

The Truth About Autism

HARMONY DAVIS: Hi. We're going to go ahead and get started. My name is Harmony Davis. And I'm the Global Connections Manager. And here tonight we're going to be talking about the truth about autism with our presenter, Megan Itani. And Megan a WSU alum who currently works at a practitioner with children with autism, as well as working with teachers, and staff, and parents who also have interactions with children with autism.

If you haven't had a moment, go ahead and take a second to go up to Tool and check your Audio Wizard setup to make sure your audio is working correctly. And we're just going to spend the next half an hour taking questions and having a discussion about what autism looks like today, and some strategies and tools around that. So enjoy. And welcome, Megan.

MEGAN ITANI: OK, I'd just like to welcome everybody here. I'm so glad you are all able to tune with us tonight. I just got to listen to the bell tower ring to tell us all it's six o'clock. The sun is still shining. So it's so nice to be here with you guys tonight.

So I'm glad you were able to join us. And like Harmony said, I'm a practitioner that works daily with kids with autism. So I get to read and read the research about it. But then I get to go out there and apply it and see how the information really then applies to individuals with autism.

The first thing I guess I want to say tonight is when we talk about the truth about autism, when you meet one individual with autism, you've met one individual with autism. So not all this information is going to apply to every single individual we might meet and come across. And so it's really important to think about this as general information, and taking bits and pieces of it and applying it to individuals who have autism.

So we're just going to go ahead and get started. Tonight, the whole reason we're here today just to give some information about autism. It's a pretty prevalent disability in our communities around the United States, around the world. So it's important that we know and show compassion and empathy to, of course, other individuals in our community.

So just some general information. I have strong passion with working with individuals with disabilities. So I look forward to it every day. They bring a lot of joy to my own personal life. So I'd love to just share that with you guys.

I'd love to take any questions you might have. And we're going to start with some common

misconceptions about autism. So maybe that'll answer some of your general questions. Maybe you have personal interest in autism. Maybe you know someone with autism and you have a question. Please post those questions. Share your experiences. Share your knowledge that you have that you're bringing to this webinar tonight, and then to hopefully facilitate discussion.

So as we're going through the slides, you see something on a slide you want to talk about, post that question. And we'll come back to it. And maybe I might not hit it right at that point. Maybe I'm going to say we're going to park it-- put that question in the parking lot and save it for later on in our discussion. But please, please, this is interactive. So bring your information and bring your questions.

Some of the most common misconceptions I think, though, that we have about autism are, of course, the vaccine debate. We now know through research that autism is not caused by vaccines. And just by getting your children vaccines, it's not going to cause autism.

We'll talk about what the nature of autism is. And it's really a neurodevelopment disability. So we know there's changes in brain. There's differences for people with autism that cannot be associated to vaccines.

Another common misconception is the idea-- and this is hopefully old, but I still think we still here it-- it that autism is caused by cold mothers, and that inability of mothers bonding with their babies. As we talk about characteristics of autism here, we're going to talk a lot about social interactions. And of course, these social interactions are deficits and difficulties for even infants and babies.

So at times that bonding can be difficult for families. But by no means do we associate that to the mother's behavior. So that's a common one.

I'm looking at my list, thinking about what you guys might want to talk about, too, and the idea that people with autism can't talk. What we'll see later on in the slides is that about 25% of individuals who are somewhere on the autism spectrum are nonverbal. So while communication is a big area, or a large area of deficit for these individuals, the whole idea is they can't talk.

I like to think that they communicate in different ways. And so understanding how that individual communicates with others is really important. Because it might not be verbal communication.

I think another common misconception is the idea that people on the autism spectrum might be geniuses or have extreme abilities in certain areas. And there's actually a separate term used for individuals that might show exceptional abilities in one area, like art or memorization. And that's the word savant.

And we're not going to talk about savants tonight. Because in general, they don't fall into that autism spectrum disorder that we're going to talk about tonight. Because at that point, there's such a very small percentage of the population that I have yet to meet a savant in my life. I hope that I'm able to. I'm sure they have unique abilities, just like all people with autism, so.

