



A CLIENT CARE MODULE: UNDERSTANDING AUTISM



...Developing top-notch caregivers, one inservice at a time.



A Client Care Module:
**UNDERSTANDING
AUTISM**

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Name and describe the three main signs or symptoms of autism.



Explain at least three methods used to treat autism.



Discuss the importance of early intervention for autistic children.



Give at least 2 examples each of how to help clients with autism overcome challenges with communication, social differences and sensory differences.



Demonstrate compassion and competence in your daily work with clients who have autism.



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 Expires 12/31/2022
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A Client Care Module: Understanding Autism

BILL GETS A DIAGNOSIS

Bill is a 48 year old man who has autism. No one knew what it was when he was a kid. He was smart, but had trouble expressing what he knew. In addition, he had difficulty making and keeping friends.

The family knew something was different, but didn't have a name for it. When Bill entered school, he went into a special education classroom. It was the first year that service was ever offered.

Bill did well in school. He flourished under the rigid routine of the school day. When he entered high school, a school psychologist recognized some symptoms of autism. He asked Bill's mom to read a list of 19 symptoms and circle the ones she saw in Bill. Bill's mom circled 17 of the 19 symptoms—and a diagnosis of autism was made.

After graduating high school, Bill remained living at home with his parents. While his symptoms were considered "mild", he was still not able to live on his own.

Over the years, Bill's life went along smoothly—as long as he kept a strict schedule. He would wake up at 5am, get washed and dressed, then head to the kitchen to make his own breakfast. At 7am, Bill's mom would drive him to work at the local Wal-Mart. At 2:30, Bill's mom would pick him up and take him to the health center to do an hour of exercise.

The routine worked for many years. But, now Bill is beginning to have some health problems. His cholesterol and blood pressure are high and he has already had a heart attack. He suffers from gout flare-ups, which can make walking painful at times.

Bill's parents are getting too old to care for him at home, so the decision is made to place Bill in an assisted living facility.

The facility is prepared to help Bill with his health problems, but needs some additional training to address Bill's autism. Bill's mother meets with an occupational therapist and the nursing team to discuss the situation and come up with a plan to meet Bill's needs.

Keep reading to learn more about autism so that you can help clients like Bill cope with this complex condition.



THE AUTISM SPECTRUM DISORDERS

Several disorders fall under the umbrella of "Autism Spectrum Disorders" or ASDs for short. The three you see here are the most common. In each of these disorders, symptoms can range from mild to severe.



<u>PDD-NOS</u>	<u>ASPERGER'S</u>	<u>AUTISM</u>
Difficulty with social relationships.	Difficulty with social relationships.	Difficulty with social relationships.
<u>OR</u>	<u>WITH</u>	<u>AND</u>
Difficulty using and understanding language.	<u>Normal</u> use and understanding of language.	Difficulty using and understanding language.
<u>OR</u>	<u>AND</u>	<u>AND</u>
Repetitive behaviors and limited interest in activities.	Repetitive behaviors and limited interest in activities.	Repetitive behaviors and limited interest in activities.

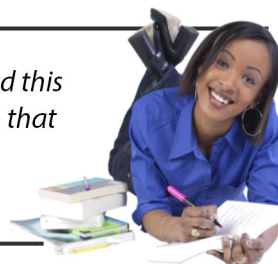
The Facts

- Autism Spectrum Disorders now affect 1 in 59 children in the United States.
- More children will be diagnosed with autism this year than with AIDS, diabetes & cancer combined.
- Autism is the fastest-growing serious developmental disability in the U.S.
- Autism costs the nation over \$35 billion per year, a figure expected to significantly increase in the next decade.
- Autism receives less than 5% of the research funding of many less prevalent childhood diseases.
- Boys are four times more likely than girls to have autism.
- There is currently no cure for autism.

- **PDD-NOS** stands for *P*ervasive *D*evelopmental *D*isorder, *N*ot *O*therwise *S*pecified. People with PDD-NOS are on the spectrum because they have some, but not all, of the symptoms associated with autism. Symptoms can range from mild to severe and can show up later in life than autism or Asperger's.
- **ASPERGER'S SYNDROME** was first identified by Austrian pediatrician, Hans Asperger. A person with Asperger's has many symptoms that are similar to autism, but will usually have a normal or even high IQ, and no problem using language.
- **AUTISM** is diagnosed when the person has difficulties with social relationships, communication and repetitive behaviors **before the age of 3 years old**.

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!





