

# Supporting Students with Autism Spectrum Disorder



# Supporting Communication in High School

Students on the autism spectrum exhibit characteristic difficulties associated with communication. Deficits appear in three main areas: comprehension, expressive communication, and interacting with others.

## Comprehension

*Understanding verbal and non-verbal communication*

### Potential Areas of Difficulty Related to Comprehension

- **Speed of processing language.** Students may process comments, questions, and directions more slowly than would be expected for their academic or cognitive abilities or age.
- **Non-literal language.** Students may struggle to understand sarcasm, hyperbole, figures of speech, or other forms of non-literal language.
- **Inferences.** Students may have difficulty reading between the lines or making assumptions about information that is not directly presented.
- **Vocabulary.** Students may have difficulty generalizing vocabulary words outside of the specific contexts in which they were learned.
- **Point-of-view.** Students often struggle to understand points of view other than their own, which can inhibit their understanding of oral and written language.

### What This Might Look Like in the Classroom

- Mr. Van Rynbeck tells the students to put their pencils down and pass their papers forward, but Darnell takes 10 seconds to put his pencil down, and does not pass his paper forward until he gets another prompt.
- A peer says “thanks for letting me know” after Garrett rudely corrects her, and Garrett responds with a very sincere “you’re welcome,” not understanding the sarcastic tone.
- The short story mentioned “an emotionally draining year” and a character’s “first birthday dinner without his mom,” but Monique could not figure out that the character’s mom had died.
- In classroom discussions, Khaled struggles to understand the arguments of peers who have different opinions and values from his own.

## Expressive Communication

*Using verbal and/or non-verbal means to convey a message*

### Potential Areas of Difficulty

#### Related to Expressive Communication

- **Sentence formulation.** Students may have difficulty putting words together fluidly, which can show up as struggling to find the right words or abandoning sentences mid-stream or using long sentences without much actual content.
- **Vocabulary.** Students may have limited expressive vocabulary or, at the other extreme, may use unusually complex, obscure, or formal vocabulary.
- **Stereotyped speech.** Students may use certain words or phrases over and over.
- **Nonverbal communication.** Students may have difficulty using appropriate tone of voice or body language or gestures. Their tone of voice or body language or gestures may be confusing or off-putting to others.

#### What This Might Look Like in the Classroom

- Oskar says “as a matter of fact” before nearly every comment, which is noticed by his teachers and peers.
- When asked a question about how he solved a math problem, Jeremy starts his response with “I was putting together, well, adding, I mean multi...actually, first, I was, I looked at the formula...”
- Ashleigh is excited about her upcoming art show, but when her homeroom teacher asks about the show, Ashleigh speaks in a monotone voice with her arms crossed over her chest.
- Emmett uses obscure and oddly formal vocabulary stating “Actually, I have impaired emotional capacity, which makes the possibility of a romantic relationship virtually inconceivable, at least for the foreseeable future” after being asked if he will invite anyone to the homecoming dance.

## Interacting with Others

*Using communication to collaborate or engage with others*

### Potential Areas of Difficulty

#### Related to Interacting with Others

- **Initiating interactions.** Students may be less likely to initiate casual communication with others. They may also over-initiate communication at times, such as blurting out, interrupting, or asking too many questions.
- **Conversation.** Students are challenged by the give and take of conversation. They may have difficulties starting or ending conversations.
- **Maintaining topic.** Students have a hard time staying on topic. They may make tangential or off-topic comments or stay on a preferred topic for too long.
- **Reading non-verbal cues.** Students have difficulty interpreting facial expressions, gestures, and body language during conversations.
- **Perspective taking.** Students may have difficulty understanding the perspective of another person, which may result in misunderstandings with others.

#### What This Might Look Like in the Classroom

- Janella wants to make friends. Yet, during downtime in her advisory period, she looks at peers who are talking, rather than joining the conversation.
- Despite his peers looking at their watches and tuning out, James continues to talk about obscure naval military battles.
- Nyoshi will engage in conversation with peers by asking questions, but rarely comments or expands on their answers, typically just switching to a new question.
- While talking about future plans, Tony says “Anyone who doesn’t go to college is either an idiot or worthless,” not recognizing or understanding that some people may struggle with school or may have career plans other than college.

There are numerous approaches you can use to support and encourage comprehension, expressive communication, and/or interaction in the high school environment. Some of these key strategies and examples include:

## 1 **Priming**

Provide information about tasks or activities ahead of time to support comprehension and expressive communication in the classroom.

- Provide an outline of class notes or written directions.
- Offer a list of questions to student before the beginning of class so they can formulate answers ahead of time.

## 2 **Additional Processing Time**

Build in extra time for support in processing and responding to directions or questions presented to the class.

- Warn the student that you will be asking them to respond to the question next.
- Have the class think about or write down answers for 15–30 seconds before raising their hands.

## 3 **Modeling**

Demonstrate and identify appropriate use of communication and social skills.

- Model target communication skills and social skills in class to the student.
- Model appropriate ways for peers to interact with and respond to the student with ASD.
- Show a video of another person or the student appropriately performing the target skill(s).

## 4 **Peer Supports**

Encourage and coach peers to provide supports (e.g., prompts to participate in discussions) to the student in class.

- Intentionally seat the student near peers who you have coached to provide support.
- Give the student specific roles within small group activities that challenge the student with ASD to practice target skills (e.g., group leader for a student who needs practice initiating).
- Give the student a list of topics or questions to use when initiating conversation.

## 5 **Social Connections**

Help students to connect with peers in and out of class.

- Point out commonalities or shared interests with peers in the class.
- Sponsor a club around a student's interest.
- Offer your classroom as a meeting place and arrange a lunch group once a week.

# 5 Key Strategies for Supporting Communication



## Important Reminders

### Slow Down, Support, and Simplify

Remember, high school environments are fast-paced and complex which often makes comprehension, communication and conversations more difficult for students with ASD. Think of strategies to slow the pace, minimize confusion, and reduce complexities in conversations, activities, and other situations.

