

Weathering Autism

Frequently Asked Questions

Hello! My name is David Hamrick and I am a young man with high-functioning autism. For the past six years, I have been doing conferences and workshops on issues related to living with autism and the following 50 questions have been asked by participants, including parents, teachers, care-givers, and other professionals in the field of autism. All of the questions that follow have been answered to the best of my ability and do not necessarily reflect the views of any organization. You may duplicate this material for yourself, your family, or your colleagues. If you have a question that you believe should be included here, or you would like me to be a presenter for your group/organization, please feel free to contact me!

1. Why does my son/daughter hit him/herself on the head?

There may be several reasons for these behaviors. In the case of a non-verbal child with autism, it might indicate an attempt to communicate an unpleasant stimulus or environment, or it may warn of extreme stress or anger by the individual. Children may also do this to receive sensory stimulation that they are otherwise deprived of, giving them the need to behave in this manner. This can include tapping the head against a wall or desk. It does not necessarily mean that he/she is engaging in self-injurious activity.

2. As a young child, did you mind being touched by others?

I have always enjoyed affection from others, especially females. I liked being hugged by my family, friends, and teachers. My parents and care providers used this as a positive reinforcer to encourage good behavior and would be very unaffectionate when I exhibited undesirable behaviors or actions. It is important to recognize that many people on the autism spectrum do not consider touch as a pleasant action and may cause unnecessary, unwanted behaviors.

3. How did your roommate at Christopher Newport University deal with the autism issues?

During my sophomore year at CNU, I resided with another student in the same bedroom. After a few weeks of living with him, I told him that some of my eccentricities were related to a developmental disability known as autism. These issues included running an air filter at night to have "white noise", washing my feet in the sink before going to bed, my vocal tics from Tourette's Syndrome, and having the TV on a reasonably low volume. Fortunately, with the exception of the foot-washing, he did not find these issues to be a problem. I thus decided to wash my feet when he was not in the room or by showering right before going to bed. These days, I use an alcohol sanitizing lotion for foot-cleaning purposes. I have had single rooms with apartment style living in subsequent years, and I did not openly discuss my autism with them unless they inquired about it.

4. Did color pictures work better for you?

Yes, and this holds true for most people on the autism spectrum. They tend to be more visual learners than auditory learners. This allows for easy grasping of the concept and also makes it more interesting. This is becoming the norm in most schools and businesses for presentations.

5. What was most helpful for you in learning social skills?

Social skills may be acquired in a number of ways, and there are books on the market that deal exclusively with this problem. As for me, I learned many socially appropriate practices by observing my peers and seeing what worked for them. On occasion, I even printed up surveys to have some of

my high school classmates complete that asked questions about how I could improve myself and become more popular in my high school class. Family members would also remind me when I needed improvement in my social conduct, e.g. wearing clothes that are color coordinated and placing the napkin in my lap at the dinner table.

6. On what basis do you select the foods that you eat? Did you have problems with certain textures or colors of foods? What foods do you like?

Anybody who knows me well would say that I am a fairly selective eater. There are many vegetables that have texture and taste violations, and can result in a gag reflex. These especially include foods with rough leafage, like lettuce and cauliflower. I am sometimes reluctant to try new foods, especially those with embedded vegetables. I will also make food decisions based on how the meal physically looks (for example, a pictured menu at IHOP). More restaurants and cafes should have pictured menus to help aid in the proper selection of a meal. My favorite foods include: seafood, Italian, Chinese food, many soups, breakfast items, pasta, pizza, hamburgers, and yes, junk food.

7. What can educators do to help decrease feelings of isolation during adolescence?

Unfortunately, this is a very common problem with people on the autism spectrum during adolescence. There exist many people in our society who derive pleasure in making themselves feel superior to those that are different from themselves. One of the most common problems is ostracism, or being "left out." This is something that I have always had problems with, and sadly little can be done to alleviate feelings of ostracism. Educators and administrators can take some steps to help boost a child's self-esteem and motivation:

- a) be available before/after school to discuss the child's concerns.
- b) have a polite conversation with the classmates in question.
- c) hiring a counselor for the student to get professional feedback.
- d) involvement in extra-curricular activities.
- e) relating a personal event of their own with the depressed child.

8. How should educators deal with behavior problems from your point of view?

Positive behavioral supports were largely successful in my educational settings. This refers to an environment that fosters positive behavior and a more pleasant atmosphere for the child. An example of this was getting a middle school locker that was not located near a ringing bell (the sudden ringing of this loud bell is an auditory violation). Error-free learning is also very important in encouraging motivation and productivity. This refers to setting up the learning environment so that there is more success than failure. For instance, more right answers are far superior to receiving more incorrect answers. This also reduces undue anxiety.