WHAT EXCITES YOU?

HOLLYWOOD GETS IT RIGHT!

For the most accurate portrayal of autism ever, be sure to see Claire Danes in the true story of [Temple Grandin](#).

[Temple Grandin](#) paints a picture of a young woman's perseverance and determination while struggling with the challenges of autism.

The film follows Temple through her early diagnosis, her turbulent school years, and her emergence as a woman with a keen understanding of animal behavior and Autism Spectrum Disorders.

Temple Grandin changed the way the world thinks about autism.

Visit templegrandin.com for more information about this remarkable woman and the movie that portrays her life!

HOW IS AUTISM DIAGNOSED?

It's not an easy task to diagnose autism because there are no medical tests to detect it.

It's now understood that getting a diagnosis as **early** as possible is the key to a successful outcome. Remember, the symptoms associated with autism are present *before* the age of 3 years.

Doctors may use several medical tests to “rule out” other conditions and disorders such as hearing loss, mental retardation and speech problems.

Doctors who specialize in autism use several kinds of tools to determine whether or not a person has autism—from rating scales and checklists to observing speech and behavior. They also need detailed information from the caregivers about certain behaviors and early development.

To make a diagnosis, doctors must see “clear evidence” of poor social skills, poor language skills and behavioral issues before age three.

WHAT CAUSES AUTISM?

No single cause has been determined to lead to autism. Most researchers believe a combination of genetic and environmental factors are responsible for the disorder.

Here is what researchers know:

- **Heredity**—Several studies involving twins show that autism can be passed down through families. Other studies have scientists thinking that parents who have one child with autism may have a slightly higher risk of having another autistic child.
- **Medical conditions**—People who have certain conditions like Fragile X syndrome (most common form of inherited mental retardation) may be at a higher risk for autism.
- **Environmental factors**—Researchers are checking into several factors that may cause problems during the brain's development such as viral infections, exposure to certain chemicals and imbalances in metabolism.
- **Pregnancy problems**— Even the slightest disturbance during pregnancy may cause problems. Scientists are studying mothers' health during pregnancy along with problems during the delivery for clues as to what might cause autism. According to recent research, harmful substances taken during pregnancy may result in a higher risk of autism.

EARLY DIAGNOSIS / EARLY INTERVENTION

Most doctors agree on two things: that early intervention is very important, and that most people with autism respond well to highly specialized and structured programs.

When diagnosed early, a combination of early intervention programs, special education, parent involvement, and sometimes medication can help children with autism live more normal lives.

- **Only children younger than age three qualify for “early intervention” help. However, it’s never too late to begin a treatment program.**

WHAT ARE THE EARLIEST WARNING SIGNS OF AUTISM?

- Not babbling or cooing by 12 months.
- Not gesturing (waving, pointing, or grasping) by 12 months.
- Not saying single words by 16 months.
- Not saying two-word phrases on own by 24 months.
- Loss of any language or social skill at any age.

COMPARE AN INFANT WITH AUTISM TO A TYPICALLY DEVELOPING INFANT

INFANT WITH AUTISM	TYPICAL INFANT
Language/Communication <ul style="list-style-type: none"> • Avoids eye contact. • Seems to be deaf. • Begins to babble and talk, but then suddenly stops. 	Language/Communication <ul style="list-style-type: none"> • Studies mother’s face. • Easily stimulated by sounds. • Continues to learn new words and use sentences.
Social Skills <ul style="list-style-type: none"> • Seems unaware of the coming and going of others. • Appear to be distant, like “in a shell.” 	Social Skills <ul style="list-style-type: none"> • Cries when mother leaves the room. Fears strangers. • Gets upset when hungry or frustrated. • Recognizes familiar faces and smiles.
Behavior <ul style="list-style-type: none"> • Fixates on a single object or activity. • Rocking or hand-flapping. • Decreased sensitivity to pain. 	Behavior <ul style="list-style-type: none"> • Moves from one fascinating object or activity to another. • Explores and plays with toys. • Avoids pain.



CONNECT IT NOW!

APPLY WHAT YOU KNOW!

MYTH OR FACT?

See if you can figure out if the following statements are myths or facts about autism:

1. Autism is a mental disorder.
2. There is a cure for autism.
3. Autism is the result of cold or uncaring parents.
4. Individuals with autism always have hidden or exceptional talents (like Rain Man).
5. Vaccines cause autism.
6. You should not look a person with autism in the eye.
7. People with autism are distant and unable to show love or affection.

