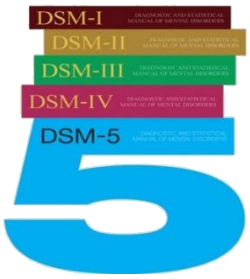
Seeing the Spectrum:

A New Perspective on Autism's Unique Neurology

According to the CDC, 1 in 36 adults is on the Autism Spectrum as of 2023! (www.cdc.gov)

Simple Definition: *Autism is a* ***neurodevelopmental delay that creates challenges for socializing and communicating, and is characterized by poor social skills, rigid routines, intense focus and interests, and sensory sensitivities and/or overactivity****. Autism is a SPECTRUM that affects roughly 2% of all people. Some people experience certain symptoms more severely than others. Some people also experience intellectual disabilities or other issues along with their ASD.*

Abridged Official DSM-5 criteria for ASD:



- **Persistent deficits in social communication and social interaction…**
  1. Deficits in social-emotional reciprocity
  2. Deficits in nonverbal communicative behaviors used for social interaction
  3. Deficits in developing and maintaining relationships
- **Restricted, repetitive patterns of behavior, interests, or activities…**
  1. Stereotyped or repetitive speech, motor movements, or use of objects
  2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
  3. Highly restricted, fixated interests that are abnormal in intensity or focus
  4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
- **Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)… and [must] limit and impair everyday functioning.**

Challenges of Autism:

We're Generally Bad At:

1. **Verbal communication** (talking to other people)
2. **Non-Verbal communication** (fitting in with other people)
3. **Making and Keeping Friends** (relationships)

Partly because:

1. **We make "strange" use of objects, words, and our bodies**
2. **We struggle with rituals, routines, and rigidity**
3. **We have hyperfocused interests**
4. **We have hyperactive or hypoactive senses**

Rule of Thumb = Autism is a Disorder of Extremes!

Current Research on Causes of Autism

(as of 2020)

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Researchers are investigating a number of theories as to how these abnormalities occur, including the links among heredity, genetics, problems during pregnancy or delivery, and environmental factors such as viral infections, metabolic imbalances and exposure to environmental chemicals and toxins. Though it is clear that some children are born with a susceptibility to autism, researchers have not yet identified a single "trigger" that causes autism to develop. The strongest evidence indicates that autism is a result of genetic predisposition PLUS exposure to environmental toxins during pregnancy (such as air pollution, stress hormones, or even some cosmetics).

- http://www.sciencedaily.com/releases/2013/12/131202082650.htm
- http://www.sciencedaily.com/releases/2014/04/140408135032.htm

There are definite signs that the age and health (physical AND mental) of the parents can increase the chances of having a child with autism. Some possible risk factors include such seemingly diverse and unrelated things as:

- Obese Father
  http://www.sciencedaily.com/releases/2014/04/140407090401.htm
- Sexually Abused Mother
  http://www.hsph.harvard.edu/news/press-releases/women-abused-as-children-more-likely-to-have-children-with-autism/
- Age of Father and Mother (possibly the strongest indicator, meaning that egg/sperm health may matter most!)
  http://www.sciencedaily.com/releases/2013/12/131209105348.htm
  http://www.sciencedaily.com/releases/2012/04/120426104959.htm
  http://www.newser.com/story/208021/autism-study-like-no-other-looks-at-57m-kids.html

Tips for keeping a job!

1. **Learn how to make (& tolerate) small-talk**
2. **Learn to be indirect and curb bluntness**
3. **Avoid correcting others or "talking down"**
4. **"When in doubt, LEAVE IT OUT" (detail, topics)**
5. **"Oops! Sorry—I know what I can be like…"**
6. **Get a mask (or at least a better screen-saver)**
7. **Be prepared sensorially (and stimming-ly)**
8. **"A little R&R goes a long way" (ritual & routines)**
9. **Learn to advocate and communicate w/boss**
10. **GET A MENTOR! ☺**

Mostly compiled from Asperger's on the Job (Simone, 2010)

Recommended Books:

- **Loud Hands, ASAN (2012)**
- **Neurotribes, Silberman (2016)**
- **The Loving Push, Grandin & Moore (2015)**
- **The Ziggurat Method, Aspy & Grossman (2008)**
- **LIVED EXPERIENCES! Talk to Autistics and LISTEN! (The Way I See It; The Spark; Songs of the Gorilla Nation; Look Me In The Eye; Born on a Blue Day; Atypical; ETC!)**

For Whose Benefit? Evidence, Ethics, and Effectiveness of Autism Interventions

https://autisticadvocacy.org/policy/briefs/intervention-ethics/

When helping neurodiverse students with social issues, please keep in mind that we are NOT trying to make people "neurotypical clones". We are teaching how to be TOURISTS in a very neurotypical world, so that individuals can make their own informed choices about how to be their own authentic BEST SELF. In order to acknowledge our biases and avoid causing or reinforcing trauma, please consider the following guidelines:

Autistic Self-Advocacy Network (ASAN) "Never Acceptables" and Red Flag Practices to Avoid

1. **Targeting "undesirable" traits or behaviors that are common in all people of a certain age**, autistic or not. In other words, therapies and services should not pathologize normal/typical behavior for the age group of the client. An autistic 5-year-old being unable to sit still for long periods of time or an autistic 15-year-old wanting to play video games all day aren't "autistic behaviors," they're just things that most 5- or 15-year-olds go through. Holding autistic people to higher standards than their non-autistic peers merely because they are autistic is unacceptable.