And then the idea that people with autism are going to grow out of it, or that through therapy, we're going to teach out the autism. Autism is a sense of identity for most people that are somewhere on that spectrum. And so I think it's important to know we might teach about behaviors, or teach about skills. But we're never going to help someone not be autistic.

And I think if you know people with autism, they would share with you that it's a very important piece of their identity. So it's important to be respectful of that, just like everybody's sense of identity. And we'll talk about that right here in the next slide.

So the first part that's on that slide talks about the new diagnostic manual that actually came out in 2013. And one of the biggest changes in that medical diagnostic manual was autism. And what we saw there changed from where they talk about sub types of autism with Asperger's, high functioning autism, low functioning autism, maybe fancy words like PDD-NOS.

What they now identify is that autism is a spectrum disorder. So we know that anyone with autism-like traits could fall somewhere on that spectrum. We're no longer pinpointing, OK, this is a specific type of autism. Because like I shared at the beginning, once you've met one individual with autism, you've met one individual. And certain behaviors and certain skills can change for those individuals over time. So we really call it a spectrum disorder.

I think it's also important to remember, this is a medical diagnosis. And so it's something that we work with physicians with. And we have rating scales and multiple, multiple assessments that are used to really identify, what are those characteristics that that individual might have that make us suspect autism?

The second part of this slide I think of my most important advocacy rules. And that's using people first language. So I really try to avoid talking about autistic people. It's an individual who

has autism. Just like anything, it's part of their identity, part of their characteristics. But it doesn't make up who they are as an individual.

There's a lot of debate. And you might hear individuals with autism refer to themselves as autistic. But like I said before, that's an identity for them. And so once it's your identity, you can choose how to address that, as far as what you share with people. But we would never want to say autistic Bobby, or war all the autistic kids. Because really, we need to think about and treat people as individuals, and celebrate their differences as exceptional learners and exceptional people in general, just like all of us.

Wow, when we talk about the numbers, I think you guys can see this slide. It's fairly striking. So we're talking about one in every 68, notice I put students. Obviously, I'm a practitioner. I'm a teacher. But one in every 68 children are diagnosed with autism.

It's four to five times more likely to be diagnosed in boys than young girls. And that's something we're still really researching through universities today, obviously. But the research really suggests that the caused from environmental or genetic causes. And so they're are also tying in, of course, this difference between genetics of boys and girls. And they're obviously finding that that plays a component to this.

We were talking earlier about people with autism not being verbal communicators. And that is true in that 25% of individuals on the ASD spectrum are nonverbal communicators. So that makes them challenges. But at the same time, we know some real good strategies to help these individual communicate in schools, classrooms, and with their families.

The lifetime cost for a person with autism can between \$3.5 to \$5 million throughout their lives, just receiving all those extra areas of assistance, like outside speech therapy to help with communication. Speech therapy is offered in school to help students with autism, for example. But at the same time, we know that individuals with autism need exceptional instruction in the area of communication.

So often, families need to seek out outside therapy to really help their children. The average yearly cost for a family is \$60 thousand, and that families experience a divorce rate of about 80% to-- well, of the families of diagnosed with autism, of course, they're experiencing an 80% divorce rate. You can imagine the stress that comes into a family when they're experiencing challenges.

And what we talked about earlier is autism is a lifelong challenge. So often we see families that, as they experience that need for extra assistance, the stressors are just too much, which can lead to really difficult times for obviously also the person with autism.

So we're going to dive into the characteristics of autism. Notice the first two top items on there are bold and larger. I want you to think about these characteristics and think about that diagnostic piece we were talking about. So social interaction deficits and social communication deficits are kind of the wheels on the bus. You have to have those two components or those two areas of deficit to be considered for that autism diagnosis.

And then the next four on there, repetitive speech and movements, adherence to routine, restricted interest and sensory challenges, out of those four, I want you to think about those as the riders on the bus. And to reach that autism diagnosis category, you need to have at least two of those riders on the bus.

So I hope that's making sense. Those top two are requirements of deficits. That you need to have. And then those last four, you need to have at least two of those four characteristics to show that diagnosis.

