OCCC Learning Circle: Autism

Thank you for coming!

Please note: this session will be recorded.

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A Disclaimer

Potential triggers: brief discussion of the medical model of disability, disability discrimination, and brief mention of harmful therapies

Please feel free to exit at any time, for any reason.

Based off the literature I have seen, I will be attempting to use "identity first" language (i.e. "autistic person" vs "person with autism")

1. Welcome & Introductions

-What this session is

-Who we are

2. Vocabulary Frontloading

-Important terms to know going forward

3. Paradigm Shift: How we think about autism and neurodivergence

-Different models of disability

-The pathology vs neurodiversity paradigm

-Autism rights movement

4. Why "Acceptance"?

-The problems with "Awareness"

5. What is Autism?

-Traits and characteristics

-The autistic experience

-Masking

-Communication differences

6. Check in point/Discussion

-Comments and questions

7. Planning: personal goals for next session

-Establish a personal learning goal

-Choose two resources to look at this month

8. What can I start doing right now?

-Quick communication tips for learning environments

9. I think a student of mine is autistic, what do I do?

Vocabulary Frontloading: Terms to Know

Neurodiversity: A term coined by autistic sociologist Judy Singer in the 1990s. It frames conditions formerly thought of as diseases to be cured as different ways of being human, or ways for the brain to be "wired." It covers a wide range of human brain variation.

Or, to quote Wikipedia,

"The term neurodiversity refers to variation in the human brain regarding sociability, learning, attention, mood and other mental functions."

Neurodivergent: a term describing a person possessing a brain with less common "wiring," such as autism, ADHD, dyslexia, dyspraxia, dyscalculia, anxiety, depression, Tourette's and more.

Neurotypical: a term describing a person possessing a brain mostly similar to the greater part of the population (does not have autism, ADHD, etc.).

Stimming: also called stereotypy, is the repetition of physical movements, sounds, words, or moving of objects, often as a self-soothing practice, or to ward against overstimulation from outside sources by redirecting focus. Common in those with autism, anxiety, ADHD, sensory processing disorder, and more. Even neurotypical people stim, however.

Paradigm Shift:

How we think about autism and neurodivergence

Medical Model of Disability



- Prevailing view of disability- although that is changing
- Focus on curing or managing disabilities medically- the body is a like a machine that must be fixed to fit into the norm
- Focus placed on person with disability and what is "wrong" with them, not the social and cultural systems and structures that make life difficult for them
- Focus on disabled bodies as pathological/defective



Social Model of Disability

- Popular among disability rights advocates, including the autism rights movement, with growing popularity in areas such as education and legislation
- Focus on accommodation and support for disabled people that allows them access to the same quality of life as non-disabled people
- Focus placed on society and the ways that it fails to include or take account for disabled people. Disability does not equal a defect, but the restrictions caused by society
- Focus on impairments not necessarily automatically leading to disability unless society does not include or accommodate them

Paradigm Shift:

How we think about autism and neurodivergence

Pathology:

There's something wrong with you and it needs to be changed or fixed in order to fit in



Neurodiversity: There are different types of brains and ways for brains to function, the problem starts when culture and society punish or do not accommodate these differences

Paradigm Shift:

How we think about autism and neurodivergence

Autism Rights Movement

- Autism:
 - Is a spectrum. Not every autistic person is the same
 - Does not need to be cured
 - Has its own culture
- Autistic people must be included in discussions and debates that concern them
- Some of the most common autism therapies are unethical
 - Not allowing harmless stimming
 - Forcing eye contact
 - Breaking routines that bring autistic people comfort
 - Aversion therapy/use of restraints
 - Risky alternative treatments
- The "autism gene "does not need to be eliminated

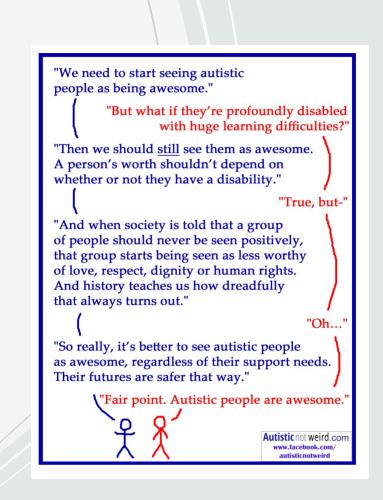


https://en.wikipedia.org/wiki/Autism_rights_movement

Why "Acceptance"?

