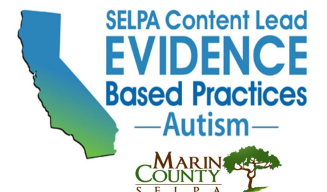


What is Autism?



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Module Content Description

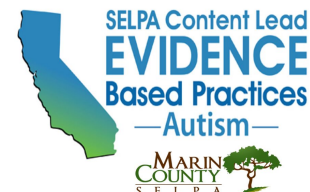
- Prevalence of Autism
- Medical Diagnosis
- The Neurodiversity Movement
- Qualifying for Regional Center Services
- Special Education Eligibility
- What's Next After Identification

What is CAPTAIN

The California Autism Professional Training And Information Network (CAPTAIN) is an interagency network developed to support the understanding and use of evidence based practices (EBPs) for individuals affected by Autism across the state of California.



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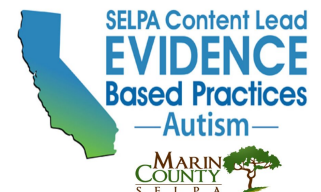
What is CAPTAIN?

Marin County SELPA in partnership with CAPTAIN, are members of the Statewide System of Support as the SELPA Content Lead for Autism.

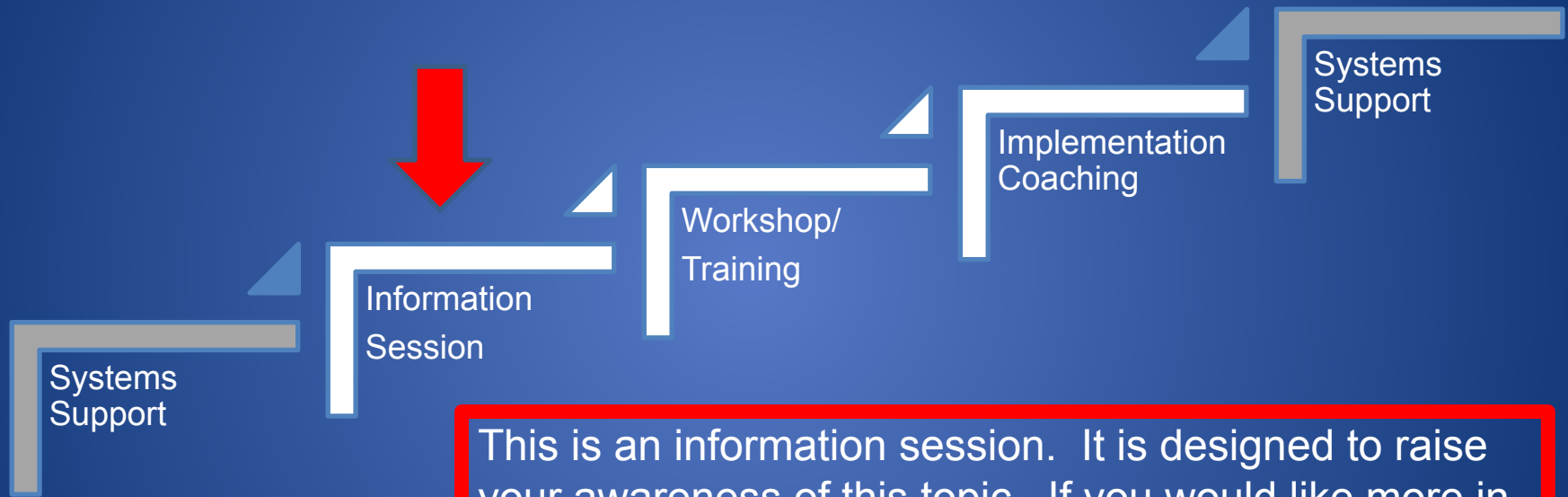
This project is funded by the California Department of Education and the California Collaborative for Educational Excellence.