Oh, it jumped one. There we go. So the social interaction deficits, we start with talking about social emotional reciprocity. Reciprocity is a back and forth. It's a sharing of information. Communication is done through reciprocity. But you can do a lot with someone back and forth without using verbal language.

So we talk about that social interaction being important. You can imagine this webinar is a bit of a challenge for me because of that reciprocity issue. I can't see you guys responding to the information I'm presenting. I'm going to work through those difficulties. But at the same time, that can be an exceptional challenge for individuals with autism, and disabilities in general, but specifically autism.

So it's that back and forth communication. It's that me watching and knowing that you're done talking as a speaker. And now it's my turn to talk. That lack of initiation with these social interactions is often a characteristic exhibited by individuals with autism.

I want to really empathize they're-- by no means do these deficits mean that individuals with autism don't want social interaction. They absolutely want social interaction and social relationships. It's trying to understand how those relationships work, and understand that

meaning that those relationships having in their life that they have difficulties with, and that we can help them learn through some specially designed instruction, and direct instruction.

But again, that-- I think that's a common misconception as well, that individuals with autism don't want social relationships. I will say, I have yet to meet an individual with autism that didn't want a social relationship in some capacity. Often with children, though, you see this, is they have extreme difficulties in having and then maintaining those peer relationships.

Often, children are very understanding and very empathetic, but need to be explained directly to about patience, about slowing down and working with everybody, or working with the child in their classroom who has autism, who probably really wants to actually be their friend. They might not just know how to go about initiating those peer relationships.

And I think we all can probably relate to that in some way in our own lives, and how some social interactions have been difficult for us. So you can just take that bit to an extreme for an individual with autism. I think most of us have been taught, take that risk. Try that social relationship. And so often, I work with young children with autism in teaching them how to do that, teaching them how to feel uncomfortable and still go for it.

Social communication deficits, especially deficits in nonverbal communication. That would include my facial expressions, eye contact, voice tones. So often, you know, we all have an alive tone to our speech. And so when you don't receive that feedback from another learner, or another person in that interaction, it's difficult to understand how they're feeling about that communication, what kind of information they're getting from the conversation.

So that body language may be getting too close in that conversation. You think, whoa, you're right up in my face. Often, individuals with autism show that deficit and that understanding. And we just have to be really clear. I would feel more comfortable if you backed up.

I use an important term there. I'd feel more comfortable. Individuals with autism might struggle in understanding why you would feel more comfortable if they backed up. That's that perception taking, and understanding that you're trying to give lots of information there. But it's not just you that would feel more comfortable if they backed up. But in general, conversations have more space between the speakers, for example.

Often, we talk about eye contact. And for a long time, we tried to teach children with autism to hold an eye gaze. What we found is that often what they're then concentrating on is holding

eye contact, rather than the conversation or the communication things they're working on. So be understanding if you're communicating with an individual with autism, that they might look down. And maybe they're looking down so they can actually maintain and concentrate on that conversation, rather than the eye gaze and holding that eye contact.

We also know for some individuals with autism that that can be a really intimidating or anxiety-driven behavior to look at someone right in the eyes. Because again, they might not be reading the message that your eyes are sending or that your facial expressions are sending. So just remember as well that if an individual with autism [AUDIO OUT] doesn't mean they're not listening.

So we've been talking about those riders on the bus. We talked about those two general characteristics that people share that received that diagnosis of autism. And now we're going to talk about one of those four riders on the bus. Speech can-- for them, that speech can be very repetitive. Or the word I used was echolalia. And that's the repeating of speech, the repeating of speech.

So again, maybe you hear an individual with autism repeat what you say. So echolalia can work in multiple ways. At times, it can be just a kind of a random repeat of what they might have just heard. At other times, I've found that they're repeating that language so that they can better understand it and take time to process that communication and the words that they just heard.

I think you also hear echolalia through maybe their favorite movie phrases, or that use of language that they might have heard elsewhere that might not be appropriate in certain places, or kind of catch you off guard a little bit with that type of words they might be using.

Again, we've got delayed communication. And I will say, I think about this every day. Giving those individuals enough time to respond, not finishing their sentences for them. Often, they have that information or that communication. It's just going to be a little bit more delayed. It might be trying to come up with exactly the right words that they want you to have that conversation and that communication. So I think patience is key when we're talking about communication for individuals with autism.

