



DIAGNOSTIC CENTER
Northern California



WELCOME
TO THE
INTRODUCTORY
POWERPOINT
FOR THE NEW DCN
TRAINING:



BEST PRACTICE

PRESCHOOL ASD ASSESSMENT:

Effective Tools & Practical Testing Strategies for School-Based Teams

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WE HAVE CREATED THIS POWERPOINT

- To provide pertinent information for all training participants to review **PRIOR** to attending the full six-hour training, including:
 - The definition of **Autism Spectrum Disorders**
 - **Current statistics** on occurrence, risk factors, and research
 - At what age **diagnosis** may be done
 - Changes in the **California Code of Regulations** regarding “Autism”
 - Changes from DSM IV to **DSM-5**
 - **ASD Sensory Response Patterns**
 - Information on **Theory of Mind (ToM)**



AUTISM SPECTRUM DISORDER IS:

A group of life-long neurodevelopmental disabilities that can cause significant social interaction, communication, and behavioral challenges.



CORE ASD Deficits

- **Social interaction**
- **Communication (verbal and nonverbal)**
- **Restricted, repetitive patterns of behavior, interests, or activities**

TYPICAL SOCIAL PRAGMATICS INVOLVE THREE COMMUNICATION SKILLS

(Kotrba, 2012)

1. *Using language* for different purposes such as:

- Greeting
- Informing
- Making demands
- Promising
- Requesting



Social Pragmatics

(Kotrba, 2012)

2. *Changing language* to suit the needs of a listener or situation, such as:

- Talking differently to different people in different places
- Providing needed background information





Social Pragmatics

(Kotrba, 2012)

3. *Following rules for communication* such as:

- Engaging in conversations and telling stories with the ability to take turns in conversation
- Introduce topics of conversation
- Stay on topic



- Paraphrase when not understood
- Use verbal and nonverbal signals
- Know how far to stand from someone when communicating
- How to make eye contact and use facial expressions for social communication

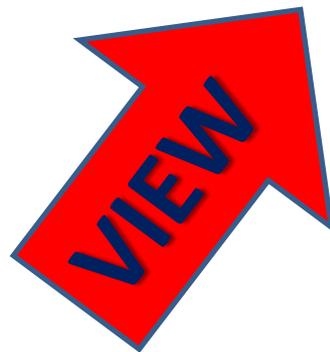
CLARIFYING “RESTRICTIVE INTEREST”



- **More than just a strong interest** in a specific topic or toy
- What sets **RESTRICTIVE INTEREST** apart from a strong interest is the amount of time and energy devoted to it, the vast amount of information gathered, **or** the refusal to talk, read, or write about anything other than it

Repetitive Behaviors and Restricted Interests-EXAMPLE

- **GO TO THE:** **Autism Speaks Video Glossary**
- Sub-category: Preoccupation with Restricted Patterns of Interest
- **REVIEW:** Video Clip #4
- <http://autismspeaks.player.abacast.com/asdvideoglossary-0.1/autismspeaks/login>



Repetitive Behaviors and Restricted Interests-ANOTHER EXAMPLE

- Autism Speaks Video Glossary
- Sub-category: Insistence on Sameness: Activities, Routines, Rituals
- **REVIEW:** Video Clip #3
- <http://autismspeaks.player.abacast.com/asdvideoglossary-0.1/autismspeaks/login>

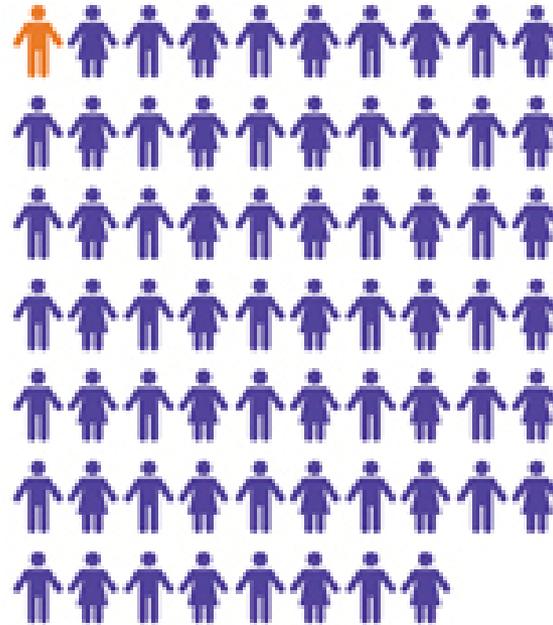


Who Is Affected?

- Autism knows no racial, ethnic, or social boundaries; income levels; lifestyle choices; or educational levels, and can affect **any** child in **any** family **anywhere** in the world.



NUMBER OF CHILDREN IDENTIFIED WITH ASD



1 in **68**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

DID YOU KNOW?

“Autism is the fastest-growing special education eligibility category for public education in **California and the nation....**”

-former Superintendent Jack O'Connell



90,794 Students *



**Aged 2-22
with
Autism Spectrum
Disorder**

in California

**[12.6% of Special
Education Students in CA]**

*According to the December 2014 Reporting Cycle

CA Dept. of Special

Education www.cde.ca.gov/ds

Children with ASD in California schools?

CA Department of Special Education Special Education Enrollment by Age & Disability

December 2009-2010 Reporting Cycle=59,592

December 2010-2011 Reporting Cycle=65,815

December 2011-2012 Reporting Cycle=71,702 [10.5%]

December 2012-2013 Reporting Cycle=78,624 [11.3%]

December 2013-14 Reporting Cycle=84,713 [12%]