Turn to page 6 for all the answers!



GROWING OLDER WITH AUTISM

Just like everyone else . . . autistic children grow up, experience adolescence, and then move into adulthood.

When a person with autism reaches the age of 22, the public school’s responsibility for providing special services ends. The family has to decide which type of living arrangement will work best for everyone. They also have to think about the best type of job for their adult child and arrange for government support services.

Some autistic adults, particularly those who are high-functioning or those with Asperger’s Syndrome, can work successfully in regular jobs and live on their own. They may still need encouragement and support since communication and social problems may cause them some difficulties.

Other autistic adults continue to live at home, are placed in foster homes or live in a skill development home. (A skill development home teaches self-care and housekeeping skills along with arranging social activities.)

And, some adults with autism live with other disabled people in group homes or apartments staffed by professionals who help them with basic needs like meal preparation, housekeeping and personal care.

According to The Autism Society of America, about one third of all people with autism are able to live and work in the community with some measure of independence.

Institutions are still available for those who need more intense and constant supervision. However, today, these residential facilities treat residents as “individuals with human needs” and offer recreation events along with simple, but “meaningful” work.

THE NEXT STEP!

WHAT DOES BILL NEED?

Imagine you are assigned to care for Bill (from the beginning of this inservice).

What activities or services are already in place that are appropriate for Bill?

What services or activities do you think Bill needs (or would like) that are not already in place?

How will you help Bill structure his day to meet his need for predictability?

Talk to your supervisor and co-workers, and find out how they would help Bill.

SENIORS WITH AUTISM

People with autism have the same life expectancy as those without it. That means people with autism will grow old, develop typical ailments of old age and possibly need long term care . . . just like everyone else.

So, you may also find that seniors with autism (like Bill from the beginning of this inservice), may need home health care, assisted living or nursing home services.



HOW IS AUTISM TREATED?

There is no one single treatment plan for autism because many times one particular plan is just not enough to help.

There are many types of treatment programs available, including:

- **Behaviorist**—This approach is based on the “reward” system. It’s usually time consuming, highly structured, and focused on doing skills over and over again.
- **Developmental**—Programs of this type focus on providing structure, being consistent, and changing the *environment* to meet the needs of the child.
- **Non-Standard**—While scientists remain skeptical about the usefulness of these programs, they are still used by some parents and therapists. Holding Therapy is an example. The parent hugs the child for a long time *even if the child resists*. It’s supposed to help the bond between parent and child.
- **Dietary**—Some researchers think that adding vitamins like B6 and B12 and removing gluten from the diet may be helpful to those with autism.
- **Complementary**—This approach includes music, art, and animal therapies, which may help with communication and social skills.
- **Medications**—There are many medications that may help with issues like hyperactivity, anxiety, and sensory problems.



THINK ABOUT IT!

Temple Grandin’s mother was told by doctors to ***institutionalize*** Temple because of her autism. (This was typical advice during the 1950’s.)

Fortunately for Temple, her mother ***refused***. She placed her in a program for speech impaired children, where classes were very structured and very small. It worked well for Temple. By age 4, she could speak and, today, she is a well-known ***author***.

In her book, Thinking in Pictures, Temple Grandin refers to herself as a ***“pressure seeker.”*** When she was six years old, she would wrap herself tightly in blankets and get under the sofa cushions because the pressure was relaxing and calming to her.

As an adult, she created a ***“squeeze machine”*** which has two soft foam-padded sides that apply self-controlled pressure through an air valve.

ANSWERS TO MYTH OR FACT ACTIVITY FROM PAGE 4

1. **Myth.** *Autism is actually a biological illness that affects the brain's growth and development.*
2. **Myth.** *There are treatments that can improve an autistic person's abilities, but there is no known cure for autism.*
3. **Myth.** *According to medical experts, a child's autism diagnosis has nothing to do with how the child is raised.*
4. **Myth.** *There is a small group of individuals with autism who have unusual skills, known as savants. However, this is not an accurate portrayal of the majority of individuals on the spectrum.*
5. **Myth.** *Many parents are concerned that vaccines cause autism, but scientific evidence continues to show this is false.*
6. **Myth.** *You can look into the eyes of a person with autism. Some may be socially able to make eye contact, and others may not, but it does no harm!*
7. **Myth.** *People with autism may be very affectionate, but social boundaries can be confusing.*



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for Jeremy, a 56 year old autistic man who lives with his elderly parents.
- Jeremy is usually mild-mannered and even-tempered, but when you arrive on this day, you find him agitated. He is pacing the floor, flapping his hands and unable to tell you what is wrong.
- **WHAT YOU KNOW:** You know this behavior is unusual, so you ask his parents what they think.
- They tell you he's upset because his computer broke and he can't go online to check scores.
- **GET CREATIVE:** What will you do? Think of three creative solutions to this problem.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

HELPING WITH SOCIAL DIFFERENCES

People with autism often have trouble using commonly accepted social skills (like making eye contact and reading facial cues).

