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ECE: Practicum 3

Research Report

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Autism

There are many different variations of autism that exists which is the reason we refer to it as autism spectrum disorder or ASD. This disorder varies from the nonverbal, less functionally-able child with classic autism, to the very verbal, academically-gifted child with Asperger’s syndrome (41 Things to know about Autism).

Some signs of concern when it comes to Autism are showing challenges in three areas: communication, social relationships, and interests and behavior. People with Autism may have a hard time understanding common expressions. For instance if you were to say, “break a leg” you really don’t mean that you want someone to break a leg, it’s just a way to wish them good luck, but someone with Autism might not take it that way. Their brain’s can only focus on one thing at time which is also why some people with ASD are super spellers and fast readers but may have trouble with making sense of the whole store line or information. When it comes to social skills it could be hard to look people in the eye or to look at their faces when you talk, and may also talk in monotone voice. Having ASD makes it hard to learn everyday skills like imitation, meaning that they could have problems in the mirror neurons of their brain making it hard to “mirror” what someone else is doing. When it comes to interests and behavior people with ASD feel more comfortable when things in their life are the same, for example having certain routines they do every day. They also have intense interests, fascinations, and obsessions and sometimes have repetitive behavior that calm or soothe them like rocking, pacing, spinning or humming.

The rate of autism has increased dramatically since 1990. In 2007 it was reported by the Centers for Disease Control that 1 in 150 children were diagnosed with autism. The U.S. Department of Health and Human Services reported in 2009 that the diagnosis rate was 1 out of every 91 children. As of right now according to the Wisconsin Early Autism Project 1 in 88 children are diagnosed with autism.

Rates show that boys outnumber girls by about four to one with autism. However there are some experts that believe that some girls were misdiagnosed. They believe that the actual rate of autism in females is higher than previously accounted for. Several symptoms can be seen by 18 months like, poor eye contact, trouble with pretend play and imitation, delayed communication skills and problems with “joint attention”. Even though several symptoms can be noticed by 18 months, the average age of diagnosis is about three years old.

There are some people to believe that autism is caused by vaccinations, and there are studies going on saying that they are, and also saying that they are not. Vaccines themselves do not cause autism, and if it did, all children that got vaccinated would be autistic. Many autism experts believe that the disorder is caused by a genetic predisposition with an environmental factor that comes into play. Some of the factors could be vaccines, mercury, fire retardant, diet, environmental pollutants; something that the mother was exposed to while pregnant, lack of oxygen at birth and so on.

Autism is not always easy to identify because there are no unusual characteristics shared by those in the spectrum, and there is a wide range of abilities and disabilities. ASD is described as an “invisible disability” because it can’t be seen on someone’s face, and there are no shared physical characteristics as there are in other disorders. Every case of autism is different and every child experiencing it acts differently. There can be progress in autism if you work at it. You can improve in some areas, but it takes a lot of hard work from educators and family and friends. Autism is not a disease or an illness but a lifelong disability so there is treatment for it. Autism is not considered to be something negative, and now with so many parents, educators, and experts trying to understand it and help the children, the view is now changing for the better.

Educational adaptations can be classified into children with severe autism and for those with mild autism. Those with severe autism may function similarly with those that also have severe disabilities. It is recommended that you try the suggested adaptations for individuals with severe disabilities. Those with a milder form of autism may be included more frequently into general education classes, and you could consider using modifications that student with mild disabilities use. Whichever case a child with autism falls into they both work closely with special education teachers and parents.

Early childhood educators need to be sure that they are being consistent, and repetitive. Planning out an IEP (Individualized Education Program) is a great way to sit down and figure out what the plan of action will be. They also need to make sure they make an individualized curriculum for the child with autism. Setting functional goals is a great way to know your on the right track to making sure that they are being included successfully. Early childhood educators also need to make sure that they are collaborating with parents and that they can offer training and support to parents and family members.

Finding information on autism was both easy and difficult. Some of the questions were difficult to find but after a lot of book reading and internet research it wasn’t too bad at all. There are many helpful websites out there that can help educators and family learn more about autism. Parents and families can be greatly affected by autism. It’s more of a “family epidemic” that the whole family has to change for. Every case is different so not every family acts the same. It’s a change to their whole lifestyle. While through my readings a parent commented, “this is not how I saw my life to be”, instead of dwelling upon it, you need to change the life you thought you were going to have, and make the best of the blessing you are now dealing with. There are so many support groups that are available for families with autism. There is a website that you can log into to talk to other parents about living with autism (cafemom.com), there are also therapists that you can go talk to and support groups. Also there is a program called WEAP-Wisconsin Early Autism Project where people can get more information and also attend a treatment program.

Works Cited

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| Research Report Checklist  **You have now met and gotten to know a child with a disability (or perhaps several). Write a research paper on one of the child’s primary diagnoses by answering (in an organized and narrative format) the questions** below, following the guidelines.  Also remember that you could spend an entire semester studying just one disorder and then meet someone who has that disorder yet doesn’t look or act anything like what you studied. Disabilities affect many people in different ways. That’s why it is so important always to look at the person first and avoid stereotypes!  This paper is NOT about your child, nor should you include personally identifying information in it. This paper may or may not reflect exactly what the child you’re working with is dealing with, but it will give your peers a good overview of what they might need to know if they are going to include a person with this diagnosis in their program. Your score will depend on: | | | | |
| **Disability Report Scoring Criteria** | Student Self-Score | | Instructor Score | |
| SPECIFIC TO THE DISABILITY | Yes | No | Yes | No |
| The following questions were answered accurately and completely | | | | |
| What is the formal diagnosis name and what other names might be used? | X |  |  |  |
| What are typical signs of concern or symptoms? | X |  |  |  |
| How common is this disorder? | X |  |  |  |
| Is it more common in males or females? | X |  |  |  |
| At what age does it usually occur? | X |  |  |  |
| How is the disorder usually caused? Is it preventable? Is it curable? | X |  |  |  |
| How do people with this diagnosis look/act/progress? | X |  |  |  |
| What is the prognosis/expected outcome (does it get better or worse)? | X |  |  |  |
| What is the typical treatment? | X |  |  |  |
| What environmental or educational adaptations might be needed? | X |  |  |  |
| What might early childhood educators need to do in order to help a child with this disability be included successfully? | X |  |  |  |
| How easy/difficult was it to find information about this topic? | X |  |  |  |
| How might parents / families be affected by having a child with this? | X |  |  |  |
| What kind of supports are available / recommended to help these families? | X |  |  |  |
| FORMAT OF THE PAPER | | | | |
| Paper was posted for peers to read on the Discussion Board. | X |  |  |  |
| Paper was submitted in a timely manner. |  | X |  |  |
| Positive, person-first language was used throughout. | X |  |  |  |
| Confidentiality of the practicum child was maintained. | X |  |  |  |
| Paper was well organized. | X |  |  |  |
| Paper was written in narrative form (not just answering above questions). | X |  |  |  |
| At least 3 reference/sources were used and completely cited. | X |  |  |  |
| All “YES” checks required for 100 points;  5 points off for every two “NO” checks |  |  |  |  |
| Total possible points = 100 Points earned: |  | | **/100** | |
| Comments: | | | | |