- Use a subtle signal that the student knows to indicate when you are joking or using sarcasm or when the student is drifting off topic.
- Pair visual supports with verbal instruction in order to maximize comprehension and capitalize on strengths and preferences for visual modalities.

### Provide Specific Positive and Constructive Feedback

Offer specific feedback to the student (and others in the class) about their communication skills. General feedback, such as “good job” or “nice work in class”, does not provide enough information to reinforce specific target skills.

- “Nice job focusing on the main idea. Next time try to look up at the class when you talk.”
- “I like how you are facing me while you listen. It might be helpful to give some other clues that you are listening—maybe nodding your head or saying ‘uh-huh’.”

## Resources

American Speech-Language Hearing Association

<http://www.asha.org/slp/clinical/autism-resources/>

*Understanding Autism: A Guide for Secondary School Teachers*

**DVD**

<http://www.researchautism.org/resources/teachersdvd.asp>

**Brochure**

<http://csesa.fpg.unc.edu/resources/understanding-autism-guide-secondary-school-teachers>

*Recommendations for Students with High Functioning Autism*

<http://teacch.com/educational-approaches/recommendations-for-students-with-high-functioning-autism-kerry-hogan>

*Understanding the Student with Asperger's Syndrome: Guidelines for Teachers*

<http://www.aspergersyndrome.org/Articles/Understanding-the-Student-With-Asperger-s-Syndrome.aspx>

# Supporting Functional Communication in High School

Students on the autism spectrum exhibit characteristic difficulties associated with communication. Deficits appear in three main areas: comprehension, expressive communication, and interacting with others.

## Comprehension

*Understanding verbal and non-verbal communication*

### Potential Areas of Difficulty Related to Comprehension

- **Speed of processing language.** Students may process comments, questions, and directions more slowly than would be expected for their academic or cognitive abilities or age.
- **Following directions.** Students may have difficulty following directions, especially multi-step directions, directions that are presented only verbally, and directions that are out of context.
- **Questions.** Students may struggle to understand and answer functional questions, even when they know the content or answer of the question.
- **Pronoun confusion.** Students may have trouble understanding pronouns, especially “I” and “you.”

### What This Might Look Like in the Classroom

- Mrs. Clarendon tells Charlie to staple his papers together, hand in the papers, and sit down. Charlie staples the papers, but then sits down without handing the papers in.
- A peer asks Whitney “Do you have any pets?” Whitney says “I don’t know” even though she talks about her dog all of the time.
- Vincent has difficulty following 1-step directions if his teacher does not provide some type of gestural or visual prompt.

## Expressive Communication

*Using verbal and/or non-verbal means to convey a message*

### Potential Areas of Difficulty Related to Expressive Communication

- **Verbal language.** Students may have very limited or no verbal language, and may struggle to put together phrases or sentences.
- **Pronoun reversal.** Students may mix up pronouns in sentences, especially “you” and “I.”
- **Stereotyped or scripted speech.** Students may use certain words or phrases over and over, or use scripted phrases from TV shows or movies.
- **Echolalia.** Students may repeat verbatim words, phrases, or sentences that were just said to them or were said to them previously.
- **Nonverbal communication.** Students may have difficulty using appropriate tone of voice or body language. They may have monotone speech, have exaggerated intonation, or have an odd vocal quality.

### What This Might Look Like in the Classroom

- Leo does not speak at all, but uses gestures and points to pictures to show what he wants.
- Tanner says “Do you need a break?” when he really means “I need a break.”
- Alexis regularly uses lines from TV shows and movies in her speech. For instance, every time she doesn’t want to do something, she says “I can’t be a princess,” a line from her favorite movie, *The Princess Diaries*.
- Gerald uses a high-pitched and sing-songy voice with a cartoon-like quality when he talks.

## Interacting with Others

*Using communication to collaborate or engage with others*

### Potential Areas of Difficulty Related to Interacting with Others

- **Initiating interactions.** Students may be less likely to initiate communication with others, such as greetings or asking questions.
- **Conversation.** Students are challenged by the give and take of simple conversation. They may have difficulties responding to questions or comments from others, or taking turns in conversation.
- **Reading non-verbal cues.** Students have difficulty interpreting facial expressions, gestures, and body language during interactions with others.

### What This Might Look Like in the Classroom

- Every time Yusef starts a conversation, he says, “Hello, what is your name?” even if he already knows the person.
- Danny goes up to his classmate who is clearly upset and begins to talk about how excited he is for the truck rally this weekend, not picking up on the classmate’s mood.
- Kristy only initiates interactions to get her needs met (e.g., requesting), and rarely initiates for social purposes (e.g., greetings, commenting, conversation).
- Andre rarely engages in interactions with peers or staff, not out of disinterest, but because he has difficulty with initiations and responses.

There are numerous approaches you can use to support and encourage comprehension, expressive communication, and/or interaction in the high school environment. Some of these key strategies and examples include:

### 1 **Visual Supports**

Provide objects, gestures, pictures, or written cues to support comprehension and expressive communication in the classroom

- Use pictures or writing with verbal directions and questions to support understanding.
- Give cards with conversation starters, topics, or jokes to promote interaction during lunch or other times during the day.

### 2 **Additional Processing Time**

Build in extra time for support in processing and responding to directions or questions presented to the class.

- Make sure to pause for at least 5 seconds after giving a direction or asking a question

### 3 **Opportunities for Communication**

Arrange the environment in a way that encourages, and even necessitates communication

- On occasion, put away materials that are necessary for a familiar routine (e.g., worksheet) so the student has to communicate in order to get the materials.
- Embed times for casual conversation during the day, just as you would see students doing during the day, similar to what you may see during passing time between classes.
- Use topics of interest to the student during class to increase interactions.
- Offer students the opportunity to communicate a choice whenever possible.