The good news is that social skills can be learned. Children who are diagnosed with autism today are likely getting early intervention to help with these issues. Sadly, older adults with autism did not receive early intervention and may need more help from you.

COMMON SOCIAL BEHAVIORS YOU MAY SEE INCLUDE:

- Likes to be alone; may not be interested in other people at all.
- Doesn't respond to his/her name or other verbal prompts; may appear deaf even though hearing tests are in normal range.
- Makes little or no eye contact.
- Has trouble interacting with other people; may not know how to play, talk or relate to others.
- May not like to hug or be touched, or may hug or touch inappropriately.
- May have trouble understanding others' feelings or talking about feelings.

HOW YOU CAN HELP:

- Limit the number of caregivers who come in contact with the client. Have the *same* caregiver as often as possible. Expect it to take longer to establish a trusting relationship.
- Role model good eye contact. Even if the person looks away when you are speaking, stay where you are and continue communicating. You don't have to move yourself to "force" eye contact. Just keep practicing. Eventually, you will gain the client's trust and may get some eye contact.
- Take baby steps. When a client with autism refuses to participate in activities that involve other people, try allowing the client to spend time in the activity room alone—or just with the activity leader. After a few practice trials of this, allow one or two other residents to join. It's always best to allow the client with autism to enter the empty room first—then have others join. It's much more difficult for the person to walk into a room full of people.
- Speak your feelings. People with autism have trouble reading facial cues and understanding how others feel. If you are happy, sad, or disappointed . . . say it! Labeling your feelings helps the person understand his world much better.

HELPING WITH COMMUNICATION

Just like other symptoms of autism, problems with communication can range from mild to severe.

You may have one client who has no spoken language at all and another who has completely clear speech, but has bizarre or inappropriate responses to the conversation.

SOME COMMUNICATION PROBLEMS YOU MAY SEE INCLUDE:

- Learns to speak much later and/or loses the ability to say words or phrases at any age.
- May not speak at all or may *repeat* words or phrases without understanding how to use them. (This is called echolalia.)
- Has trouble expressing needs; may not understand gestures like waving; may point instead of using words.
- Mixes up pronouns, for instance, might say "I" instead of "You" or vice versa.
- Unable to begin a conversation or keep one going.
- Fails to talk in a normal tone of voice. Uses either a "flat" or "singsong" voice.

HOW YOU CAN HELP:

- Talk to the family to find out the best way to communicate with non-verbal clients. They may use sign language, simple gestures or even pictures to communicate.
- Minimize sensory stimulation in the environment. For example, you may need to turn off the television completely to gain your client's attention.
- Use clear, simple directions when giving instructions.
- People with autism tend to be concrete thinkers. This means they interpret what is said to them very literally. Avoid using phrases like, "You are certainly bright-eyed and bushy tailed today!" This may not make sense, be confusing or even be disturbing. Instead, say, "You must have slept well last night. You have so much energy today!"
- Remember, pictures, sign language, word processing and texting are all methods that can be used to communicate.



THINK ABOUT IT!

SELF-INFLICTED PAIN

Self-harming behaviors are one of the most troubling symptoms of autism.

- You may see head-banging, hand-biting, or scratching.

Not everyone with autism will have these behaviors, but it's important to understand those that do.

What's the Reason?

There is almost always a **reason** for the behavior, like pain or frustration. Once the reason is discovered, the person can be helped to stop the behavior.

If you notice your client engaging in these types of behaviors, it's important to document the **activity**, the **frequency**, the **duration**, and the **severity**.

You should also make a note of the physical and social environment, for example, **where** is the person when this behavior occurs, and **who** else is present.



TIME TO LAUGH!

A TALE FROM A TEACHER A true story!

Mrs. Bell, a veteran teacher of 15 years, had a very active and large third grade class.

Among her 29 students, she had several with various disabilities, including Janie, an autistic child.

