhat-it-is-and-what-it-means/>

\* <http://autismcanada.org/index.html>

\* <http://www.autismspeaks.org/>