### 4 **Modeling**

Demonstrate and identify appropriate use of communication and social skills

- Take short videos of other high school students (or your student) modeling appropriate communication and social skills and show the videos to your student.
- Use classroom staff or peers to model skills live (e.g., turn taking in conversation, initiating an interaction)

### 5 **Peer Supports and Social Connections**

Find other high school students that may be able to support the student with communication and social connections in class or around school

- Find clubs or sports teams for the student to join that align with his/her interests
- Arrange a lunch group with other high school students
- Start peer programs or have high school student interns in your classroom

# 5 Key Strategies for Supporting Communication

## Important Reminders

### Slow Down, Support, and Simplify

Remember, high school environments are fast-paced and complex which often makes comprehension, communication and conversations more difficult for students on the autism spectrum. Think of strategies to slow the pace, minimize confusion, and reduce complexities in conversations, activities, and other situations.

- Provide information in small chunks – one step of a series of directions or one question at a time
- Think of ways to embed visual supports around the school environment—in the cafeteria, the media center, the gym, and more.

### Provide Specific Positive and Constructive Feedback

Offer specific feedback to the student about their communication skills. General feedback, such as “good job” or “nice work in class,” does not provide enough information to reinforce specific target skills.

- “Nice job giving an answer to the question David asked you.”
- “I like how you said ‘hi’ to other students in the library.”

## Resources

American Speech-Language Hearing Association

<http://www.asha.org/slp/clinical/autism-resources/>

Augmentative and Alternative Communication Resources

<http://www.asha.org/slp/clinical/aac/>

Communication Bill of Rights

[http://www.asha.org/NJC/bill\\_of\\_rights.htm](http://www.asha.org/NJC/bill_of_rights.htm)

*Understanding Autism: A Guide for Secondary School Teachers*

**DVD**

<http://www.researchautism.org/resources/teachersdvd.asp>

**Brochure**

<http://csesa.fpg.unc.edu/resources/understanding-autism-guide-secondary-school-teachers>

State Assistive Technology Resources

<http://resnaprojects.org/allcontacts/statewidecontacts.html>

## \*A Note About Augmentative and Alternative Communication (AAC)

Augmentative and alternative communication (AAC) is a field that focuses on helping individuals augment or compensate for significant challenges in the area of communication using various systems or aids. The goal of AAC is to maximize effective communication for an individual. AAC systems/aids may be high-tech (e.g., applications on an iPad, speech-generating devices) or low-tech (e.g., picture symbols, communication boards, sign language). When considering different systems/aids, it is important to include someone with expertise in AAC.

School districts may have a person or team of people who are able to evaluate and support students who have limited verbal abilities and need alternative methods for communication. This team may consist of special educators, speech language pathologists, occupational therapists, physical therapists, or others. If you have a student who may benefit from AAC or uses some form of AAC, look for contacts in your district or in your local area to help support these students in maximizing their communication.



## Supporting Success and Safety in Relationships

Like other teens, many teens on the autism spectrum desire friendships and romantic partners. Due to challenges with social communication, some teens with ASD may have limited experience dating and could benefit from explicitly learning skills associated with successful and safe dating experiences. Teens with ASD may benefit from developing skills in the following areas: basic dating readiness skills, safety skills related to dating, and social skills related to dating. School staff and families both play important roles in supporting these skill areas.

### Basic Dating Readiness Skills

- **Identify the purpose of dating.** Educators should spend time discussing what dating is. For example, dating is a shared experience between two people and it should involve someone who the teen likes and who likes them back.
- **Establish a shared understanding of the dating process.** Teens may need support in understanding a reasonable timeline for dating and how a dating relationship typically develops. For example, a dating relationship usually evolves over time, starting as acquaintances which may develop into a casual friendship over several months, and finally become a romantic relationship.
- **Understand the differences between acquaintances, friendships and dating.** Teens should be able to demonstrate an understanding of expected behaviors in different relationships including how to behave with strangers, community members/helpers, family, friends, and romantic partners.
- **Demonstrate dating readiness.** Teens with ASD also might benefit from discussing dating readiness including grooming habits, independent skills, and confidence.
- **Be aware of, and develop a plan for, dealing with sensory sensitivities.** Often, teens with ASD have hypo- or hyper-sensitivities to sensory information such as sound, smell, and touch. These sensory differences can impact social relationships and should be discussed to develop strategies for coping in the context of a dating relationship.

# Teens with ASD may benefit from developing basic dating readiness skills, safety skills related to dating, and social skills related to dating.

## Scenario 1: Possible Challenges Associated with Basic Dating Readiness Skills

Sam was interested in dating girls at his high school. He had talked to his teacher and guidance counselor about his disappointment at not ever having had a date. Sam's teacher and counselor met with Sam to discuss ways they could help prepare him for dating. They agreed that a potential barrier for Sam might be basic hygiene skills. Sam's teacher and counselor decided that teaching Sam good hygiene skills and associating those skills with dating readiness would help motivate Sam and prepare him to be more attractive to girls at his high school.

## Safety Skills

- **Identify abusive behavior and illegal sexual behaviors and how to avoid them.** Teens with ASD are vulnerable to being abused by others. Due to immaturities in social understanding, some teens with ASD might be more likely to behave inappropriately themselves. Teaching teens to identify abusive and illegal behaviors, as well as the "grey" areas to consider, protects the teen with ASD and others.
- **Discuss relationship dangers faced on the internet.** Since many teens with ASD have access to the internet and enjoy online communication, it is essential to instruct teens with ASD on ways to avoid danger on the internet.
- **Discuss the consequences of sexual activity.** Although sex education is typically embedded in middle and high school education, it is important to ensure that teens with ASD have a clear understanding of potential consequences of sexual activity, including STDs and pregnancy.