2. **Deeming a trait or behavior "desirable" or "undesirable" based on whether it is typical of people of a certain age**. Therapies and services should not force autistic people to engage in a behavior simply because most people their age do it or discourage a behavior because most people their age do not do it. For example, discouraging a 15-year-old from talking about Dora the Explorer because "that's not what teenagers talk about." We realize that there are some activities that most people learn at a certain age (e.g., toilet training toddlers or teaching elementary school children to read). We do not object to autistic children learning these skills because their similar-age peers are learning them, so long as there is a more substantial reason for them learning the skills than "it's just what people their age do."

3. **Stating or implying that there is only one possible or "correct" way for all people to learn a skill** (e.g., learning to speak, learning to solve math problems). For example, insisting that visual joint attention is an inherent requirement for developing speech or that nonverbal communication is a prerequisite for symbolic thought in all humans. Even among non-autistic and non-disabled people, there is a tremendous diversity of how people learn any given skill. There are as many developmental paths as there are humans. Just because one way of learning or developmental path is more common does not make it the "correct" one or the only possible one.

4. **Conflating impairments in areas like speech or motor skills with the absence of internal processes and feelings**. For example, many autistic people have speech disabilities. A difficulty in producing oral speech is distinct from an impairment in language processing, which the autistic person may or may not struggle with as well. But often, nonspeaking people are automatically assumed to have language disabilities. Similarly, autistic people are known to experience varying degrees of difficulty with motor planning and other motor skills, which can impact our speech, facial expressions, and how we appear to relate to other people or our environment. This means that it is dangerous to make assumptions about what an autistic person understands or how they think or feel based on these things.

5. **Teaching autistic children to assume that their viewpoint or way of being in social situations is wrong,** and that they must defer to their neurotypical peers, whose way of being is "correct." This can be done by explicitly telling autistic children repeatedly that their way of social interaction is wrong. For example, it is obviously harmful to tell an autistic child that they are approaching social situations incorrectly because they have an inflexible mind, so they should default to copying their peers. But it is also harmful to more implicitly show an autistic child that, if there is a discrepancy between what they are doing and their neurotypical peers, their neurotypical peers will be held up as an exemplar.

6. **Punishing autistic people differently than non-autistic people for the same behavior** solely on the basis of autism/related diagnoses. For example, if a non-autistic speaking child swears, their teacher might tell them "we don't use words like that in class, it's not appropriate right now." But if a non-speaking autistic child who uses an AAC device swears, the teacher might take their device away from them so they can't talk at all.

7. **Focusing on non-specific "social skills," to the detriment of all other skills.** Autistic people, like all people, need and deserve support on a wide range of skills and activities, not just those related to socialization or interpersonal interaction. Moreover, while most daily activities have *some* social component, knowing how to navigate a general social situation is not enough to navigate many activities. For example, an autistic person who cannot navigate a bus system on their own due to sensory or executive functioning barriers would probably be poorly served by social skills instruction to learn this particular skill. Or, an autistic person applying for jobs might benefit somewhat from generalized social skills support, but would also probably need help with application-specific skills. When the balance of time spent shifts too far in favor of social skills, other crucial skills suffer.

8. **Social skills training that encourages autistic people to merely "act neurotypical" rather than presenting neutral information for navigating social interactions**. Autistic people may need support in interpreting social situations or thinking through how to respond. There are ways to provide helpful information, but the goal should be to provide that information in a neutral way so we can decide what we want to do with it. Too many social skills interventions simply promote masking or camouflaging autistic traits, or inflexibly presume there is one correct way to handle a given situation. Support in thinking through social scenarios should not be seen as *training*, but should aim to empower autistic people to self-advocate and give us tools to make the social decisions that we decide make the most sense for us. We realize that there are examples of social skill-type supports that focus on a specific scenario or subset of skills (e.g., a sexual education class or training on job interview skills). We do not object to these types of supports, especially if they are offered to the autistic person's non-autistic peers as well.

9. A **goal of indistinguishability**, or making the autistic person appear "normal" or exactly like their non-autistic peers.

10. A **goal of reducing stimming.** In some rare cases, a person might express they want to reduce a stim for a practical purpose; for example, someone who communicates using an AAC device and stims by hitting their device at random, to the point where they are distressed that they cannot use their device to communicate. As we addressed above, there are some stims that a person may want or need to redirect as a matter of safety. But even when there is a very good reason to stop or modify a particular stim, the **goal should never be to eliminate stimming entirely**. The goal should be to help them find a stim that does not have the same negative effects (for example, someone who is distressed by hitting their AAC device might get calming input by squeezing a stim toy instead).

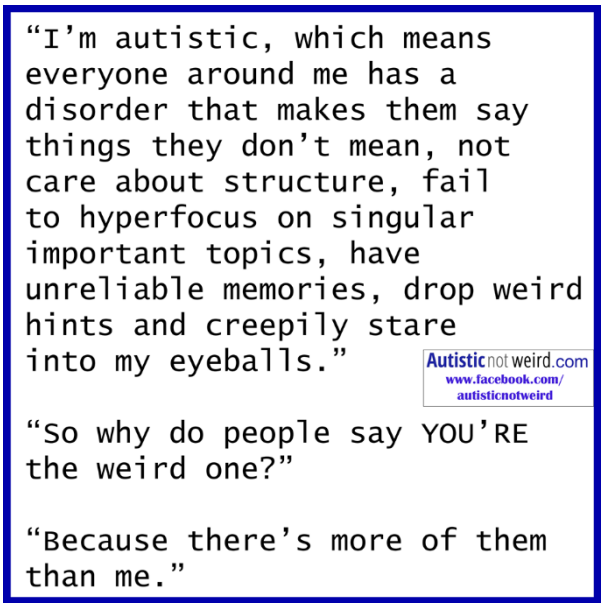
11. **Using basic needs** (for example, food, drink, toys, favored objects, breaks, change of activity, attention, special interests) **as rewards**. Or **Withholding basic needsas a punishment**

12. **Hassling, harassing, coercing, or annoying an autistic person who has communicated "no" until they say "yes."** Coerced consent is not consent.

