

Autism 101: Practical Applications for Art Educators

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ausm[®]

autism society of minnesota

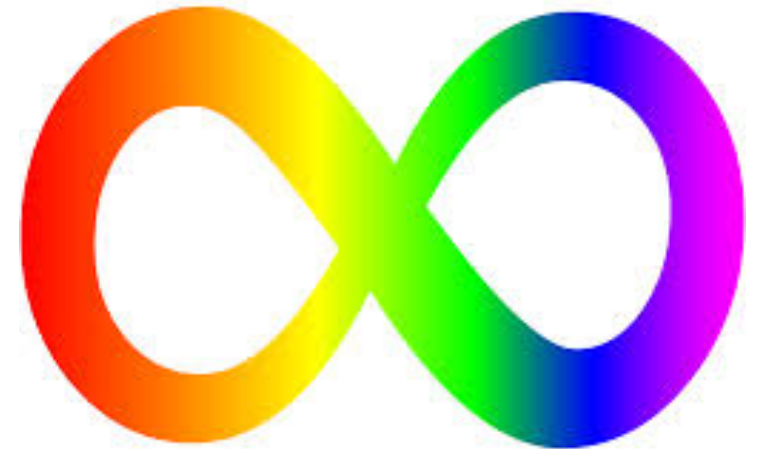
Minnesota's First Autism Resource[®]

What is Autism?

Pervasive neurodevelopmental disorder

- Pervasive = affects all aspects of life
- Neuro = brain
- Developmental = lifelong

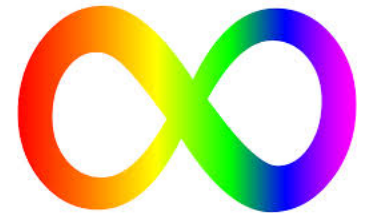
***Not a disease or mental illness**



What is Autism? – continued

Autism is characterized by:

- Differences in **communication and socialization**
- The presence of **restricted, repetitive behaviors**

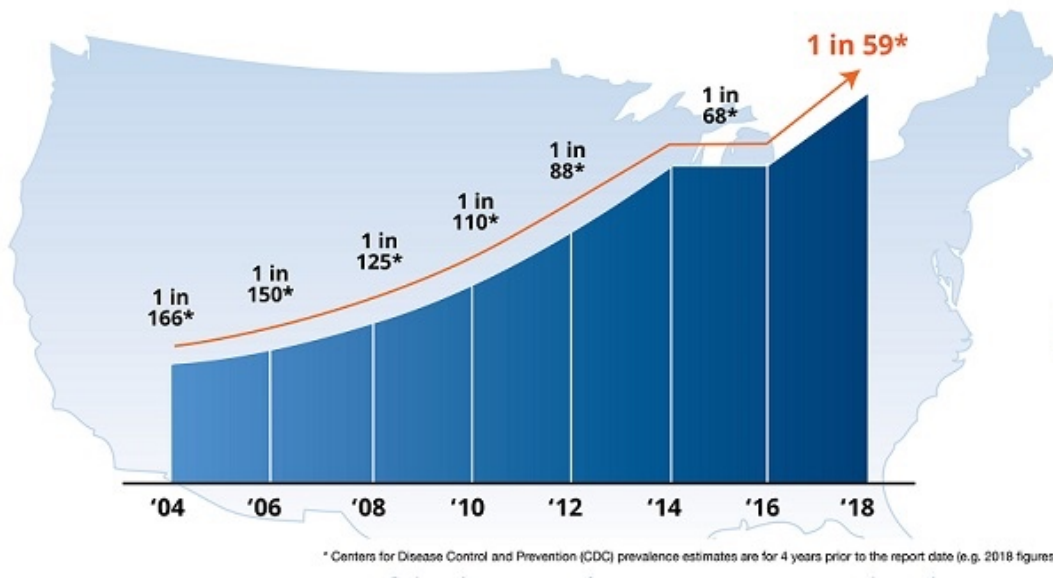


And is often accompanied by:

- Co-occurring physical and/or mental health issues
- Difficulty with executive function, theory of mind, and self-regulation
 - **Executive function:** organization, prioritizing, time-management, etc.
 - **Theory of mind:** perspective-taking; understanding that others' thoughts, feelings, knowledge, etc. is different from one's own
 - **Self-regulation:** ability to manage own emotions and behavior

Prevalence of Autism in the U.S.

Estimated Autism Prevalence 2018



The latest data reflect an increase of approximately 13.2% in overall ASD prevalence.

- **1 in 59 children** (CDC, 2018)
- **Boys: ~4x more common***
 - 26.6 per 1,000 boys
 - 6.6 per 1,000 girls (CDC, 2018)
- Affects all racial, ethnic & socio-economic groups
- Income, lifestyle and education do not affect chances of having ASD

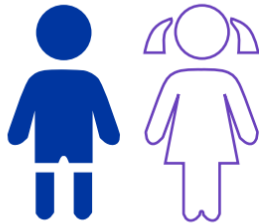
Prevalence of Autism in MN

2.4%
is higher than
the average percentage
identified with ASD in 2014
1.7% in all ADDM sites



1 in 42
8-year-old children
were identified with ASD
by MN-ADDM in 2014

Disparities in Identification



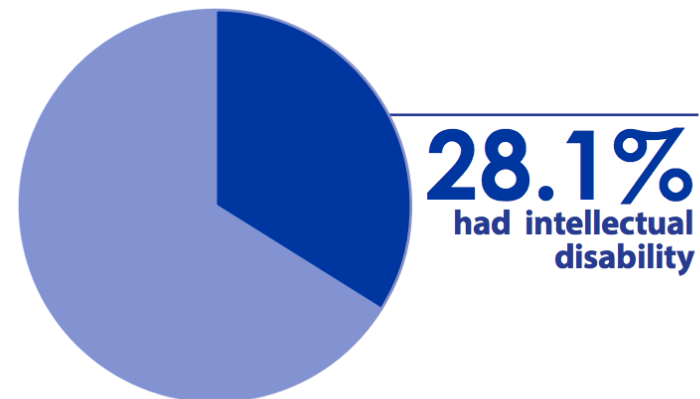
Boys were 4.6 times more likely to be identified with ASD than girls. No significant differences were found in the percentage of white, black, and Hispanic children identified with ASD.