## Scenario 2: Possible Challenges Associated with a Lack of Safety Skills

Lenore is a fan of manga. She spends a lot of time reading manga online and participating in a manga fan website. She and her online friends often discuss their favorite characters. Lenore's parents saw that in a recent conversation, Lenore was asked to send a photo to an online friend. Lenore's parents were alarmed to find that she had shared several photos with a stranger on the fan website. At a team meeting, Lenore's parents discussed their concerns about internet safety with Lenore's special education teacher. The team decided that it was critical that they spend instruction time reviewing behaviors in different relationships including how to behave with strangers, community members/helpers, family, friends, and romantic partners. They wanted to make sure that Lenore understood how to protect herself from people who might want to take advantage of her.

## Social Skills

- **Demonstrate perspective taking and social communication skills for dating.** Teens with ASD need instruction and practice in the conversation skills associated with dating including how to express interest, give compliments, share appropriate information about themselves, and understand the communication of others.
- **Identify social mistakes related to dating.** Dating is a complex social interaction for any person, so it is not surprising that teens with ASD might make social mistakes when dating. Educators can help teens to avoid potential dating mistakes by teaching skills such

## 4 Key Strategies for Supporting Success and Safety in Relationships and Dating

as identifying appropriate places to meet potential dates, evaluating whether a potential partner is interested in dating, choosing where to go on a date, assessing whether a date was successful, and following up on or ending a dating relationship.

### Scenario 3: Possible Challenges Associated with Lack of Social Skills

*Ren wanted to go out on a date with a girl he knew from his physics class. He remembered from his social skills class that it was important to maintain eye contact with people to indicate that you are interested in what they are saying. Ren was careful to remember to look at Stacy when he was in class with her. He frequently asked her questions about herself and about classwork. The third week of class, Stacy complained to the science teacher that Ren talked to her too much and was staring at her all the time. She considered his behavior creepy and wanted to switch classes. Ren's science teacher met with Ren and his special education teacher to discuss Ren's behavior. The special education teacher realized that he needed to help Ren understand the social mistake he made with Stacy and find ways to help him evaluate whether a girl is interested in dating him. The special education teacher also helped Ren to work on his social skills, sharing the importance of reading social cues (e.g., facial expressions, body language) and discussing the fact that too much eye contact can also be uncomfortable.*

1

**Visual supports:** visual examples of concepts you intend to teach to support comprehension of target skills.

- Use photos to provide practice in identifying people's emotions.
- Use visual scripts to rehearse key dating concepts like asking someone on a date.

2

**Video Models:** video examples to demonstrate appropriate relationship and dating behaviors

- Use video examples to reinforce social skill development such as correct body language used in initiating conversations or flirting.
- Use video models to demonstrate and reinforce the steps of a complete hygiene routine.

3

**Social Narratives:** stories that can provide insight into social situations. Narratives emphasize the important social cues in the targeted social situation. The story provides teens with examples of appropriate social responses.

- Use social narratives to explain the importance of skills like good grooming, being independent, and showing confidence and how these skills can relate to successful dating.
- Use social narratives to discuss the idea of the "hidden curriculum" to emphasize important dating rules that everyone knows, but no one is taught. This includes assumed rules and social expectations. For example: "When you ask someone on a date and they SAY that they are busy, they often MEAN that they do not want to go out on a date with you, not that you should pick a different time to ask them again. If someone tells you that they are busy, you should not ask them on a date again."

4

**Role Play:** practicing key social communication behaviors associated with safety and relationships.

- Use role play to demonstrate and practice nonverbal communication behaviors.
- Use "social autopsy" to analyze social errors committed and choose alternative solutions to correct the errors in the future.

## Important Reminders

### Don't forget to reinforce correct behaviors!

Make a point of catching teens doing things well. Specific feedback will help teens remember the skills you are working on.

- “Great job giving your friends enough space. Other people like it when you stand an arm’s length away when you talk to them.”
- “I noticed that you listened to Kayla when she talked about her weekend and you were able to ask her what her favorite part of the movie was. You showed her that you were interested in what she had to say.”

### Check in regularly with teens with ASD and the people that support them.

Developing relationships in high school is a complex process which takes practice.

- Use errors as opportunities to teach new skills.
- Open communication with families can help identify student needs and reinforce the skills you are trying to teach.

## Additional Resources

Baker, J. (2006). Social Skills Picture Book for High School and Beyond. Future Horizons.

Davies, C., Dubie, M., Mesibov, G. B. (2012). Intimate relationships and sexual health: A curriculum for teaching adolescents/adults with high-functioning autism spectrum disorders and other social challenges. Shawnee Mission, KS: Autism Asperger Publishing.

Hafner, D., (2005). Healthy and Ready to Work: A Series of Materials Supporting Youth with Special Health Care Needs, S.A.F.E. Safety Awareness for Empowerment. A Training Guide for Safety at Home, at Work, and in Public.

<http://www.waisman.wisc.edu/cedd/pdfs/products/health/SAFE.pdf>

Laugeson, E. A. (2014). The PEERS Curriculum for School-Based Professionals Social Skills Training for Adolescents with Autism Spectrum Disorder.

<http://www.taylorandfrancis.com/books/details/9780415626965>

Myles, B. S., Trautman, M. L., & Schelvan, R. L. (2004). The hidden curriculum: Practical solutions for understanding unstated rules in social situations. Shawnee Missions, KS: Autism Asperger Publishing.

## Depression in Adolescents with ASD

**D**epression is more common among teens with ASD than teens without ASD. Rates of major depressive disorder have been reported as high as 37% in adolescents with ASD compared to about 5% of adolescents in the general population. Studies that measured parent reports of depressed mood have revealed a rate as high as around 50%. There is also emerging research that has shown an increased risk for suicidal thoughts and tendencies among teens with ASD. This means that parents and school staff need to be on the lookout for the signs of depression.