And then when we also talk about repetitive movements, I think these are the things that people see in individuals with autism. You might see people have a different gait, meaning the way they walk, the way they hold their body. Sometimes we see individuals with autism slap or

bang their chest, hand slapping, maybe a finger flick in front of their eye.

These are all examples of those repetitive movements. But especially as community members, as teachers, as individuals who are trying to work with other individuals with autism, might be distracting behaviors. Please remember, share with people that these are not necessarily controlled behaviors.

They can happen for multiple reasons. I would say sometimes an individual with autism might do some of those actions when they have heightened anxiety, or they're not feeling comfortable. We're going to talk about sensory issues in a little while, so sometimes for their body to understand the sensory inputs that are going around.

And I want love the video of the intro for tonight's topic about the truth about autism, where the young child covers her ears when she's hearing all those passing noises. And they did a great job of putting in all those little detailed noises that you or I might be able to tune out, those things we don't even hear anymore.

Often, people with autism still hear those things. And that sensory input can be kind of mixed or jumbled for them. So that can be a challenge for individuals. So you'll see that repetitive movement happen.

I've also read a lot of books about individuals with autism, written by individuals with autism. And a young girl who is 14 once described her legs flapping as, I have to do that. Because it feels like a thousand ants crawling up my leg. I don't know about you guys, but I can't handle one ant crawling on me without recognizing it. And you do that jump. And you feel that.

So that feeling or that idea of feeling like a thousand ants crawling on you, I'd probably start flapping my legs, too. So I think it's important to be really understanding-- while these behaviors might be extremely unexpected for us, or catch you off guard, to be understanding that they're happening for a reason, and not just because the person might be trying to be naughty or distracting to others.

Often, individuals with autism describe these things as they wish that didn't happen to them. So I think it's important to be understanding, and to recognize that in others. And often, I think it's these type of behaviors that we see in our communities that you hear people making fun of, that they try to imitate. And again, that's just unkind. So the talking about, you know, just being kind and empathetic to others.

HARMONY DAVIS: Megan.

MEGAN ITANI: All the individuals with autism.

HARMONY DAVIS: Megan.

MEGAN ITANI: That I talk to as adults really say, I don't want people to feel sorry for me. I think empathy is understanding and just trying to say, you know, I'm not going to make fun of this behavior that I see about the way you talk, or the way you're presenting yourself. Because what we also know about people with autism is that they can have extreme skills in one area and have strengths, that I guess you or I maybe wished we had.

For example, I sometimes wish I had that musical ability that I think all my friends know that I'm not the top singer. And in general, the people with autism that I work with that are musical let me know that I'm not their top singer either.

So let's talk about that adherence to routine. Routines make us all feel good. It makes us all feel safe. And often, these are the routines that are needed for individuals with autism to go about and face those challenges in all those other areas we talked about, like communication.

So making sure our routines are predictable, and that schedules are-- they know what's coming. They know what's coming next. They know how long is this going to last? I think we all like to know those things. Often for individuals with autism, it's what actually then helps them function within our society, or what we would consider normal routines.

Often, these can be facilitated through some visual prompts and pictures. There's all sorts of, you know, awesome curriculum and awesome ways to do this, such as even just clip art. But I've even just worked with stick figures and helped someone outline their day.

I think we all rely on visual prompts. For example, our smartphones nowadays, who it feels like, if I don't have my schedule right here, I'm not going to know what to do. Well, that's a visual prompt. And hopefully, we can get our young children to start to move to something like that with assistive technologies that really help them then fit within what we are now experiencing is the norm for people.

Clear expectations are key. I'm still waiting for questions to come up. So please share your questions. Because like I stated at the beginning, that's part of your expectation for

participation tonight.

HARMONY DAVIS: Megan.

MEGAN ITANI: So just sharing clear expectations with individuals with autism, here's what's going to happen. I anticipate this play is going to last for two hours tonight. And there's going to be an intermission at 45 minutes in. I think we've all been to those presentations that we're like, where are we in this agenda? But having clear expectations, thus having a clear, predictable routine to stick to.

