



Supplemental Honors Anthology for
The Curious Incident of the Dog in the Night-Time
Roslyn High School Summer Reading Program
2017

“I Wrote a Book and That Means That I Can Do Anything:”

An Anthology of Readings for the Sophomore Lit Seminar, WoHum, American Lit Honors, College Lit, PigLit and AP Literature Classes

Summer 2017

1. “‘B’ Is for Bestseller” by Mark Haddon. From *The Guardian*, 2004
2. “Asperger’s and Autism,” entry from Mark Haddon’s blog (2009)
3. “Mark Haddon: Don’t Use *Curious Incident* as an Autism Textbook” by Anita Singh. From *The Telegraph*, 2015
4. Review of *The Curious Incident of the Dog in the Night-Time* from www.iautistic.com (2004)
5. “When Popular Novels Perpetuate Negative Stereotypes: Mark Haddon, Asperger’s and Irresponsible Fiction” by Greg Olear. From *The Huffington Post* blog, 2012
6. “The Play that Took Me Inside My Autistic Son’s Head” by James Sullivan. From *The Atlantic*, 2015
7. “I Had Asperger’s Syndrome. Briefly.” by Benjamin Nugent. From *The New York Times*, 2012
8. “You Do Not Have Asperger’s” by Amy S.F. Lutz. *Slate Magazine*, 2013.
9. “Five Misconceptions about Learning Disabilities” by Jason Kane. *PBS NewsHour*, 2012
10. “Tips for Teaching High-Functioning People with Autism” by Susan Moreno and Carol O’Neal. MAAP Services, 2000
11. “A True ADHD Epidemic or an Epidemic of Overdiagnosis?” by Dr. Sanford Newmark. *Psychiatry Advisor*, 2015
12. “Underdiagnosis of ADHD Begins Early for Some Groups” by Michelle Healy. *USA Today*, 2013
13. Links to Infographics
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1. ‘B’ Is for Bestseller

A year after it was first published, The Curious

@mark_haddon

16/07/09 asperger's & autism @mark_haddon

16/07/09 asperger's & autism

unsurprisingly, i'm often asked to talk about asperger's and autism or to become involved with organizations who work on behalf of people with asperger's and autism, many of whom do wonderful work. but i always decline, for two reasons:

1) i know very little about the subject. i did no research for curious incident (other than photographing the interiors of swindon and paddington stations). i'd read oliver sacks's essay about temple grandin and a handful of newspaper and magazine articles about, or by, people with asperger's and autism. i deliberately didn't add to this list. imagination always trumps research. i thought that if i could make Christopher real to me then he'd be real to readers. i gave him some rules to live by and some character traits and opinions, all of which i borrowed from people i know, none of whom would be labelled as having a disability. judging by the reaction, it seems to have worked.

2) curious incident is not a book about asperger's. it's a novel whose central character describes himself as 'a mathematician with some behavioral difficulties'. indeed he never uses the words 'asperger's' or 'autism' (i slightly regret that fact that the word 'asperger's' was used on the cover). if anything it's a novel about difference, about being an outsider, about seeing the world in a surprising and revealing way. it's as much a novel about us as it is about christopher.

labels say nothing about a person. they say only how the rest of us categorize that person. good literature is always about peeling labels off. and treating real people with dignity is always about peeling the labels off. a diagnosis may lead to practical help. but genuinely understanding another human being involves talking and listening to them and finding out what makes them an individual, not what makes them part of a group.

i passionately believe this and i've said it repeatedly in many different forms. to become a spokesperson for those with asperger's or autism, or to present myself as some kind of expert in the field, would completely undermine this, and make me look like a fool into the bargain. i would much rather spend my time writing more novels, standing up for difference and trying to understand outsiders who see the world in surprising and revealing ways

3. Mark Haddon - don't use *Curious Incident...* as an autism "textbook"

The author of The Curious Incident of the Dog in the Night-Time has expressed reservations about the novel being used as an autism "textbook" by social workers and police forces



Mark Haddon Photo: Andrew Crowley/Telegraph

By Anita Singh, 9:00AM BST 08 Jun 2015, *The Telegraph* (UK)

The author of *The Curious Incident of the Dog in the Night-Time* has expressed reservations about the novel being used as an autism "textbook" by social workers and police forces.