### Recognizing Depression

Recognizing depression in individuals with ASD can be challenging as some of the characteristics of ASD can resemble some of the signs of depression. For example, some individuals with ASD may not interact much with peers or identify many friends, which may also be signs of depression in adolescents. Another challenge is that some of the characteristics of ASD may actually mask signs of depression. Some teens with ASD may not show much emotion, so depression may not be as observable as a look of sadness on the teen's face. Additionally, the communication difficulties of individuals with ASD may impact one's ability to recognize depression in this population. Even students with ASD who communicate in full sentences may have difficulty communicating their feelings.

It is important for teachers to get to know their students with ASD well, and share their observations of any behavior changes with parents, as well as with other team members who are working with that student. Parents should periodically contact their teen's teachers to check in regarding any observed changes in behavior. See the list on the following pages for some of the signs of depression that have been observed in teens with ASD.



# Signs of Depression in Teens with ASD

## Emotions and Mood

- Increased moodiness which may include increased: anger, irritability, sadness, tearfulness  
*In the past two weeks Terri has been crying for her mom and dad to come pick her up from school every day after lunch.*
- Feelings of worthlessness or fixation on mistakes  
*Alex is noticing that he is different from his peers and this awareness is causing great concern. He often makes comments that he is “not normal” and “will never be normal.”*
- Need for excessive reassurance  
*Joel is increasingly fearful of black holes and requires frequent reassurance that he will not disappear.*
- Loss of interest or pleasure in previously favorite activities  
*Rolando always enjoyed swimming at the YMCA but recently is resisting the pool and does not even want to put his swimsuit on.*

## Behaviors and Skills

- Aggression  
*Caleb is not typically aggressive but in the past month has hit his younger sister several times and pushed his mom when he became frustrated.*
- Indecisiveness  
*The choices in the cafeteria suddenly seem overwhelming for Taneisha and she has been getting “stuck” in line.*
- Noticeable decrease in self-care  
*Adam has started to move very slowly during his morning routine and is often leaving for school without brushing his teeth, washing his face, or combing his hair.*
- Regression of previously learned skill  
*Charity, who usually navigates to the cafeteria and back without assistance, lately is found wandering the halls telling everyone she is lost.*
- Changes in autistic symptoms which may include increased stereotypic behavior or decreased interest in restricted interests  
*Kevin used to flap his hands and rock on the floor when he was young. Since he started high school, he is rocking again every day after school.*
- Thoughts or expressions of suicide or self-destructive behavior  
*During poetry week Jaylen turns in a poem about loneliness and suicide.*

## Suggestions for School Staff and Parents

1

**Check in with the teen with ASD.** Although some individuals with ASD may struggle to communicate emotions and feelings, it is important to check in with teens and see how they are feeling. You can incorporate some type of visual representation of emotions like an emotion meter or a 5-point scale for a regular check-in.

2

**Look for changes in behavior.** Since individuals with ASD often have characteristics that can mimic or mask depression, it is important to look for changes in behavior. For parents, it might mean paying attention to eating and sleep habits, and looking for changes in mood and behavior around the home and community. For teachers, it might be looking for changes in mood or behaviors during class, or paying particular attention during other times such as transitions, lunch, or clubs.

3

**Communicate regularly with team members.** Given that behaviors changes may be subtle or may manifest differently across environments, it is important that families and school staff are staying in touch with each other. Parents and school staff should be in regular communication about any changes in behavior in home, school, and community environments.

4

**Seek out professional help.** If you are concerned about possible depression in a teen with ASD, talk to a professional. Parents can talk to a health care professional (who should be knowledgeable of ASD), and then determine if a referral to a mental health professional is needed. For school staff, schools or school districts typically have counselors and psychologists who are trained in recognizing depression, and may be able to support the student.

If you will be meeting with a health professional, make a list of:

- Any major stresses or recent life changes
- Anything different observed lately, even if it does not seem related to depression
- Information from discussions with other people in the teen's life such as school personnel
- All medications, vitamins, herbal remedies, and supplements the teen is taking
- Any additional questions

## Health and Wellness

- **Hyperactivity**  
*Abe usually enjoys reviewing meteorology reports in detail each evening. Lately, however, he has not been able to settle and concentrate in the evenings and has given up this favorite activity all together.*
- **Agitation or restlessness (e.g., handwringing, pacing, inability to sit still)**  
*Hai has been nervous during class periods, and has been tapping her feet continually and getting up to walk around during class time.*
- **Fatigue or loss of energy**  
*Xavier keeps falling asleep in class, even when the class is watching You Tube videos about space, his favorite topic in science.*
- **Sleeping too much or too little**  
*Eli, who is usually the first one up in the morning, is having great difficulty getting out of bed in the morning.*
- **Changes in appetite leading to weight loss or gain**  
*Jackson has stopped eating some of his favorite foods and is coming home with the food in his lunchbox half eaten.*
- **Complaints of unexplained body aches and head aches, increased visits to the school nurse**  
*Sophie has asked more than once this week to go to the school nurse saying that her arm hurts but the nurse keeps sending her back saying there is nothing wrong with her.*

## Treatments for Depression

There are a range of treatments that include psychotherapy, medications, and even exercise. Treatments/interventions for depression should be comprehensive and implemented under the guidance of a qualified professional (e.g. psychiatrist, psychologist, mental health practitioner).

See the resources listed below for more information on treatments.

## Suicide

If staff or parents think the teen is in immediate danger of self-harm or attempting suicide, they should call 911 or the local emergency number immediately. Or, if parents think they can do it safely, they can drive their teen to the nearest hospital emergency department. They have trained crisis management staff prepared to help in this situation.