HARMONY DAVIS: Megan?

MEGAN ITANI: Yeah.

HARMONY DAVIS: Oh, sorry. We have been having some technical difficulties. So I think we kind of worked through it. So we may have missed a few questions. But I have a question from Jay.

MEGAN ITANI: I was going to say, Harmony, you're actually hard for me hear.

HARMONY DAVIS: Oh. OK.

MEGAN ITANI: Oh, OK. Here is what's the best-- I'm going to read the questions now. What is the best way to discipline my child with autism? I think addressing behaviors for kids are so important. So just like all young children, I am going to say, often children with Asperger's-- and I'm going to define that really quickly for people. Asperger's is one of those sub domains of our original diagnosis of autism.

Now that we've moved to the DSM-5, you don't see children being diagnosed with Asperger's. We're calling it that autism spectrum disorder. But anyone who was diagnosed with Asperger's before that change, they're holding on to that diagnosis and hold on to that title. So I think it is important to be respectful of that.

So back to the question, how do we discipline a child with Asperger's? I would go through a more positive behavior support plan first and say, do I have some of these things in place that can support them, such as clear expectations, clear-- what we were talking about-- routines and schedules? And then start to look at the specific behavior.

Look about what we talked about, the antecedent. What was happening before that behavior occurred? What's the specific behavior that is occurring? And then what is the consequence?

So, kind of an ABC strategy-- antecedent, what was happening before the behavior?

The behavior is the B. What exactly was the behavior? Were they kicking? Did they go down to the ground? Did they cover their ears? And then the consequence to that behavior-- sometimes the consequence to that behavior is an adult saying, hey, stop. Don't do that. So then our next step is to say, how could we supply that consequence or what they got out of that situation and help them learn not to do that behavior.

But maybe they were trying to get, for example, an adult's attention. And that behavior got them adult attention. So then we say, OK, how can we help this young child learn how to get an adult's attention without flopping to the ground, or maybe [INAUDIBLE] really upset? Or what we would call that, you know, throwing a fit.

Well, we know behavior all kind of has a reason to it. So before we talk about the discipline, I always try to analyze why was that behavior occurring, and try to stop the behavior. And then often, I think when we talk about consequences, sometimes that child with autism might be just saying, I need a timeout. I need a break.

So maybe establishing a safe area in the home, or this is your quiet spot that you get to go to, that I'm not going to go and talk to you. I'm not going to keep prodding you for information. So, often you see, I think, those pop up tents that it's every parent's nightmare in putting away. I think those are a great thing for young kids with autism. Because it's a place where they can go and escape and feel safe before they can come back out and maybe handle that situation.

So I'm also kind of reading the questions since it's a hard-- I'm having a harder time hearing Harmony. How will that affect children in schools? I read somewhere that children might not be able to receive benefits. So how will that affect them education-wise?

I think this is what's important with diagnosis of autism. And we've seen the pendulum swing in education, where in some states, they were doing that what we would say is an educational diagnosis of autism. But now that we know more about it, we know it's a neurological, developmental disability.

And so that's where it becomes so important for a person like myself to work with local physicians, work with doctors who are diagnosing autism, so that we can say, here's what we see. Because a school social situation is much different than out in the community, is much different than family social interactions. So it goes back to the importance of that collaboration

between our schools, and our community members, and our medical professionals. I think that it's essential.

So another I would say myth is that with the DSM-5 coming out, everyone thought it was going to be harder to be diagnosed with autism. And we're actually not seeing that. What we're seeing is that we're being much more specific with the characteristics of what we see for someone with autism.

I do see often quirky people having autism-like tendencies. And at the same time, we're all allowed to have some quirks. I think you could all probably pick out something that you do, routine-based, transition-based that helps you through difficult transitions. So I think it's important when we talk about a neurological, developmental disability versus maybe just some odd behaviors that people see or people use to kind of navigate their community and navigate social interactions.

So the other thing we're going to talk about on this slide was that having trouble with transitions between activities and environments. That can be extremely difficult for individuals with autism. And often, I notice that those transitions are due to an unpredictable scenario.