9. What were some therapeutic techniques that were helpful?

Sensory integration therapy, behavior modification, speech therapy, and early intensive intervention were all implemented and successful. There is one treatment that did absolutely nothing for me, and that was auditory integration. In the summer of 1992, my mother and I traveled to Chicago for 10 days of auditory integration therapy. The goal was to reduce my sensitivity to certain sounds (e.g. crunching and chewing sounds) after receiving this therapy. Everyday during the 10-day period, I listened to different types of music through headphones twice a day, and the person conducting the training mechanically filtered the music. Ever since, we have noticed no changes in my sensitivity to these sounds and it was a major waste of money for us.

10. Did your speech come gradually?

As with most children, my speech did come gradually. According to parental accounts, my first words came around my 4th birthday (1984) when I uttered the word "bedroom" to my parents' amazement. I was somewhat echolalic shortly following my first words. Full sentences came shortly thereafter and my speech developed normally from there. I was enrolled in speech therapy well into elementary school. Prior to speech, my family learned to use simple sign language to communicate with me.

11. Does it upset you when someone stops you from engaging in an obsessive activity?

This was more of an issue when I was younger than it is today. As a young child, I would become irate if somebody tried to stop me from spinning or not getting close enough to a truck on the highway to copy down its serial number. I would also become quite agitated if I was denied feeling a person's shoulder blades if I saw them in a pleasing manner. Although I still have a few "special interests" today, I am better able to control my attitude when I am prevented from such an activity.

12. My son/daughter frequently runs in circles in our home and at school. Why might he/she be engaging in this behavior and what can be done to establish a more appropriate method to meet this need?

I can compare this situation to my own spinning habits when I was younger. Possible reasons for this behavior may include: a temporary escape from reality, vestibular stimulation, getting rid of excess energy, alleviating boredom, etc. Activities such as these should be redirected to a more appropriate setting. For example, when I was spinning quite a bit as a young child, there was a designated area where I could do this, namely my bedroom. Public areas such as the grocery store and school were not good places to be spinning and my mother told the special education staff about my spinning. Do not try to prevent the child from engaging in these behaviors, but rather set limits as to where and when. In the case of running in circles, this would be a good activity to do outside rather than inside.

13. After you learned to read, what type of material did you read? Did you read books, magazines, newspapers, comic books, etc? What topics did you like to read and do you still like the same topics?

I have always been interested in non-fiction and science-based books more than fiction or literature. One of the things that I detested so much about my high school English classes was the requirement of reading extensive poetry, short stories and novels that did not interest me in the slightest bit and thought of a dozen other things that I would rather be doing with my time in those classes. Although I do not read newspapers on a daily basis, I do consult them periodically for interesting stories, weather and autism in particular. Today, I would have to say that my reading preferences have not significantly changed except that I am reading more advanced material (meteorology and autism being my favorite things to read about). I do not read continuously in my spare time as I have additional priorities, including time with friends and family, and bicycle riding.

14. It is often difficult for individuals with autism to understand abstract concepts. Do you believe in the existence of a supernatural being?

Although it is difficult for me to always grasp abstract concepts, such as the existence of Jesus and God as a family, I do believe that they exist in a special way in the form of tiny subatomic particles that are so infinitely tiny that even the most powerful microscopes would not be able to detect them. They are omnipresent in our society. I will say that my church has never adequately explained this concept to me in a manner that I could fully comprehend as accepted by the Episcopal Church today.

15. Will there be a time in the future when autism can be prevented?

It is about time that society accepts us for who we are in spite of our differences. I believe that although autism will probably not be cured anytime in the near future, it is important to recognize that significant advances in the field of autism are being made every year to help improve the lives of those affected by the disorder and that the problems encountered by those on the autism spectrum will be alleviated with time. Methods are being devised to better manage behavior violations when they arise. When asked this very same question, another gentleman with autism, Jean-Paul Bovee responded by saying, "It would be cultural genocide" if we eliminated autism completely as those on the autism spectrum are a unique culture.

16. Would you want to be "cured" if a cure was offered?

Didi Zaryczny, a parent of an autistic son in Virginia, was curious about this. Autism is a very complex disorder involving several different parts of the brain. If we are ever lucky enough to find a cure for

autism in the future, I would be hesitant to “cure my autism.” Many people I have spoken with whom are on the autism spectrum have said they are very happy with who they are and they feel like autism is a part of their identity, and I am no exception to this. Even though I have experienced many challenges on life’s journey because of my differences, I feel like people have come to respect me more for the things I have been able to do despite having autism. Many of my friends today have been made through the autism community in some way or another. That in itself is invaluable!

17. Do you have any heightened sensory experiences? Describe them.

My sense of smell is probably better than the average person. I have been able to smell a woman’s perfume over 10 feet away when I first entered the room where she was standing. Everybody else was curious as to why I was able to detect the perfume smell while others did not notice it. I am also very sensitive to certain chewing and crunching sounds (bubble gum in particular) when around other people. I had received auditory integration therapy at age 12 to reduce my irritation for these types of sounds, but it seems that this treatment did absolutely nothing in terms of improvement and a waste of our money. It should be noted that this auditory therapy does work well for some people on the autism spectrum.