December 2014 Reporting Cycle

90,794 Students ←

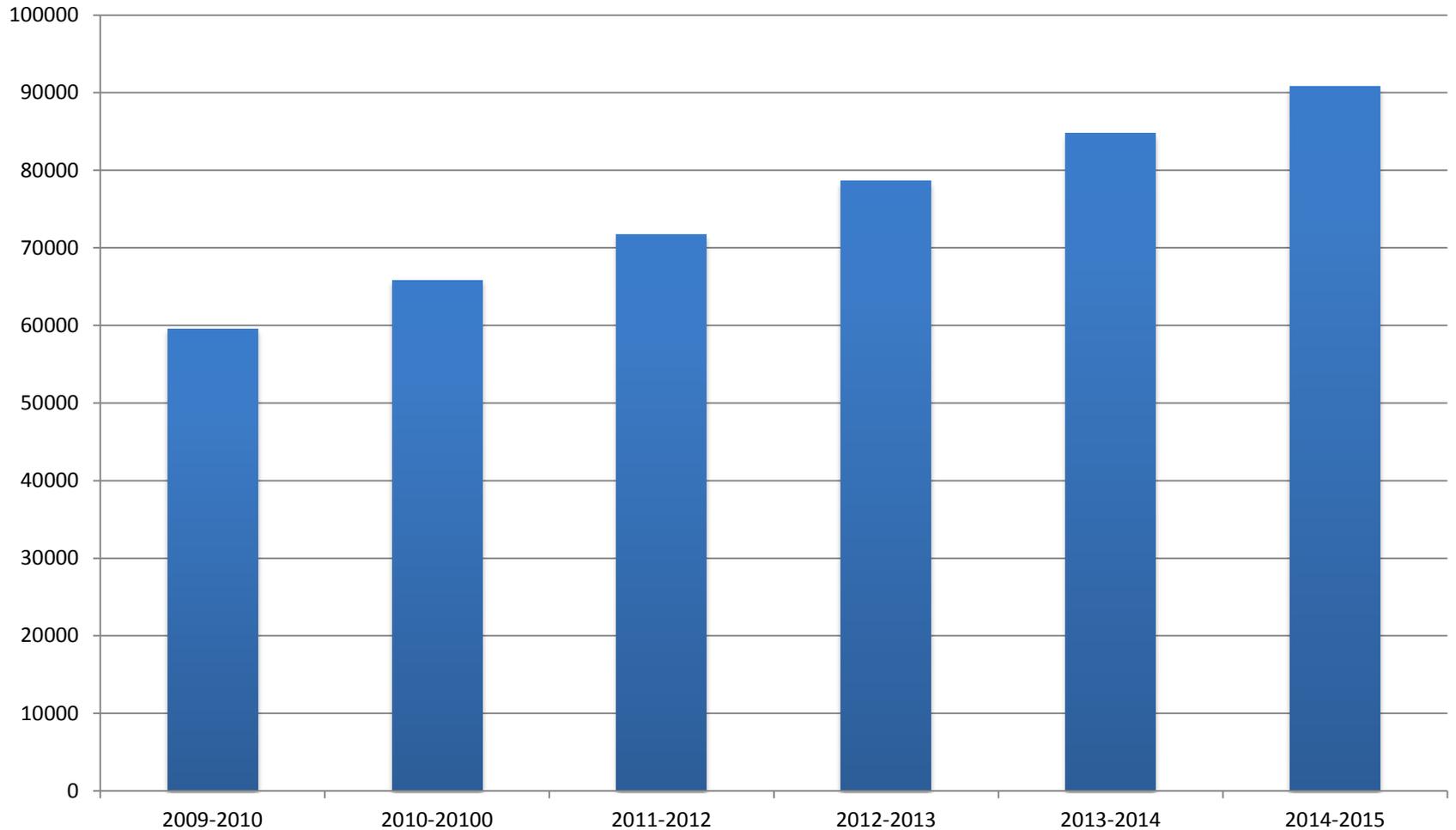
**[+6,081 new students identified with ASD in
one year!]**



Source: www.cde.ca.gov/ds

Prevalence of ASD in CA Schools

(number of students receiving Special Education Services)



March 27, 2014

CDC Released New Statistics:

ASD has increased by 30% increase since 2012

www.cdc.gov/autism

Prevalence of Autism Spectrum Disorders — Autism and Developmental Disabilities Monitoring Network Report March 2014

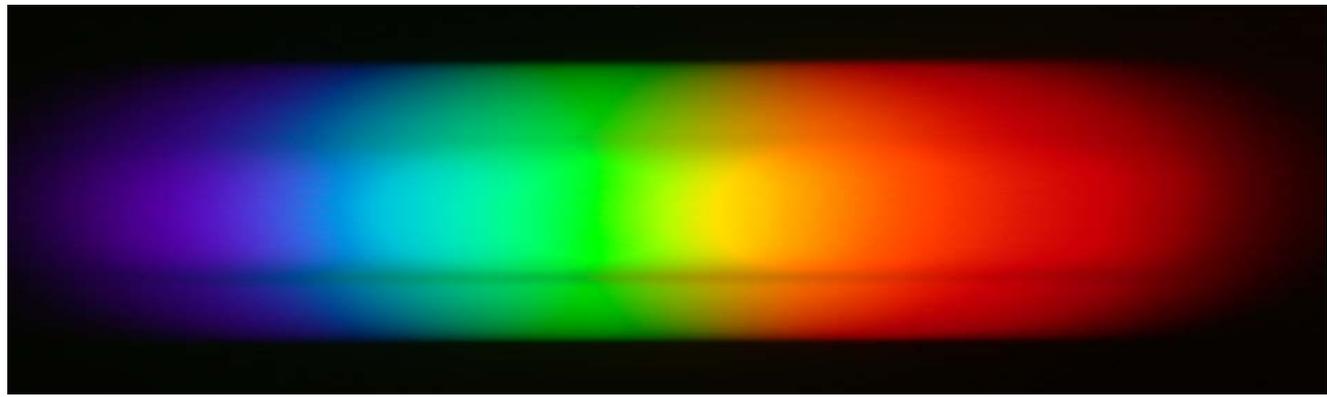
- ASD is almost five times more common among boys than girls: 1 in 42 boys versus 1 in 189 girls.
- White children are more likely to be identified as having ASD than are black or Hispanic children.

Intellectual Ability

March 2014 Findings

Levels of intellectual ability vary greatly among children with autism, ranging from severe intellectual challenges to average or above average intellectual ability.

- **At age 8:**
 - **46%** in the average to above average range (IQ > 85)
 - 23% in the borderline range (IQ = 71–85)
 - 31% of children with ASD were classified as having IQ scores in the range of intellectual disability (IQ ≤ 70)



- ASDs range from very mild to severe.
- People with ASDs share some similar symptoms, such as problems with social interaction, communication, and behaviors.
- **But there are differences** in when the symptoms start, how severe they are, and the exact nature of the symptoms.

CHILDREN WITH ASD also have chromosomal & genetic diseases



10 % DOWN
SYNDROME

5% FRAGILE
X SYNDROME

1 - 4%
TUBEROUS
SCLEROSIS

WHAT CAUSES AUTISM?

- Scientists aren't certain what causes Autism



- It's likely that both genetics and environment factors may play a role

RISK FACTORS FOR ASD



- **A parent with an ASD** is at higher risk of having a child with an ASD.
- Children born to **older parents** are at a higher risk of having an ASD.
- Parents who have a first child with an ASD have a **2%–18% chance** of having a second child who is also affected.
- Among identical twins, if one child has an ASD, then the other will be affected about **36-95%** of the time. In non-identical twins, if one child has an ASD, then the other is affected about **0-31%** of the time.