I'm going to use the example of taking your child to the orthodontist and having that appointment start 20 minutes late. That was unexpected. And often, you see families get upset and maybe be upset with how that schedule was running. Well, that was really an unexpected or a change in their transition, a change between their environments.

Often you see this being one of the most difficult things for individuals with autism, is that transitioning. Often at school, I hear, I don't want to go to school. And then at the end of the day, I don't want to go home. Nine times out of ten, that person has a great home life. And they actually also enjoy school. It's that difficulty in that transition of coming to school and then going home that they're experiencing, not necessarily a dislike or an uncomfortable feeling, either the home or the school.

But I hear that regularly, especially from other adults. I'm concerned that they don't want to go home. Well, again, like we were talking about that collaboration, I need to work closely with my families to understand how is their home going? Are there behaviors that they want to work through there as well?

But maybe we can incorporate and talk about at school, because that generalization, meaning

when I learn something about conversations with Mrs. Itani, that also applies to my conversations I have with my mom. That also applies to conversations I have over a telephone, for example.

So that generalization of a skill can be really difficult, and so addressing those. Often, I find kids have mastered a skill in this one area or this one environment. And it's that generalization that we need to encourage and help.

Another question, how late in childhood did you see individuals being diagnosed? I think that's huge. I often see-- we know people with disabilities can often be misdiagnosed, change diagnosis over their time. But we actually, what we've seen is that pendulum swing to even early childhood.

So we were seeing a massive flux for a long time of babies being diagnosed. Or I'm not-- sorry, not babies. All my two-year-old friends out there, you're not babies. But that we were-- had a late onset for autism diagnosis. But really, and that's where some of that vaccine debate came in as well, because kids at two were all of a sudden changing.

Well, no, you just have higher expectations for a two-year-old, especially around communication. So when those things weren't happening at two, that was raising red flags. Well, that was just happening at the same time that children were receiving a lot of vaccines. And so that's where some of that tie-in misconception came in.

So actually, what we're seeing is that pendulum swing to early childhood. And they're now diagnosing kids with autism between 18 and 24 months. I think it's important, and I'm actually a facilitated screener for autism, so I would never diagnose a toddler with autism on my own. But I have screening tools that I use. And I might say, this child's pretty at-risk for being somewhere on the autism spectrum.

I would say an autism evaluation for kids can take-- oh, I've heard of kids taking over 10 hours worth of testing and observation. So it's not just a test in how they perform. But it's also observing them and watching those social interactions that we talked about.

I think you guys can see these questions. But it helps me to read them out loud. Megan, you said you worked with children who have ASD. What can be expected from changes in routine? Any helpful tips on how to handle unexpected changes in routines as a future teacher who hopes to work with kids with autism?

Any way that we can help them get ready for that transition ahead of time, like an assembly for example. An individual with autism, I might not just say, hey, we've got something exciting here. It's an assembly. Maybe we're going to make an outline of how-- well, first. What is an assembly? What does that even mean?

All these people coming together, what's expected of me to act out in that situation? I might even give them a little visual, or what I call a boarding pass to that activity. And I want to use this example. And it fits right in with that trouble with transitioning.

And we were talking about some of our own behaviors. I get a little anxiety when I need to fly. So I'll be walking to the boarding gate. And I look at my pass. And it says, go to C2. OK, I'm headed to C2. I'm headed to C2. Where do I need to go? Oh, I better check. Oh, it's C2.

That boarding pass is a piece of information to help me get through that transition and into the next activity. So I often call what I make for kids boarding passes. And that might be, going back to the assembly example, the four pictures or prompts to remind them about what they need to do during that interaction. So a mini boarding pass or a many transition pass that just reminds me, what are the things I need to do?

I need to walk in. I need to sit down. I need to be a listener. And I need to keep my hands to myself. Because I don't know if you guys remember your elementary school assemblies. Often, we often all sit really close together.

And that leads to some of that miscommunication about body movements, or about space with your peers. And so often, that becomes a difficult situation for individuals. So I hope my boarding pass idea was a good one to just help through that transition time.