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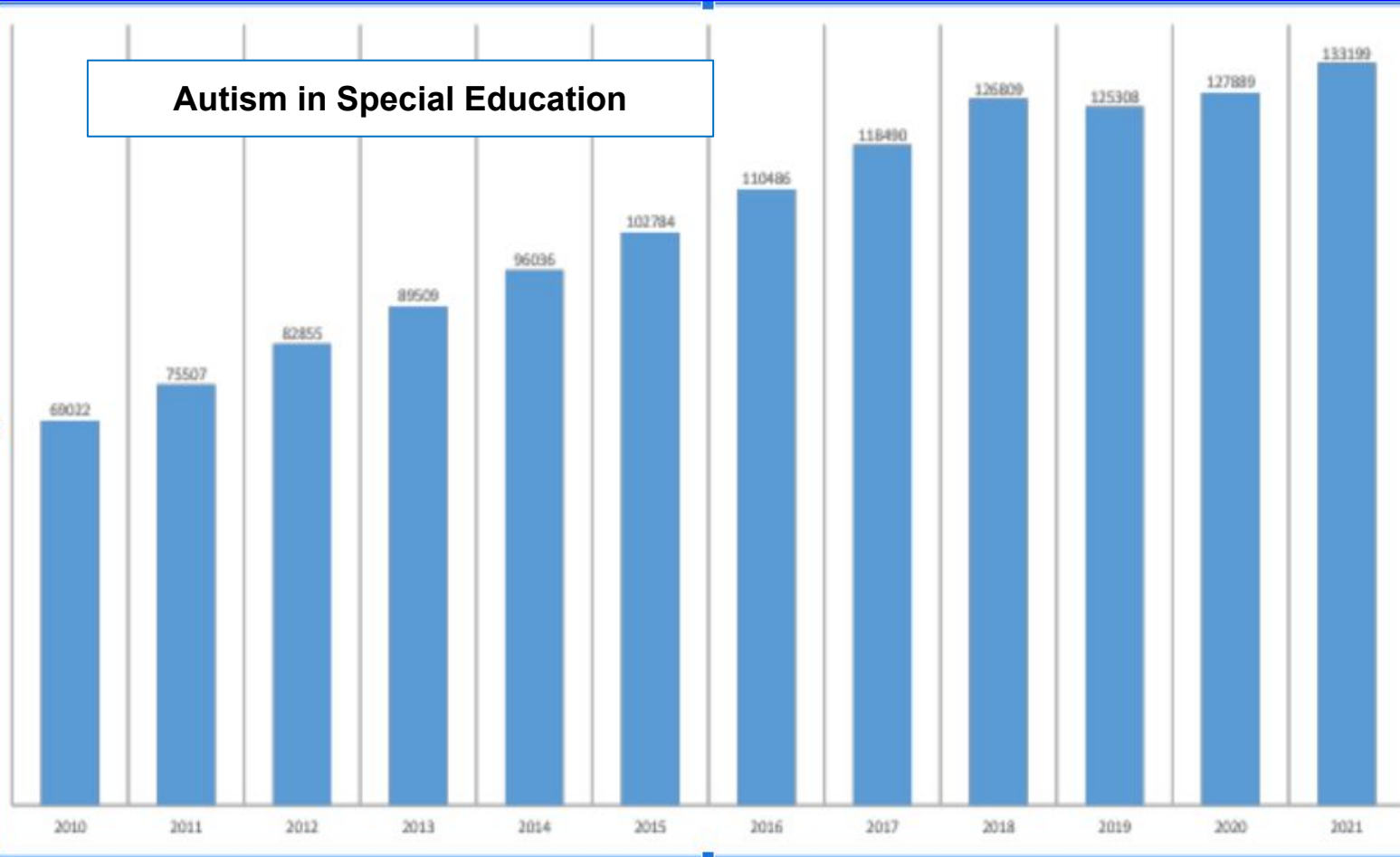
Levels of Professional Development to Reach Implementation



This is an information session. It is designed to raise your awareness of this topic. If you would like more in depth training on this topic or need to learn to implement components of the content, please follow up with your trainer to explore additional options.