ASD can be diagnosed as early as 2 years of age; however, about half of children were not diagnosed with ASD by a community provider until after 4 years, 8 months of age.

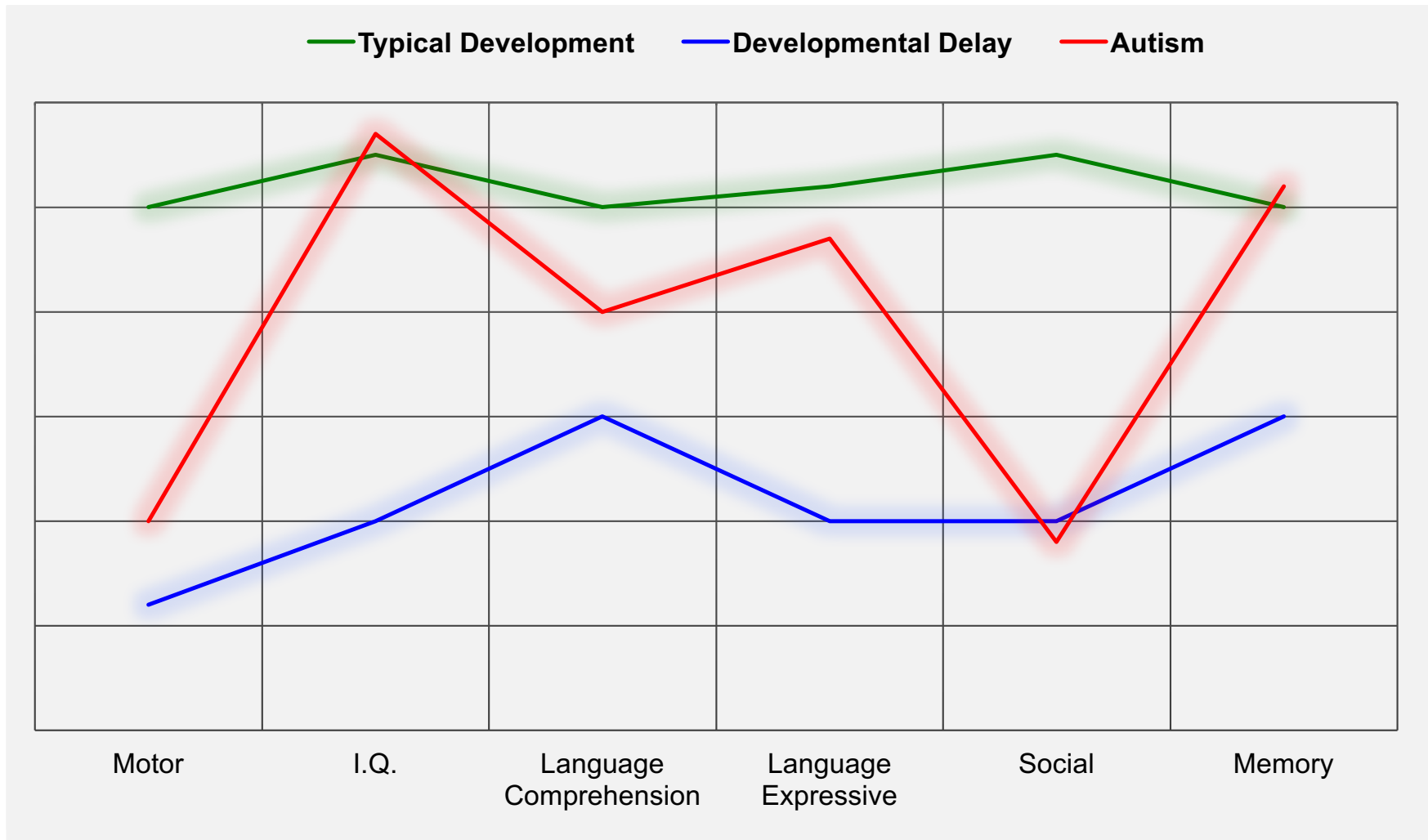
Intellectual Disability in Minnesota

Minnesota had **intelligence quotient (IQ) data available for 79.9% of children identified with ASD.** Of those children, 28.1% had intellectual disability.



Intellectual disability is defined as an IQ score of 70 or lower.

Autism: A Developmental Disorder



Range of Capabilities

Low support needs

High support needs

Language & Communication



Social & Emotional



Intellectual Ability



Perception / Sensory / Motor Planning



Attention – Joint, Orienting, Shifting, & Focus



Interest / Routines / Rituals

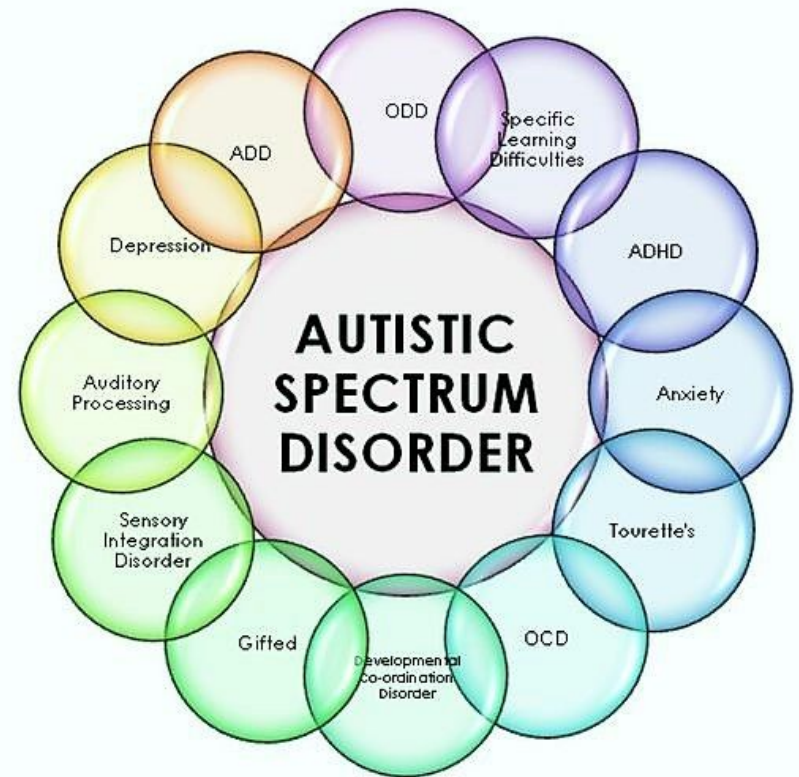


Think about what *specific* supports might be needed in each of these areas.