- A small percentage of children who are born **prematurely or with low birth weight (<4.4 lbs)** are at a greater risk for having ASDs.
- ASD commonly co-occurs with other developmental, psychiatric, neurologic, chromosomal, and genetic diagnoses.
 - The co-occurrence of one or more non-ASD developmental diagnoses is **83%**.
 - The co-occurrence of one or more psychiatric diagnoses is **10%**.
- When taken during pregnancy, the prescription drugs **valproic acid** (anti-seizure medication) and **thalidomide** (medication to treat blood cell cancer) have been linked with a higher risk of ASDs.

Is There A Cure For ASD? Do Children “OUTGROW” Autism?



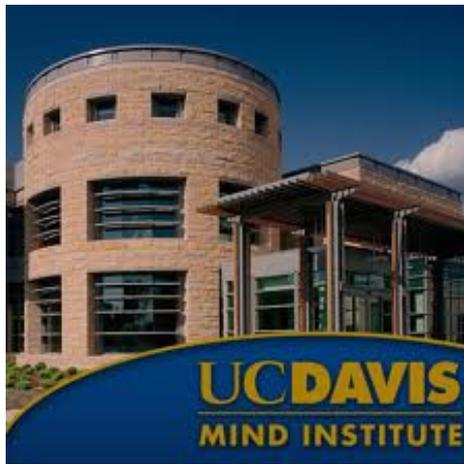


- There isn't a cure for ASD.
 - Children do not "outgrow" Autism.
-
- “Right now, the main research-based treatment for ASD is intensive structured teaching of skills, often called behavioral intervention. It is **very** important to begin this intervention as early as possible in order to help a student reach his or her full potential.” www.captain.ca.gov

IS THERE MEDICATION FOR AUTISM?

- **NO!** There is no medication that can cure Autism.
- **HOWEVER, THERE ARE SOME DRUGS USED TO TREAT SOME OF THE SYMPTOMS THAT ARE ASSOCIATED WITH ASD; i.e., improve attention, alleviate anxiety, reduce aggression, and improve sleep at night.**

Drug Research Source: UC Davis MIND Institute



- At the **UC Davis MIND Institute**, world-renowned scientists engage in collaborative, interdisciplinary research to find the causes of and develop treatments and cures for **autism**, attention-deficit/hyperactivity disorder (ADHD), Fragile X Syndrome, 22q11.2 deletion syndrome, Down Syndrome and other **neurodevelopmental disorders**.

http://www.ucdmc.ucdavis.edu/mindinstitute/videos/video_summerinstitute.html

EXCITING RESEARCH!

<http://www.ucdmc.ucdavis.edu/mindinstitute>

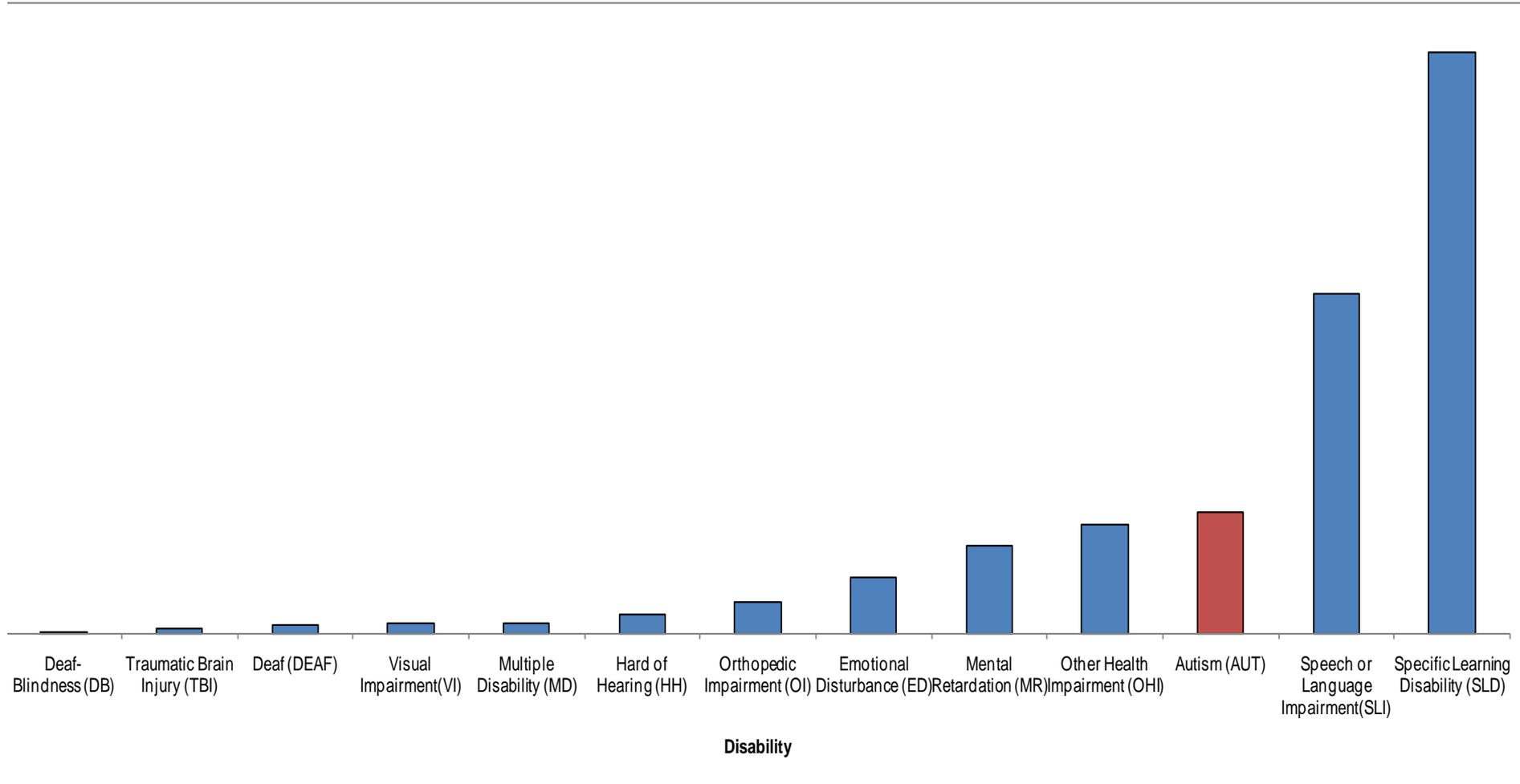
- **CHARGE Study (Childhood Autism Risks from Genetics and the Environment)**
 - **MARBLES Study (Markers of Autism Risk in Babies— Learning Early Signs)**
- Researchers have identified a biomarker for autism in a subset of children: Maternal Antibody-Related Autism
- Excessive cerebrospinal fluid and enlarged brain size in infancy are potential biomarkers for autism

How Many PRESCHOOL Children with ASD are in California Schools?