18. What would be a more appropriate choice for dealing with unpleasant behavior than a time-out or other punishment?

Negative behaviors on behalf of a child are typically related to stress in their environment and are a way of calling attention to themselves. One method of dealing with behavioral issues with a certain child is to use behavioral modification, which focuses on rewarding good behavior and the absence of the undesired behavior. If an effective strategy is employed, the chances of reducing a specific behavior are pretty good, but this usually does not eliminate all of the child’s undesirable behaviors. It is very important to focus on the reasons for the behavior that the child exhibits rather than the actual behavior. Being cognizant of stimulations from the child’s environment is helpful in determining a possible cause for the behavior. Steps can then be taken to modify the child’s environment when feasible. Other calming strategies for unpleasant behavior include: using caring and sympathetic statements, listening to soft music, vestibular stimulation, and even ignoring the behaviors if the child is simply trying to get more attention for acting in that manner.

19. How do you eliminate obsessions?

Obsessions, or special interests as I call them, are behaviors or activities that a person exhibits because something about it really pleases or excites them. In my case of feeling shoulder blades, I felt physically relaxed by feeling them and laying on the person’s back, but everybody else thought this was inappropriate and should not continue. Even though I eventually grew out of feeling shoulder blades, I was not happy that others prevented me from doing this. Needless to say, it is quite difficult for a parent or caregiver to minimize, much less eliminate, a special interest of an autistic child. One possible way of dealing with an annoying obsession from a child is to redirect the activity to a more appropriate setting. For example, when I was spinning myself in the kitchen while dinner was being prepared, my mother would ask me to do this in my own bedroom. These special interests can also be used as powerful positive reinforcers for the child.

20. What symptoms of yours do you believe got in the way the most for you?

Several impairments come to mind here: hesitation in starting conversations in social situations with people I do not know well, not being able to speak until I was 4 years old and throwing temper tantrums to show my distress, inability to prove to my parents that I was capable of having a driver’s license when I turned 16 years old, procrastination on school-related assignments, extreme difficulty in distinguishing the differences between flirting and a genuine outgoing personality on behalf of women my age in dating situations, and tourette’s syndrome in social situations.

21. Are there any scents that are unpleasant or clothes that make you feel uncomfortable?

I have always been very interested in smelling different things and it is important in understanding more about my environment. The smells that I find objectionable are bad breath(!), dead animals, smelly bathrooms, and body odor (as in not taking a bath regularly). I am fussy about the type of clothing I wear, especially when the temperature is above 70 degrees. Types of clothing that I dislike wearing include tight jeans, corduroy, long-sleeved shirts (in warm weather), and wide-brimmed hats. In general, I prefer clothing that is fairly loose and non-constricting, and clothing that will keep me cool in the summer. Wearing long pants in warm weather conditions seems unreasonable to me.

22. How were you able to develop friendships?

This was a process that occurred gradually as I got older. I was better able to make friends in college than in high school. During the earlier school years (especially middle school) many students form social groups called cliques that ostracized anybody who was different. This often meant that I had a table to myself during lunchtime. As I joined some school clubs (e.g. yearbook staff, key club, Boy Scouts, church youth group, etc.), I became more intertwined with other people that had similar interests and had more opportunity to spend time with them. I met two of my girlfriends from the local church group in Williamsburg and fell in love with my first "girlfriend" in the guidance counselor's office in eighth grade. There have been many more acquaintances than friends throughout my life whom I am on good terms with but do not spend much time together. Some of these acquaintances turn into friendships over time. I have also found that treating others with dignity and respect at all times is very helpful in getting the friendship process rolling.

23. How did you learn to act appropriately in given situations? How did you learn correct body language?

Role modeling other peers in a social setting was a critical part of developing appropriate social behavior in different situations. Throughout middle and high school, I paid close attention to how other students interacted with each other at the lunch table, in classrooms, at school dances, and even at another person's residence. Observing the other students was fairly simple but incorporating these social skills took time, especially when it came to developing a good sense of humor. Some examples of appropriate conduct learned through role modeling include:

- a) knowing when to be quiet
- b) avoiding irrelevant topics during a discussion
- c) giving other people their own personal space (this is called proxemics)
- d) knowing how to dress like everybody else (I don't like tight jeans, though)

Body language is a form of nonverbal communication that is learned primarily through practice. In other words, you are seen before you are heard. This is one of the more difficult skills for a person with autism to learn and master. I have also learned this through role modeling of family and peers.

24. How difficult is it for you to speak in large groups and what strategies do you use?

Since the beginning of 1999, when I was 19 years old, I have been giving autism-related speeches to parent groups, schools, and autism conferences on a regular basis. These groups range from as little as a dozen people to over 300 people. I have always felt comfortable speaking in front of large groups, especially those that share a similar interest as mine. I have taken two public speaking classes during my undergraduate studies. Interestingly, it is somewhat easier for me to speak in front of larger groups as the pressure to perform is greater in these cases. The strategies that I use include speaking directly to the audience and being very receptive to questions about my talk. I prefer the use of PowerPoint slides when doing any type of presentation these days.