Autism and Co-Occurring Conditions

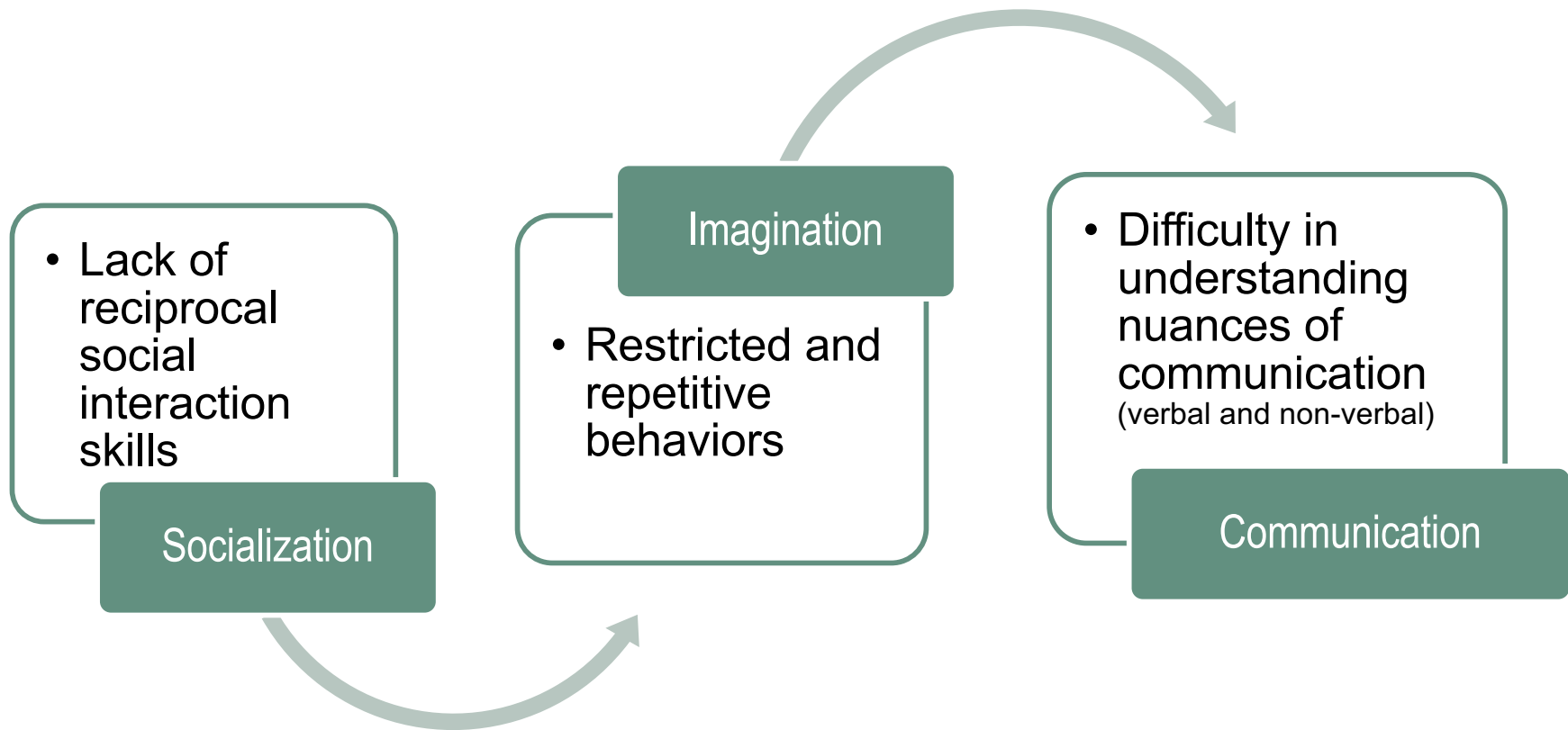
- Epilepsy/seizure disorders:
~1/3 individuals on spectrum
- Gastrointestinal complications:
~1/3 individuals on spectrum
- Intellectual disability:
~1/3 individuals on spectrum
- Sleep complications
- Motor dyspraxia

ASD & mental health **(*ANXIETY*)**



Triad of Impairments

All individuals with ASD, regardless of the level of supports needed, will have deficits in these three areas:



These three areas were identified as the “Triad of Impairments” by Lorna Wing and Judith Gould (Wing & Gould, 1979).

DSM-5 Criteria for Autism

Communication and socialization differences:

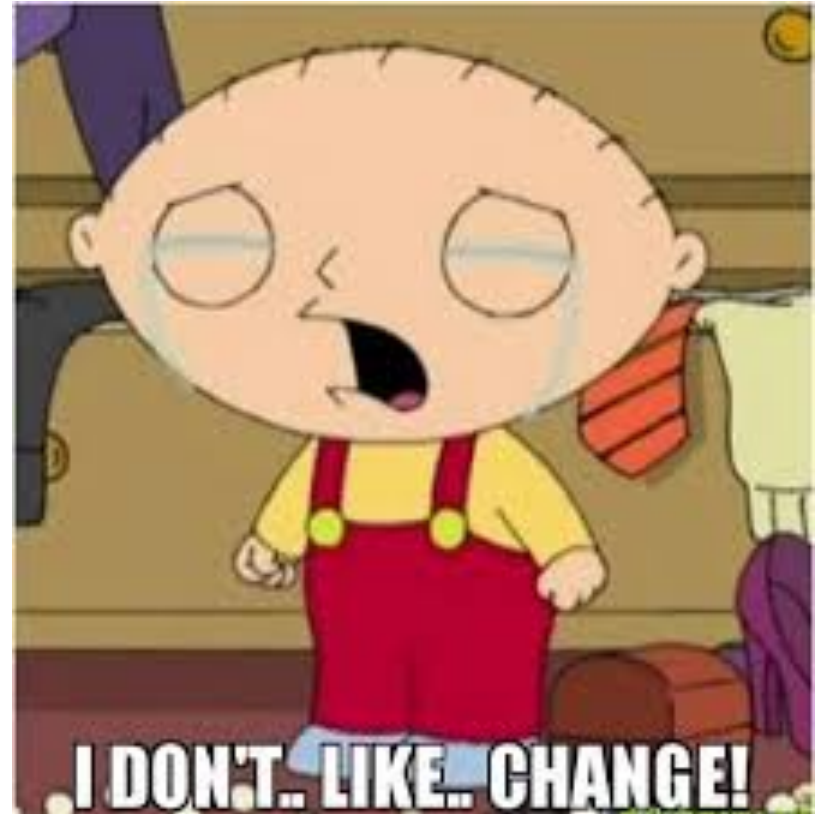
- Social-emotional reciprocity
- Nonverbal communication
- Developing and maintaining relationships



DSM-5 Criteria for Autism – continued

Restricted, repetitive patterns of thought and behavior:

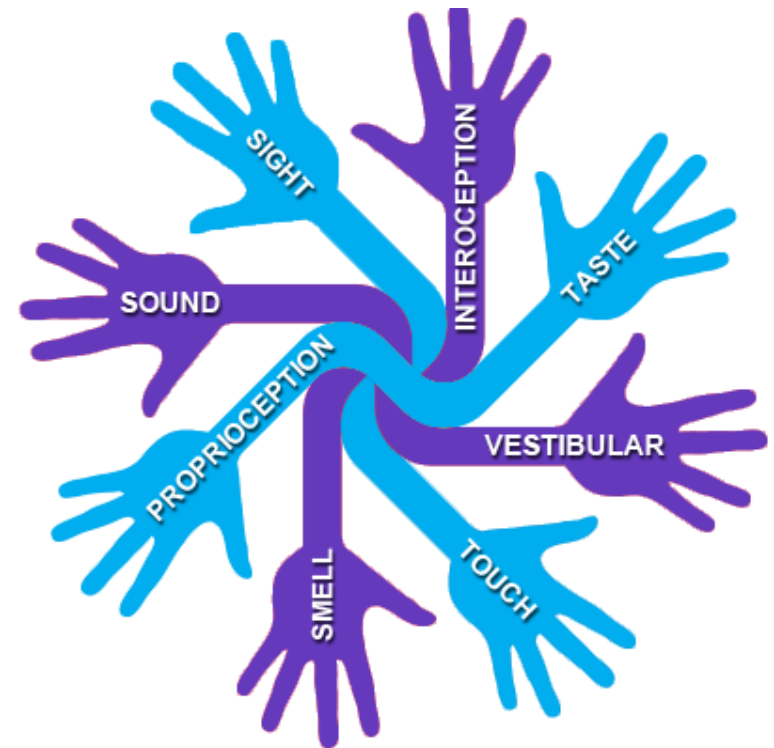
- Repetitive movement, speech, or use of objects
- Reliance on routines, resistance to change
- Highly fixated interests
- Sensory processing issues



What is Sensory Processing?

There are more than five senses:

1. Tactile system: touch
2. Visual system: sight
3. Auditory system: hearing
4. Gustatory system: taste
5. Olfactory system: smell
6. **Vestibular** system: balance, body movement
7. **Proprioceptive** system: joint pressure, body position
8. **Interoceptive** system: internal response



Everyone experiences sensations differently.

Sensory Processing Challenges

- **Hypersensitive:** need less of (avoidant)
- **Hyposensitive:** hungry for (seeking)

A person can be both **hyper-** and **hypo-**sensitive to the same sense.

- **More organized and predictable** sensory input is easier to handle - person may seek it out
- More chaotic and unpredictable sensory input may be aversive – person may strive to avoid

Challenges

How does **ASD** affect one's ability to
enjoy the **Mia** experience?
Minneapolis Institute of Art

Challenges: Range of Individual Needs and Abilities

- Expressive and receptive language differences
 - Understanding of social “rules”
 - Stim behavior
 - Sensory sensitivities
 - Inflexible thinking
 - Transitions
 - Self-regulation
- ...and more



Challenges: Physical Environment

- Sensory input
- Mobility issues
- Co-occurring conditions
- Other people!