Mark Haddon's story about a 15-year-old boy with behavioral problems was a runaway best-seller when it was published in 2003.

The main character, Christopher, is mathematically gifted but unable to interpret human emotions or countenance being touched.

The book jacket described him as suffering from Asperger's syndrome, but Haddon told the Hay Festival audience in 2012 that he had never specified any disorder and was uncomfortable with the book's status as a handbook for autistic spectrum disorders.

"It is used as a textbook for social workers, and for policemen, which is something I heard recently. I never meant it to be a textbook," he told an audience at the Telegraph Hay Festival.

"I'm a little worried if people are saying, 'If you want to work out how to treat people on the spectrum, read this novel'.

"I also get a bit worried when people say, 'I've got Asperger's, my family has never understood me but I gave them your book and it opened a window'.

"I want to say, 'I wish the people in your life had been able to make the leap of imagination to understand your world without having to go into a bookshop and buy a book'."

The book is being made into a film by David Heyman and Steve Kloves, the producer and screenwriter behind the *Harry Potter* franchise.

Haddon has signed over the rights and will have no involvement in the screen version, but he remains sanguine about it.

"The film is drifting in the background. I'm maintaining a Zen Buddhist detachment about it all.

"I'm very lucky because the *Curious Incident* is pretty robust. It has spread around the globe like a benign version of bubonic plague. I think even a dreadful film won't arrest its passage.

"So I think I will just let it happen. I will be intrigued at how they will make a film out of what is supposed to be an unfilmable book."

He added: "When someone buys the film rights, you can do one of two things: either take the check and shut up or, if you're going to moan about it, don't take the cheque in the first place. I've taken the check."

Haddon said he had faith in Steve Kloves to do a decent job: "He wrote all but one of the two *Harry Potter* films but also wrote and directed *The Fabulous Baker Boys* and *Wonder Boys*, two films which could have been terribly sentimental but weren't. So I think I'm in good hands."

The author, whose latest book is *The Red House*, has sworn never to work in film or television again after a particularly bruising experience with the BBC.

His last BBC credit was *Coming Down the Mountain*, a 2007 drama about the relationship between a boy with Down's Syndrome and his brother.

Haddon said: "I would never work in film or TV again. There's too much politics, too much money and very little art.

"In TV, you're having to keep a lot of people happy who have no interest in the quality of the program at all. They're interested in budgets and the people involved are more concerned about their own career paths.

"It was incredibly frustrating. I did a one-off drama on the BBC and we so fell out with the commissioner that everyone just walked off set and went home. They commissioned the program, saw it and said, 'That's great. Can you completely cut it for another audience?' That happens a lot."

By contrast, working in theatre is a pleasure. Staging his play, *Polar Bears*, at the Donmar Warehouse was “a fantastic experience” all round. “It was entirely fulfilling. We had creative tussles but no-one was fundamentally fighting each other.”

This article was first published in June 2012. In June 2015, Alex Sharp won a Tony Award for best lead actor in a play for his role in the stage version of The Curious Incident of the Dog in the Night-Time, which also won best play, best lighting, scenic design and earned its director Marianne Elliott a Tony, too.

4. *The Curious Incident of the Dog in the Night-Time* by Mark Haddon

From www.iautistic.com

Th *The Curious Incident of the Dog in the Night-Time* is the story of how a 15-year old boy wit with autism solves the mystery of who murdered his neighbor's dog. [Of course there is more to it, but I am not giving spoilers away.]

In 2003, a lady who works at a special needs school in Singapore showed it to me and asked for my comment. I read two pages. The protagonist (Christopher Boone) was describing his stream of consciousness. As I read, I felt my mind spinning. I gave up trying to untangle my confusion, returned the book and thanked the lady. When she asked for my comments again, I mentioned politely that the book was not really about autism.

Years later, I figured out why. The book was written by someone pretending to be autistic. No wonder I was puzzled! It was usually people with autism pretending to be "normal", not the other way around!