13. **Knowingly or intentionally overriding someone's "no."** We recognize that sometimes caring for children requires compelling a person to do something they do not want to do (e.g., a child who needs to get a vaccine but is scared of needles). We are not referring to such instances here, but rather when interventions portray the mere *act* of saying no as "non-compliance" and teach the autistic person that their right to say "no" does not exist.

14. **Using "exposure therapy,"** or teaching autistic people to "tolerate discomfort" in and of itself, as opposed to giving us tools to self-regulate, helping us reduce and control exposure to painful stimuli, or changing our environment to reduce exposure to triggers.

15. **Patronizing/infantilizing language and actions**, such as treating an autistic person as younger than they are. For example, speaking to an autistic teenager in a "baby voice." We stress here that this does not mean autistic people should be kept from engaging with interests atypical for their age group (e.g., preventing a teenager from watching Sesame Street because "they're too old for that"). We also stress that this does not mean autistic people should be denied accommodations such as information in Easy-Read or plain language or simplified instructions merely because these things use simpler language, if this is an accommodation a person needs.



16. **Using "mental age,"** e.g., saying "this person has the mental age of a 5-year-old" of someone who is not actually five years old. Using mental age is offensive and demeaning to autistic people, and especially autistic people with co-occurring intellectual disabilities (Smith, 2017). Autistic people, regardless of our support needs, are the same "mental age" that our bodies biologically are. An autistic adult with an intellectual disability is not a 5-year-old in an adult's body; they are an adult with a lifetime of experiences, knowledge, and relationships, who also is autistic and has an intellectual disability.

17. **Using deficit-based thinking**, or focusing mainly on what an autistic person cannot do or has trouble with.

18. **Touching autistic people unnecessarily** (for example, using hand-over-hand tactics).

19. **Portraying an intervention as "the only way [the autistic person] can learn."** While autistic people may share certain general cognitive styles and differences in ways we learn, think, and communicate, we have as many learning styles as non-autistic people do. There is no one ultimate autism intervention that will work for every autistic person. While some autistic people do need heavily individualized services and one-on-one support to learn, this does not mean that they cannot learn using a variety of methods if given the proper supports. We urge people to be wary of practitioners who claim that their interventions are the "only way autistic people will learn" or that they are the only people who can save us.

20. **Portraying autistic people as some kind of nebulous "other"** to whom general knowledge about humanity does not apply. The fields of child development, educational psychology, and many others offer plenty of useful information applicable to autistic people, who are first and foremost human beings. We can acknowledge common differences in how an autistic person might process or express something without treating autistic people as inhuman aliens who are incapable of human emotions or relationships, unable to share any common human experiences, and who cannot ever learn, develop or change.

21. **Asserting that an autistic person will never "improve"** without multiple hours of a specific therapy/intervention per day.

22. **Subjecting an autistic person to multiple hours of intervention per day**, to the point where the person is prevented from other important life activities (including rest and relaxation), the person is obviously in distress, or there is no observable purpose or benefit for the excess hours of intervention. This does not need to be multiple hours of *one* intervention per day; it can be the sum total of multiple interventions or interventions on top of other necessary events in the person's day, such as school.

23. **Predicating certain types of services or supports (and funding for those services and supports) on the autistic person/their family/supporters accepting a different type of intervention**. For example, an autistic person on Medicaid who wants to have their waiver pay for environmental modifications to replace harsh fluorescent lighting in their apartment should not be required to undergo ABA to help them "tolerate" fluorescent lighting before Medicaid pays for the modification.

24. **Predicating services and supports on an autistic person already possessing certain skills or demonstrating certain behaviors**, unless those skills and behaviors are absolutely necessary for the intervention to proceed safely. For example, autistic children can learn academics without being "table ready." Similarly, autistic people should be provided access to robust AAC from the start, instead of having to prove they can use more limited artificial systems first.

25. **Requiring autistic people to give up or not use their assistive technology**, unless there is a clear and unavoidable reason why the intervention could harm the assistive tech and a suitable alternative is offered. For example, telling someone they can't use their AAC device in a class about developing relationships is wrong; telling someone they can't use their AAC device in the pool during swim therapy might be understandable if getting the device wet would cause it to stop working. In that instance, the person should be offered an alternative that can get wet, like a laminated letterboard or a whiteboard to write on.

Current Research: Autism in Adults

(These are my personal takes on some of the most significant and interesting findings.)