25. How do you think having autism impacted your sibling(s)?

I have been very lucky in that there was no major resentment by my older sister while I was growing up. She was frequently the person who supervised me when my parents were away. Occasionally my sister would get irritated by my behavior however, especially when she was younger. She knew

about my autism shortly after I was diagnosed with it. At times, she found it difficult to accept some of my eccentricities when I was little (and she was in high school), especially feeling her shoulder blades and wanting to go everywhere she wanted to go. I created a scene on the night of her senior prom when I really wanted to ride in the limousine that picked her up. In fact, my uncle who was visiting us at the time had to physically restrain me from going outside! She also got annoyed when I tried to go into her bedroom when she had friends visiting there (no boys allowed there!).

26. When did your sense of humor begin? What made your sense of humor develop?

For most of my childhood years, there were very few things that brought out the giggles in me. Toilet humor and jokes about sex were the things that made me laugh. Outside of that, I really didn't have much of a sense of humor until high school. My sense of humor developed as I made acquaintances in high school and tried to role model them. Many of my early attempts to be humorous were viewed as highly inappropriate by some of my classmates, especially the girls. In an attempt to be funny, I would often make comments about farting, sexual pleasures, and things like that at the lunch table! Are you beginning to wonder why I was the only one laughing? I finally got the message that this kind of behavior is not acceptable when trying to eat a meal. Overall, my sense of humor was slow to develop.

27. Is pet therapy relaxing for you?

We have not had a pet (dog) in our family since my sister moved out of the house in 1993 after graduating from college. While her dog was in our household, I did not enjoy its presence as it was unfriendly toward me and growled often. I resented this behavior and looked forward to the dog leaving. It is important to note that I don't mind most animals and enjoy petting those that enjoy that type of affection. Even though I enjoy playing with some pets, it is not as relaxing as getting a gentle massage or squeeze from a woman.

28. What kind of difficulties did you have with your last girlfriend?

There were a few issues that I had with Amber: successfully maintaining a long distance relationship while I was in Raleigh and she was in Virginia, differences about if and when to get married (!), feeling accepted by her family, trying to interpret her body language when she is too shy to address an issue to me verbally, and her not having a car on campus and unable to get around like most other college students. I also wish she was neater and more organized in her living style. Despite the shortcomings in that relationship, it lasted 4 years and this was by far the most serious girlfriend I have ever had.

29. What is one thing that you would change, if you could, about your elementary school experience?

During the sixth grade, everybody was required to take a math placement test to determine whether they would be taking pre-algebra or regular 7th-grade math the following year. Unfortunately, I was not deemed eligible for the pre-algebra placement, and it was very frustrating to me and my parents. I feel like I would have accomplished more in middle and high school by being in the higher level math classes. I was also upset that I did not make the Odyssey of the Mind team at Magruder Elementary School. This club is an honor for those that have exceptional imaginative and creative abilities, and I felt well qualified for being a member of the OM at the time.

30. I was wondering how you and your parents dealt with the tests that are supposed to measure your intelligence. My biggest fear is that my child will not be able to perform well on these tests and be deemed to have mental retardation. I know my child is intelligent, but will he/she be able to demonstrate it?

This is a concern of many parents of children with learning and/or developmental disorders. The test most frequently used to measure a person's intelligence is the standard IQ test. In the spring of 2000, had the opportunity to participate in an autism research study at the University of Pittsburgh's School of Medicine, under the direction of Dr. Nancy J. Minshew. The study consisted of two MRI scans, an eye movement test, and pencil and paper tasks, which included a complete IQ test. A person familiar with autism administered this test and investigated how these subjects take IQ tests. At the end of the

research study, I was notified that my IQ score was a 129, which is above average. One of the problems with taking the IQ test is that it takes a considerable amount of time to complete (roughly 2-3 hours). This is often longer than the attention span of people with autism and may find the environment to be un conducive to doing their best work (e.g. uncomfortable setting, attitude of the test administrator, temperature of the testing room). There is also a version of the IQ test that is specially designed for people who are non-verbal. In summary, do not be discouraged by a surprisingly low IQ score that your son or daughter may receive as this may be due to a failure to cooperate with the rigid testing procedures.

31. What is it like to be autistic?

Being a recent college graduate, everything seems and feels pretty much normal to me. Except for my increased resistance to becoming dizzy and intense visual stimuli, all of my senses appear to be working normally. For the most part, the same can be said about my emotions also. I felt more different when I was a child/teenager than I do as an adult. I usually felt like I was in my own little world and was often oblivious as to what was going on around me. I took great pleasure in the different special interests that I enjoyed both as a child and today. Today, I am more in tune with my surroundings and pay more attention to other people. I am slowly developing empathy towards other people, a skill that is quite difficult for those on the autism spectrum to fully master. Perhaps related to my autism are periodic episodes of depression when I feel like I am not important to anyone else and sometimes wonder what it would be like to be deceased. More on my depression in the next FAQ question.

