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# Autism Awareness Month: Facts and Tips for Working with Students on the Autism Spectrum

## Facts:

- In February 2007, the Centers for Disease Control issued a report which looked at a sample of 8 year olds, and concluded that the prevalence of autism had risen to 1 in 150 in American children and almost 1 in 94 among boys. By 2009, that incidence had increased to 1 in 110. Each year brings new cases of autism and many who present complex challenges.
- There is no single known cause for autism. Instead multiple factors may lead to an individual obtaining a diagnosis on the autism spectrum.
- Autism is referred to as a spectrum disorder to signify differences among a group of people who share a common diagnosis.
- The Autism Society notes the incredible costs associated with autism spectrum disorders and the ongoing need for services that promote early identification and programming, effective transition planning, and individualized adult options.
- Studies show that early diagnosis and intervention can lead to greatly improved outcomes. However, ongoing support is critical and even into the adult years.

For more information on the Autism Society, visit their website at [www.autism-society.org](http://www.autism-society.org).  
For more information on the Indiana Resource Center for Autism, visit their website at [www.iidc.indiana.edu/irca](http://www.iidc.indiana.edu/irca).

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**Tips:** Remember that each student is different, and specific tips may not apply to all. Many tips are courtesy of Indiana's Autism Leadership Network.

- *Approach students quietly from the side to avoid startling them.* Their peripheral vision may be better and it gives them time to process information that tells them you are coming toward them. Once they are startled, it can be difficult for them to calm themselves.
- *Use non-verbal communication* (e.g., gestures) when you can. For example, point to the location where you wish the child to be, put your finger to your lips to remind them to stop talking, or give a thumbs up when s/he is doing well. Avoid getting into verbal arguments with students.
- *Use literal, succinct and direct instructions.* "First, put your coat in the closet, and then come to class." Avoid idiomatic phrases or sarcasm that the student may not understand.
- *Use a calm even tone of voice;* even in the midst of a behavioral outburst. Excited adults yield excited students. Practice your poker face.
- *Visual supports are beneficial* even after the child no longer seems to "need" them. Do not discontinue their use without a case conference discussion. In times of stress, these visual supports may be a great support.
- *Remember not to take behaviors personally,* even when the child has a perfect knack for targeting your most vulnerable attribute.

- *Children on the spectrum often have poor social skills.* It is part of the diagnosis. Insert naturally occurring lessons into the day as situations arise. For example, prior to the event, coach a child to say happy birthday to a peer, raise their hand to answer a question, cover their mouth when they sneeze, say no thank-you to non-preferred treats, etc.
- *Give the student ample time to respond BEFORE you repeat instructions.* Some of these students process information slower.
- *Structure is your best friend.* When there is down time, help students develop a repertoire of things they can do. For example, when standing in line they can recite a poem in their head, count, read a book, make a list, etc. If there are too many choices given, narrow it to two or three and have the child choose.
- *If there is a given schedule, follow it.* Prepare for any upcoming variations. Prepare in a manner not to enhance anxiety in anticipation of the change.
- *Information processing is diminished and sensory issues* are heightened when the child is stressed. Make sure they have strategies to use when overwhelmed.
- *Know the signs of anxiety or stress for your students:* pacing, hand-wringing, cussing, flushed face, laughing, stating certain phrases over and over, etc. Know what causes anxiety or stress for each student. Adjust your language and demands when anxiety is heightened.
- *Spend time with a student before making programming judgments.* Listen to, and observe, the student with input from family members, teachers/therapists or other involved staff before commenting. There is not a single approach that works with all students.
- *When trying to extinguish unacceptable behavior, always identify an alternative skill or replacement behavior.* And when you are targeting a behavior, be sure to choose your battles carefully. Sometimes focusing too much attention on a behavior may actually intensify that behavior.
- *Forewarn a student when an activity is about to end,* even if s/he is using a timer.
- *Educate students using their knowledge, interests, and fixations.* Build lessons around these special interest topics so that others see them as experts in something. This will help build self-esteem.
- *Stay in close contact with family members and physicians* about what is working and what is not, especially when students are on medications.
- *For students who need it, build in small breaks, even in secondary school.* Identify a safe area or safe person for the student to access when they are stressed.
- *Help find a social group, a club or some sort of organization* that can connect them to peers that are positive. Educate peers as part of this process.
- *Pre-teach new concepts* so they can re-hear them in the general education classroom. This allows them to contribute to the classroom discussion and promotes their success when topics have been rehearsed.
- *When you are feeling overwhelmed by a situation,* surround yourself with a team of people with whom you can brainstorm. Using the resources and wisdom of all, helps us to be more creative and problem-solve more effectively.
- *The ultimate goal for any student is to have a successful adult life.* No matter the age of the individual, teaching specific procedures and skills and then fading support, is essential for this to happen.
- *And realize that the transition process begins at the moment of diagnosis.* We are continually transitioning people across grade levels and settings, and ultimately into adulthood. Be sure to plan for all transitions.
- ***And finally, enjoy working with these students.*** They have many gifts and talents. Building a strong and positive rapport may be your most effective tool.

Organized by Dr. Cathy Pratt BCBA-D, Director, Indiana Resource Center for Autism, Indiana Institute on Disability and Community. Visit our website at [www.iidc.indiana.edu/irca](http://www.iidc.indiana.edu/irca) or visit us on Facebook.