1. Autism is a developmental delay—symptoms usually improve with age.

- **Rule of 2/3:** Developmentally, individuals with ASD are apx. 2/3 of their chronological age.
- **Mirror Neuron Function:** Not broken, just slowly developing; catch up to NT's around age 30, and may pass them after that! (Dinstein et al, 2010) (Jojanneke et al, 2011)
- **Symptoms get better with age:** (Mayes and Calhoun, 2010)
  - Restrictive, Repetitive Behaviors (Esbensen et al, 2008)
  - Communication and Maladaptive Behaviors (Shattuck et al, 2007)
  - Executive function/goal achievement (Attwood 2007)
  - **No longer a "disability" in apx. 15%!** (Fein, 2009)

"Their development is not frozen in time and forever the same. That's just not the case."
~Dr. Paul Shattuck

2. Autism is very context-specific—symptoms generally improve once the individual is out of the K-12 school system.

- Different rules and societal expectations of adults than public school students.
- Many adults with ASD find success in college or technical programs.

"Recent data…suggest it's time to start thinking of autism as an ADVANTAGE in some spheres, not a cross to bear." ~Dr. Laurent Mottron, University of Montreal

3. Autism in adulthood has vastly improved Social Potentials.

- Adults can put on better "Masks" and are better at controlling their focus/symptoms
- Adults' fixations/"Special Interests" are broader, so it is more likely to find common ground
- Adults usually have at least some social circle (often online or at work…)
- Many adults with autism (roughly 17% or 1/6) actually get married! (Farley, 2008)

"Sometimes parents and professionals worry too much about the social life of an adult with autism. I make social contacts via my work. If a person develops her talents, she will have contacts with people who share her interests."
~Temple Grandin

4. Adults with autism can find career success—but generally not in "standard" careers.

(Those with ASD may be best thought of as "Outliers" who do the jobs that no one else wants to do, or else the jobs that everyone wishes they could do!)

- **The <u>W.A.L.M.A.R.T.</u> Cluster:**
  - **<u>W</u>riters** (Tim Page, Liane Holliday Willey, Orson Scott Card, etc)
  - **<u>A</u>ctors/Comedians** (Anthony Hopkins, Dan Aykroyd, Josh Thomas, Daryl Hannah, etc)
  - **<u>L</u>eisure/Athletic** (Tom Stoltman, James McClean, Clay Marzo, Satoshi Tajiri, etc)
  - **<u>M</u>usicians** (Questlove, Derek Paravacini, James Durbin, Susan Boyle, Ladyhawke, etc)
  - **<u>A</u>rtists** (Stephen Wiltshire, Richard Wawro, Alonzo Clemons, etc)
  - **<u>R</u>esearch/Educational** (Vernon Smith, Dawn Prince-Hughes, etc)
  - **<u>T</u>echnical** (Elon Musk and TONS of programmers, engineers, accountants, doctors, etc;

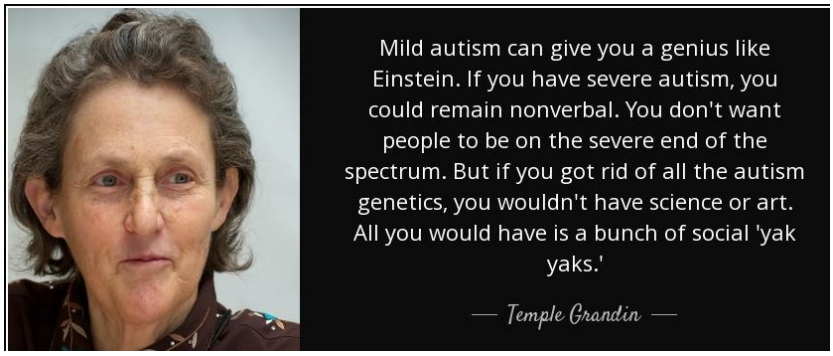
ASD is much higher in regions with more tech-type jobs! (Baron-Cohen et al, 2011)

5. Successful Independence *is* possible—but only with powerful expectations, skills-training, and support.

- **Roughly 25% of individuals achieve positive adaptive outcomes!**
  - (Cederlund, et al 2008; Marriage, et al 2009; etc)
- **Expect and support independence if you want to be part of this 25%!** ☺

Vocabulary for the Spectrum:

1. **"Autism SPECTRUM Disorder"**
   a. *"if you've met one person with autism, you've met one person with autism"*
   b. *We are all unique "shades" of ASD*
2. **"Neurotypical"** (Neuromajority) & **"Neurodiversity"** (Neurominority)
   a. *Autism is a part of identity, and indicates different brain wiring*
   b. *We are each "neurodivergent" compared to average minds*
   c. *Person-first vs Identity-first language is up to your personal preference*
3. **"Doubly Discriminated"**
   a. *Because we are a minority, we are unavoidably discriminated against by the norms of society (this is usually unintentional)*
   b. *Women, LGBT+, the physically disabled, and racial minorities with autism experience even more discrimination*
4. **"Doubly Disabled"**
   a. *Autism usually doesn't come alone—we tend to have other diagnoses at the same time:* *Attwood (2007); Baron-Cohen (2008); Kirby, et al (2019); Muris et al. (1998); Richdale (2007)*
      i. *ADHD—as high as 75%*
      ii. *Allergies (including asthma, eczema, food, seasonal, etc) 20%-39%*
      iii. *Eating Disorders (including Anorexia)—as many as 23% of females with Anorexia may have Autism*
      iv. *GI Disorders/Irritable Bowel Syndrome—at least 50%*
      v. *Learning Disabilities—25%*
      vi. *Mood Disorders (Anger, Depression, Bi-polar, Paranoia, Delusion, Conduct, Anxiety—Social, Generalized etc)—nearly 100% with 33% at any given moment experiencing clinical depression*
      vii. *Motor Problems (Dyspraxia, muscle-tone issues, etc)—nearly 100%*
      viii. *OCD or PTSD—at least 25%*
      ix. *Sleep Disorders—unknown, but possibly as high as 66%*
      x. *Suicide—1.5 - 9 times higher rates, depending on the study*
      xi. *Tourette's Syndrome— at least 10%*
5. **"High Functioning"** and **"Low Functioning"**



a. Compared to what? We function differently in different situations
b. Neurotypicals consider speaking, academic success, and "normal" social and vocational goals to define us as "High Functioning"
c. Usually better to think of autism in terms of needing "higher supports" or "lower supports" in a given situation

Stims & Stimming in Autism Spectrum Conditions

What is stimming?