Autism Prevalence in California

Autism in Special Education



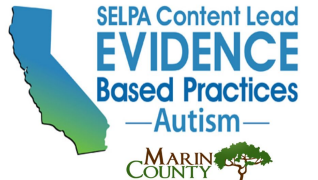
148,000 individuals with Autism served by Regional Centers

Autism is 16.97% of CA Students with Disabilities Population 2021

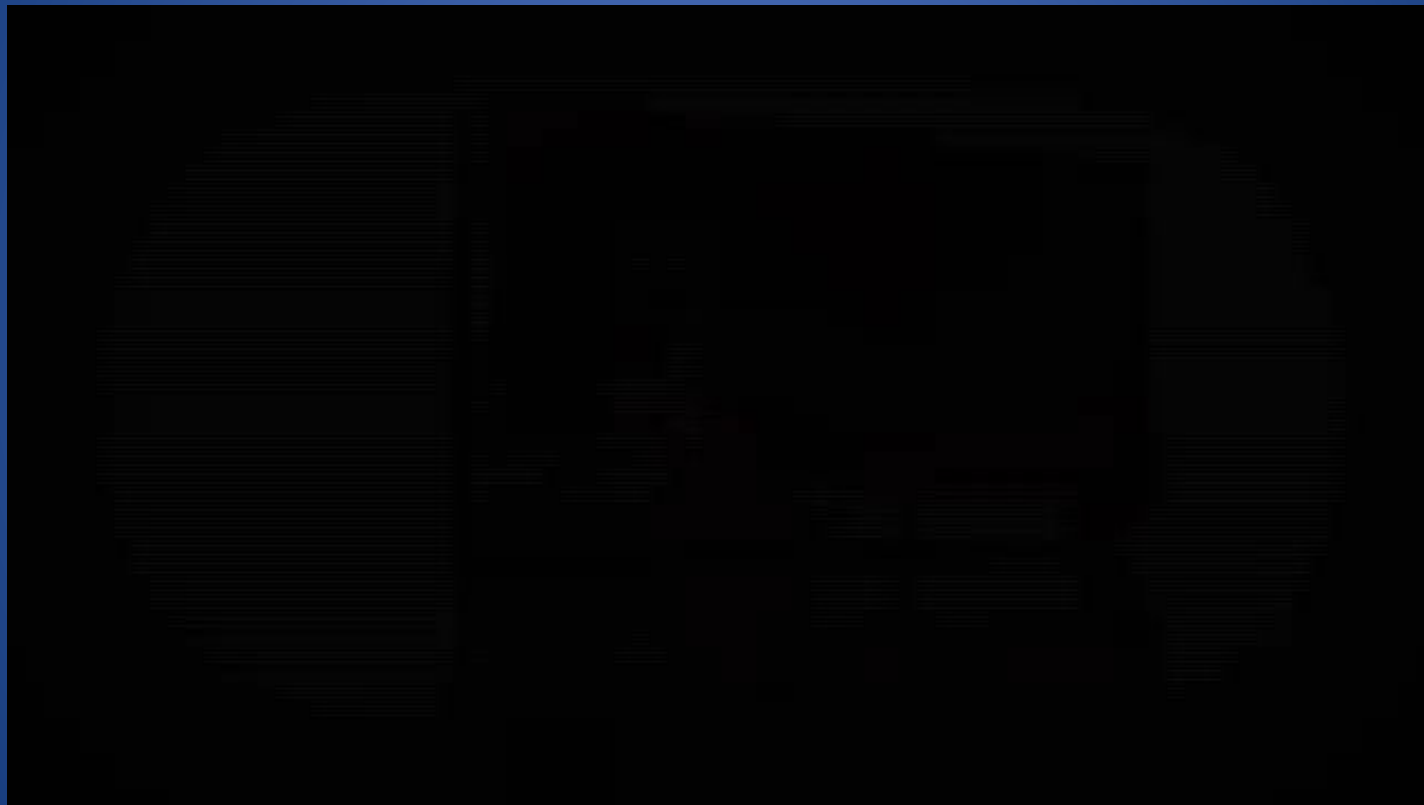
ELL and Autism = 23,388



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California's Response to Increases in Autism