## Resources

Autism Speaks ([www.autismspeaks.org](http://www.autismspeaks.org))

<http://www.autismspeaks.org/what-autism/treatment/treatment-associated-psychiatric-conditions>

<http://www.autismspeaks.org/blog/2013/05/13/whats-connection-between-autism-and-depression>

<http://www.autismspeaks.org/blog/2013/05/13/8-critical-measures-counter-suicide>

American Psychological Association

<https://apa.org/topics/depress/index.aspx>

American Academy of Child and Adolescent Psychiatry

[http://www.aacap.org/aacap/Families\\_and\\_Youth/Facts\\_for\\_Families/Facts\\_for\\_Families\\_Pages/The\\_Depressed\\_Child\\_04.aspx](http://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/The_Depressed_Child_04.aspx)

National Institute of Mental Health

<http://www.nimh.nih.gov/health/topics/depression/index.shtml>

## Anxiety in Adolescents with ASD

Anxiety is believed to be one of the most common co-occurring disorders for individuals with Autism Spectrum Disorder (ASD) along with depression and attention deficit disorder (ADHD). A conservative estimate of the rate of anxiety in teens with ASD is at least 40% but some studies have put that rate almost twice as high. As a comparison, the rate of anxiety in teens in the general population is around 8%. Anxiety is thought to be more prevalent during adolescence as teens with ASD become more aware of their differences from their peers. This is particularly true for teens without an intellectual disability. Because anxiety is so common in teens with ASD, it is important that parents, teachers, and health care professionals be on the lookout for signs that an adolescent may be trying to cope with anxiety.

### What is Anxiety?

Anxiety is the presence of excessive worry or fear and can vary from mild to severe. It can be characterized as generalized anxiety disorder or more specifically as social anxiety, separation anxiety, obsessive compulsive disorder, or specific phobias (for example, of spiders or loud noises). Social anxiety is perhaps most common in individuals with ASD. Social anxiety is described as fear and avoidance of new people and social situations due to feelings of concern about being viewed negatively by others.

In school, anxiety can impact a student's academic performance and lead to behavior problems. At home it can disrupt family life. If untreated, anxiety can lead to depression.

# Recognizing Anxiety in Teens with ASD

Individuals with ASD may not be able to recognize and describe how they feel which can make it difficult to diagnose anxiety. This means that parents, teachers, and other care providers need to be able to recognize the wide ranging signs of anxiety. In particular, changes in behavior such as sleep patterns and eating habits can be clues as well as excessive worry or rumination. Other behavioral changes such as withdrawal from normal daily activities or an increase in repetitive or destructive behaviors may be symptoms. Once an anxiety response is triggered, individuals with ASD can have difficulty controlling it.

## Social Situations

- Withdrawal or limited social engagement  
*For the past week, Jonathan has stopped eating lunch with his group of friends and sits by himself in the hallway outside my classroom.*
- Poorer relationships with parents/teachers/peers  
*Han has always been a favorite of his teachers but morning routine and is often leaving for school without brushing his teeth, washing his face, or combing his hair.*
- Separation Anxiety  
*Lucy has been real clingy lately, especially when we go out in public. It reminds me of when she was really little.*

## Behaviors and Skills

- Excessive worry or rumination  
*Akim will not stop worrying about getting to his job on time. He asks every 5 minutes when we are leaving, even though we leave at the same time every Wednesday and are never late.*
- Having trouble doing normal daily activities  
*Vanessa used to be the first one to get started on her daily activities in the morning, now, she just sits at the table and I can't seem to get her going*
- Increase in self-soothing and/or repetitive behaviors such as rocking, wringing, or flapping hands  
*One of my students this year, Sanjay, goes to the corner and rocks whenever it's time to do a group project. It's impacting his grade but also, the other kids are starting to avoid him altogether.*
- Increase in challenging, aggressive, and/or oppositional behaviors  
*Joey had a meltdown in school today, it was the second one this month. I thought we were over these.*

## Health and Wellness

- Changes in sleep and/or sleeping patterns  
*I've noticed Katie has dark circles under her eyes lately and is having a hard time staying awake in class.*



## Health and Wellness (continued)

- Increase in stomach aches and/or other illness  
*Diego has missed at least 10 days of school this semester due to illness, more than any other of my students.*

## Examples of Anxiety Triggers

Being aware of anxiety triggers is important for anticipating stress and anxiety. Here are some situations that can trigger anxiety for teens with ASD in the school setting:

- Unstructured time: waiting for bus, lunch time, changing classes
- In the classroom: tests, grades, giving presentations, large multi-step assignments such as writing assignments
- Sensory issues: school assemblies (crowds), fire drills (loud noises), cafeteria (offensive smells)
- Social situations: interactions with peers, working in groups, physical education (forced group participation)

## Treatment for Anxiety

Getting an accurate diagnosis is the first step in treating anxiety. It is important to work with a medical professional who has experience with individuals with ASD. In preparation for a visit to the doctor, parents should be sure to gather observations from teachers and others who spend time with their child. Treatments for anxiety can include medication and/ or different types of therapy. There are a range of medications available for the treatment of anxiety and Autism Speaks has created a guide to help in making decisions about medication that can be shared with your health care provider.

### Autism Speaks Medication Decision Tool Kit

<http://www.autismspeaks.org/science/resources-programs/autism-treatment-network/tools-you-can-use/medication-guide>

In addition to medication, cognitive behavioral therapy (CBT) is showing promise as effective in some cases of anxiety, in particular with adolescents without co-occurring intellectual disability. CBT teaches individuals to control their behavior by thinking differently about how they view the world. The therapist does this by:

- Addressing challenging negative thoughts with logic, role-playing and modeling of courageous behavior
- Using a step-by-step exposure to feared situations
- Teaching relaxation techniques

Many anxiety programs for children with autism incorporate special interests to encourage participation.