WARNING: THIS BOOK WILL NOT HELP YOU UNDERSTAND REAL AUTISTICS

Mark Haddon did not use the word "autism" in his book, let alone claim to portray autism accurately. He even spoke publicly against using his book as an autism textbook. Certainly, he was not at fault. I have nothing against Mark Haddon or his work. In fact, I finally understood enough about non-autistic people to enjoy it in 2006.

However, seeing that *the Curious Incident of the Dog in the Night-Time* has become very popular, I feel that I must explain why it should not to be taken seriously when many people (including teachers and autism professionals) recommend it as reading material on autism. Instead of a fictitious novel, I recommend reading real autism reference books by authors like Dr. Temple Grandin and Donna Williams. They have many accurate and useful first-hand insights on autism.

While reading *The Curious Incident of the Dog in the Night-Time*, I noted that Christopher is highly self-aware, and could articulate his thoughts very clearly. This was very

different from my own experience. At his age, I was still mostly in a state of sleepwalking. I was unaware of my own emotions, body and situational awareness.

I had Asperger's Syndrome and was very high functioning. I went through normal schooling without any help, medication or trouble with the school authorities. The lower-functioning people with autism probably have even less self-awareness than me. However, Mark Haddon could not have had a story if Christopher was not able to convey to us what is happening within him. Thus, his depictions of Christopher's inner state are used to advance his story and interest viewers. They are not meant to represent the autistic consciousness.

On page 163, there is a passage that goes like this:

And one day, Julie sat down at a desk next to me and put a tube of Smarties on the desk, and she said, "*Christopher, what do you think is in here?*"

And I said, "*Smarties*".

Then she took the top off the Smarties tube and turned it upside down and a little pencil came out and she laughed and I said, "*It's not Smarties, it's a pencil.*"

Then she put the little red pencil back inside the Smarties tube and put the top back on.

Then she said, "*If your Mommy came in now, and we asked her what was inside the Smarties tube, what do you think she would say?*", because I used to call Mother Mummy then, not Mother.

And I said, "*A pencil*".

That was because when I was little I didn't understand about other people having minds. And Julie said to Mother and Father that I would always find this very difficult. But I don't find this difficult now. Because I decided that it was a kind of puzzle, and if something is a puzzle there is always a way of solving it.

This passage shows an amazing level of self-consciousness, expressed as if Christopher could dissect his own brain. I believe is the last thing a child with autism would say. I also believe that it is not minds per se that people with autism could not understand, but the concept of their own self.

When I became aware of autism, I was more interested to discuss how irrational and strange non-autistics were. The novel does not address the great confusion, frustration, anxiety and loneliness people with autism undergo. Many people with autism have to constantly validate themselves about how good they are in order fight against their own low self-esteem. The last thing I wanted to do at that time was to acknowledge that other people were superior to me.

In addition, I feel that the passage also shows a gross misunderstanding of the people with autism perception and reasoning patterns. Perhaps the passage might be rewritten in this manner.

I was put in a cold room smelling of strangeness-A (translated: antiseptic). The lady with big black glasses asked me many questions. I just answered as much as I can.

For example, she showed me a Smarties (tube) and asked me what it is. I said, "Smarties". Then she took out a pencil from the Smarties (tube) and made some odd sounds and movement (translated: slight laughing and smiling).

I remained still, not knowing what to do or say, except that the light glaring off her glasses is disturbing me, so I flicked my eyes around her spectacle frame. She asked me what I saw. Glancing at her hand, I replied "a pencil". Then she put the pencil back into the Smarties tube.

She asked me, "If your Mommy came in now, and we asked her what was inside the Smarties tube, what do you think she would say?"

I took a while to understand what she said. It was a long sentence and I must grind through it carefully. She repeated the question again, and again. After a while, I concluded that it meant: "What is inside the tube?" So I answered her: "A pencil."

And no one ever knew what was really happening.