We talk about restricted interest. We all have high interest. We all get a little into things at times. Right now I'm into running. So I have a running app. I have a running watch. It's a high and a strong interest for me. But another way is a fixation on those items and a fixation on a topic.

I can also have conversations that aren't about running. And I can share and listen to someone else's interests and try to give them feedback or show interest. Wow, you're interested in that. That's cool. Whereas an individual with autism might be highly focused on something.

I laugh a little bit because often I see young, young kids with autism highly interested in trains. And Thomas the Train is a classic example. And we kind of talk about, you know, those little faces on the fronts of trains. That's pretty unexpected. So that-- I don't think any of us really associate a little space with a train in the world anymore.

But at the same time, trains line up. That feels good. There's one way a train works. It works on a track. So often, you see our young learners with autism have high interests like that, or where we talk about them lining up things. Making that routine, making that restricted interest kind of feels good. And it's calming.

And sometimes we see or I hear about people trying to get kids with autism to stop those behaviors. And I do think that a times, it's appropriate. It helps them feel calm. It helps them feel grounded in that routine and that ritual.

Another-- again, so I'm going to put caution out there especially, to any families here with us who might not have a child with autism, who are like, oh, my kid's really, really into facts. You know, it's OK for young learners to have high and strong interests. I want to just go back to that. It would be of an abnormal intensity or an abnormal level of focus.

That's when we need to help kids kind of move through those interests and at least break it up a little bit. You'll often see our young learners with autism, when you try to interrupt that high interest or that high focus, it becomes really disruptive to them. And it becomes almost anxiety-driven situation, like they can't stop. Those would be kind of that intensity or level of focus we're talking about.

And again, like I shared, individuals with autism have difficulty showing interest in others' passions and activities. It might-- a behavior you might see in that communication is that you're sharing your interest. And they don't even let you finish your sentence. Because a thought has come to them about their interest.

It's not a rude behavior. It's really perspective taking, understanding in a communication interaction that they should probably wait for that speaker to stop talking before they share their next thought. Or just some real conversational cues, like, wow that was interesting. While we were talking, it made me think about this. That's a transition statement. That's a communication style that we all learn to use that I think could be more difficult for individuals with autism, especially when they're talking about their high interest and any sort of restricted interest like that.

So another question up there is, how early do you remind a child that there will be change or a special event that day? You know, I think that's so individual-based. I think sometimes talking about it too much can lead to anxiety.

But when a child can kind of tell you what's coming next, then you know they're ready for that. So I'd like to think about what are we doing? How long is it going to last? And what comes next? And then that individual can kind of repeat that, either verbally or through pictures, or point maybe to the activity that's coming next. You'll know that they're understanding that routine and how that's going to work for them.

And I think it's so important to think about, so often I think when we're communicating with individuals with autism, that you think, well, that was rude. And really, it's not rude. Rude, again, is a social understanding. It's a social perspective. It's a social interaction idea.

So they kind of struggle with that idea of perception taking, and that their behaviors were maybe odd. So one thing I use with older kids with autism is that idea of, right now, Mrs. Itani is thinking, wow. I can't believe they said that. That was really odd.

And often, they're like, oh. It that how you felt about me? And I say, yeah, it was. It was kind of an odd situation for you not to let me finish my thought. And so that's where I think special education and direct instruction for individuals with autism is so important, to learn social cues and to learn what-- I'm going crunch up my face. Because we're going to talk about what I think all of us think as is normal. I like to use the word typical or expected. But I also often talk with them about both expected and unexpected behaviors.

Because I think there's a lot of things that go on in our lives that are unexpected that they also need to be ready for. But when we can teach terms like that, expected and unexpected, and that unexpected happens and we can say, wow. That falls into the unexpected category. That brings some relief and lessens anxieties about those things that were unexpected or out of routine. Because it helps define what just happened for them.

So we're getting into the sensory challenges, which I really think are a big impacter of some of those repetitive movements and behaviors we talked about earlier. So we talked about hyper or hyposensitivity, so being really impacted by taste, or having really less of an ability to taste.

So we talk about the five senses, just like always, that taste, touch, sound, smell, and visual

input. And again, I'm going to go back to that video that introduced this webinar for everyone. And I love how they-- you could hear the plane in the background. It felt like you could hear the shuffle of shoes. You could hear people talking.