## Exercise for Adolescents with ASD

**E**xercise can be an effective way to promote positive behaviors in adolescents with Autism Spectrum Disorder (ASD). Research has demonstrated that an increase in physical exertion can lead to improvements for adolescents with ASD in four areas:

- Behavior (decreasing or eliminating behaviors that interfere with the individual's ability to learn)
- School Readiness (performance during an academic task)
- Academic Engagement (active participation in academic tasks)
- Motor skills (movement or motion, including both fine and gross motor skills, and sensory functioning)

### **Why is exercise especially important for those with ASD?**

- More than half of adolescents with ASD are either overweight or at risk of being overweight, which is higher than the national average, perhaps due to physical inactivity or unusual dietary patterns.
- Being overweight can increase risks associated with ASD such as depression, anxiety, gastrointestinal problems as well as a whole host of other health problems.
- Adolescents with ASD have been found to be at a higher risk for bone fractures and have a lower bone density than their peers, at least in part due to a lack of sufficient exercise.

# The National Professional Development Center on Autism Spectrum Disorder has determined that exercise is an evidence-based practice.

## Tips for Educators: Using Exercise to Improve Academics

### Exercise before a learning activity

Vigorous activity, even for one minute (jumping in place, running in place, push-ups, and jumping jacks) can reduce disruptive and off-task behaviors of students with ASD in the learning activity that follows. Best results occur when the students get several small exercise breaks throughout the school day.

### Incorporating vigorous exercise into school routines

Add jogging for a short period of time (12-20 minutes followed by a brief cool-down) into a student's day. This can increase correct responding and on-task behavior in adolescents with ASD. Vigorous exercise (jogging, jumping) has more impact than less strenuous activity (playing catch with a ball, slow walking) on desired learning outcomes.

## Tips for Families: Options for Fitness A school or community program

Difficulty with social interactions, sensory overstimulation and communication can inhibit adolescents with ASD from joining organized community sports teams and those at school. However, if there is a sports program that appeals to the student, it will be well worth the challenges. An inclusive program will not only build fitness but also the social skills and connections that can have life-long benefits. Cross-country and track are good choices since often these teams do not involve pressured tryouts. Martial arts, dance, or equestrian programs are other great options that can help with following directions and building relationships. YMCAs can be excellent providers of inclusive sports programs that frequently make accommodations for families who need extra support.

Families should talk to coaches ahead of time about their level of experience with athletes with ASD. Parents may need to help coaches break down tasks into smaller sets of directions, provide visual supports, simplify practice routines, or allow a family member or supportive adult to attend practices.

## Tips to initiate and maintain exercise routines:

- Create a weekly calendar with three built-in time slots of at least 30 minutes each for exercise. Build up to four time slots after a few weeks. Plan ahead and make note of activities that require transportation or special clothing or equipment (for example: don't forget to pack a bathing suit and towel!).
- Create a visual "menu" of activities the adolescent can choose from for each of the time slots (suggestions of options listed above).
- Build in a combination of exercise and chores such as mowing the lawn (with a push mower), raking leaves, walking the dog, or washing and vacuuming the car.
- Use an app or other reminder to prompt adolescent when exercise time slot is near, or to track exercise accomplishments.
- Create a positive reward system and be sure to include input from the adolescent in the choice of rewards. They can negotiate a certain reward for each week of exercise routine successfully completed. For added value, a reward such as a visit to an indoor rock climbing wall can count towards the next week's exercise.

### Fitness routines at home

If a student prefers more individual activities that require less attention to directions and social cues, then running, swimming, fast walking, treadmills, elliptical machines, trail hiking, roller skating, stationary bicycles, and jumping rope are excellent choices for fitness. There are also workout videos designed specifically for young adults with autism, and many video game systems have work out "game" programs.

## Need Inspiration? Watch a Video of an Athlete with ASD

Professional surfer Clay Marzo

On Youtube watch "Clay Marzo: Just Add Water"

## Need More Inspiration? Athletes with ASD

Swimmer Jessica-Jane Applegate

<http://www.jessicajaneapplegate.com>

<http://www.telegraph.co.uk/sport/olympics/paralympic-sport/9515467/Paralympics-2012-Jessica-Jane-Applegate-breaks-own-200m-freestyle-record-as-GB-swimmers-start-to-shine.html>

Basketball player and marathon runner Jason “J-Mac” McElwain

<http://www.cbsnews.com/video/watch/?id=1342163n> or read <http://www.huffingtonpost.com/caurie-putnam/>

[http://www.huffingtonpost.com/caurie-putnam/boston-marathon-jason-j-mac-mcelwain\\_b\\_5188636.html](http://www.huffingtonpost.com/caurie-putnam/boston-marathon-jason-j-mac-mcelwain_b_5188636.html)

High School star runner Mike Brannigan

[http://www.huffingtonpost.com/2014/09/04/mike-brannigan-autism-runner\\_n\\_5761772.html](http://www.huffingtonpost.com/2014/09/04/mike-brannigan-autism-runner_n_5761772.html)

## Resources

Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder

Exercise (ECE) fact sheet

<http://www.autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/2014-EBP-Report.pdf>

Sports, Exercise, and the Benefits of Physical Activity for Individuals with Autism

<http://www.autismspeaks.org/science/science-news/sports-exercise-and-benefits-physical-activity-individuals-autism>

A Winning Match: Fitness and Autism

<http://www.autismafter16.com/article/12-09-2011/winning-match-fitness-and-autism>

## Hygiene in Adolescents with ASD

Families of adolescents with ASD, and school staff who support them, often report that maintaining good personal hygiene can be difficult for their sons, daughters, and students. Hygiene is the practice of keeping up with one's health and cleanliness. Maintenance of hygiene includes washing hands after going to the bathroom, using a tissue when blowing a nose, using deodorant, and many other skills. Poor hygiene impacts various aspects of one's life and the consequences of poor hygiene may impact health, social experiences (e.g. peers avoiding interaction), and employment. A teen experiencing adverse responses in his/her environment may not recognize his/her poor hygiene as the cause. As a result, some teens may internalize their negative feelings, which could lead to decreased self-esteem, anxiety, and depression.