"Stimming" is short for self-stimulation. The technical name is "autistic stereopathy" or "stereotypy". It is associated most commonly with autism but not unique to it.

Why do those with ASD stim?

1. Stimming can help BLOCK OUT excess sensory input.
2. Stimming can help provide EXTRA needed sensory input.
3. Stimming may help manage EMOTIONAL stimulation—either positive or negative; too much or too little.
4. Stimming may sooth the person by helping to focus or "ground" them—through sensory distraction or pleasure.

Simply put, people with ASD stim because it feels good!

Temple Grandin has said that stimming "may counteract an overwhelming sensory environment, or alleviate the high levels of internal anxiety these kids typically feel every day".

What are some examples of stimming?

- **Visual:** Staring at lights or ceiling fans; repetitive blinking; moving fingers in front of the eyes; hand-flapping, gazing at nothing in particular; tracking eyes; rolling eyes; peering out of the corners of eyes; lining up objects; turning on and off light switches; squinting; doodling; watching videos; etc!
- **Auditory:** Vocalizing in the form of humming, grunting, or high-pitched shrieking; tapping ears or objects; covering and uncovering ears; singing or talking to oneself; dropping objects to hear the sound; constantly having headphones on/in; coughing; smacking lips; repeating vocal sequences; repeating portions of videos, books or songs (often at inappropriate times); etc!
- **Tactile:** Scratching, picking, stroking or rubbing the skin with one's hands or with another object; opening and closing fists; tapping surfaces with fingers; snapping fingers or clapping hands (these are auditory too); touching fabrics; rubbing face on surface; etc!
- **Vestibular/Kinesthetic:** Rocking front to back; rocking side-to-side; spinning; jumping; pacing; wriggling fingers; bouncing leg; swinging; doodling/drawing; texting/playing with phone; etc!
- **Taste:** Placing body parts or objects in one's mouth; licking objects; chewing gum; etc!
- **Smell:** Sniffing or smelling people or objects; constant sniffling; plugging nose; etc!

Not all noises and movement are stims - **STIMS HAVE A PURPOSE**. Tics, for instance, are purposeless.

Is it just people on the autism spectrum who stim?

No. ☺

Neurotypicals, or people without autism also self-stimulate; nail biting, hair twirling and foot tapping all count as stims. The main difference is that NTs, (as they're known for short), can usually control their stims and tend to do ones that are considered more acceptable in public than those done by people with autism.

There are blogs and web forums where people on the spectrum discuss stimming, compare stims and discuss public reactions. Stims are generally fine if they do not bother other people or interfere with learning.

PRO TIP: Stim with the sense(s) NOT being used for the task at hand!

Some material adapted from the following online articles:
http://www.emaxhealth.com/1506/stimming-autism-what-it-and-how-treat-it
http://www.bbc.co.uk/news/blogs-ouch-22771894