- December 2014 CDE Reporting Cycle:
16,414 (ages 3 through five)
- **For preschoolers**, Autism is the #2 category after Speech or Language Impairment (SLI). **For all ages**, it is the #3 category; Specific Learning Disability (SLD) is #1

CA Dept. Special Education Enrollment by Disability

Students Ages 0-22



**THE MOST COMMONLY DOCUMENTED
EARLY DEVELOPMENTAL CONCERN
IS LANGUAGE DELAY!**



AT WHAT AGE CAN ASD BE DIAGNOSED?



- As early as age 2, diagnosis can be reliable, valid, and stable (www.cdc.gov/autism)
- In some cases, as early as 18 months
- **Provisional diagnosis is recommended when indicated**

- About one third of **parents** of children with ASD noticed a problem before their child's first birthday
- 80% of parents saw problems by 24 month



Symptoms of ASD in Children 18 months to 24 months

- General delays
- Gestural communication and joint attention deficits
- Impaired emotional responsiveness
- Language delays/deviance
- Lack of imitation
- Lack of symbolic play
- Repetitive behaviors
- Atypical sensory responses

REGRESSION OF COMMUNICATION

- **Language regression after normal language onset is unique to ASD** and not found among children with other developmental delays
- Is seen **in some children** with ASD
- Is characterized by **loss of**:
 - verbal communication and gestural communication; i.e., waving and pointing
 - social skills; i.e., making eye contact and responding to praise



Regression...

- **IN ADDITION to language regression,** the ASD child may experience a loss of developmental skills, a plateau in development, or both



IMPORTANT!

- The **American Academy of Pediatrics (AAP)** policy is that **all children** be screened for developmental delays and disabilities during regular well-child doctor visits at:
 - 9 months
 - 18 months
 - 24 or 30 months
- Sources: www.aap.org; www.cdc.gov

IMPORTANT!

- In addition, screenings for ASD should be conducted at
 - 18 months
 - 24 months
 - Whenever concerns are brought up pertaining to ASD
- Sources: www.m-chat.org; www.aap.org; www.cdc.gov



- **ASD symptoms are typically apparent before age 3**—but may not be fully manifest (for some higher functioning children with ASD) until social demands exceed limited capacities—e.g., 2nd/3rd grade.

HOWEVER, most children are diagnosed at

4.5-5.5 years of age

- The median age of diagnosis for children with high functioning ASD is **8 years old!**





WHY IS PRESCHOOL ASSESSMENT IMPORTANT?

- Earlier more accurate diagnosis assists in the mobilizing of efforts and understanding of ASD!
- Early diagnosis results in earlier interventions and better outcomes!

- Studies show that early intervention leads to significantly improved outcomes!



http://www.ucdmc.ucdavis.edu/mindinstitute/videos/video_educational.html



 Play in Media Player
280.0MB

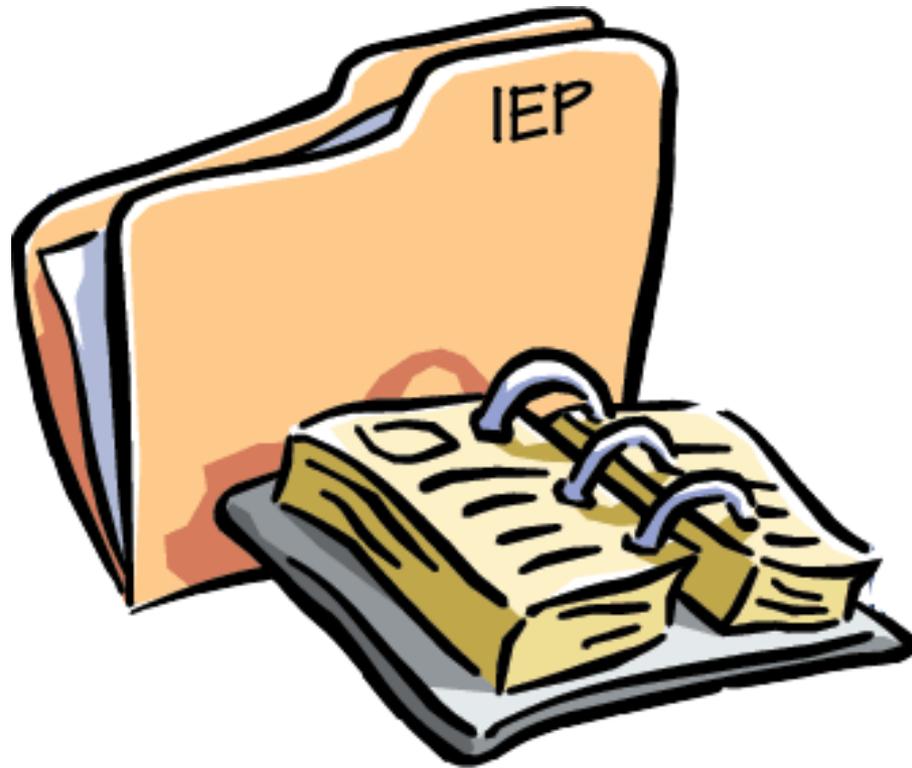
Unlocking Autism

Producer: Figure 8 Films for Discovery Health

Length: 44:00

Summary: This documentary on autism was produced for and originally featured on the Discovery Health Channel in April 2009. It features several MIND Institute researchers and documents the story of a family participating in the MIND Institute's Autism Phenome Project. The documentary has been extremely well received and was awarded the Television Academy Honors award for "Television with a Conscience" from the Academy of Television Arts & Sciences in March 2010.

Amendments to State Regulations on Eligibility for Autism Effective July 1, 2014



Barclays Official California Code of Regulations [Currentness](#)

Title 5. Education

Division 1. California Department of Education

Chapter 3. Individuals with Exceptional Needs

Subchapter 1. Special Education

Article 3.1. Individuals with Exceptional Needs

New!
July 1, 2014

5 CCR § 3030

§ 3030. Eligibility Criteria.

(a) A child shall qualify as an individual with exceptional needs, pursuant to Education Code section 56026, if the results of the assessment as required by Education Code section 56320 demonstrate that the degree of the child's impairment as described in subdivisions (b)(1) through (b)(13) requires special education in one or more of the program options authorized by Education Code section 56361. The decision as to whether or not the assessment results demonstrate that the degree of the child's impairment requires special education shall be made by the IEP team, including personnel in accordance with Education Code section 56341(b). The IEP team shall take into account all the relevant material which is available on the child. No single score or product of scores shall be used as the sole criterion for the decision of the IEP team as to the child's eligibility for special education.

(b) The disability terms used in defining an individual with exceptional needs are as follows:

(1) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.

(B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

Amendments to State Regulations on Autism Eligibility

The new CA Code of Regulations:

- deletes the term "~~autistic-like behaviors~~"
- adds the term "characteristics often associated with autism"



Amendments to State Regulations on Autism Eligibility

The list of "autistic-like behaviors" has been amended to align with federal requirements, but is substantively similar:



- engagement in repetitive activities and stereotyped movements;
- resistance to environmental change or change in daily routines; and
- unusual responses to sensory experiences.

