The Benefit of Adaptive Skills

Modern public policy has been working towards deinstitutionalization, advocating for the independence and mainstreaming of people with disabilities into society. This means that there is a greater amount of social integration of people with intellectual and developmental disabilities living and working in the community. However, interacting within a community can be challenging. People with intellectual disabilities develop intellectual functioning and adaptive skills at a slower rate. Adaptive skills are tools for day-to-day life and are a combination of the social, the practical, and the conceptual. Most people learn these things unhampered over time, but people with intellectual and developmental disabilities need to be taught everything step by step.

There is a strong relationship between gaining adaptive functioning skills and becoming more independent at home or at work. While residential and vocational life are not equivalent, they are related, as they influence each other. Some of the rules that apply at work are also true at home.

Gauging adaptive skills is useful in deciding the diagnosis of a person and his placement in terms of residency or vocation. Moving from highly supportive environment to an inclusive community should be the goal for burgeoning one’s adaptive functioning.

Development of adaptive skills could lead to less supports. One would be able to enjoy a greater independence in life. Naturally, this is very cost-effective, for the less supports one needs, the less costly one’s living expenses are. Therefore, the development of a person’s adaptive skills is wholly beneficial.

Prosody in Children with Autism Spectrum Disorders

Some scientists studied how prosody differs between children with autism spectrum disorders (ASD) and typically developing children. To do this, they used three tests: a vocal imitation paradigm, a picture-description paradigm, and another vocal imitation paradigm involving repeating stress patterns of two-syllable nonsense words.

Prosody is the use of acoustic features of speech to complement, highlight or modify the meaning of what is said. Prosody includes the pitch, duration, and intensity of speech. It also includes spectral balance, which is a correlate of oral aperture and breathiness. Prosody is important for skilled communication and social-emotional reciprocity. The hypotheses were that there would be a difference in

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“Reading” People Software

Many people with autism spectrum disorders (ASDs) have difficulty recognizing emotions in others. The running idea is that people with autism lack what is known as “Theory of Mind.” This includes ideas about “empathizing-systemizing” brain types. Most males are theoretically systemizers and would be best with details, building things, and recognizing patterns. Most females, on the other hand, are theoretically empathizers, who can easily understand others’ emotions and make the appropriate social responses. Some people have a good balance of empathy and systemizing skills. People with ASDs are thought to be extremely systemizing, with an empathy deficit. Therefore, people with ASDs would be excellent with details, but also would have difficulty making appropriate responses in social situations.

It has been suggested that computer software can help people with ASDs to read other people better, that is to say to be clued in on their emotional states and individual perspectives. There was a study done on four children with ASDs and whether or not computer software improved their ability to read people’s faces and voices. In general, the computer software did. Software, such as Mind Reading, as well as many other kinds of programs, spells out a person’s facial features, either as a drawing or a photograph, in black-and-white terms. This helps a person with an ASD literally understand what a person could be feeling.

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The largest difference seems to be a variance in the balance between pitch, amplitude, and duration. The strength or clarity of prosodic contrasts didn’t differ too much.

In a study using instrumental methods of measurement, ASD children were compared to TD children. It was hypothesized by the authors that the proposed instrumental methods would differentiate between the two groups, which it did. They wanted to use instrumentation instead of the common auditory-perceptual methods, as that method utilizes human judges. There would be no distraction of body language or processing limitations with the instruments.

It was found that prosodic speech is poorer in children with ASD, compared to their typically developing counterparts. It was, in the way of pragmatic and effective prosodies, as well as for the descriptive task. There were differences in lexical stress, as well. However, children with ASDs were scoring higher than non-ASD children. It was also found that both groups differ in the balance of degrees to which duration and pitch are used for stress. In terms of stress contrast, there is little difference.

With using instruments to measure prosody and expressive speech production in ASD children, can be used in combination with EEG (electroencephalogram), fMRI (functional magnetic resonance imaging), and magnetoencephalography, to get a better idea how behavior and neurology relate in terms of speech perception. As a diagnostic tool, the connection between brain activity and prosody is too poorly understood. However, further studies can tell us just how the brain can process sound and language and the variety of ways language can influence interpersonal relationships.
**Differentiating Symptomologies**

A study considers the most effective symptoms of autism spectrum disorders (ASDs) to determine autism in children with intellectual disability (ID). Since the symptoms of ASDs can overlap those of IDs, false positives for ASDs can arise. In fact, at a very young age, it is difficult to tell whether or not a child with ID does in fact have an ASD.

