

■ SCHOOL NURSES



Autism Basics

What does autism look like?

Autism is a term commonly used for a group of neuro-developmental disorders also known as Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The core symptoms of autism are challenges related to:

- **communication**
- **social interaction**
- **restrictive or repetitive behaviors and interests**

Individuals with autism can also experience other difficulties, including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions. The features, abilities and severity of symptoms vary considerably among individuals with autism.

These differences may also present as exceptional abilities, and autism can occur with or without other learning challenges. It is important to think of each individual with autism as intelligent, even if language or behavioral difficulties might not reveal abilities in the way one might expect. A student with autism may display some or all of the following characteristics, which may represent challenges from a certain perspective, or strengths from another (e.g. a student who appears inflexible or rigid may also be the most compliant with the rules of a classroom):

- Difficulty understanding language, gestures and/or social cues
- Limited or no speech, or verbalizations that repeat or maintain a particular topic
- Limited or no eye contact
- Difficulty relating or participating in a back-and-forth conversation or interaction
- Social awkwardness
- Intense or odd interests in unusual topics or objects, unusual play
- Repetitive behaviors, such as pacing or lining things up, spinning, hand flapping, or rocking
- More or less sensitivity to light, sound, smell, taste or touch than usual
- Abnormal fears and/or lack of appropriate fear of real dangers
- Difficulty managing transitions, changes in routine, stress, frustration
- Strong visual skills
- Good rote and long term memory (math facts, sports statistics, etc.)
- Adherence to rules, Honesty
- Intense concentration or focus, especially on a preferred activity
- Understanding and retention of concrete concepts, patterns, rules
- Musical, mathematical, technological or artistic ability or interest



Where does it come from?

There is no known cause of most cases of autism, though the best scientific evidence points toward a combination of genetic and environmental influences. Autism is a neurological/biological disorder, not a psychological/emotional condition.

Autism is found in all social, racial and ethnic groups, and is 3-4 times more prevalent in boys than in girls. Autism occurs in 1 out of 150 children, up from 1 in 10,000 in 1980.

What do I need to keep in mind?

- Individuals with autism can learn and many make dramatic improvements, especially with early and intensive intervention
- Communication challenges can encompass a broad range, both in terms of understanding and speaking (understanding gestures or spoken language, delays in processing, inability to form sounds or full sentences, word retrieval difficulties, misunderstanding idioms or sarcasm, timing of body movements or conversational exchanges, remaining on topic, etc.)
- Many people with autism are visual learners, or have attention difficulties that make visual supports essential
- Most are concrete thinkers and literally interpret jokes, idioms or sarcasm
- Social skills are underdeveloped, but interest in friendships and social interaction is often present
- Anxiety and frustration are common
- *Each student* is an individual - with a distinct set of likes and dislikes, strengths and challenges, and a unique personality

How can I make a difference?

- Be welcoming and supportive. Meet the student where he is and learn from him. Respect the individual. *Please* do not talk about him in his presence.
- Set clear expectations and boundaries. Be consistent. Develop structure. Practice and provide repetition to build understanding and skills.
- Recognize that behavior IS communication.
- Develop strategies to compensate for or overcome challenges—offer preferred seating, additional response time, organizational supports (written schedules, lists, labels, etc.), visual information paired with verbal directions, etc.
- Be aware of the student's sensory needs, and adjust supports and expectations as appropriate. Avoid or prepare for known triggers, such as fire alarms. Give breaks for self-regulation.
- Expect growth and keep standards high, with small steps and supports to allow the student to exhibit success. Promote age appropriate interests, behavior, independence and life skills.
- Reward what you want to see utilizing positive reinforcement strategies. Use the student's interests to engage and motivate him.



- Educate peers and promote acceptance and understanding. Support social development with role playing, modeling, rewards. Include with typical peers.
- Communicate among team members, including parents. Ask questions, share what works and problem-solve what does not. Keep learning. Be creative.
- Assume intelligence, teach competence, promote independence and be respectful.
- Relax, have fun, celebrate successes and treasure the individual!



Asperger's Syndrome Basics

What does Asperger's Syndrome look like?

Asperger's Syndrome, sometimes viewed as a high functioning form of autism, is a neuro-developmental condition that is one of the Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The core symptoms of Asperger's Syndrome are challenges related to:

- **social interaction**
- **restrictive or repetitive behaviors and interests**
- **but not delays in language development or intellectual ability**

Individuals with Asperger's have average or higher intelligence, with many exhibiting exceptional skills, knowledge or abilities. Individuals with Asperger's Syndrome can experience other difficulties, including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions.

These differences may also present as gifts. A student with Asperger's may display some or all of the following characteristics, which may represent challenges from a certain perspective, or strengths from another (e.g. a student who appears inflexible or rigid may also be the most compliant with the rules of a classroom):

- Difficulty understanding figurative language, idioms, gestures and/or social cues
- Literal or excessive speech, often with concentration on a particular topic
- Limited or no eye contact
- Difficulty relating or participating in a back-and-forth conversation or interaction, such as a game
- Inflexibility, Social awkwardness
- Intense or odd interests in unusual topics or objects, unusual play
- Repetitive behaviors, such as pacing or lining things up, or self-stimulatory actions like spinning, hand flapping, or rocking
- More or less sensitivity to light, sound, smell, taste or touch than usual
- Anxiety, Abnormal fears and/or lack of appropriate fear of real dangers
- Difficulty managing transitions, changes in routine, stress, frustration
- Ability to decode written language (read) at an early age (but not necessarily comprehend)
- Strong visual skills
- Good rote and long term memory (math facts, sports statistics, etc.)
- Adherence to rules, Honesty
- Intense concentration or focus, especially on a preferred activity
- Understanding and retention of concrete concepts, patterns, rules
- Musical, mathematical, technological or artistic ability or interest



Where does it come from?