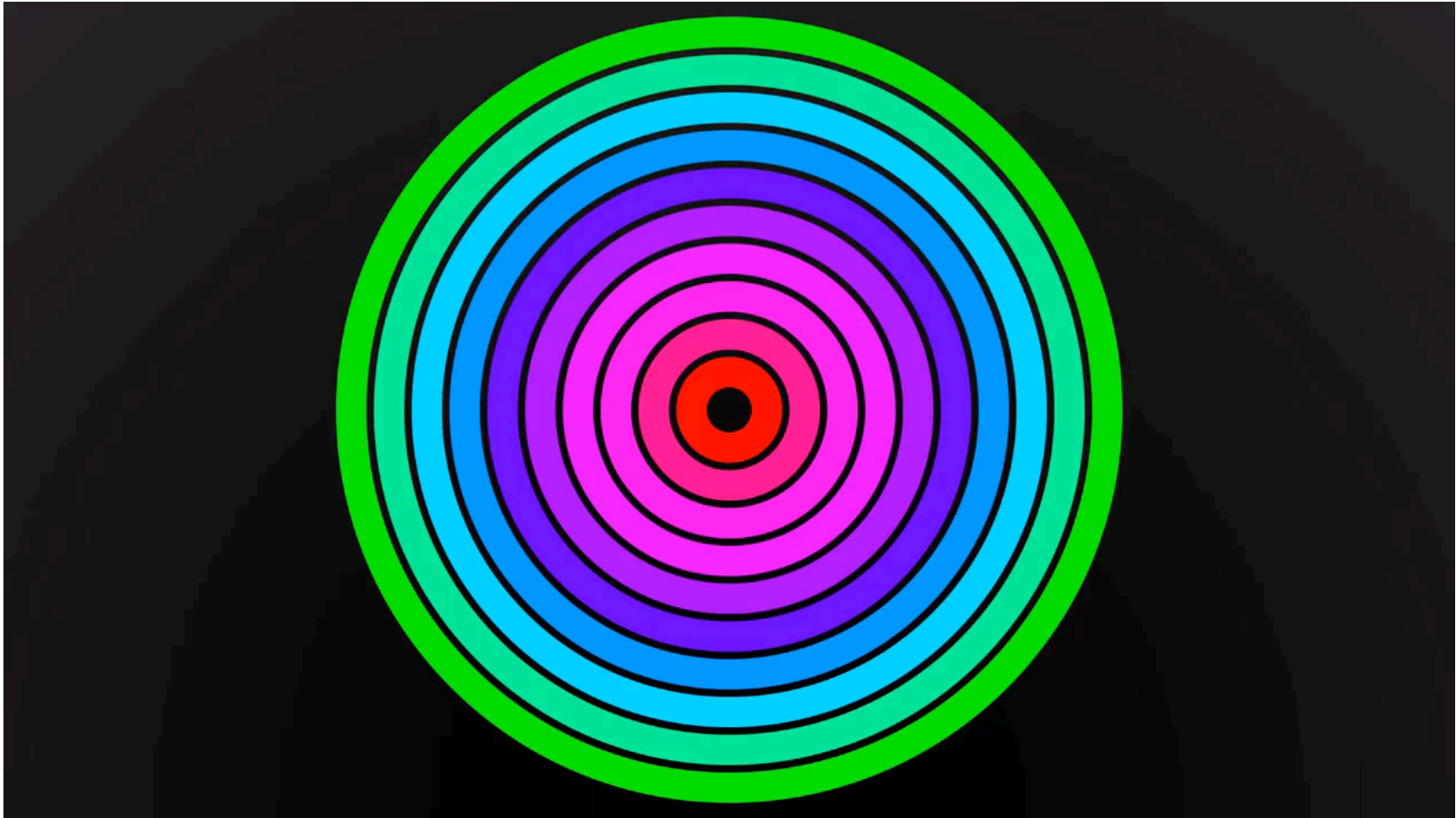


Challenges: Nature of Activities

- Verbal information
- Abstract thinking and language
- Unstructured
- Museum etiquette
 - Volume
 - Sitting, standing still
 - Proximity to art, others
 - Hands to self



BREAK



Proactive Strategies

Universal tools and best practices to support a neurodiverse audience

Visual Supports

9 REASONS TO USE VISUALS

www.northstarpaths.com

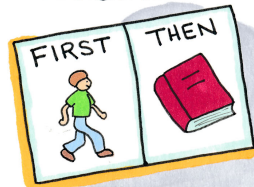
@kwiens62



- VISUALS ARE PERMANENT
(SPOKEN WORDS DISAPPEAR)



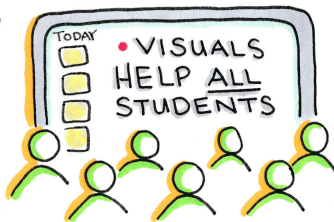
- VISUALS ALLOW TIME
FOR LANGUAGE PROCESSING



- VISUALS PREPARE
STUDENTS FOR TRANSITIONS



- VISUALS HELP KIDS
SEE WHAT YOU MEAN



- VISUALS HELP ALL
STUDENTS



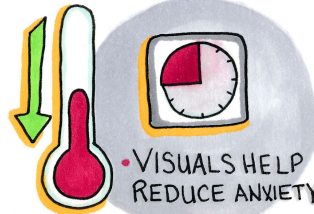
- VISUALS HELP
BUILD INDEPENDENCE



- VISUALS ARE TRANSFERABLE
BETWEEN ENVIRONMENTS
AND PEOPLE



- VISUALS HAVE NO ATTITUDE
• NO TONE • NO FRUSTRATION
• NO DISAPPROVAL

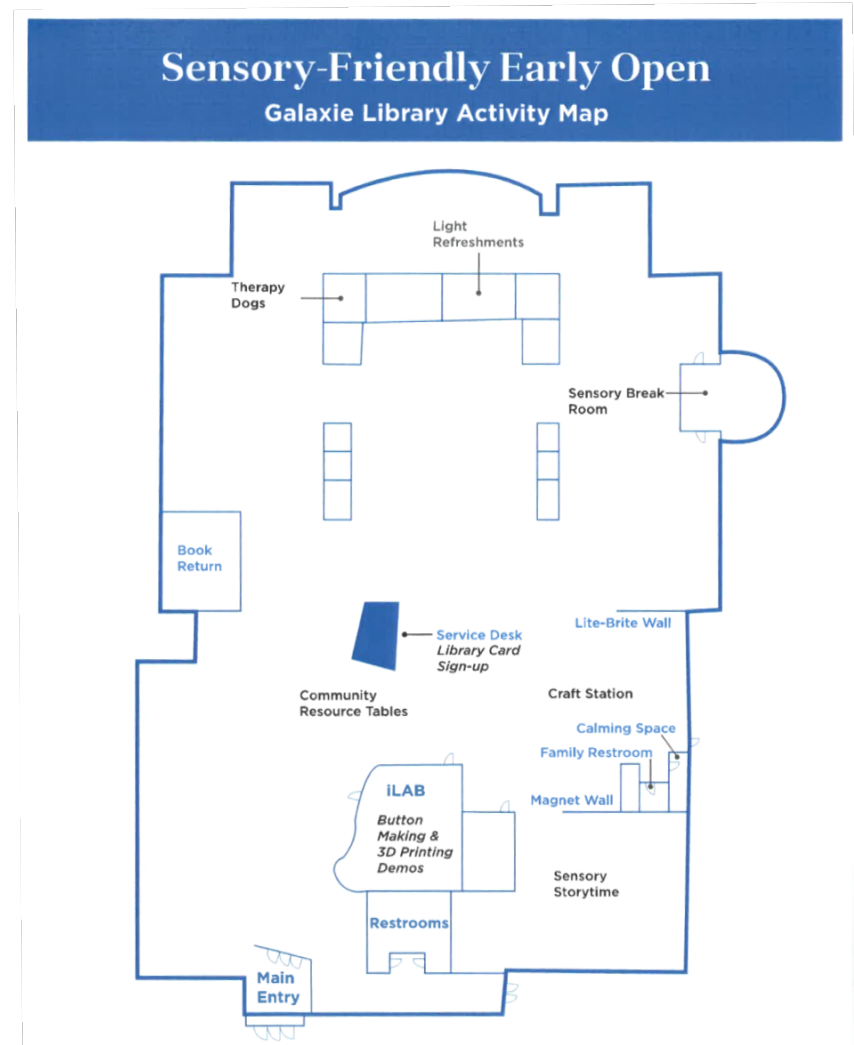


- VISUALS HELP
REDUCE ANXIETY

Other reasons to use visuals:

- They reinforce and supplement verbal directions
- You can target a wide variety of skills (communication, behavior management, emotional regulation, daily living skills, etc.)
- They play to strengths of visual learners

Visual Supports: Signage, Maps, etc.



Visual Supports: Schedules and Timers

4 p.m.

Level Five Café and Sea Change open for pre-show dining

4:30 p.m.

Activity areas open on Levels One and Four

5 p.m.

Wurtele Thrust Stage opens for seating

5:45 p.m.

Activities conclude

6 p.m.

A Christmas Carol begins

6:50 p.m.

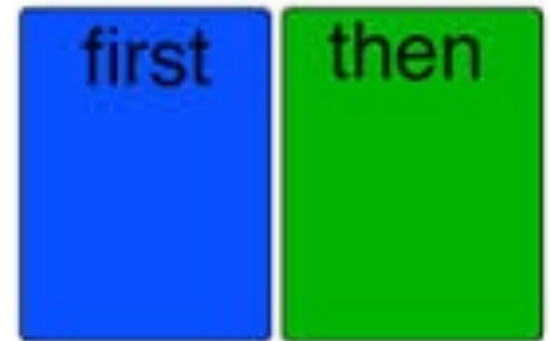
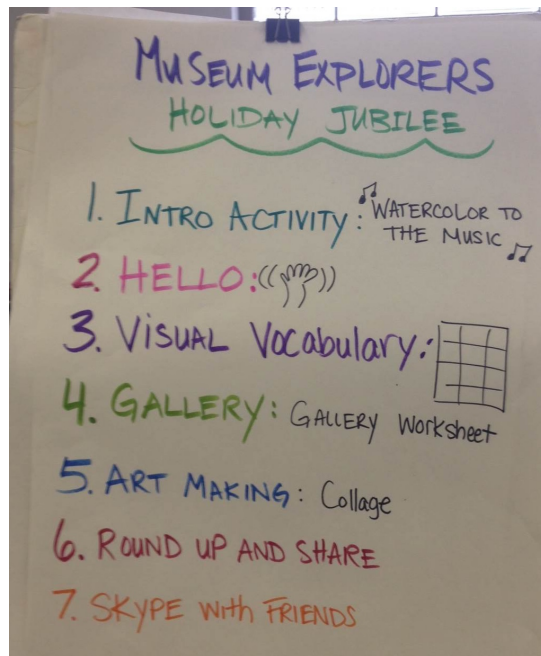
Intermission

7:10 p.m.

A Christmas Carol resumes

8 p.m.

A Christmas Carol ends



Social Narratives

Short description of a social situation that:

- Describes upcoming events
- Describes repeated or reoccurring situations
- Explains the emotions of others (when appropriate)
- Explains expected behavior

Social Narrative – example



- I will keep my arms down by my sides.
This will help keep the art safe and clean.
- I will stay with my class when we walk in the galleries.
- I will walk slowly in the museum.
- I will use my inside talking voice.

There will be security guards throughout the museum.
They are here to help people and keep the art safe.



If I get lost and can't find my chaperone or my friends,
I will tell one of the security guards.

<https://staging.artsmia.org/wp-content/uploads/2014/07/Social-Narrative-for-Guided-School-Groups.pdf>

Sensory Tools

GOT FIDGETS?



Communication Supports: Adjust Language

Use language that is **concrete**, “positive,” and **explanatory**

Concrete language = meaning is tangible, perceived by the senses; more **specific and definite**

Abstract language = intangible ideas; more general and/or conceptual

Name: _____ Date: _____

Math Worksheet

1 a.	$10 \times 7 = \underline{\quad}$	1 b.	$5 \times 7 = \underline{\quad}$
2 a.	$7 \times 5 = \underline{\quad}$	2 b.	$9 \times 7 = \underline{\quad}$
3 a.	$7 \times 9 = \underline{\quad}$	3 b.	$7 \times 8 = \underline{\quad}$
4 a.	$7 \times 6 = \underline{\quad}$	4 b.	$7 \times 2 = \underline{\quad}$
5 a.	$7 \times 12 = \underline{\quad}$	5 b.	$12 \times 7 = \underline{\quad}$
6 a.	$7 \times 4 = \underline{\quad}$	6 b.	$2 \times 7 = \underline{\quad}$
7 a.	$11 \times 7 = \underline{\quad}$	7 b.	$7 \times 7 = \underline{\quad}$
8 a.	$7 \times 11 = \underline{\quad}$	8 b.	$8 \times 7 = \underline{\quad}$
9 a.	$7 \times 3 = \underline{\quad}$	9 b.	$3 \times 7 = \underline{\quad}$
10 a.	$1 \times 7 = \underline{\quad}$	10 b.	$4 \times 7 = \underline{\quad}$

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Communication Supports: Adjust Language

Use language that is concrete, “**positive,**” and explanatory



VS.