32. Have you ever been affected by depression as a result of your autism?

Many experts believe that there is a good correlation between people with autism spectrum disorders and depression. Although I can't say for sure whether my mental state is directly affected by my autism, I certainly go through depression episodes on the order of once or twice each month. Each episode will typically last for an entire evening or even the whole day, but I am generally depression-free at least 90% of the time. For several years, I was taking 10mg of Prozac (fluoxetine) everyday to help with my depression episodes. In November of 2004, I decided to stop taking Prozac altogether to see what happened. The result: no changes at all! Apparently the Prozac I was taking had a negligible affect on my depression and wondered whether it was the appropriate drug for me to take. It is my strong belief that no single medication can completely relieve feelings of depression! The best cure for depression comes from the following sources:

- a) finding the true love of your life
- b) having friends include you in their activities
- c) other people making you feel important to them

Although not the case for me, I know of people with autism who have talked about committing suicide because they are so depressed, and alarming their parents and caregivers. Any talk about suicide must not be taken lightly!

33. How would you tell a child, say a teenager, that has just been diagnosed with autism that he or she has autism?

This question was proposed to me by Stephen Shore, author of the book "Behind the Wall, Personal Experiences with Autism and Asperger Syndrome." He is an adult with high-functioning autism. In my situation, my parents told me that I have autism in the fourth grade during my transition from a special education school to a regular school. They began this important discussion by first bringing up the different special interests (obsessions) that I enjoyed up to that point, with those being shoulder blades, hubodometers, Clorox bottles, spinning without getting dizzy, and playing with long hair. Mother mentioned to me that she considered these interests to be significantly different from those of my peers and wanted to explain why I was so interested in things like the aforementioned interests. She told me that there is a reason for these and said that I have something known as autism. At that

time, I had essentially no idea what autism was, but I still acted surprised when I learned of my disability. I did not become interested in knowing more about autism until I entered high school, at which point I was completely free of any special education support. The reason why they picked the fourth grade to tell me this is because I was transitioning into an environment with more neuro-typical peers and they wanted me to know why I might appear to be different from them. It is important to remember that a young child will not be able to understand the implications of autism as well as an older child, and it also varies according to the level of the disability. Parents should discuss this matter with the child when he/she has reached a level of understanding where it would have some meaning. This should be a serious conversation with the child and should be explained in straightforward terms. Personally, I would recommend telling a child about this between the ages of 7-10 if they were diagnosed early. However, if they are diagnosed later in life, it is a good idea to discuss this with him / her immediately. I personally believe that it is important for parents to discuss this issue with their child as it helps them to better understand what is happening.

34. What does autism look like in a toddler? A school-aged child? An adolescent? An adult?

Physically speaking, there are hardly any differences between a person with autism at any age and a normal person of the same age. Unlike Down's Syndrome where it is fairly easy to detect differences in the face, it is next to impossible to tell if a person has autism simply by looking at their body. This holds true regardless of the person's age. Autism is evident in the actions and way of thinking of those affected, and the symptoms vary widely! The main things people with autism share are impairments in social interactions, impairments in speech and communication, and restricted, repetitive, and stereotyped patterns of behavior, interests, and activities. It is important for law enforcement personnel to be able to identify the warning signs of autism when dealing with a potentially criminal situation in the community.

35. As a parent of a young child with autism, whom can we turn to (trust) for help?

This question was asked by Dr. Angela Scarpa, a psychologist at Virginia Tech. Having a child recently diagnosed with autism can be a very traumatic and frightening experience, but that need not be the case. Networking and getting to know other parents of special-needs children is very helpful in learning what works and what does not work. Reading the latest books and research on autism gives the parent a plethora of information from which to make decisions regarding education, discipline, behavior modification, social skills, etc. Finding a respected psychologist or physician can also work wonders, but make sure that they have an optimistic attitude toward you and your child. Nobody wants to consult with a pessimistic specialist who believes that the status quo will not improve. Also, be sure to attend conferences on autism spectrum disorders and early intervention. This is a great way to network with other parents, autism specialists, and even people with autism who are willing to share their stories.

36. How do you feel about donating your brain to autism research?

A lot of valuable information can be learned through brain research on people with autism, both living and deceased. When I was about 20 years old, I participated in a research study conducted by the University of Pittsburgh's School of Medicine under the direction of Dr. Nancy J. Minshew. This is the same study that tested my IQ level. The goal of this research was to determine whether significant differences exist in the brains of those with autism as compared to the general population. Intelligence tests, MRI scans, and eye movement studies were all a part of this research, and it felt wonderful for me to contribute to the advancement of autism research. Since I feel strongly about this subject, I would be happy to donate my brain to help find a cure for this disorder. Many brain samples are needed from deceased patients in order for any further conclusions to be made.