How We *Usually* Talk About

AUTISM

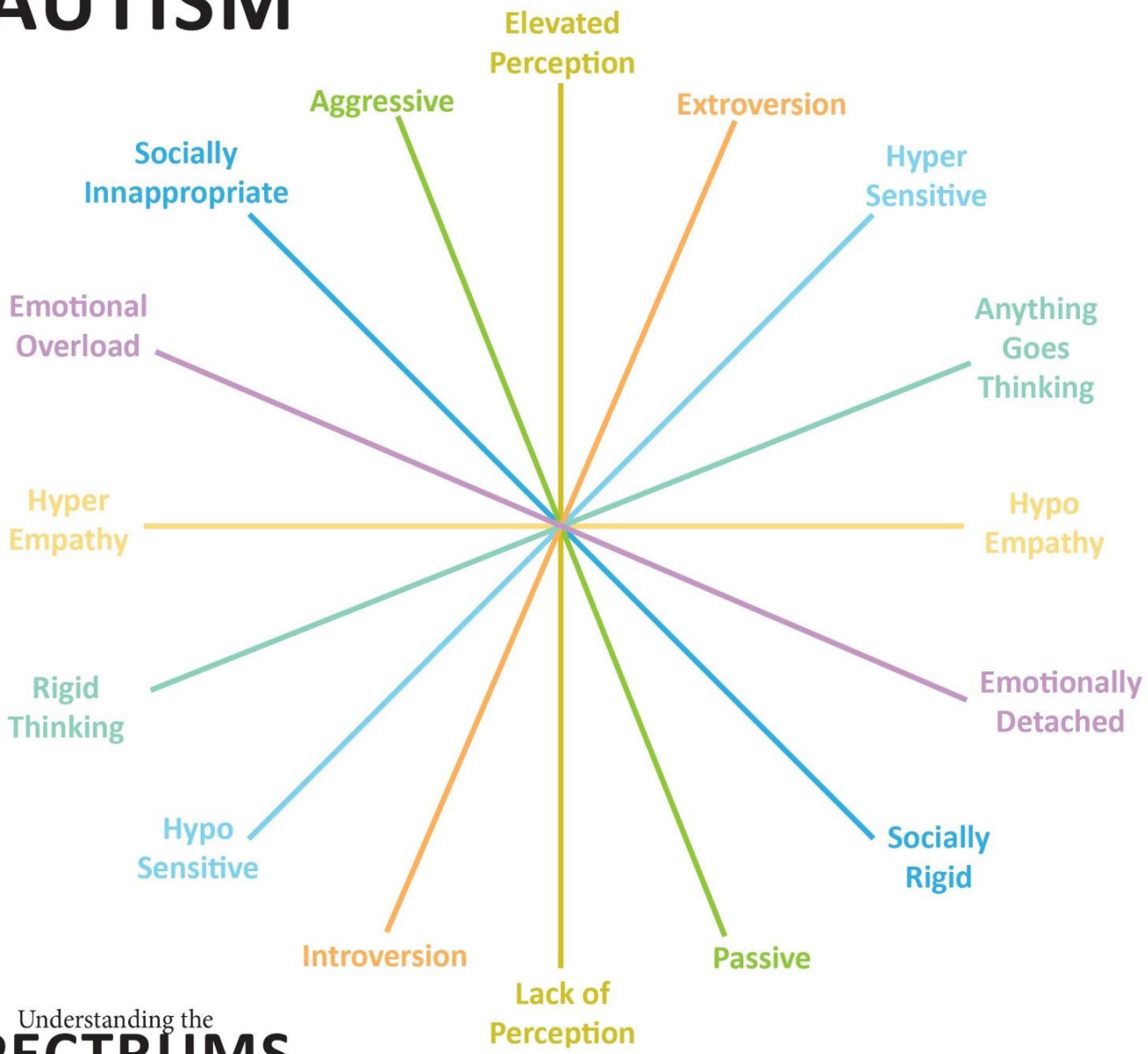
Level 3 — Low Functioning

Level 2

Level 1 — High Functioning

How We *Should* Be Talking About

AUTISM



Understanding the

SPECTRUMS

of Autism

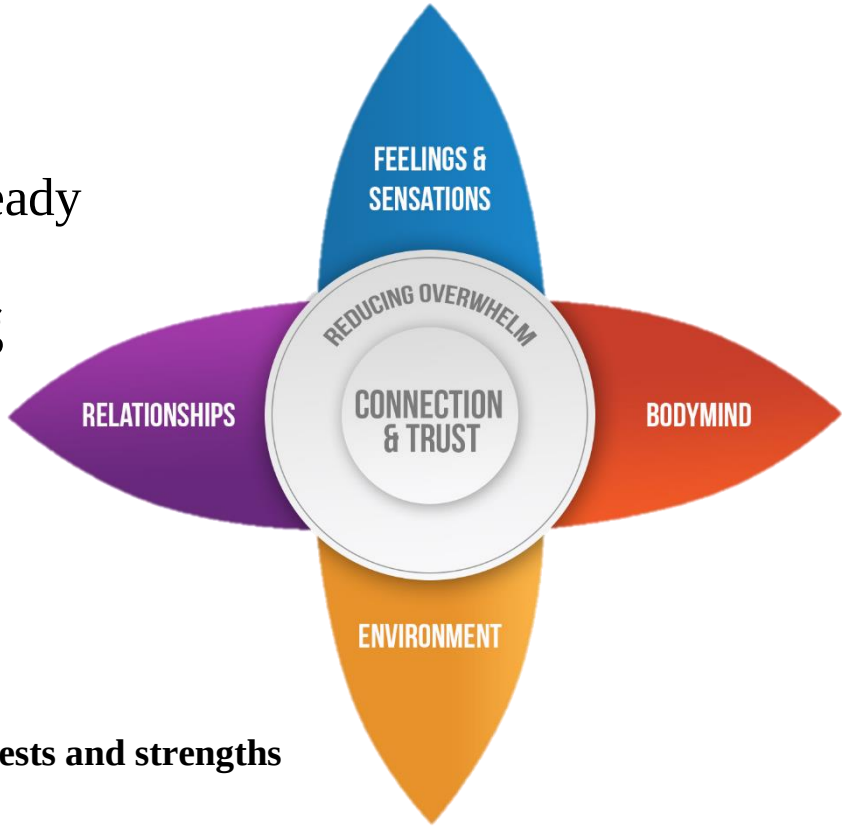
Understanding the **SPECTRUMS** of Autism

Because autism is a diagnosis of extremes, it can be best understood by identifying what those extremes are. This model isn't intending to provide a comprehensive list; rather it's meant to identify common areas which we at ScenicView often address. They are areas which, if the student can bring into balance, are more likely to help them live independently.

It's important to note that other factors such as processing ability and overall functioning have their own spectrums which are not represented here and but should be considered. It should also be emphasized that individuals with autism can jump back and forth between extremes depending on the situation (hyper empathy with animals, hypo empathy with humans.) It's also important to note that none of us are always following the ideals below, and that when we look to support individuals with autism, we consider the ways we are similar just as much as we consider our differences.