Communication Supports: Adjust Language

Use language that is concrete, “positive,” and **explanatory**

Remember:

- Social rules are not instinctively learned
- Expectations change depending on context, age, culture, etc.
- Nonverbal or subtle cues are difficult to read and process in the moment



Adjust Language: Allow for Processing Time

- Processing time = wait time
- Avoid complex verbal directions
- Avoid immediately repeating yourself
- Use visual cues



Choices and Redirection

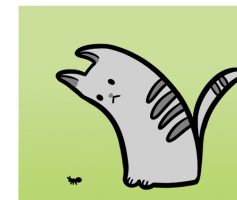
CHOICES TO GIVE

- Working for X or Y
- This task or that task
- How to Complete the task
- Who to Work With
- The order of the tasks
- Funny Things to wear or use
- How to Get Somewhere

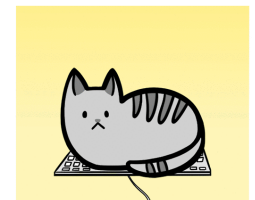
AUTISM CLASSROOM
Tina & Rebecca



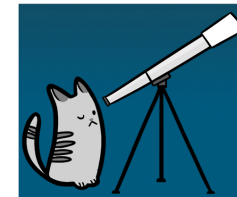
Autistic Cat's special interests



insects



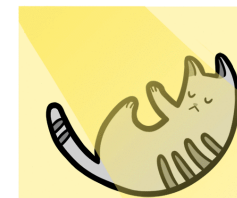
browsing tumblr



astronomy



tail swishing



sleeping



shiny things

tinybrush.tumblr.com

Interaction Tips

Remember: the unpredictable can create anxiety.

- Be prepared to give clear, concise directions about:
 - How to navigate museum; where to find resources, bathrooms, quiet spaces, etc.
 - Other accessibility concerns
 - Length, sequence, scope, etc. of activities
- Embody patience!
 - Inference is difficult – be prepared to answer “obvious” questions
 - Some may repeat questions – continue to provide information and offer written/visual guidance

Interaction Tips – continued

Embody acceptance and nonjudgment.

- Disability etiquette
 - NOT a caretaker (bathrooms, etc.)
 - Speak to the INDIVIDUAL, not AROUND or ABOUT them
 - Assume competence!
 - Service dogs, wheelchairs: **do not touch** unless explicitly requested to

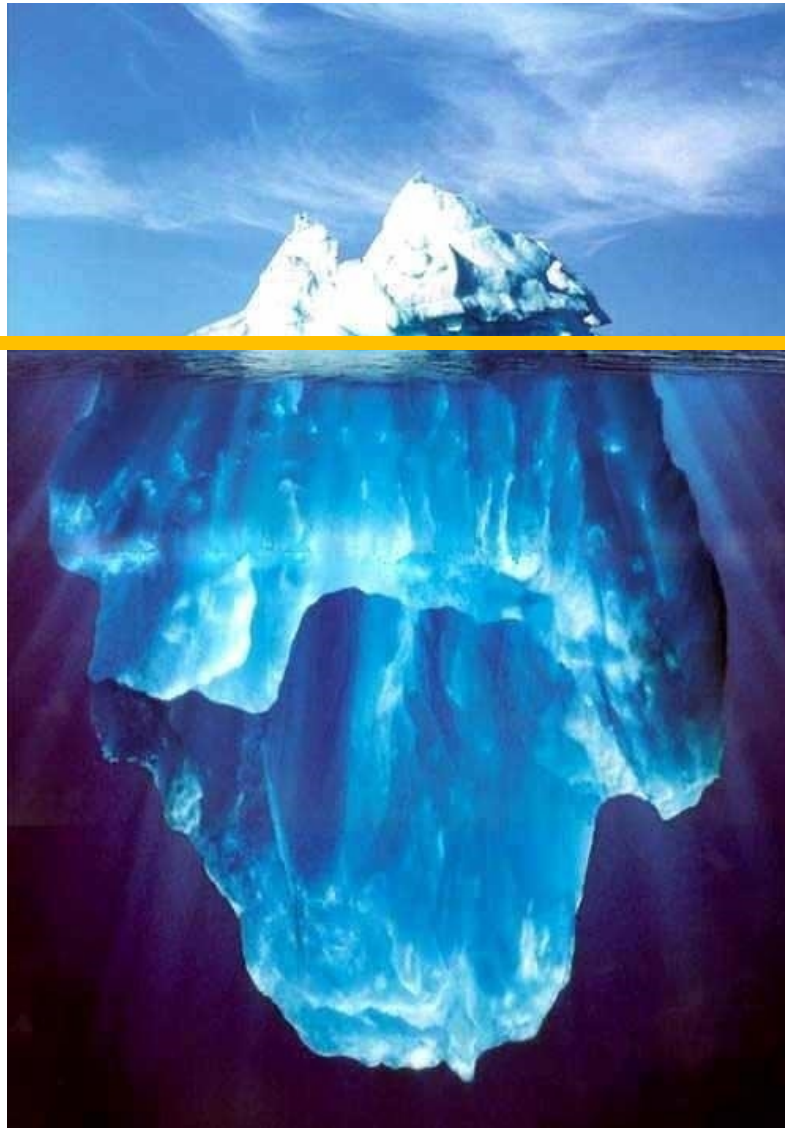


Challenging Behavior and De-Escalation

Understanding challenging behavior and working through crises

Challenging Behavior...What Lies Beneath

Specific
Behaviors



Underlying
Deficits

- Yelling/swearing/threats
- Hitting/physical aggression
- Withdrawal/shutdown
- Eloping

- Unable to communicate needs
- Medication/sleep/dietary imbalance
- Sensory overload/vacuum
- Inconsistent routine
- Inconsistent results to behavior
- Poor understanding of the situation & social rules
- Low frustration tolerance & lack of impulse control
- Unaware of feelings of others
- Feels threatened by the circumstances

Every Behavior Has a Function

Four functions:

- To acquire something you want
- To avoid/escape/delay an unpleasant situation
- To meet a social need (getting attention)
- To meet a physical or sensory need



Self-Regulation Strategies



The Incredible 5-Point Scale:

- **How to use:** describe emotions, physical feelings, volume, challenging behavior, personal space, objectivity (how big is my problem?), etc. Can be specific or general.
- Most effective when **INDIVIDUALIZED!**
- Create with the individual, whenever possible.