For example, it was found that some communication deficits and repetitive/stereotyped behaviors characteristic of ASDs are common in young children under the age of 6 with ID. Impaired conversation skills and a delay in speech can be common. What is also common is stereotyped and restricted interests. Because young children also use their focused attention to learn routines, this behavior may be more intense in young children with ID.

Social functioning, such as nonverbal communication, emotional reciprocity, and the ability to sustain peer relationships, is impaired in children with ASDs, with or without ID. However, children without ASDs have substantially better social skills, even if they have difficulty communicating or display rigid behaviors. Social ability is very useful for drawing the line between ASDs with ID and ID alone. Nonverbal social behavior was particularly indicative as a good indicator of an ASD. Statistics demonstrated a wide gap between children with ASD and ID and children with only ID in terms of social proficiency.

**All about Stimming**

Stimming is short for the self-stimulatory activity that people with autism spectrum or sensory integration disorders perform to give input to their central nervous systems. This activity can consist of anything from rocking back and forth to spinning in circles. It is a medium of communication, of coping, and of art.

Stimming activity might be caused by external stimuli or internal feelings. For example, a person with an ASD might stim because they are overwhelmed by sensory input or because they feel anxious about something.

However, stimming can be an expression of positive feelings, too. People can stim to relax, but also because they feel relaxed. The act of rocking back and forth can express happiness.

Works of art can also result from stimming. Some children and adults enjoy repetitive motions with objects, such as wires, or markers. This can blossom into something with unexpected beauty.

For people with ASDs, stimming provides an essential outlet for self-expression.

**Helping Children with Intellectual Disabilities Defend Themselves**

Children with intellectual disabilities are more likely to be abused or neglected than children without intellectual disabilities. In 2005, 12.1 per 1,000 children with intellectual disabilities were reported to be victims of various forms of child abuse, including emotional, sexual, physical, and neglect. A study in Omaha, Nebraska, found that children with intellectual disability were 4x more likely to be sexually abused. A study was done in an institution in Spain, which showed that 11.5% of children with ID had been abused or neglected, while 1.5% of the children without intellectual disabilities were abused or neglected.

Abuse was calculated to be 8x higher for children with ID in this situation.

What makes these children so vulnerable? Children with intellectual disabilities are more dependent on their caregiver. Some depend on them for their daily living activities. This means that the relationship between
the caregiver and child are intense. Also, some of these children do not have a personal safety vocabulary, meaning they are unable to report when something goes wrong. If no one else is around the perpetrator, he or she will go unreported. The child may be confused over the difference between compliance and consent. Children with intellectual disabilities are usually taught to obey their caregivers in order to meet their needs. Some children lack the social skills to make emotional connections between their peers or other adults. This leaves them vulnerable to abuse and also to bullying. Many children are excluded from sexual education programs. This not only leaves them without body and sexuality knowledge, but vulnerable to sexual abuse. Abusers sometimes rationalize it to themselves and the victim that the abuse is educational. Finally, culturally defined attitudes towards people with intellectual disabilities can leave them segregated into institutions.

Currently, there are a multitude of programs available for adults with intellectual disabilities. Decision-making skills programs help with learning to discriminate between healthy and unhealthy relationships. There are sexual and social education programs available to adults with intellectual disabilities. Adults can learn what to say and how to behave in social and sexual relationships. They can learn how to give and receive compliments, how to date, and also how to avoid manipulation. There is also sexual education programs, which are more biological in nature. In these programs, adults learn about the body and about reproduction. They learn about gender roles, parenting, contraception, and sexually transmitted diseases. One program went a little further and included a field trip to a hospital to see newborn babies. As of yet, it's unclear if children would be able to apply sexual education in their daily lives. However, the benefit is clear for children to have the knowledge to defend themselves.

Bibliography:


Glossary:

ID: Intellectual disability. Range of IQ is 70 or below, or adaptive skills are poor.
ASD: Autism Spectrum Disorder. Primary deficits are in communication and social skills.
fMRI: Functional magnetic resonance imaging. A way of measuring change in blood pressure that is related to brain functioning.
-Cephal-: Latin prefix indicating the head.