- 1. Autism Awareness has traditionally been "about us, and without us"
- 2. Autism Awareness Month has traditionally focused on the negatives
- 3. Autism Awareness Month has traditionally been loaded with triggering symbols, language, and even colors
- 4. Autism Awareness Month has traditionally been full of "slacktivism"
- 5. Autism Awareness Month has traditionally played a part in the demonizing of autistic people

https://autisticnotweird.com/awareness-month/



Why "Acceptance"?



"April has widely been known as 'Autism Awareness Month' in the United States as a way to empower autistic individuals and their families. Today, the autism community is calling on all media outlets to shift their language to match the growing need for acceptance within the community in preparation for any news coverage in the weeks ahead.

The shift in the use of terminology aims to foster acceptance to ignite change through improved support and opportunities in education, employment, accessible housing, affordable health care and comprehensive long-term services.

'While we will always work to spread awareness, words matter as we strive for autistic individuals to live fully in all areas of life,' says Christopher Banks, President and CEO of the Autism Society of America. 'As many individuals and families affected by autism know, acceptance is often one of the biggest barriers to finding and developing a strong support system.'

Autism community advocates across the country have a long-standing history of using the term 'acceptance' as a means of more fully integrating those 1 in every 54 Americans living with autism into our social fabric. The Autistic Self Advocacy Network (ASAN) has been framing April as Autism Acceptance Month since 2011, stating 'Acceptance of autism as a natural condition in the human experience is necessary for real dialogue to occur.'"



NOTHING ABOUT US WITHOUT US

"Autism is a developmental disability that affects how we experience the world around us. Autistic people are an important part of the world. Autism is a normal part of life, and makes us who we are.

Autism has always existed. Autistic people are born autistic and we will be autistic our whole lives. Autism can be diagnosed by a doctor, but you can be autistic even if you don't have a formal diagnosis. Because of myths about autism, it can be harder for autistic adults, autistic girls, and autistic people of color to get a diagnosis. But anyone can be autistic, regardless of race, gender, or age.

Autistic people are in every community, and we always have been. Autistic people are people of color. Autistic people are immigrants. Autistic people are a part of every religion, every income level, and every age group. Autistic people are women. Autistic people are queer, and autistic people are trans. Autistic people are often many of these things at once. The communities we are a part of and the ways we are treated shape what autism is like for us.

There is no one way to be autistic. Some autistic people can speak, and some autistic people need to communicate in other ways. Some autistic people also have intellectual disabilities, and some autistic people don't. Some autistic people need a lot of help in their day-to-day lives, and some autistic people only need a little help. All of these people are autistic, because there is no right or wrong way to be autistic. All of us experience autism differently, but we all contribute to the world in meaningful ways. We all deserve understanding and acceptance."

https://autisticadvocacy.org/about-asan/about-autism/



NOTHING ABOUT US WITHOUT US

We think differently. We may have very strong interests in things other people don't understand or seem to care about. We might be great problemsolvers, or pay close attention to detail. It might take us longer to think about things. We might have trouble with executive functioning, like figuring out how to start and finish a task, moving on to a new task, or making decisions.Routines are important for many autistic people. It can be hard for us to deal with surprises or unexpected changes. When we get overwhelmed, we might not be able to process our thoughts, feelings, and surroundings, which can make us lose control of our body.

We process our senses differently. We might be extra sensitive to things like bright lights or loud sounds. We might have trouble understanding what we hear or what our senses tell us. We might not notice if we are in pain or hungry. We might do the same movement over and over again. This is called "stimming," and it helps us regulate our senses. For example, we might rock back and forth, play with our hands, or hum.

We move differently. We might have trouble with fine motor skills or coordination. It can feel like our minds and bodies are disconnected. It can be hard for us to start or stop moving. Speech can be extra hard because it requires a lot of coordination. We might not be able to control how loud our voices are, or we might not be able to speak at all-even though we can understand what other people say.

We communicate differently. We might talk using echolalia (repeating things we have heard before), or by scripting out what we want to say. Some autistic people use Augmentative and Alternative Communication (AAC) to communicate. For example, we may communicate by typing on a computer, spelling on a letter board, or pointing to pictures on an iPad. Some people may also communicate with behavior or the way we act. Not every autistic person can talk, but we all have important things to say.