Helping Deal with Meltdowns— The 5 R's:

1. Recognize the ASD
2. Reduce the Overwhelm
3. Retreat and Recharge
4. Reach Out Respectfully
5. Redirect/Reframe when Ready



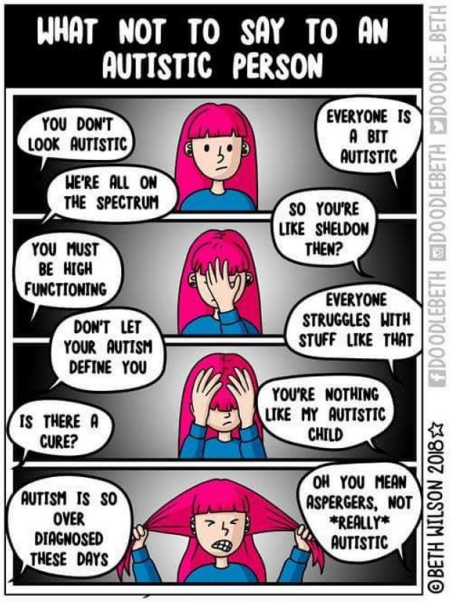
Tips for Communicating with the Neurodiverse:

1. **Respect our accommodations**
2. **Consider timing from our POV**
3. **Consider setting from our POV**
4. **Minimize sensory overload**
5. **Don't require eye-contact**
6. **Don't take silence personally**
7. **Don't freak about our non-verbals**
8. **Try to sincerely connect to our interests and strengths**
9. **Allow space to process/comment**
10. **Ask one question at a time**
11. **Never make multiple requests**
12. **Try to stick with a topic to the end**
13. **Please– No Surprises!**

How to Avoid Damaging Autistic Children Without Even Knowing:

from Chris Bonnello (AutisticNotWeird.com)

1. Instead of talking about them as if they're not in the room:
   - Remember that they can hear you, and always assume they are listening and understanding.
2. Instead of assuming a person's autism defines their character:
   - Remember that they get to make personality choices just like non-autistic people.
3. Instead of believing that their perspective makes them less reliable:
   - Remember that you're actually imposing your own perspective on autism by making this assumption.
   - Remember if bullying or abuse is reported by a distressed child-- it must be taken seriously.
4. Instead of allowing the world to teach them their autism is A Bad Thing:
   - Tackle the problem head-on and remind them how awesome they are.
5. Instead of loving the child but hating their autism:
   - Love the child.



Neurotypical (NT) Syndrome

(According to the "Institute for the Study of the Neurologically Typical" (ISNT) and others)

A neurobiological disorder characterized by:

I. Excessive preoccupation with socializing and social conformity, as exhibited by 5 or more of the following:

a) Begins talking by 18 months, although such "talking" is often about other people, social situations, and emotional experiences; or uninteresting social norms such as the sounds of farm animals or the names of people or items
b) Demands that others speak, make eye contact, and engage in back and forth "conversation" about unimportant, socially normed topics (e.g. sports, relationships, hygiene, etc)
c) Assumes the superiority of social norms, fads, and peer or culturally dictated behaviors and speech patterns, and that any deviance from this must be altered in order to conform with such expectations
d) Experiences difficulty being alone, being quiet, or pursuing solitary interests
e) Pursues relationships even when the other person is not present or not interesting
f) Makes rote use of phrases of little apparent meaning, particularly in social contexts, often related to things such as the weather or the feelings of themselves and others
g) Adheres to apparently inflexible, nonfunctional routines or rituals, such as wearing a tie, high heels or other uncomfortable clothing, or excessive preoccupation with brand names
h) Engages in stereotyped and repetitive manners or mannerisms around other people (e.g., ritualistic thanking of people for useless, unsolicited, and unwanted gifts)
i) Reads social significance into absolutely everything—including body movements, vocal tones, eye contact, touch, clothing, personal preferences, personal hygiene, or even the absence of such non-verbal behaviors
j) Actively avoids peer relationships with non-neurotypical people; occasionally even exhibiting the need to bully, manipulate, or gossip about non-neurotypical people

II. Odd experience of sensory phenomena, as exhibited by at least 3 of the following:

a) Often fails to recognize when sensory stimuli are too high or too low
b) Often fails to register visual, auditory, olfactory, gustatory, or other sensory experiences of non-neurotypical people, and may even deny the existence of such experiences
c) Engages in excessive touch, eye contact, smell, and sound levels—and expects non-neurotypicals to do the same
d) Exhibits preference for frequent changes to sensory input, environment, and/or types of entertainment— often relating to social circumstances
e) Experiences difficulty ignoring external sensory inputs to stay focused on a task for a full 8 hours or more

III. Acute avoidance of directness, as exhibited by all of the following:

a) Exhibits preference for abstract, idiomatic, metaphorical, and subjective speech
b) Often experiences direct observations of fact as insulting
c) Often experiences difficulty comprehending the literal meaning of language
d) Often experiences difficulty with honesty—may lie easily, or intentionally seek to deceive especially in social situations
e) Exhibits irrational expectations for others to pick up on hints and subtext

- Neurotypical Syndrome affects roughly 35/36 children worldwide.
- Neurotypical Syndrome is incurable, pervasive, and may be apparent in infants as young as three months old.
- Despite their challenges, many NT's have learned to compensate for their disabilities and to interact normally with an autistic person or specialized interest.

The Five Stages of Effectively Dealing with a Label

As concluded from a 20-year study conducted by Higgins, Raskind, Goldberg, and Herman (2002)

Stage 1: Becoming Aware of a Difference

All participants described a time when, although the problem had not yet been pinpointed, they were aware of being different from others.