5 I am not safe.
I need to leave
before anyone
gets hurt.



4 I am losing
control. I need
a Chillville
break to calm
down.



3 I am not fully
in control.
I need to take
deep breaths.



2 Things are ok.
I can handle it.

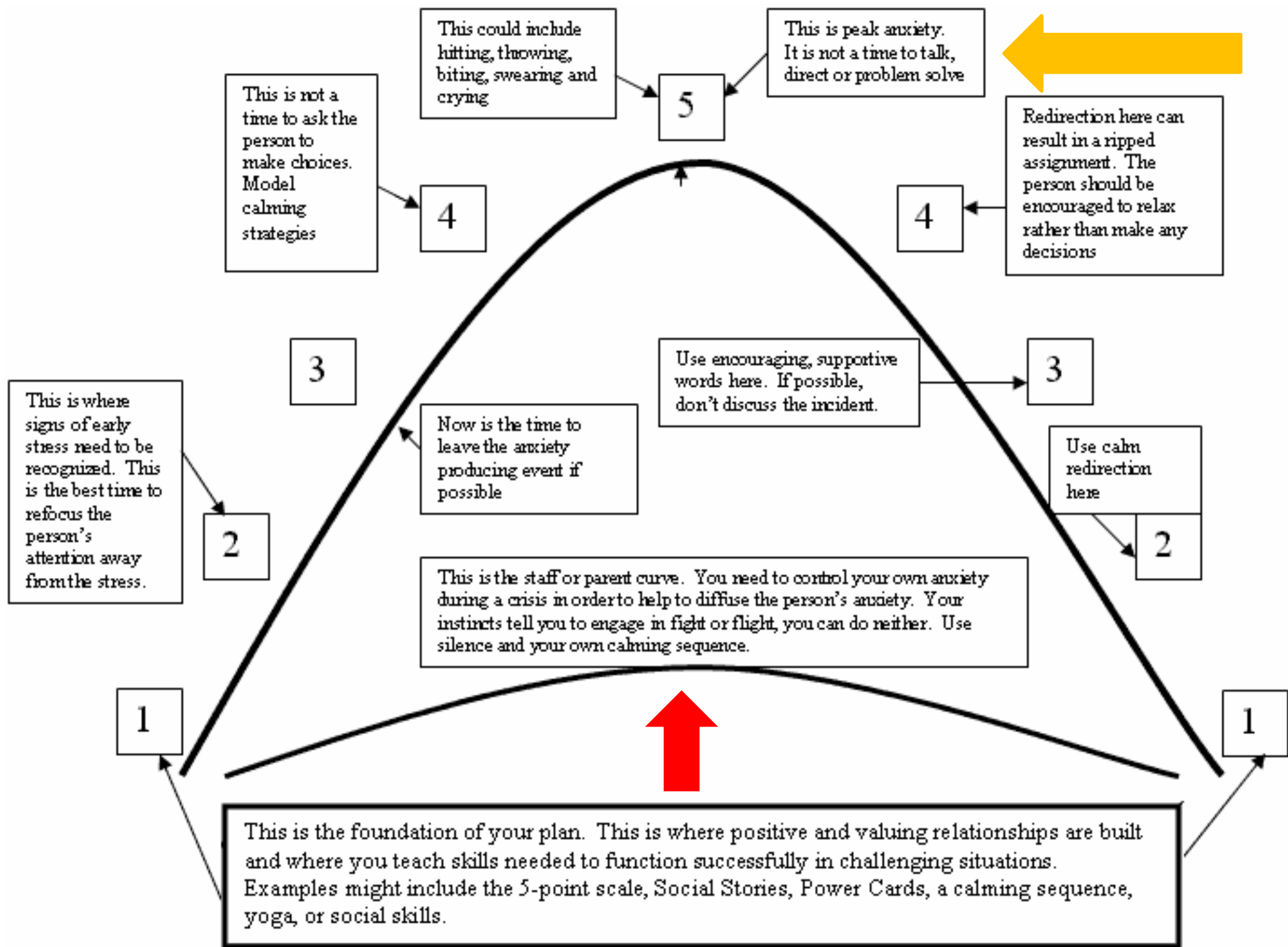


1 I feel
super



Name: _____ My _____ Scale

Rating	Looks Like	Feels Like	I can try to
5			
4			
3			
2			
1			



De-Escalation: What TO Do

DO:

- **Keep yourself and others safe**
- Ask if/how you can help (individual or caregivers)
- Stay calm and monitor your own reaction (stay at a 1*)
- At a 3* or above: minimize (or eliminate) talking; limit the people giving directions
 - Appoint one person to manage the individual/situation; anyone else should manage the environment and other people in it
- Be resourceful (other people and environment)
- **Maintain respect and dignity of the individual**

De-Escalation: What *NOT* to Do

DO NOT:

- **Touch an individual unless that person is in imminent danger**
- Assume the worst
- Take anything personally
- Bombard with suggestions
- Insist on helping if your offer is rebuffed
- Keep watching
- Assume you have to have all the answers!

Scenarios: What Would You Do If...

- A student touches an art object inappropriately?
- A student continues to blurt out while you're speaking and wants to answer every question posed to the group?
- A student has a meltdown or runs away from the group?
- A student seems to struggle to verbally express his/her ideas?

Questions?

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Online Resources

www.socialthinking.com
www.5pointscale.com
www.jillkuzma.wordpress.com
www.jedbaker.com
www.paulakluth.com
www.barryprizant.com
www.teach2talk.com
www.autisminternetmodules.org/
www.autismspeaks.org
www.ausm.org
www.arcmn.org
www.pacer.org

Autistic Voices

- Amethyst Schaber: Ask an Autistic (Youtube); neurowonderful.tumblr.com
- Autistic Self Advocacy Network (ASAN): autisticadvocacy.org
- Autism Women's Network: autismwomensnetwork.org
- Chris Bonnelo: Autistic Not Weird on Facebook; autisticnotweird.com
- Christa Holmans: neurodivergentrebel.com
- Cynthia Kim: musingsofanaspie.com
- NOS Magazine: nosmagazine.org
- Stephen Shore: researchautism.org

THANK YOU!

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Established in 1971, the Autism Society of Minnesota is committed to education, advocacy and support designed to enhance the lives of those affected by autism from birth through retirement.

The Autism Society of Minnesota is a 501(c)(3) organization.

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