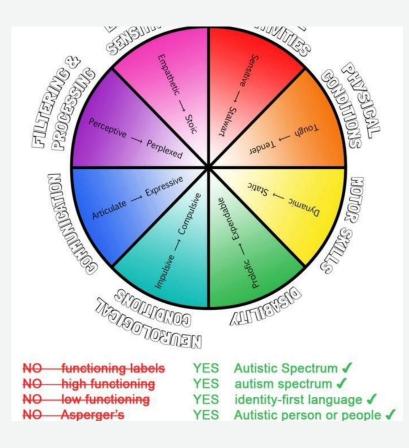
We socialize differently. Some of us might not understand or follow social rules that non-autistic people made up. We might be more direct than other people. Eye contact might make us uncomfortable. We might have a hard time controlling our body language or facial expressions, which can confuse non-autistic people or make it hard to socialize. Some of us might not be able to guess how people feel. This doesn't mean we don't care how people feel! We just need people to tell us how they feel so we don't have to guess. Some autistic people are extra sensitive to other people's feelings.

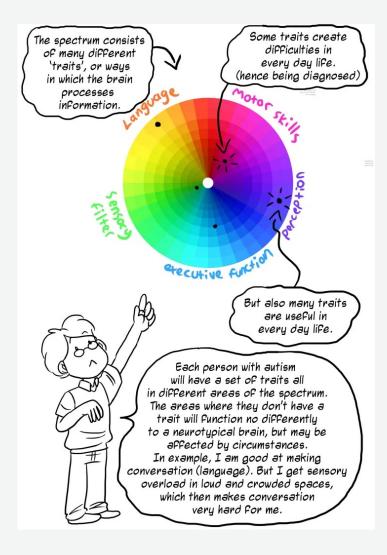
We might need help with daily living. It can take a lot of energy to live in a society built for non-autistic people. We may not have the energy to do some things in our daily lives. Or, parts of being autistic can make doing those things too hard. We may need help with things like cooking, doing our jobs, or going out. We might be able to do things on our own sometimes, but need help other times. We might need to take more breaks so we can recover our energy.

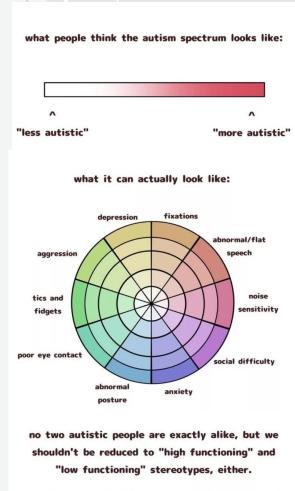
Autism is a genetically-based human neurological variant. The complex set of interrelated characteristics that distinguish autistic neurology from non-autistic neurology is not yet fully understood, but current evidence indicates that the central distinction is that autistic brains are characterized by particularly high levels of synaptic connectivity and responsiveness. This tends to make the autistic individual's subjective experience more intense and chaotic than that of non-autistic individuals: on both the sensorimotor and cognitive levels, the autistic mind tends to register more information, and the impact of each bit of information tends to be both stronger and less predictable.

Autism is a developmental phenomenon, meaning that it begins in utero and has a pervasive influence on development, on multiple levels, throughout the lifespan. Autism produces distinctive, atypical ways of thinking, moving, interaction, and sensory and cognitive processing. One analogy that has often been made is that autistic individuals have a different neurological "operating system" than non-autistic individuals.

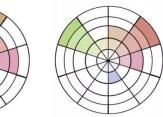
https://autistictic.com/what-is-autism/





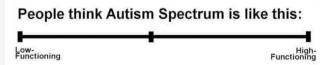


my autism looks like this. my brother's probably looks like this.



we have the same "amount" of autism, just different

symptoms.



But it's NOT. It's more like this:

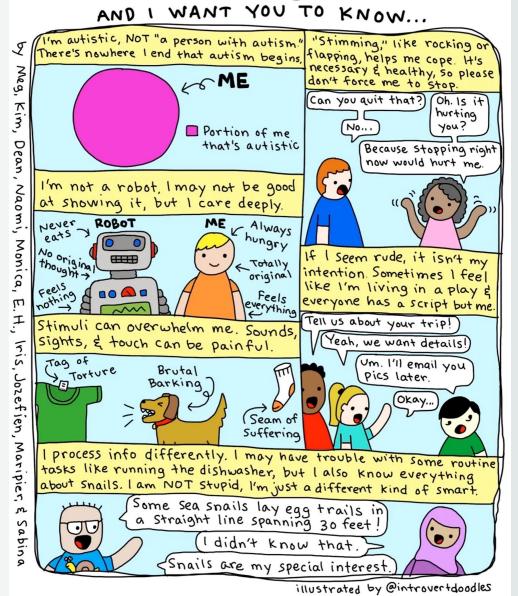


Only with LOTS more sliders. Each person with different settings. Some locked in, some variable, especially with stress. "Low Functioning" and "High Functioning" labels are actually pretty hurtful, and an incorrect way of looking at Autism.

https://themighty.com/2020/03/autism-spectrum-wheel/

https://twitter.com/commaficionado/status/1269197125038080000

I'M AUTISTIC



"Masking"

Masking: also called camouflaging, masking is "...an autistic person making changes to their behavior to disguise autistic traits and seem more like their non-autistic peers."