37. Did you like to line up toys? Did you have rituals? Please describe.

This was asked by Mariko Reynolds, a parent of a daughter with autism in Virginia. When I was a young child, my two favorite toys were Legos and pipes. I collected all of the Legos that I received as

a kid and the same can be said of my pipesets. In terms of "lining up toys," this is something that I never really did, but I found very neat ways of constructing things with both of these things. For example, I would make things that I could fit myself inside of with the pipe set – creating a special place to which I could retreat to escape the real world. As far as rituals are concerned, only 1 comes to mind. Every night before I go to bed, I always clean my feet, in addition to having a shower earlier in the day. For many years, I washed my feet in the sink, but now I have turned to an easier solution – hand sanitizer. I never liked the idea of getting into bed with dirty or sweaty feet after wearing shoes all day. From what I have gathered, most people will go to sleep with smelly feet (taking a morning shower) and this thought really does not occur to them like it does for me.

38. More boys than girls are diagnosed with autism. Can you speculate further on this?

Currently, the number of males diagnosed with autism compared to females is roughly 3:1. This ratio originates from the biological differences among the two genders rather than bias on the part of the psychologist or physician doing the diagnosis. There is some dispute as to the exact ratio of autism with regard to the sexes. Reported rates have varied from approximately 2:1 in some epidemiological studies to almost 5:1 in some clinical case studies (Baird & August, 1985). Sex ratios have been speculated to be at their most extreme in non-retarded autistic patients. Differences in the sex ratios in different samples likely reflect various social, environmental, and psychological factors. The percentage of autistic males is greater than those of many other similar disorders, except for some disruptive behavior disorders (Lord & Schopler, 1987). Despite the consensus on the increased incidence of autism in males, there is still some controversy over the nature and implication of the sex difference with this condition. It has been suggested that sex differences reported in normal populations, such as male superiority in visual spatial tasks and female superiority in language skills, may contribute to the sex difference in the incidence of autism (Wing, 1981). Significant sex differences in unusual behaviors were usually accounted for by significantly lower nonverbal intelligence in females than males (Lord et al, 1982). However, unusual visual responses and inappropriate stereotypic play were more common in males than females even after IQ was controlled.

39. Is there a significant difference between the IQ of boys and IQ of girls affected by autism?

Although more males may be diagnosed than females in this country, it appears that a higher percentage of autistic females have lower IQs than the males. When IQ and receptive language functioning were considered together, more females than males exhibited a more deviant form of autism. Autistic females were more seriously affected than autistic males and more likely to have an IQ under 50 and possibly have cerebral dysfunction. However, when autistic males and females were paired together according to chronological age and receptive language functioning, both men and women were equally impaired in both cognitive and perceptual- motor abilities (Bolton & Rutter, 1990). The implication of lower IQs among females with the condition remains unclear and the lower IQ level presents some problems in assessment. Multiple explanations are possible including that females have a higher threshold for expression of the disorder, that the etiology of the condition might be mixed, or that females are more vulnerable to the underlying biological process (Ritvo et al., 1989).

40. Please describe how your peers reacted to your atypical behaviors, unconventional use of language, or unusual fixation. How did they learn about your disability?

Before I entered college, some of my school-aged peers were less than accepting when it came to my differences. Overall, I would say that only 20% of my peers in school were ever a problem to me.

Some of the problems that I had with peers included the following:

- a) making unwelcome sexual jokes
- b) not letting me sit at their table in the cafeteria
- c) being teased in the locker room before P.E. classes
- d) refusing to give me a copy of their class notes when I needed them
- e) not invited to parties often

f) had difficulty getting dates to school dances

I really did not talk openly about my autism until I was in high school. This was when I joined a state autism group and I learned more about the disorder. My teachers learned about my autism through an information packet prepared by my mother. I told some of my buddies in high school whenever they had a question about why I was acting different from other peers.

41. My child has problems falling asleep or staying asleep through the night. What are some factors that can contribute to this problem?

There are many factors that can interfere with a person's sleeping habits. Some of the bigger and more important factors are listed below.

- Uncomfortable room temperature and humidity levels. Sleeping in a room that is too warm can lead to night sweats and a need to remove all blankets and sheets, which are often necessary for comfort.
- Type of mattress used and its condition. You should not be able to feel the metal springs in the mattress or hear squeaky sounds whenever you shift around in bed.
- Too much caffeine consumed during the day. It is best to have caffeinated beverages earlier in the day and at least several hours before bedtime.
- Taking lengthy naps during the day. You will feel more rested and have more energy after a long nap, thus falling asleep at the regular bedtime is more difficult.
- Not having enough pillows for head, arm, and leg support. This is especially important if you sleep on your side and not on your back or stomach. Ideally, one pillow should rest under the head, one as an armrest, and another between the legs.
- Unacceptable noise levels in the room or lack of white noise. Being interrupted during the night by sudden noises can be a big problem, especially if the person is a light sleeper. Consider a soft noise, such as an air filter running on low speed.
- High stress and/or anxiety. A person is not as comfortable under these conditions.
- Sleeping in an unfamiliar environment. This is more of a concern at private residences than at hotels.
- Weight and type of blankets used on the bed. For many on the autism spectrum, having a thick blanket over them serves as a type of sensory integration for them, giving slight pressure.
- Changes in bedtime for the individual.