Autism is Characterized and Diagnosed by Certain Patterns of Behavior or “Traits”:

- Differences in Social Communication and Social Interactions
- Restrictive/Intense and Repetitive Patterns of Behavior, Interests or Activities (RRBs)

Getting Identified

- Medical Diagnosis
- Qualifying for Regional Center Services
- Special Education Eligibility

Medical Diagnosis

- State licensure in a medical or mental health profession is required to render a diagnosis of autism (DDS, 2002)
- Typically performed by a medical practitioner
 - Developmental Pediatrician
 - Neurologist
 - Licensed Psychologist (including L.E.P.)
 - Psychiatrist

Medical Diagnosis

- May determine access to services available through
 - Regional Center
 - Private healthcare provider/insurance
- Should be taken into consideration by IEP Team when determining eligibility for special education

Dimensional Descriptions of Symptoms in DSM-5

| SOCIAL-COMMUNICATION (all 3) | 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 in DSM-5

| REPETITIVE (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 ▪ echolalia ▪ 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 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 |

| DSM-5 Severity Level | Social Communication | Repetitive Behaviors |
|--|--|--|
| Level 3: Requiring very substantial support | Severe deficits in function: very limited social initiations, minimal responses to others' initiations | Inflexible behavior (IB), extreme difficulty coping with change, or RRBs markedly interfere with functioning in ALL spheres |
| Level 2: Requiring substantial support | Marked deficits even with supports in place: limited social initiations, reduced or abnormal responses to others' initiations | IB, difficulty coping with change, other RRBs appear frequently enough to be obvious to casual observer and interfere with functioning in variety of contexts |
| Level 1: Requiring support | Without supports, deficits cause noticeable impairments. Difficulty initiating social interactions, clear examples of atypical or failed responses. May have decreased interest in social interactions | IB causes significant interference in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence |

The Neurodiversity Movement



- A central premise of the neurodiversity movement is that variations in neurological development and functioning across humans are a natural and valuable part of human variation and therefore not necessarily pathological (e.g., Jaarsma and Welin, 2012; Kapp, 2020).
- Neurodiversity as a social justice and civil rights movement intersects with the wider disability rights movement (Hughes, 2016).
- The most significant premise of both is that disability is not simply a defect in the individual, but arises from the interaction between a non-standard individual and an unaccommodating environment (the social model of disability; Oliver, 1990).

Terminology

- **Neurodivergent** refers to having a brain that functions in ways that diverge from the societal standards of "normal."
- **Neurotypical** refers to having a style of brain functioning that falls within the dominant societal standards of "normal."
- **Neurodivergence** is a broad term that can refer to several different diagnoses or symptoms. Some diagnoses that fall into neurodivergence are Autism, Dyslexia, ADHD, Traumatic Brain Injury, Epilepsy, and Cerebral Palsy.



Person First Language vs. Identity First Language

- **Person First Language** emphasizes the idea of separation between an individual and their disability. For example, "I am a person with Autism."
- **Identity First Language** emphasizes that disability is an aspect of one's identity that does not need separation. For example, "I am Autistic."
- The Neurodiversity Movement embraces identity-first language, which positions disability as an identity category. The term is called identity-first because the identifying word comes first in the sentence and highlights the person's embrace of their identity. For example, "I am an Autistic person like I am a left-handed person or a tall person."



Always confer with the person or family regarding their preferences!

What Do Autism Traits Look Like?

The logo for AFIRM features the letters 'AFIRM' in a bold, black, sans-serif font. The letters are set against a background of three overlapping, semi-transparent circles in shades of pink, yellow, and light blue. The circles are arranged in a vertical stack, with the pink circle at the top, the yellow circle in the middle, and the light blue circle at the bottom.