WHY THE AMENDMENTS?



CDE recently updated the state's special education regulations to align them with current state laws and federal requirements. In addition to making the regulations current, the amendments may:

- Help to remove confusion among educators when state and federal eligibility requirements for determining whether a student has autism are inconsistent
- Help to ensure that students with autism are appropriately identified, and receive the appropriate services for their needs.

Amendments to State Regulations on Autism Eligibility

California Code of Regulations
5 CCR § 3030. Eligibility Criteria.

Prior to July 1, 2014

3030 (g) A pupil exhibits any combination of the following autistic-like behaviors, to include but not limited to:

- (1) **An inability to use oral language for appropriate communication.**
- (2) A history of extreme withdrawal or relating to people inappropriately and continued **impairment in social interaction** from infancy through early childhood.
- (3) **An obsession to maintain sameness.**
- (4) Extreme preoccupation with objects or inappropriate use of objects, or both.
- (5) Extreme resistance to controls.
- (6) Displays **peculiar motoric mannerisms and motility patterns.**
- (7) **Self-stimulating, ritualistic behavior.**

July 1, 2014

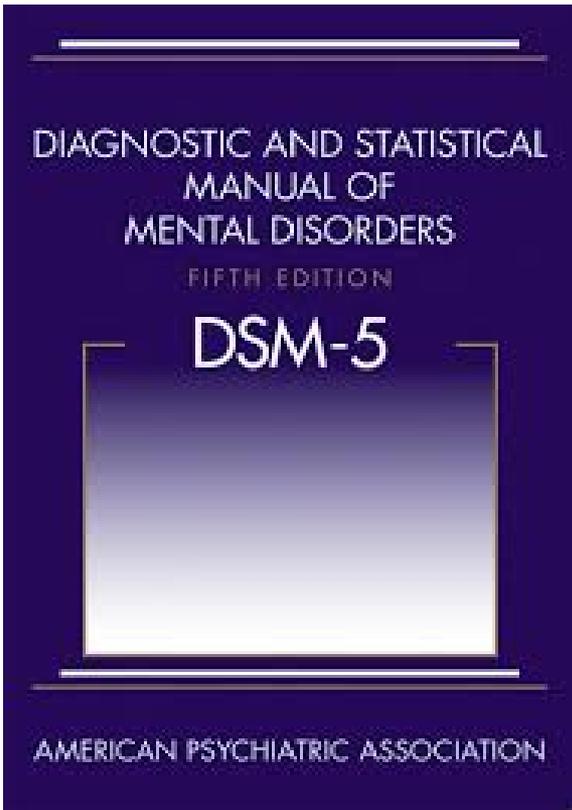
(1) Autism means a developmental disability significantly **affecting verbal and nonverbal communication and social interaction**, generally evident before age three, and adversely affecting a child's educational performance. Other **characteristics often associated** with autism are **engagement in repetitive activities and stereotyped movements**, **resistance to environmental change or change in daily routines**, and unusual responses to sensory experiences.

(A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.

(B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (b)(1) of this section are satisfied.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS—FIFTH EDITION

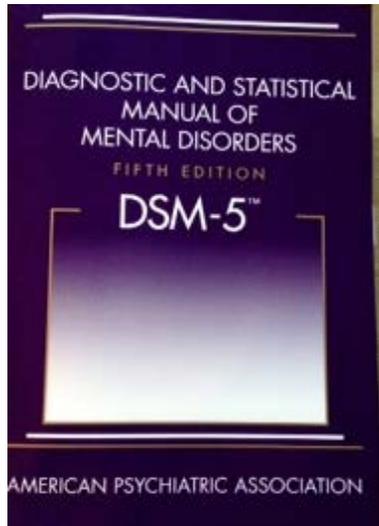
WHY DOES DSM-5 MATTER TO US?



- While **the** official manual for school psychologists and speech pathologists is the Education Code, it is also important for us to be familiar with the DSM-5

NEURODEVELOPMENTAL DISORDERS

This section includes:



- Intellectual Disability
- Communication Disorders
- **Autism Spectrum Disorder**
- Attention-Deficit / Hyperactivity Disorder
- Specific Learning Disorder
- Motor Disorders
- Other Neurodevelopmental Disorders

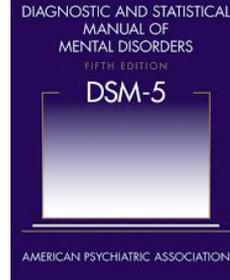
NEURODEVELOPMENTAL DISORDERS

- **Are a group of conditions with:**
 - ✓ Onset in the developmental period.
 - ✓ Deficits that produce impairments of personal, social, academic, or occupational functioning.
 - ✓ A range of deficits that varies from very specific to global
 - ✓ Frequent co-occurrence

*online subscription for manual at
www.PsychiatryOnline.org

*DSM-5 Diagnostic Criteria Mobile App

WHY WE LIKE DSM-5!



- ✎ DSM-5 reflects current understanding of neurodevelopmental disorders better than the Education Code
- ✎ **Helps us document assessment observations**
- ✎ **Provides us guidance to describe behaviors**
- ✎ Includes a dimensional approach to symptoms: severity and impairment
- ✎ Assists with guidelines for interventions and therapies
- ✎ Gives specifics for differential diagnosis

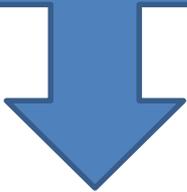


The American Speech-Language-Hearing Association (ASHA) Says:

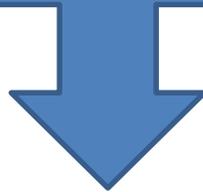
- The **SLP** involved in the diagnosis of ASD **must be knowledgeable and experienced** in using guides such as the *Diagnostic and Statistical Manual of Mental Disorders –Fifth Edition**
- The more descriptive and clear DSM-5 criteria for ASD may benefit children by leading to earlier diagnosis and intervention.” (Diane Paul, PhD, CCC-SLP, ASHA Director of Clinical Issues in Speech-Language Pathology – *The ASHA Leader*, August 2013)

DSM-5 CHANGE FROM DSM-IV!