42. Can you describe a recent dream that you had?

On the morning of April 25, 1999, I had a vivid, weather related dream:

I had a dream about an approaching snowstorm. Late at night, thin clouds were beginning to obscure the moon. Shortly after the clouds arrived, the first round of snow came, with about an inch by morning. There were flurries in the morning, and family members were arriving for a gathering at our house. By the time I got up, there was a great deal of snowfall in northern Virginia, but according to the radar, it looked like most of the snow would pass us to the north, with a band of heavy snow and wind headed our way. Looking at the radar and from what they had told us, they had passed through a thunderstorm with blizzard conditions approaching Williamsburg from the northwest. Once of them retorted, "It was worse than hell." Looking towards our west, the clouds did not appear as threatening as I thought. Once the storm arrived, the clouds lowered and we were fogged in with gale force winds. The snow was not as heavy as I would have liked to see, but we got a few inches out of it. Numerous lightning strikes were reported in the Hampton Roads area after the storm had bypassed us. Four inches of snow accumulated by evening. The next time I looked out my window, hoping to see a heavy blanket of snow, it was less than an inch deep on the roof of the sunroom below the window. A mixture of rain and sleet was falling, and the last weather report I heard predicted much more rain was on the way, and the worst of the rainstorm was yet to come. At that time, the temperature was in the

upper 30's and rising. I went out for a walk to see what was happening, and by the time I got back home, no more snow was left, except for a few slushy areas on the grass.

43. What interventions do you recommend for parents/teachers to provide for their children?

- Always be patient and allow them to be expressive by listening closely to them. Accurate interpretation of body language is important in order to understand a non-verbal child well.
- Offer a wide selection of social/special services for the child or adult. This is very important and improves their chances of succeeding in school and the social realms. Every individual affected by autism is different in some way or another!
- For special needs students in regular classroom settings, allowing the pupil/student to take quizzes and tests in a distraction-reduced (least restrictive) environment, such as a vacant room, will be beneficial. This accommodation must be noted in the child's IEP. If the person is a college student, the Disabilities Coordinator on campus should send a memo to the student's professors.
- Timed tests are an unnecessary frustration to students with autism and other developmental disorders. If possible, allow extra time for the classwork/testing to be completed. Again, make a note of this in the child's IEP. Most colleges and universities require that professors make these types of accommodations to special needs students in their classes.
- Provide frequent positive feedback on the individual's performance. This will serve to improve their self-esteem and enhance optimism. This can work wonders in improving feelings of depression!
- Leave their play environment alone as much as possible, unless a dangerous situation should arise and safety precautions must be taken. For example, leaving Legos and other toys on the stairs can be hazardous and should be picked up.
- Use positive reinforcers to encourage positive behavior. The subject of the child's fascination is a powerful reinforcer and can be instituted effectively to teach a variety of lessons. In my case as a young kid, I was allowed to feel a family member's shoulder blades if I behaved properly.
- Try to spend as much time with them as possible, especially if we notice signs of depression. They may, however, want solitude and exhibit no interest in the company of others. This is relatively common for people with pervasive developmental disorders.
- Always tell them ahead of time if any actions are to be taken. For example, a parent should tell the child 30 minutes before bedtime so they will know what to expect and reduce the chance of anxiety.
- Try to maintain a regular daily routine. Avoid any sudden changes as autistic children frequently have trouble adapting. Gradual transitions are important if there are any changes to be made in their normal routine.
- Make appropriate accommodations in their sleeping environment, including comfortable temperature, amount of light, sound, pillows, blankets, etc.

44. What are some actions that should be avoided when dealing with a person who has autism?

- Don't act like a total dictator around them. I do advocate discipline for foul behavior, but it should be administered in a humane manner. The trick is determining where the appropriate boundaries lie. Actions that should be avoided include corporal punishment, raising voice, profanity, discipline in a public setting, and abashing.
- Don't deny them a chance to succeed by keeping them in a special education classroom or special school for their entire schooling when they clearly have the ability to do well in a regular classroom setting, especially for high-functioning autistic or Asperger's Syndrome individuals. This is commonly referred to as inclusion in public schools and mainstreaming is the supplementation of regular classes with a special education program.