For over two months, Janie focused only on clouds. Everything she said or did revolved around clouds.

One day, Janie changed her focus to death. Everything she said or did revolved around death.

On Valentine's Day, each student made a valentine for a special person. Janie wrote her valentine to Beethoven:

Roses are red

Violets are blue

You are dead

And I'm sad about it, too!

HELP WITH SENSORY DIFFERENCES

People on the autism spectrum often report that sensory differences are their greatest difficulty.

People with autism have different thresholds for noticing, responding to, and becoming irritated by sensations. This can impact an individual's daily choices, mood, temperament and ways of organizing their lives.

SOME SENSORY PROBLEMS YOU MAY SEE INCLUDE:

- Some people with autism are **over-responsive** to sensory input. These people tend to eat only foods with certain textures; they startle or cover their ears if the sound is too loud; and they may hate the feeling of clothing on their bodies.
- Then there are people who are **under-responsive** to sensory input. These people may stuff food into their mouths because they are trying to intensify the feeling and the taste. They like things with strong flavors and textures like limes, olives, raw carrots and carbonated drinks. They love loud music! They crash into things and may even bang their heads to help them feel where their body is in space.

HOW YOU CAN HELP:

One way to help people with sensory differences may be a program called "The Sensory Diet." This is a carefully designed, personalized activity plan (usually put together by an occupational therapist) that provides the sensory input a person needs to stay focused and organized throughout the day.

- Think about how you tap your fingers or chew gum to stay awake—or soak in a hot tub to unwind. People with autism need these kinds of stabilizing and focusing activities too.

Each person with autism has a unique set of sensory needs:

- A person who is over-responsive tends to be "high-energy" or "wired." This person needs more calming sensory activities.
- The person who is under-responsive may be more sluggish or tired. This person needs more arousing activities.

On the next page you will find some examples of activities that can either be calming or energizing. And, you will find an example of a "Sensory Diet."

If you feel your client with autism may benefit from a schedule like this, speak to your supervisor about consulting with an occupational therapist to design a personalized plan today.

SENSORY DIET ACTIVITIES

Here are some activities that may be included in a “Sensory Diet”:

- **Heavy lifting.** Without straining, teens and adults can shovel snow or lift free weights.
- **Push, pull and carry.** Rake leaves, push heavy objects like firewood in a wheelbarrow, do push-ups against the wall, wear a heavy knapsack (not too heavy!) or pull a luggage cart-style backpack, or mow the lawn with a push mower.
- **Firm Massage.** Give a firm massage, use a weighted vest or lap pad from a therapy catalog, or place light weights in the pockets of a fishing vest.
- **Swing and spin.** Swing on a hammock, porch swing or use playground swings or merry-go-round.
- **Move that body!** Do cartwheels, swim (doing flip turns and somersaults in the water), do jumping jacks, and dance.
- **Tactile hobbies.** Sculpt, sew, weave, crochet or knit. Create a scrapbook (which involves lots of pasting and working with different textures). Use sandpaper to smooth a woodworking project. Make things out of clay.
- **Listen to natural sound recordings.** Play a recording of rain falling, ocean waves, or bird songs.
- **Find calming, focusing music.** Listen to music specially engineered to promote calm, focus, energy, or creativity.

SAMPLE SENSORY DIET

IN THE MORNING

- Massage feet and back to help wake up.
- Listen to preferred music.
- Use vibrating toothbrush.
- Eat crunchy cereal with fruit and some protein.

AFTER LUNCH

- Vigorous activity, like yard work, swinging, or swimming.
- Do ball exercises.
- Massage feet to “reorganize.”
- Listen to nature sounds CD.

AT DINNERTIME

- Help with cooking, mixing, chopping, etc.
- Help set table, using two hands to carry and balance a tray.
- Provide crunchy and chewy foods.

AT NIGHT

- Clay projects, painting projects, scrapbooking, etc.
- Warm bath with bubbles and calming essential oil.
- Massage before bed.



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Several disorders fall under the umbrella of “Autism Spectrum Disorders.” The most common are PDD-NOS, Asperger’s and Autism.
2. Symptoms of autism can range from mild to severe.
3. No one knows what causes autism. Most researchers believe a combination of genetic and environmental factors are responsible.
4. Most doctors agree that early intervention is very important, and that most people with autism respond well to highly specialized and structured programs.
5. People with autism have the same life expectancy as those without it. That means people with autism will grow old, develop typical ailments of old age and possibly need long term care . . . just like everyone else.