### Potential Areas of Difficulty Contributing to Poor Hygiene

#### Sensory Challenges

Teens may have difficulty using certain items that are typically used to clean. Some may over-respond to certain items related to hygiene tasks, finding the physical contact, lights, or sounds during a hygiene routine to be unbearable (e.g., sound of an electronic toothbrush, the material of a towel, smell of a soap/lotion). Others may under-respond and not react even during pain (e.g., temperature of the water is too hot, cuts on the face when shaving).

#### Sequencing and Following Directions

Teens may struggle to remember the many steps needed to complete a hygiene task. They also may need more time than other teens in processing instructions. Transitioning to the next step of a hygiene routine without reminders or prompts can also be a challenge for some teens.

# “Poor hygiene impacts various aspects of one’s life...”

## Potential Areas of Difficulty Contributing to Poor Hygiene (continued)

### Time Management

Teens may struggle to remember the many steps needed to complete a hygiene task. Teens may need more time to complete their hygiene routines. One may lose track of time in a particular step in the routine (e.g., continuing to stand in the shower for a long time before moving on to other steps). Transitioning to the next step of a hygiene routine without reminders/prompts can also be a challenge for some teens.

### Promote Healthy Hygiene Habits Early

It is important to begin healthy hygiene habits as early as possible. It may be helpful to consider beginning these healthy habits before puberty, which would contribute consistency to the teen’s daily schedule before and during the occurrence of hormone level changes. In turn, the teen will be learning skills that the steps towards maximizing independence.

Having discussions with the teen or finding ways to assist understanding will help alleviate confusion about changes in his/her body. Teach and utilize the formal names of body parts to aid in future conversations about hygiene and puberty. If needed, ask a professional for guidance or inclusion in the conversation. Including a

professional the teen knows and is comfortable talking with, such as a doctor, teacher, or therapist can serve as another resource.

### Important Reminders

Parents, teachers, and other people working with an individual with ASD on hygiene tasks need to respect the individual’s right to privacy. When practicing hygiene skills or having a discussion on a related topic with a teen, remember to be in a safe, private environment.

Additionally teachers and other professionals need to continue to be sensitive to matters within the home. It is important to recognize there are multiple factors that may impact a student’s level of hygiene when coming to school. Families with financial difficulties could have trouble consistently purchasing hygiene items and/or have limited access to washing machines (e.g., may be difficult to get to a laundromat).

Lastly, different families have different hygiene practices and expectations. Families, staff, and the teens with ASD may view hygiene needs differently so it is important to have an open dialogue between students, school staff and parents about hygiene.



## Suggestions for School Staff and Parents

1

### Visual Supports

**Provide objects, pictures, or written cues to guide completion of a hygiene task.**

- Give cards depicting pictures of the step-by-step process of showering.
- Use a checklist of tasks to complete in the bathroom in the morning before school.
- Make a hygiene kit for the matching task (e.g., for brushing teeth, put a toothbrush, toothpaste, floss, and mouthwash in a kit).
- Many examples can be found here:  
[http://www.iidc.indiana.edu/index.php?pagelid=3613&mode=mod\\_resources&action=display\\_category&resource\\_cat=15](http://www.iidc.indiana.edu/index.php?pagelid=3613&mode=mod_resources&action=display_category&resource_cat=15)

2

### Modeling

**Demonstrate the process of completing a hygiene task.**

- Brush your teeth and count out the length of time you spend on each section of teeth with the individual.

**Use a video model for teens who may need repeated viewing of the model.**

- Record video of modeling the steps of shaving.

3

### Social Narratives

**Write descriptions of a social situation and include appropriate responses with reasoning.**

- Describe the morning routine and when to change into clean school attire for the day
- Write down some examples decisions about hygiene during and after meals - when to wipe off your face, what types of foods may require breath mints after a meal.





4

### Reinforcement

**Identify activities that are motivating or preferred items and use learning hygiene skills as opportunities to engage with the activity or item.**

Note: Some teens may not perceive their hygiene problems as an issue (e.g., they personally are not bothered by not having showered in a week, so why would it matter to others).

- After completion of a hygiene routine (e.g., can spend 10 minutes on the iPad after completion, showering, putting on deodorant, brushing teeth).

Get toothbrush and toothpaste 	Put toothpaste on toothbrush 	Brush teeth. 	Drink water. 
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Example 1: Picture card to depict several steps of a hygiene routine

Task	Sunday	Monday	Tuesday
Shower			
Wash hair with shampoo			
Wear clean clothes appropriate to weather			
Wear clean underwear and socks (1x means dirty/wash)			
Comb or brush hair (cut hair every month)			
Check fingernails, clean and trim if needed (about 1 time a week)			
Cut or file toenails (about 1 time a week)			
Brush teeth and floss AM			
Brush teeth and floss PM			
Deodorant daily			
Wipe until clean, change underwear if dirty daily			
Clean glasses daily			

## Resources

The Healthy Bodies Toolkit

<http://kc.vanderbilt.edu/healthybodies/>

Autism Speaks

<http://www.autismspeaks.org/blog/2013/08/09/teen-autism-needs-help-hygiene-appropriate-behavior>

Children's Specialized Hospital

<http://www.childrens-specialized.org/CSRedsign/media/Autism/Tip%20Sheets/Real-Life-Tips-for-Kids-with-Autism-Personal-Hygiene.pdf>

Autism and Puberty: A Web-share Session from Indian Resource Center for Autism

<https://www.youtube.com/watch?v=23oc04BVtN4>

Evidence-Based Practices:

Visual Supports

<http://csesa.fpg.unc.edu/resources/ebp-briefs/visual-supports>

Modeling

<http://csesa.fpg.unc.edu/resources/ebp-briefs/video-modeling>

Social Narratives

<http://csesa.fpg.unc.edu/resources/ebp-briefs/social-narratives>

Reinforcement

<http://csesa.fpg.unc.edu/resources/ebp-briefs/reinforcement>



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