On page 208, there is a passage that goes like this:

So I carried on walking. And I could feel the feeling like a balloon inside my chest and it hurt and I covered my ears with my hands and I went and stood against the wall of a little shop which said "Hotel Reservations Tel: 0207 402 5164" in the middle of the big room and then I took my hands away from my ears and I groaned to block out the noise and I looked round the big room at all the signs to see if this was London. And the signs said:

"Sweet Pasteries **Heathrow Airport Check-In Here** Bagel Factory ..."

After a few seconds they looked like this:

"Sweathr..."

because there were too many and my brain wasn't working properly and this frightened me so I closed my eyes again and slowly counted to 50 but without doing the cubes.

When I read this passage, I shook my head and muttered: "That's not it". The entire passage just sounds wrong to my intuition. As far as I know, perception remains constant (so if they are distorted already they will be distorted from the start). The idea that Christopher would think that his mind is not working right is kind of far-fetched too.

Perhaps the passage might be rewritten in this manner.

So my legs just wandered around where my eyes pointed me. The world became dizzy and confusing. There are too many lines (translated: words from people) striking me. I tried to cover my eyes and scream so that these lines would go away, but they won't.

I screamed more.

The world became flashes and dots of light and lines. I sank into darkness and sleep.

On page 84 of the book, there is a passage that goes like this:

And he said, "What's 251 times 864?"

And I thought about this and I said: "216,864". Because it was a really easy sum because you just multiply 864 X 1000 which is 864,000. Then you divide it by 4 which is 216,000 and that's 250 x 864. Then you add another 864 on to it and get 251 x 864. And that's 216,864.

The paragraph shows Christopher working logically through the sums in a short period of time. People (no matter having autism or not) who have trained in speed mathematics can achieve this feat too. However, if Christopher is a savant (who can calculate faster than a calculator but without any training or awareness of speed mathematics), he would not be reasoning the numbers out in his head. Instead, he would tap into the parallel processing power of his brain, using the kinesthetic and visual processors. If I could rewrite this paragraph, perhaps it might read like this:

And he said, "What's 251 times 864?"

As Christopher heard this, in his mind appeared two green shapes that looked a lot like uneven cubes. The shapes clashed into each other and rippled with lots of tiny cubes, squares and triangles. Eventually a new shape was formed. Christopher replied: "216,864".

He was shocked. "Wow, that's even faster than a calculator. How did you do it?"

Christopher was puzzled and thought carefully about what he meant. Perhaps he was asking who solved the sum. "I did."

"I mean, what trick did you use?"

It took me a while for Christopher to understand what he said. Maybe he means, tricks as in cheating. So he means if Christopher had cheated. "No."

"I don't get it," he declared. And to this very day, he still could not figure out Christopher's secrets.

As a side-note, people with autism youths usually have to struggle to understand human speech, especially the context behind every word. The smooth flow of thoughts and the apparent ease of understanding human speech in the novel are highly unrealistic experiences.

Although there are more discrepancies in the book, I believe that these 3 examples are enough food for thought. I wrote this *not* to belittle *The Curious Incident of the Dog in the Night-Time*, but to remind readers that **this book is not designed to help them to understand real autistics.**

Usually, I do not like to critique other people's work. I prefer to publish works to convey the experience of autism more clearly.

Adapted from: <http://iautistic.com/autism-myths-the-curious-incident-of-the-dog-in-the-night-time.php>

5. When Popular Novels Perpetuate Negative Stereotypes: Mark Haddon, *Asperger's* and Irresponsible Fiction

by Greg Olear, from The Blog on *The Huffington Post*, January 18, 2012

A celebrated novelist decrees that “imagination always trumps research.” A father of a boy with Asperger’s disagrees.

The Curious Incident of the Dog in the Night-time, Mark Haddon’s debut novel, was the sort of mammoth best-seller writer’s dream of, a work that garnered both near-universal critical acclaim and enormous commercial success.

It was the Whitbread Book of the Year for 2003, a *New York Times* Notable Book, and an entry on countless end-of-year best-of lists. “Original and affecting,” said *The New Yorker*. “Clever and observant,” gushed *The Washington Post*. “Funny, sad, and totally convincing,” added *Time*.