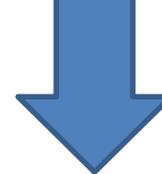
Autistic
Disorder



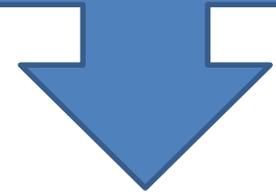
Asperger
Disorder



PDD-
NOS



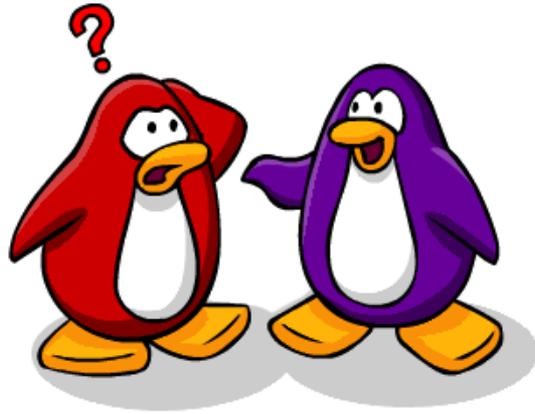
Childhood
Disintegrative
Disorder



One Diagnosis:

AUTISM SPECTRUM DISORDER

What About



Existing Diagnoses?

- **Students do NOT need re-diagnosis; just use new *DSM-5* label: Autism Spectrum Disorder!**
 - Page 51: “Individuals with a well-established *DSM-IV* diagnosis of Autistic Disorder, Asperger, or PDD-NOS **should be given** the diagnosis of ASD.”

Additional changes in *DSM-5*

- **No specific criteria for delay of language**
- **No specific age of onset ; symptoms present in early developmental period though may not be manifest until increase in demands**
- **Specific sensory criteria**
- **Allows for comorbidity of ADHD**

- **Symptoms change with development and some may be masked by compensatory mechanisms, so **the diagnostic criteria may be met on historical information.****
- Current presentation must cause significant impairment.

(DSM-5 manual, p. 32)



DSM-5 CRITERIA FOR AUTISM SPECTRUM DISORDER

SOCIAL-COMMUNICATION (all 3)	REPETITIVE, RESTRICTED (at least 2)
Deficits in social-emotional reciprocity	Stereotyped or repetitive motor movements, use of objects or speech
Deficits in nonverbal communicative behaviors used for social interaction	Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior
Deficits in developing and maintaining developmentally appropriate relationships	Highly restricted fixated interests that are abnormal in intensity or focus
	Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment



BUT...

- DSM-5 ASD diagnostic criteria **do not reflect** the significance of impaired language content (semantics) and form (phonology, syntax)
- **“Language Disorder” is a *DSM-5* component within the category of “Communication Disorders”**
- The *DSM-5* criteria for Language Disorder is defined primarily around vocabulary/semantics, syntax, and grammar

DIMENSIONAL DESCRIPTIONS OF SYMPTOMS

SOCIAL-COMMUNICATION	Range of expression and examples
Deficits in social-emotional reciprocity	<ul style="list-style-type: none">• Abnormal social approach and failure of normal back and forth conversation• Reduced sharing of interests, emotions, affect, and response• Failure to initiate or respond to social interactions
Deficits in nonverbal communicative behaviors used for social interaction	<ul style="list-style-type: none">• Poorly integrated verbal and nonverbal communication• Abnormalities in eye contact and body language or deficits in understanding and use of nonverbal communication• Total lack of facial expression or gestures
Deficits in developing and maintaining developmentally appropriate relationships	<ul style="list-style-type: none">• Difficulties adjusting behavior to suit different social contexts• Difficulties in sharing imaginative play and making friends• Absence of interest in people

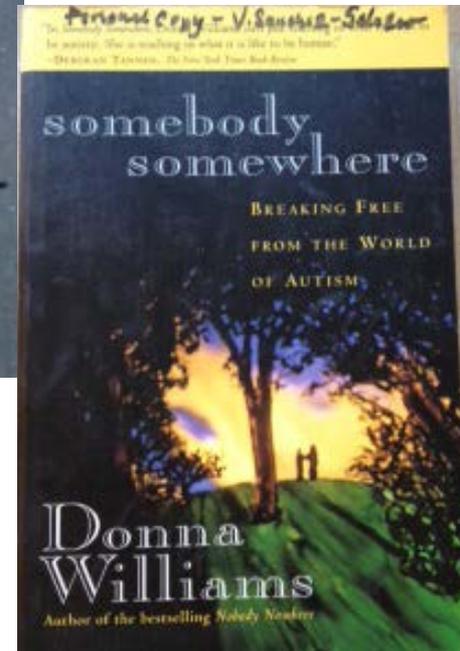
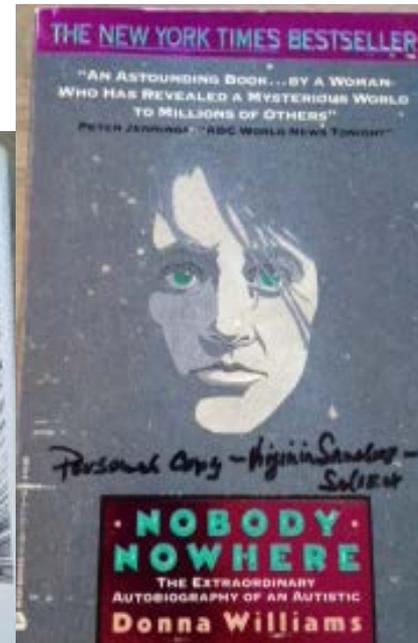
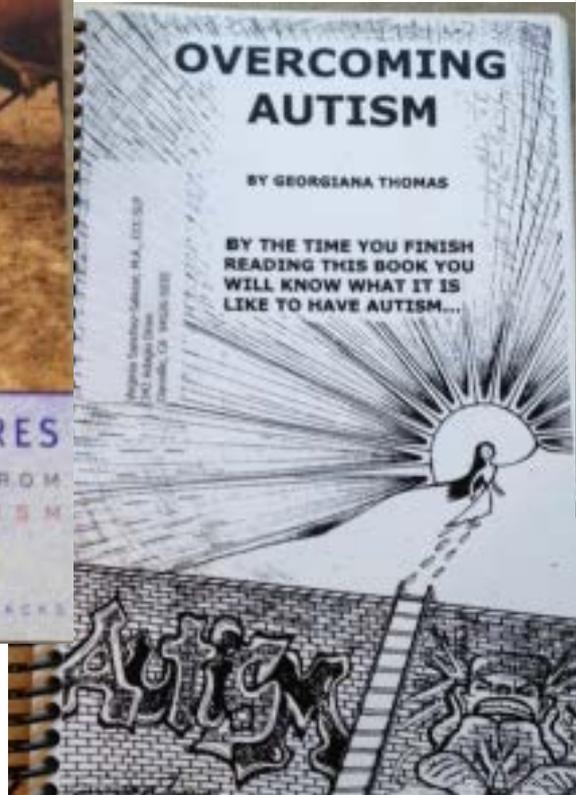
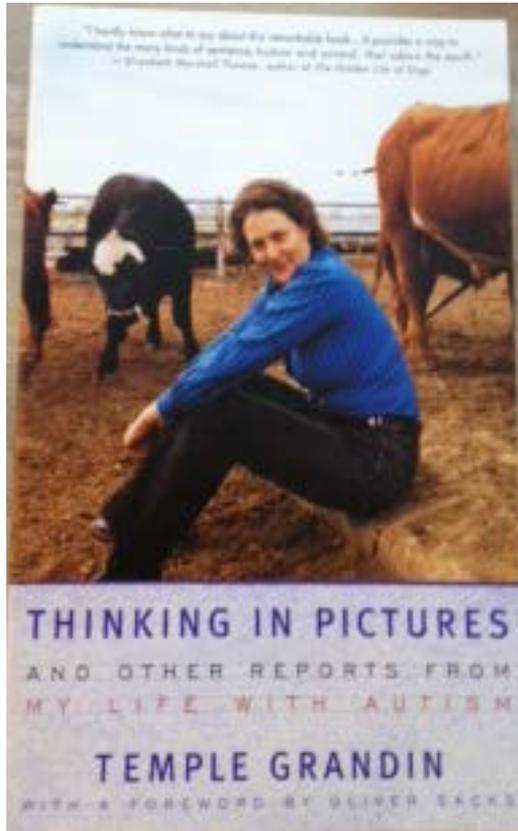
DIMENSIONAL DESCRIPTIONS OF SYMPTOMS