"I think something is off…" *(sometimes* ***"What's wrong with me?"*** ☹*)*

Stage 2: Getting the Label

The next stage was to seek an official diagnosis—to find an expert to identify which labels actually reflected their difficulties, and also to settle on their own terms to describe them. ***"What you have is _____, which is defined as…"***

Stage 3: Accepting the Label

Following the labeling event, individuals (and their parents) struggled with two main issues: (a) to accept the label and what it meant in terms of probable outcomes and challenges, and (b) to resolve confusion as to what kind of interventions/help would be needed. At this stage, the label becomes the biggest part of the person's identity.

"OK, so I have _____; that means that _____ is challenging and I will need to do_____ to cope with it."

Stage 4: Compartmentalization

Once the extent and nature of the disability was clear, the next step successful individuals took was to place the disability in perspective relative to their other attributes, that is, to *make the label a much smaller part of life*. In brief, the task of this stage is to *minimize weaknesses* and *maximize strengths*—realizing that any label is only one small part of a person's entire identity.

"This is a part of me; but it is definitely NOT all of me…"

Stage 5: Transformation

The most successful individuals reached a final stage of acceptance of their label in which they came to see the disability as a *positive* force in their lives—one they were actually glad to have had to deal with.

"I am thankful that I have had to deal with _____, because my life is now better for it!" ☺

Know and accept the stage you're at currently, and keep heading towards Transformation!

Aim for MAXIMIZATION – *not* Normalization!

(Winter, 2012)

- NORMALIZATION springs out of the belief that disability is somehow inferior or "wrong"; something to get rid of
- NORMALIZATION seeks for "indistinguishability" from NT's
- MAXIMIZATION accepts the disabled person for who they are and where they are– and where they want to go
- MAXIMIZATION seeks to actualize potential; to grow someone's capabilities *as a disabled person*
- NORMALIZATION asks: *"How can I become the best approximation of everyone else?"*
- MAXIMIZATION asks: *"How can I become my best self and achieve my best future?"*

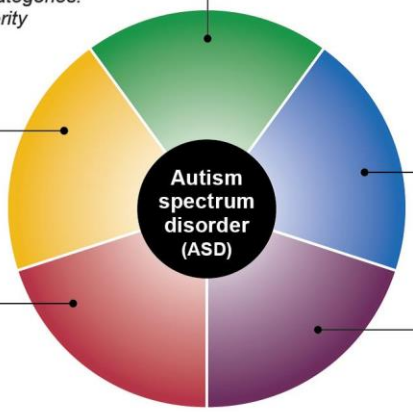
INTERVENTION MODEL

P.A.C.E. yourself! (Cultivate a Marathon Mindset)

- **P**urpose, Priming, Predictability, Patience
- **A**ntecedents, Autonomy, Aids, Affinity
- **C**onsistency, Clarity, Consequences, Compassion
- **E**nvironmental modifications, EF Supports, Exposure, Exceptionality

Personalized Autism "Spectrum Graph" from the GAO:

GAO grouped the characteristics associated with autism into five broad categories, with some overlap between categories. Autism is highly individualized, so the type and severity of characteristics experienced varies from person to person.



Intense Focus/Interests
Individuals with ASD may have intense and specific interests, sometimes to the exclusion of other tasks or needs.

Social impediments
Social impediments may range from difficulties discussing emotions, making friends, or sharing interests to a complete disinterest in other people.

Sensitivities
Individuals with ASD may have unusually high or low sensitivities to environmental factors, such as certain sounds, lights, temperatures, or physical sensations.

Communication difficulties
Difficulties with verbal and/or nonverbal communication may limit the ability to speak, understand and use gestures, or carry on a conversation.

Routine and repetition
Individuals with autism may prefer sameness and strictly follow routines or ritualized patterns. They may have difficulty coping with changes or transitions.

Source: GAO analysis of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). | GAO-17-109

Strengths of Autism:

1. **Powerful learning style strengths** (implicit; visual/spatial; logical/mathematical; naturalistic; etc)
2. **Exceptional rote memory** (often vast stores of facts and figures)
3. **Exceptional visual abilities** (static spatial, illusions, patterns, colors, etc)
4. **Exceptional auditory abilities** (hyperconnected auditory brain centers)
5. **Superior ability to process/locate information**
6. **Laser-like focus of energies/attention on topic of interest**
7. **Highly deductive/analytic**
8. **Strongly logical—able to make more rational decisions**
9. **Better at driving than NT's (less likely to crash or speed!)**
10. **Ability to put ideas together in a unique manner—highly creative**
11. **Exceptional ability with puzzles, mazes, and word games**
12. **Ability to thrive on routines and clear expectations**
13. **Five times more likely than "neurotypicals" to have perfect pitch**
14. **Ten times more likely to have savant skills** (music, art, calculation, etc)
15. **Great honesty and respect for rules**
16. **Deep concern, caring, and love for "safe" beings**
17. **Deep curiosity and desire to learn** (usually prefer independent learning)
18. **Idealism and a strong sense of right and wrong/social justice**
19. **Often natural leaders**
20. **Perfectionism**
21. **Exceptional ability to systematize**

Sources: *Attwood (2007); Baron-Cohen (2008); Curry, et al (2021); Dolan et al (2008); Happe (1999); Heaton et al (2008); Grandin (2008); Remington et al (2012); Reser (2011); Samson, et al (2011); Stewart (2007); Xiong (2012)*

"Recent data…suggest it's time to start thinking of autism as an ADVANTAGE in some spheres, not a cross to bear." **~Dr. Laurent Mottron, University of Montreal**

PS: I have a TON of Autism Spectrum information and handouts (it's one of my special interests ☺). If you are interested in any particular aspect of ASD, please email me**:** **jareds@svacademy.org** Thanks!