

ISRD Staffing Specialist Newsletter

Volume 1

Fall 2009



Autism Spectrum Disorders

Facts you should know...

- Based on a National Children's Health Survey, published in *Pediatrics*, October 5, 2009, the prevalence of autism spectrum disorders is currently 1 in 91 births.
- Based on data from the U.S. Department of Education, the Autism Society of America estimates a 10-17% annual growth rate. At that rate, the prevalence of autism could reach 4 million Americans in the next decade.
- According to the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV), Pervasive Developmental Disorders (PDD) is not a specific disorder, but an umbrella term for which five neurological disorders are defined: Autistic Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegrative Disorder, and PDD—Not Otherwise Specified. DSM-IV diagnostic criteria:

Autistic Disorder (299.00 DSM-IV):

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1) and one each from (2) and (3):

1. Qualitative impairment in social interaction, as manifested by **at least two** of the following:
 - Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - Failure to develop peer relationships appropriate to developmental level
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., lack of showing, bringing, or pointing out objects of interest)
 - Lack of social or emotional reciprocity
2. Qualitative impairments in communication as manifested by **at least one** of the following:
 - Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)
 - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - Stereotyped and repetitive use of language or idiosyncratic language
 - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by **at least one** of the following:
 - Encompassing preoccupation with one or more stereotyped patterns of interest that is abnormal either in intensity or focus
 - Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - Persistent preoccupation with parts of object

B. Delays or abnormal functioning in **at least one** of the following areas, with **onset prior to age 3 years**:

- Social interaction
- Language as used in social communication
- Symbolic or imaginative play

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Contact ISRD:

352-333-2831

352-333-2832 FAX

Renee Speisman
Project Director
speismrf@gm.sbac.edu

Kim Dotts-Hoehnle
Program Specialist
kimdh@gm.sbac.edu



Professional Learning Community for Staffing Specialists

Twenty-four (24) Staffing Specialists from ISRD member districts are currently participating in a book study for Ellen Notbohm's, *Ten Things Your Student with Autism Wishes You Knew*.

Prompts will be posted on the ISRD website, Message Board for Staffing Specialists.

Stay tuned for the next Book Study invitation.

Topic: Indicator 5—FAPE in the LRE.

Martha Murray, FDOE/BEES Program Specialist for Autism Spectrum Disorders
**Conference Call dates for District ASD Coordinators:
December 15, 2009, March 10, 2010, and May 13, 2010**

DSM-IV Diagnostic Criteria (continued)

Asperger's Disorder (299.80 DSM-IV)

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - Failure to develop peer relationships appropriate to developmental level
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., lack of showing, bringing, or pointing out objects of interest to other people)
 - Lack of social or emotional reciprocity
- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - Apparently inflexible adherence to specific, non-functional routines or rituals
 - Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - Persistent preoccupation with parts of objects
- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

Rett's Disorder (299.80 DSM-IV)

- A. **All** of the following:
- Apparently normal prenatal and prenatal development
 - Apparently normal psychomotor development through the first 5 months after birth
 - Normal head circumference at birth
- B. Onset of **all** of the following after the period of normal development:
- Deceleration of head growth between ages 5 and 48 months
 - Loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing)
 - Loss of social engagement early in the course (although often social interaction develops later)
 - Appearance of poorly coordinated gait trunk movements
 - Severely impaired expressive and receptive language development with severe psychomotor retardation

Childhood Disintegrative Disorder (299.10 DSM-IV)

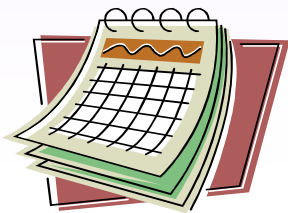
- A. Apparently normal development for at least the first 2 years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior.
- B. Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:
- Expressive or receptive language
 - Social skills or adaptive behavior
 - Bowel or bladder control
 - Play
 - Motor skills

Childhood Disintegrative Disorder (299.10 DSM-IV) - (continued)

- C. Abnormalities of functioning in at least two of the following areas:
- Qualitative impairment in social interaction (e.g., impairment in nonverbal behaviors, failure to develop peer relationships, lack of social or emotional reciprocity)
 - Qualitative impairments in communication (e.g., delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make-believe play)
 - Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, including motor stereotypes and mannerisms
- D. The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.

PDD-Not Otherwise Specified (NOS)

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present but the criteria are not met for a specific PDD, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes "atypical autism"—presentations that do not meet the criteria for Autistic Disorder because of late age of onset, atypical symptomatology, or sub-threshold symptomatology, or all of these.



Mark Your Calendars...

**Feb 23-24, 2010
ISRD Winter Institute for
Staffing Specialists
Gainesville, FL**

Registration information will
be forthcoming.

If 99.9% is Good Enough, then...

- 12 newborns will be given to the wrong parents daily.
- 114,500 mismatched pairs of shoes will be shipped/year
- 315 entries in *Webster's Dictionary* will be misspelled.
- 291 pacemaker operations will be performed incorrectly.
- 5.5 million cases of soft drinks produced will be flat.

Legal Rulings - Autism Spectrum Disorders

Regarding Attorney Fees...

Weissburg v. Lancaster School District, 50 IDELR 11, 2008 WL 906199 (C.D. Cal. 2008). The parent is not a "prevailing party" entitled to fees when the only objective that the parent achieved in the due process hearing was the recognition that the student should be categorized as autistic in addition to mentally retarded. IDEA does not require that a student be identified as autistic or mentally retarded, "as long as he is regarded as a child with a disability and receives necessary specialized educational services."

Regarding Methodology...

M.M. v. School Board of Miami-Dade County, 437 F.3d 1085 (11th Circuit 2006). Although the parents showed evidence of the differences between auditory-verbal therapy and the district's verbotonal approach, they did not show that the district's chosen methodology was not a proven and accepted approach. The district is not required to provide the "best" methodology.

ISRD Mid-Year for ESE Administrators 2009...Julie Weatherly, "Do not write the methodology on the IEP. Team should not determine this." The district should consider the student needs and then determine what to use.

Resources to Explore—Autism Spectrum Disorders

- **Center for Autism and Related Disorders** - located throughout the state, including sites at: University of Florida, University of South Florida, University of Central Florida, Florida State University. Find your center at: <http://card.ufl.edu/find.htm>
- **The Autism Society of America** - <http://www.autism-society.org>
- **The National Autism Center** - <http://www.nationalautismcenter.org>
- **The National Autism Association** - Hosting the National Autism Conference in Weston, Florida on November 12-15, 2009. <http://www.nationalautismassociation.org>

"Pretend that every single person you meet has a sign around his or her neck that says, 'Make me feel important.'"

Mary Kay Ash