- Don't allow them to attempt a task or job for which they are not prepared. When seeking employment, be sure to check the requirements of the job.
- Don't assume that one specific therapy works well for all people with autism. Each person is unique and since the symptoms of autism vary so widely, many therapies are in use today. A person who adopts well to one treatment or therapy could very well respond poorly to another form of treatment. Researching the different therapies and attending conferences will help in finding the best treatment method for the person.
- Don't adopt a "wait and see" attitude when autism may be suspected. Any unusual behavior that emerges should be noted and professionals (i.e. physicians, psychologists, psychiatrists, etc.) contacted immediately. Waiting any longer than necessary will delay early intervention, a very important step in correcting these problems.
- Never use the phrase, "Because I said so." This is an unnecessary use of parental authority.

45. Explain your position on educating students with autism in a regular classroom setting.

Children with disabilities should have the rights to education in a regular classroom setting. This includes children with autism. There are moral, civil, parental, and legal rights pertaining to the benefits they receive by being educated in a regular classroom with peers like them. According to Kids Together, Inc., the moral right explains how children with autism and other developmental handicaps are first and foremost children who have the same rights as everyone else. Inclusion in a regular classroom allows the child with autism to develop better social skills and also make friends. When treated fairly in the classroom, these children will benefit from the same experiences that all children desire. The right for the disabled child to be offered equal opportunities brings the discussion to the civil right issue. Everybody knows that separate is not equal and that access should not be denied to children with autism and other developmental disabilities. In order to assure that these children have a bright future, it is imperative that they have the right to attend the same schools and classes with their typically-developing peers. The parents of the child with autism have a major say in where their child will attend school and the type of educational setting. They have the parental right to insure that their child is placed in the best learning environment possible so that he/she can learn best. The parents, more than any teacher or professional in the field, know their child and his/her needs best. This issue of inclusion also has some ethical ramifications. Including children with autism in general education classrooms would provide them a valuable sense of belonging. It has been proven that those who feel of value and importance in society will have a better overall quality of life both in and out of school. And let us not forget the legal right of our precious children. The Individuals with Disabilities Education Act (IDEA) was passed in 1975 and further amended in 1997. According to Kids Together, Inc., this federal act states that children with disabilities, such as autism, are entitled to an education to the maximum extent possible with children who do not have disabilities.

46. How do you decide what you will eat when you visually examine your food?

The way it looks to me has a lot to do with it. If it looks like things I have eaten in the past, I will probably try it. I normally do not eat salads or other green-leafy vegetables. I like foods that are homogeneous in nature and do not have other foods mixed in. For example, I would prefer regular wheat bread instead of bread with embedded chopped nuts. In addition to visually inspecting food I have never tried before, I will sometimes gently sniff it to see whether it would be appealing to me.

47. My family is planning to take a flight and our son/daughter with autism will be coming with us. Do you have any advice for reducing anxiety levels and sensory overload?

- a) Tell your child with plenty of advanced notice that he/she will be traveling by airplane with his/her family and what to expect.
- b) If the child wants to have a window seat to be able to check out the sky and look down on the ground, bring this to the attention of the airline. The same holds true if the child desires an aisle

- seat.
- c) The changes in air pressure are minimized on larger jet aircraft since they are better pressurized than the smaller, turbo-prop aircraft. Except for some ear-popping at take-off, no major problems should be expected in that regard.
 - d) If noise is an issue for the child, bring along a good pair of earplugs to use. Also, ask to be seated toward the front of the plane where there is somewhat less noise and further away from the loud jet engines.
 - e) Should the flight make a connection in another city, make sure to attend to the child at all times and try to make the connection as quick as possible. This constitutes being in a totally unfamiliar setting.

48. What abilities did you have as a child that neuro-typical children did not?

Two particular abilities come to mind. The major ability that I believe is somehow connected to my autism is being able to spin for an extended period of time (5-10 minutes) without feeling seriously dizzy. I was able to spin longer and faster as a child than today, and I hardly ever spin these days unless it is part of a talent show or demonstrating it for a conference presentation. The other is a very good memory for certain facts and numbers. For example, I can remember the years we took family vacations and where. For example, in July of 1986, our family went to San Destin, FL, for two weeks.

49. Please describe any vision issues that you have. What helped you most in terms of vision?

Recent physicals have shown that my vision is above the 20/20 average. I am particularly annoyed by flickering light, such as traveling through a forested region on a sunny day. Epileptics sometimes have seizures triggered by flickering lights. When I was a little child, I would have the overhead light on in my bedroom to easily accelerate the sleeping process. One reason for this was simply a phobia of darkness. Lights were particularly important during lightning storms, and they are still used for this purpose today. I would be ill at ease if I had to sleep in a room with other children who wanted total darkness for sleeping. This was often a problem while staying at Camp Easter Seals as a child.

50. What interventions do you believe helped you to succeed?

- a) beginning early intervention at the age of 18 months at Child Development Resources
- b) being enrolled in a play school program for two years under the direction of Sue Swadley
- c) receiving speech therapy through third grade
- d) being mainstreamed in regular math and spelling classes starting in the first grade
- e) transitioning from a special education program (PACES) to a regular school environment during the fourth grade
- f) having excellent people on my IEP team
- g) getting into a university that has a meteorology curriculum!

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