REPETITIVE/RESTRICTIVE- at least 2	Range of expression and examples
Stereotyped or repetitive motor movements, use of objects or speech	<ul style="list-style-type: none">• Motor stereotypies• Lining up or flipping objects• Idiosyncratic speech
Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior	<ul style="list-style-type: none">• Extreme distress at small changes• Difficulty with transitions• Rigid thinking patterns• Greeting rituals• Insistence on same route or food
Highly restricted fixated interests that are abnormal in intensity or focus	<ul style="list-style-type: none">• Strong attachment to /preoccupation with unusual objects• Excessively circumscribed or perseverative interests
Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	<ul style="list-style-type: none">• Indifference to pain/temperature• Adverse response to sounds/textures• Excessive smelling/touching objects• Visual fascination with lights/movement/objects

WHY IS IT IMPORTANT TO IDENTIFY the **ASD STUDENT'S** ***SENSORY RESPONSE PATTERN?***



EXTREME SENSORY RESPONSE PATTERNS HAVE BEEN REPORTED IN 40% TO 90% OF SCHOOL-AGED STUDENTS WITH ASD (Baranek et.al, 2006)



SO WE LOOK AT...

Sensory Processing

Is a broad term that refers to how the peripheral and central nervous systems manage incoming sensory information; sensory integration is a part of this

Sensory Modulation

Is an **adjustment** in ongoing physiological processes to ensure internal adaptation to *new or changing sensory information*

- Purpose is to maintain an optimal level of arousal for performance
- Can be influenced by the **intensity, frequency, duration, complexity, and novelty** of sensory input

FOUR SENSORY RESPONSE PATTERNS

(Cut across modalities)

1. Hyporesponsiveness (**HYPO**)
2. Hyperresponsiveness (**HYPER**)
3. Sensory interests, repetitions, and seeking behaviors (**SIRS**)
4. Enhanced perception (**EP**)

Modulation difficulties result in a narrower range of engagement

University of North Carolina at Chapel Hill

Sensory Experiences Project: www.med.unc.edu/sep

Grace Baranek, Ph.D., OTR/L, FAOTA

Linda Watson, Ed.D., CCC-SLP



RESEARCH RESULTS:

(Baranek et al, 2013)

- **Hyper-responsiveness** is particularly related to **anxiety and curtails participation**
- Higher levels of **hypo-responsiveness** and **sensory seeking** seem to have a particularly negative impact on **social-communication and language skills**
- At low MAs, children who orient less to both social and nonsocial stimuli are **less likely to respond to and initiate joint attention.**