It is also exhausting.

"Masking takes a huge amount of sustained effort and control, all while managing discomfort and trying not to let this show. The longer a person is expected to mask, the harder this can become. Participants reported needing time alone to recover from periods of masking. And if this is not possible, it is more likely a shutdown or meltdown will be experienced."

https://theautisphere.com/autism-101-what-is-autistic-masking/



What is Autism? Communication differences





See, when I talk to Jack, the intent behind my communication is usually the literal, donotative* meaning of what I've said. I usually mean what I say!

But Jack is neurotypical, so he automatically picks up on a lot of layers of tacit metacommunications* that I don't always register.

DENOTATIVE MEANING CONNOTATIVE MEANINGS PARALINGUISTICS METALINGUISTICS TONE OF VOICE FACIAL EXPRESSION BODY LANGUAGE PROXEMICS EYE CONTACT

DENOTATIVE: EXPLICIT OR DIRECT MEANING METACOMMUNICATION: SECONDARY COMMUNICATION (INCLUDING INDIRECT CUES ABOUT HOW A PIECE OF INFORMATION IS MEANT TO BE INTERPRETED.



Or, I do pick up on them, but tend to value the literal content of what has been said over other cues.

But interpreting these other cues can change the meaning of what I said. Jack and I have a mismatch in the way we express and interpret communications.

I "put out" the literal content of my statement. Jack interprets my statement on many levels, even though I only gave him one level of information.

So quite often, Jack can miss what it was I was saying! And he then responds, using several layers of information, and I mostly value the literal content of what was said, even though the meaning could be changed by the other layers of information.



https://autisticnottingham.wordpress.com/2021/03/11/autistic-meta-communication/

Check In Point/Discussion

- What is your personal learning goal for this month?
 - Some ideas:
 - "I want to better understand the autistic experience by listening to autistic voices"
 - "I would like to research techniques and practices for supporting autistic students in my classroom"
 - "I would like to learn about the autistic rights movement"
 - "I want to learn and practice identity-affirming language in order to support a friend or loved one"
 - "I would like to look into autistic-friendly math strategies"
- Once you have an idea of where you would like to focus, find two sources over the course of the next few weeks that relate to your goal
- Our next circle will be on Monday, April 9 at 6pm.

What can I start doing right now?

(That you may already be doing ⁽³⁾)

- Put things in writing– do not rely on verbal directions or reminders
- Make presentations and class materials available ahead of time
 - "What if people then don't come to lecture?"
- Break up chunks of instructions or info-avoid blocks of text
 - Bullet points and lists are a plus
- Check for a logical progression of steps
- Clear parameters and expectations for tasks and assignments
 - How will the person know when the task is complete and up to parr? Do they have all the information they need to assess that?
- Allow processing time in conversation or when you've asked someone a question, especially in a classroom setting
- Making a habit of reading directions, etc. back to yourself. Is there any wording or phrasing that can be misconstrued?
- What can I do for my entire class that might mean that special accommodations might not be needed?
 - Universal design

I think a student of mine may be autistic. What do I do?

If they disclose:

- When a student discloses a disability, please direct the student to Student Accessibility Services.
- Email messaging to use: "Thanks for sharing. I'd like to help you connect with SAS Office. Would you be okay with that? You can reach Student Accessibility Services at 541-867-8511 or access@oregoncoast.edu."
- Once the student has provided the green light for contact, send student's name and ID number to access@oregoncoast.edu. We will then call and email the student.
- Call or email us if you need assistance or would like to consult prior to referral.

If they do not disclose:

- Do not ask them if they are autistic or push them to disclose (either directly or by backing them into a corner where they feel like they have to)
- Consider asking about learning techniques that might help them instead
 - "I noticed that you are struggling a little in your quizzes. Would it help your notetaking if I posted the slides online before lecture? "
- Let their answers guide your assistance.
- Offer to help them create a step-by-step plan to get through what is causing them to struggle.
- Refer them to tutoring if the problem is academic
 - TutorMe in Canvas
 - dana.gallup@oregoncoast.edu

Links and References

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