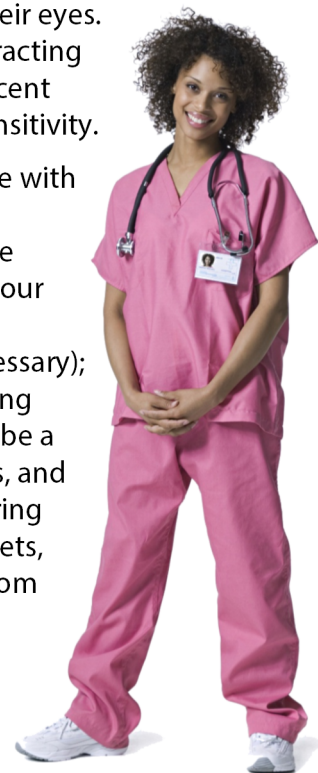


WHAT I KNOW NOW!

Now that you've read this inservice on autism, jot down a couple of things you learned that you didn't know before.

FINAL THOUGHTS!

- **Be consistent!** People with autism really like things to be the same. Since most people with autism don't like change, it's important to prepare them ahead of time when a change in their routine or schedule must take place.
- **Be literal!** Remember, people with autism may have trouble with abstract thinking. To them, everything is "black or white." Avoid telling jokes as most have double meanings. Try not to use phrases, like jump the gun, save your breath, you're pulling my leg; avoid using sarcasm, such as, saying, "Wonderful!" after your client has spilled his milk.
- **Keep it short and simple!** Try to avoid "verbal overload" with your autistic clients. Use shorter sentences and be clear when speaking.
- **Label it!** For clients who have trouble communicating, try using labels, like photos, symbols, words, and signs for everyday items.
- **Say what you mean!** Social cues and facial expressions, like winking, and rolling of the eyes may not work with autistic people. Most times they are unable to understand what those cues mean.
- **Quiet down!** Remember, some people with autism over-respond to sound and are very sensitive to noise—some are so sensitive that it causes pain. A sign of sensitivity is the frequent covering of ears with the hands. When someone has this problem, popping balloons sound like explosions; a hairdryer sounds like an airplane taking off. High-pitched noises, like drills and blenders tend to be the most bothersome.
- **Dim the lights!** People with autism who have visual sensitivities tend to flick their fingers in front of their eyes. The flicker of fluorescent lighting can be very distracting to those with this problem. Getting rid of fluorescent lighting may be helpful if your client has visual sensitivity.
- **Safety first!** Safety is a particular concern for those with autism. Many have no sense of danger, so it's important that they are in a safe environment. The following are some ways that you can help keep your clients safe: place locks on doors, cabinets, and windows; install an alarm on outer doors (as necessary); lock dangerous items away like detergents, cleaning supplies, and medications—even small items can be a hazard to a child; secure items like knives, scissors, and razor blades; make electrical outlets safe by covering them; use plastic door covers for doorknobs, faucets, ovens, and stove burners; move furniture away from shelves, bookcases or any place where one could climb.





A Client Care Module:
Understanding Autism

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about autism? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- 1. Autism is diagnosed when the person has difficulties with social relationships, communication and repetitive behaviors before the age of:**
 - A. 3 years old.
 - B. 6 years old.
 - C. 10 years old.
 - D. 15 years old.
- 2. An infant with autism may:**
 - A. Avoid eye contact.
 - B. Seem deaf.
 - C. Begin to babble/talk, then suddenly stop.
 - D. All of the above.
- 3. Your client has trouble reading facial cues and understanding how others feel. You should:**
 - A. Try not to show any emotion around him.
 - B. Label your own feelings and help him label his.
 - C. Ignore the problem. There's nothing you can do to help.
 - D. None of the above.
- 4. Your client with autism wants to always take his clothes off, he may be:**
 - A. Perverted and dangerous.
 - B. Bothered by the sensation.
 - C. Mentally ill.
 - D. Confused.
- 5. True or False**
Medication and a change in the diet can cure the symptoms of autism.
- 6. True or False**
It's possible for people with autism to learn how to make eye contact and read social cues.
- 7. True or False**
People who are under-responsive to sensory input may stuff their mouths and bang their heads.
- 8. True or False**
Anyone can create a "sensory diet" for a client with autism.
- 9. True or False**
Most adults with autism are able to live fully independent lives.
- 10. True or False**
A person with Asperger's has many symptoms that are similar to autism, but will usually have no problems using language.