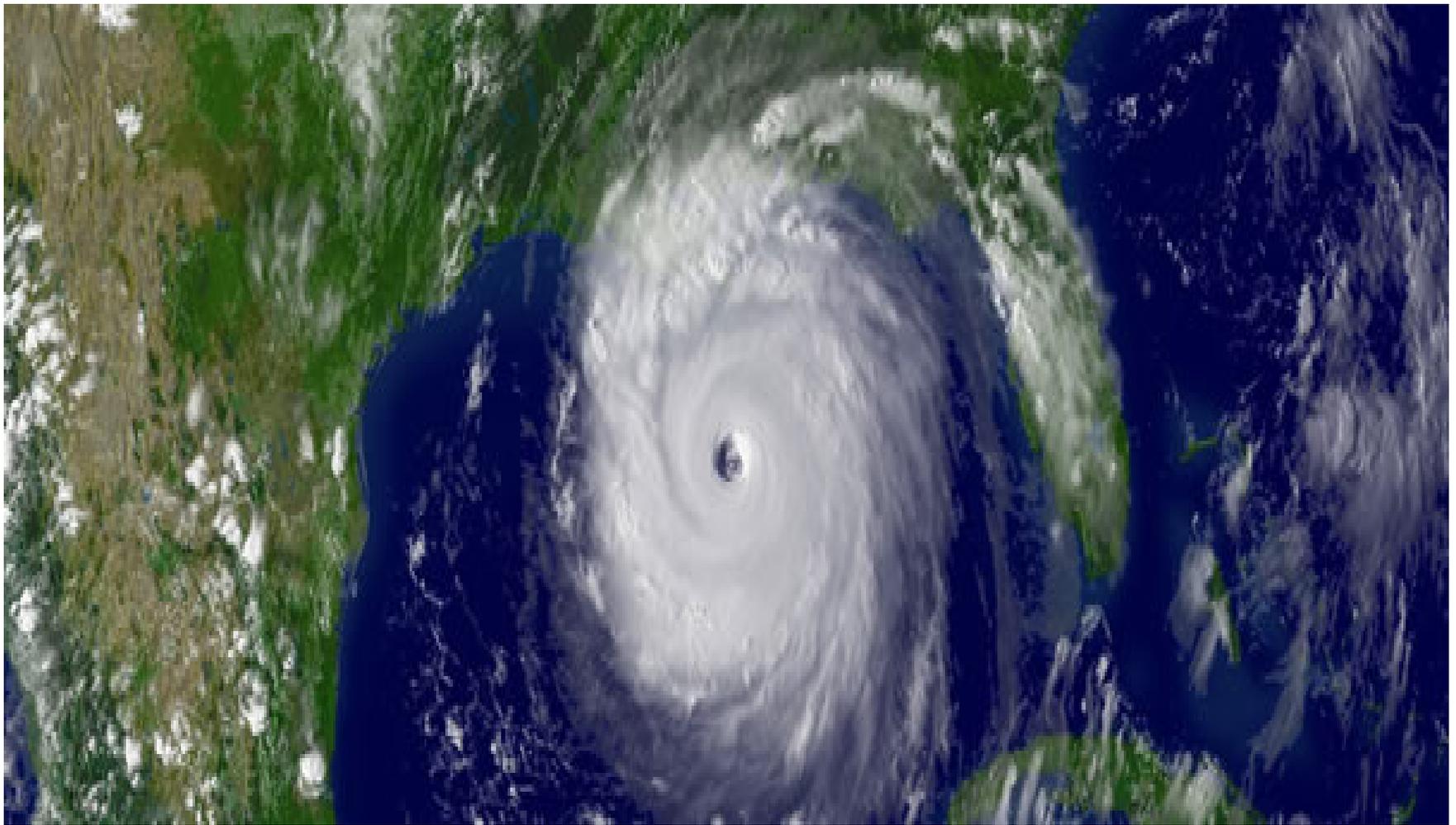
Sensory Response Patterns & Outcomes

As autism severity increases, so do scores across all sensory patterns:

- **HYPER:** more stereotypies, compulsions, rituals
- **HYPO:** more stereotypies, **lower language and social communication adaptive scores**
- **SEEK:** More self-injury, rituals, more severely impaired social communication; **lower language and social communication adaptive scores**

Sensory Sensitivities

- **GO TO THE:** Autism Speaks Video Glossary
- Regulatory and Sensory Systems
- Sub-category: **Over**-reactive to sensory input
- **REVIEW:** Video clip #1 and #3 Girl
- <http://autismspeaks.player.abacast.com/asdvideoglossary-0.1/autismspeaks/login>



Judging Severity of ASD with *DSM-5*

- Severity of ASD is described in each domain with 3 levels
- This allows severity to be part of diagnosis
- Allows for changes in severity **without changes in diagnosis**

SEVERITY LEVEL	Social Communication	Repetitive Behaviors
<p><u>Level 3:</u> <i>Requiring very substantial support</i></p>	<p>Severe deficits in function: very limited social interactions, minimal responses to others' initiations.</p>	<p>Inflexible behavior (IB), extreme difficulty coping with change, or repetitive and restrictive behaviors (RRBs) markedly interfere with functioning in ALL spheres.</p>
<p><u>Level 2:</u> <i>requiring substantial support</i></p>	<p>Marked deficits even with supports in place: limited social initiations, reduced or abnormal responses to others' initiations.</p>	<p>IB, difficulty coping with change, other RRBs appear frequently enough to be obvious to casual observer and interfere with functioning in variety of contexts.</p>
<p><u>Level 1:</u> <i>Requiring support</i></p>	<p>Without supports, deficits cause noticeable impairments. Difficulty initiating social interactions, clear examples of atypical or failed responses. May have decreased interest in social interactions.</p>	<p>IB causes significant interference in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</p>

***DSM-5* allows for systematic reporting of important additional characteristics so co-occurring conditions may be diagnosed**

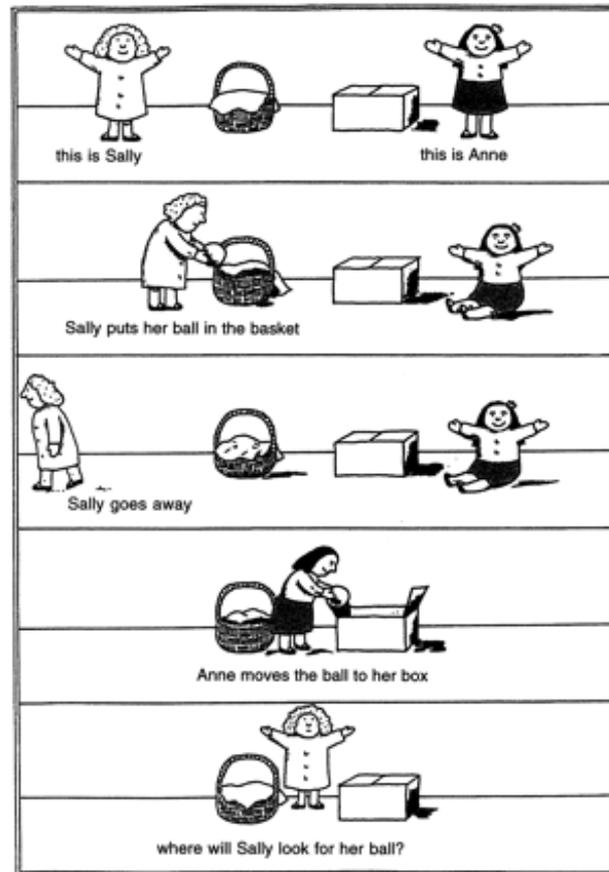
- With or without intellectual impairment
- With or without language impairment
- Associated with known medical, genetic, or environmental factors (e.g., epilepsy) or genetic condition (e.g., Fragile X Syndrome, tuberous sclerosis, Down Syndrome, Rett Syndrome) or environmental factor (e.g.,
- Associated with another neurodevelopmental, mental, or behavioral disorder

THEORY OF MIND DEFICITS



- ToM is the ability to take on another's perspective; the ability to attribute mental states to individuals other than self.
 - *Narrow view* = acquisition of false belief understanding
 - ***Broader view* = synonym for social cognition**
- Dr. Carol Westby's view of ToM as both "cognitive" and "affective"-we will provide a copy of her Development of Theory of Mind chart **at the training.**

SALLY-ANNE FALSE BELIEF TASK



www.holah.karoo.net/sallyanne.gif

https://www.youtube.com/watch?feature=player_detailpage&v=41jSdOQQpv0

UNDERSTANDING DECEPTION & AND RECOGNIZING FALSE BELIEFS

- **Children with ASD** with an MA above 4 years failed the Sally-Anne task but children with Down Syndrome of the same mental age were successful (Sodian & Frith, 1993)
- Children with ASD do poorly on these tasks because of their poor cognition capacity to represent internal beliefs, feelings, & thoughts of others (Mundy, Sigman & Kasari, 1993)

ToM CHALLENGES for Students with ASD

1. Establishing joint attention and playing symbolically
2. Recognizing and understanding emotions; e.g., greater difficult with fear than happiness
3. Adjusting one's behavior to accommodate a situation
4. Planning one's own behavior & recognizing the plans of others
5. Predicting behavior
6. Inferring mental states

Characteristics of Students Who Demonstrate the Best Outcomes

- I.Q. in the normal range
- **A way to communicate by age five**
- Diagnosed before school age, with early intervention provided
- Absence of coexisting conditions
- Social support



**THANKS FOR VIEWING THIS
INTRODUCTORY
POWERPOINT!**

**We look forward to seeing
you soon at the full training!**

Mirit & Virginia