AFIRM

Autism Focused Intervention
Resources and Modules

Qualifying for Regional Center Services: Lanterman Developmental Disabilities Act

- Definition of developmental disability
 - Substantial disability because of
 - Cerebral palsy
 - Epilepsy
 - Autism
 - Intellectual disability
 - Other conditions closely related to intellectual disability that require similar treatment/supports

Substantial Disability

- “A condition which results in major impairment of cognitive and/or social functioning”
- The existence of significant limitations in **3 or more** of the following areas:
 - Communication
 - Learning
 - Self-care
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency

Conditions of Eligibility

Developmental Disability:

- Originates before age 18
- Is expected to continue indefinitely
- Constitutes a substantial disability

Does not include conditions that are:

- Solely psychiatric disorders
- Solely learning disorders
- Solely physical in nature

Diagnosis vs. Eligibility for Special Education

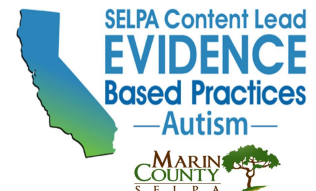
- IDEA and Ed Code have specific criteria that must be met in order to be eligible for Special Education under the Autism category
- Focused not on whether there is a “diagnosis” of Autism, but the presentation of characteristics associated with Autism and the need for (specialized) academic, educational and related services that may result from the disability (Watts, 2011)

When Autism is suspected educators are required to conduct an assessment in all areas of suspected disability in order to:

- Determine eligibility for special education
- Develop goals in the areas of identified need
- Provide Free and Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE)



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Educational Disability of Autism

IDEA Sec. 300.8 (c) (1)

- “A developmental disability significantly affecting verbal and nonverbal communication and social interaction generally evident prior to age 3 that adversely affects the child’s educational performance.”
- Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.”

Educational Disability of Autism

IDEA Sec. 300.8 (c) (1)

- “The term does not apply if the child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined by IDEA in 300.7 (b) (4).
- Educational performance does not ONLY mean academic performance. Areas could include: development, academic, behavioral and social domains.

California Administrative Code

Title 5, Section 3030(g)

- (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.

California Administrative Code Title 5, Section 3030(g)

(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.

Once Eligible for Special Education

- The next step is to write and implement an Individualized Education Program (IEP)
- Every student who receives special education must have an IEP
- The IEP has two general purposes: (1) to set learning goals for the student; and (2) to state the supports and services that the school district will provide for the student.


Once Identified What Is Next?

- Access to evidence based treatments and practices (EBPs)
- EBPs selected based on child's unique needs, context, preference of family and training of staff in EBPs
- Remember: There is no “One Size Fits All”

Selecting An Evidence-Based Practice




EBP BRIEF





AFIRM
Autism Focused Intervention Resources & Modules

EBP OVERVIEW & RESOURCE PACKET:
SELECTING AN EVIDENCE-BASED PRACTICE

UNC Frank Porter Graham Child Development Institute
Autism Focused Intervention Resources & Modules
Sam, A., Waters, V., Dee, R., & AFIRM Team, 2022

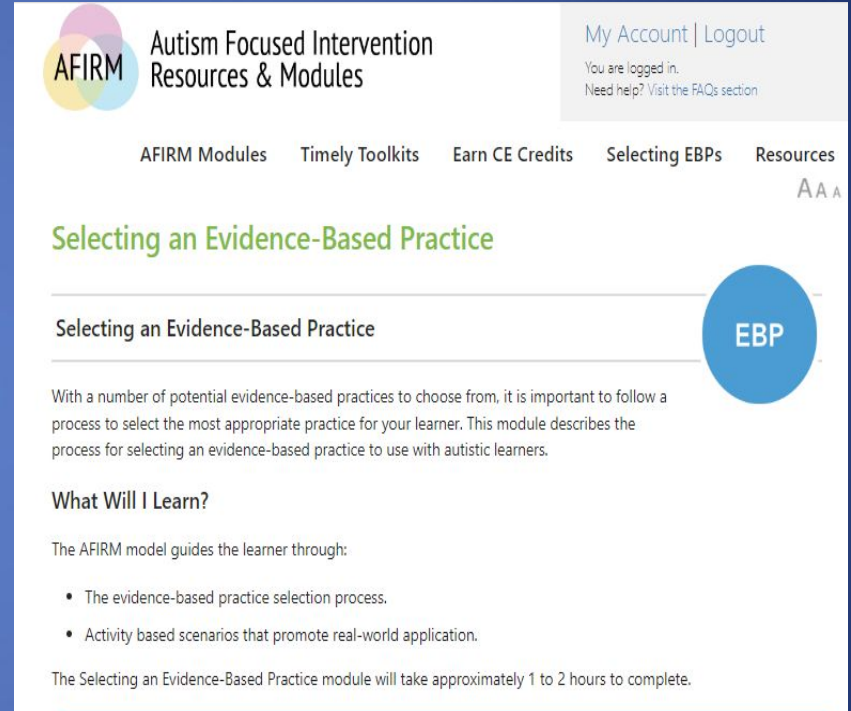
 **FRANK PORTER GRAHAM**
CHILD DEVELOPMENT INSTITUTE