That would be that intense situation around the sound, right, and not being able to decipher it. I'm going to use my mom and dad's house as an example. They live really close to an airport. Growing up, I never could hear the planes. That was something that my mind and my body got used to.

Now I can go back there, and I can hear them all night long. Because again, that's something that my brain kind of took out of my senses and said, no. This isn't normal for where you live now. A [INAUDIBLE] example is that we have four flights a day. So I know midday when the plane goes over, that's the new flight coming in. Or in the evening time, I know it's 6:45. Because I can hear that plane coming over.

So often individuals with autism have a really difficult time around a sensory area. And it can be hypo or hyper. So often, it's-- I mean, can you imagine having all those sounds happening in your body at once?

I've also read and talked with individuals with autism who describe when they smell something, then they can establish how it might taste. So it's not just the hyper or hypo. But we know the way those senses interact together can be really challenging for individuals with autism, so often can lead to some of those behaviors.

So that question earlier also about my child with Asperger's, first of all, I'm going to say that you as a parent are probably the experts of your own child. So understanding and helping then the schools and other people understand how your child's sensory input might be impacting behaviors.

This is where we also see for individuals with autism that we can use some adaptive equipment, like a squeeze vest, which just kind of helps soothe the body and soothe those nerves. Like the young lady who was 14 who was describing the thousand ants crawling up her body.

Sometimes we find that a neoprene vest can help lessen that feeling for individual. Or maybe a body sock, where they get in and they get to stretch out. And that Lycra gives that feeling back. I think we all can get those kind of feelings, for example, through exercise.

And sometimes for individuals with autism, it's just, again, more eccentric. And they might need that input in a different way. But it's not-- it's just the way their senses are working together. But we definitely see, especially in regards to behaviors, that we try to look at all these factors together and talk about sensory challenges, for example.

I think another example are fluorescent lighting. So sometimes, you'll see-- and for my future teachers out there-- they sell even little light covers that just dim the lights a little bit. Because maybe the individual with autism isn't upset necessarily about the fluorescent light. But they can hear that click, click, click, click of the fluorescent light about to burn out, for example.

So I think it's really important we think about all those factors and how that can really impacted an individual with autism. I'm going to go back down. OK. Oh, Harmony, I'm a talker. So Harmony's going to keep us going as well. I'm looking at my time.

I think one of the biggest things I also want to impart to everybody is be cautious of where you get your information. The internet is full of great things. But it's also full of some misinformation. So I gave you three examples here that we know is reliable information.

Autismspeaks.org is a great website, especially for families with a multitude of concerns or areas that they want to look into. The NIH, the National Institute of Health, and the CDC also have some great brief introductions of autism, but are also where I get a lot of the statistical, the numbers approach. And so they're the ones that are looking at how much this impacts individuals within our community.

And then I'm just going to-- and also, you can send those further questions to the Global Connections at WSU. And then, you know, I'll be happy to answer any ongoing questions that might happen or be brought up. But I just really want to also thank you guys for coming tonight.

I hope that you see autism in a bit of a different light. Because the chances that you know someone or you will know someone in your future is really high. So I hope that you can leave here with a better understanding and maybe one piece of information that you could help someone in your community learn or begin to understand, so that they can be more welcoming and understanding for individuals with autism. So at this point, I'm going to sign off and give it back to Harmony, and again, just say thank you so much for coming tonight.

HARMONY DAVIS: Thank you, Megan. That was great. Megan is just such a wealth of resources. I apologize. We

had some technical difficulties, where I think some of you could hear her. But you couldn't see her. And then I think some of the chat functioning wasn't working.

So that's why I really want to encourage if you had things that were on your mind that you wanted to share to go ahead and send them to at [[? global.connections@wsu.edu ?](mailto:global.connections@wsu.edu)]. And I will connect with Megan and get those questions answered.

But I think everyone was able to join us towards the last half. And it was great. So thanks for joining us. And be sure to go to connections.wsu.edu to see our next program coming up. And you guys have a great end of the semester. Thanks.