There is no known cause of most cases of Asperger's Syndrome, though the best scientific evidence points toward a combination of genetic and environmental influences. Asperger's Syndrome is a neurological/biological disorder, not a psychological/emotional condition.

Asperger's is found in all social, racial and ethnic groups and is diagnosed up to ten times more frequently in boys than in girls. The autism spectrum disorders, including Asperger's Syndrome, occur in 1 out of 150 children, up from 1 in 10,000 in 1980.

What do I need to keep in mind?

- Individuals with Asperger's can learn and many make dramatic improvements. Academics are often an area of strength.
- Communication challenges can encompass a broad range of subtle differences, both in terms of understanding (gestures, others' perspectives, idioms or sarcasm,) and speaking (word retrieval, timing conversational exchanges, remaining on topic, inappropriate comments, etc.)
- Many people with Asperger's benefit from visual supports and other accommodations helpful to visual learners and those with auditory processing challenges or difficulty focusing attention. Most are concrete thinkers and make literal (and often incorrect) interpretations of jokes, idioms or sarcasm.
- Social skills are underdeveloped, but interest in friendships and social interaction is often present—and students are often painfully aware of social status.
- Individuals with Asperger's are often the victims of bullying behavior.
- Anxiety, depression and frustration are common.
- *Each student* is an individual - with a distinct set of likes and dislikes, strengths and challenges, and a unique personality.

How can I make a difference?

- Be welcoming and supportive. Meet the student where he is and learn from him. Respect the individual. *Please* do not talk about him in his presence.
- Set clear expectations and boundaries. Be consistent. Develop structure. Practice and provide repetition to build understanding and skills.
- Recognize that behavior IS communication.
- Develop strategies to compensate for or overcome challenges—offer preferred seating, additional response time, organizational supports (written schedules, lists, labels, etc.), visual information paired with verbal directions, social curriculum, etc.
- Be aware of the student's sensory needs, and adjust supports and expectations as appropriate. Avoid or prepare for known triggers. Give breaks for self-regulation.
- Expect growth and keep standards high, with small steps and supports to allow the student to exhibit success. Promote age appropriate interests,



- Reward what you want to see utilizing positive reinforcement strategies. Use the student's interests to engage and motivate him.
- Educate peers and promote acceptance and understanding. Support social development with role playing, modeling, rewards. Teach self reliance. Include.
- Communicate among team members, including parents. Ask questions, share what works and problem-solve what does not. Keep learning. Be creative.
- Assume intelligence, teach competence, promote independence, be respectful.
- Relax, have fun, celebrate successes and treasure the individual!



About Me:

Personal Information Form

It also helps to send along photos of family or favorite activities or people!

Student's Name:

Person completing this form:

Phone:

Email:

What are some of the things that you are most interested in?

What upsets you?

What are you afraid of?

What makes you laugh?

What is ONE thing you would like to improve upon this year?

What calms you down when you are overwhelmed or upset?

What rewards work well for you?

What do you do after school or on weekends?

What days or times are convenient for Parent Meetings (during the school day)?

What is the best way to contact your family?

What issues would your family like to discuss or hear more information about?

Adapted from the Welcome Survey



School Nurses

It is important to be aware of any medications or additional health issues that a student has—or may be inclined to have, such as those described in the Other Challenges section. Be aware of multiple medications and co-morbid conditions—physical or psychological.

It is also important to be aware that, in addition to traditional medical care, some families may follow the advice of physicians and alternative medicine providers who follow less conventional approaches to treat the underlying medical issues or symptoms of autism; these can range from dietary supplements or acupuncture to chelation of heavy metals. To better understand some of these approaches, visit the [Autism Research Institute website](#) .

Many students with autism have other health needs, as well as the illnesses and bumps and bruises that all children experience. The nurse's office should be a safe and supportive place for students with special needs, but effective interaction will require some programming.

- Awareness of the characteristics of autism as well as the specifics of a student can be helpful in avoiding or managing upsetting situations; some children may be at risk of running away; a door buzzer, fire alarm or school bell might represent a sensory assault—know what to do to avoid or manage particular needs
- Be mindful of a student's communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or communication strategy such as picture exchange might be necessary.
- Since a trip to the nurse's office may not be an everyday occurrence, it is often helpful to get to know the student prior to an emergency situation; spend time in his day, invite him to visit the nurse's office, etc. so that fear of the unknown is not coupled with injury or illness
- Understand the student's medical needs, and converse with the family and/or physician with respect to special interventions or medications
- Many children with autism are on medications or special diets; even if these are not taken during the school day, it might be helpful to know what those medications are and possible side effects; be aware that the medical team/family may wish to keep other caregivers (teachers, aides) blind to changes in medication so as to elicit unbiased observations of the effects of interventions
- Consider using a questionnaire so that this information is available in the case of side effects or an emergency
- Remember that behavior is communication—consider injury, pain, etc. if a child has significant new behaviors



Strategies:

- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Use [About Me](#) to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Allow a student with autism the support of a familiar aide or caregiver while in the nurse's care, as this should offer better access to communication, increased compliance and reduced anxiety (e.g. the aide might ask the student to open his mouth—and *then* you can look in)
- Getting a child to take medication can be challenging—ask about strategies that have been used successfully at home; other strategies that have been *employed* successfully are use of visual schedules, social stories, or reward systems to promote compliance with taking medication
- Utilize a [visual pain scale](#) so that a student can give a framework of the severity of the pain, and pictures so that he can point to where the pain is felt
- Use visual supports and examples where possible (e.g. “open your mouth” might be replaced with “do this” and appropriate modeling)
- Allow students a place where they can keep things like a change of clothes to independently manage situations that require medical intervention such as soiling.