 **The National Professional Development Center**
on Autism Spectrum Disorder

 **The National Center for Autism Evidence & Practice**
NCAEP • BRIDGING SCIENCE AND PRACTICE

<https://www.captain.ca.gov/documents/AFIRM%20Selecting%20an%20EBP%20Brief%20Packet.pdf>

EBP LEARNING MODULE



AFIRM Autism Focused Intervention Resources & Modules

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Need help? Visit the FAQs section

AFIRM Modules | Timely Toolkits | Earn CE Credits | **Selecting EBPs** | Resources

AAA

Selecting an Evidence-Based Practice

EBP

Selecting an Evidence-Based Practice

With a number of potential evidence-based practices to choose from, it is important to follow a process to select the most appropriate practice for your learner. This module describes the process for selecting an evidence-based practice to use with autistic learners.

What Will I Learn?

The AFIRM model guides the learner through:

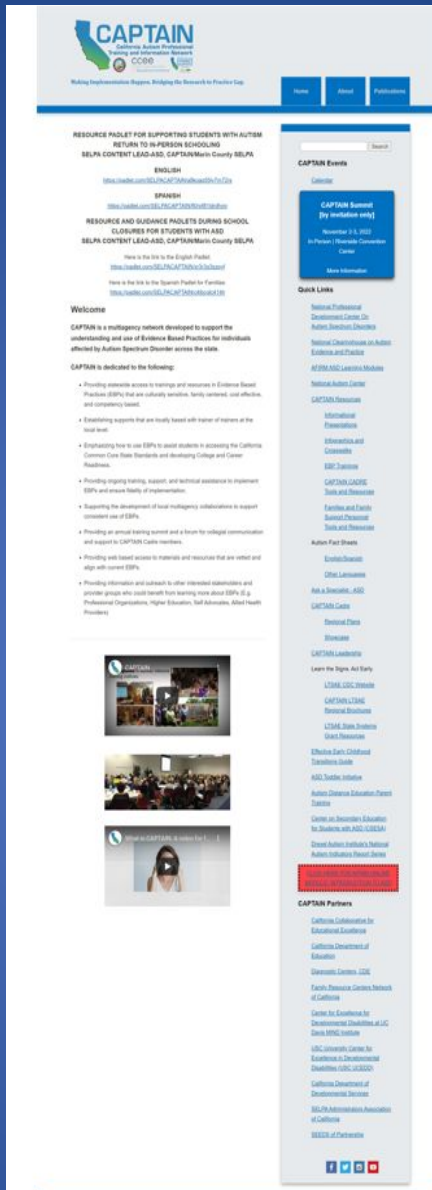
- The evidence-based practice selection process.
- Activity based scenarios that promote real-world application.

The Selecting an Evidence-Based Practice module will take approximately 1 to 2 hours to complete.

<https://afirm.fpg.unc.edu/afirm-modules>



CAPTAIN Website: Links to Vetted Resources



← CAPTAIN Publications

← Autism Resources

← Social Media Links



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