Curious Incident has sold more than two million copies, and continues to fly off the shelves. It is a staple of book clubs. It is widely taught in schools. A film adaptation is in development.

If there is a contemporary canon, *Curious Incident* is in it.

I read the novel early in 2006, on the recommendation of a writer friend, but I wasn’t impressed by it. To me, *Curious Incident* is a gimmick novel — a well-conceived one, perhaps, but a gimmick novel just the same — and one hindered by a lame third act. When I finished, I filed it on my bookshelf and forgot all about it.

At the time, my son was 18 months old. He’d not yet been diagnosed with Asperger’s syndrome.

* * *

The novel’s appeal lies in its 15-year-old narrator, Christopher John Francis Boone, whom *Slate* lauded as “[o]ne of the strangest and most convincing characters in recent fiction.”

Boone describes himself as “a mathematician with some behavioral difficulties,” but despite this stylistic obfuscation, we’re not left to guess at his diagnosis. Early book jackets made explicitly clear that he has Asperger’s syndrome.

As an official medical diagnosis, Asperger’s is relatively new. It was first included in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, in 1994, just nine years before Haddon’s novel was published.

Curious Incident may not have been the first work of fiction ever written on the subject, but it was certainly the first “Asperger’s novel” to achieve widespread notice. It introduced me to the term. Christopher John Francis Boone, Haddon’s “most convincing” narrator, was the first “aspie” I knew.

* * *

My son is now six and a half. In the three years since his diagnosis, I’ve learned quite a bit about Asperger’s and autistic spectrum disorder, both from personal observation and diligent research. And I’ve come to see what an inaccurate picture of Asperger’s *Curious Incident* paints.

Asperger's tends to be a relatively mild form of autistic spectrum disorder. Most aspies are "high-functioning." They don't refuse to go to school if they spy a yellow car, or curl up into a whimpering ball on a train because there are too many people around, as Boone does in *Curious Incident*.

Indeed, if Christopher John Francis Boone has Asperger's, as we've been led to believe, he has one of the most extreme forms of the disorder ever recorded.

Although there are those on the autistic spectrum who found Haddon's portrayal of Asperger's on base — William Schofield, then a student at a London college for aspies, wrote in *The Guardian* that "the similarities are very convincing between Chris and me especially, in my opinion" — it is telling that many of *Curious Incident*'s 73 one-star Amazon reviews (there are a staggering 1,720 reviews in all, most fours and fives) were submitted by aspies. Here's a smattering:

"Stereotyped, inaccurate, horribly offensive... this isn't how it is." "Haddon does not understand Asperger." "Stereotypical view of an autistic child." "I find it hard to believe that Mark Haddon is an autism expert, because Christopher Boone isn't like any other child with Asperger's that I've ever met." "A major disservice to the Autistic Community." "An excellent portrayal of autism...NOT!"

The aspie reviewers, as it happens, were onto something. Haddon, by his own admission, is clueless about Asperger's. "I know very little about the subject," he confessed on his website, in a blog posted on July 16, 2009. "I did no research for *Curious Incident*... I'd read Oliver Sacks's essay about Temple Grandin and a handful of newspaper and magazine articles about, or by, people with Asperger's and autism. I deliberately didn't add to this list."

Then he added: "Imagination always trumps research. I thought that if I could make Christopher real to me then he'd be real to readers....Judging by the reaction, it seems to have worked."

Oh, it worked, all right. But at what cost?

* * *

In 1989, *Rain Man* won the Academy Award for Best Actor in a Leading Role (Dustin Hoffman), Best Original Screenplay (Barry Morrow and Ronald Bass), Best Director (Barry Levinson), and Best Picture.

The character of Raymond Babbitt is based on Kim Peek, a man capable of astounding feats of mathematics and memory. Posthumously diagnosed with Opitz-Kaveggia syndrome, Peek had no corpus callosum connecting the two halves of his brain.

In the film, Babbitt is called an autistic savant...but the real Kim Peek was not autistic. Nevertheless, *Rain Man* became the popular culture's introduction to autism.

Thirty years later, the belief persists that autistics can reliably count a pile of toothpicks at a glance. This is a powerful negative stereotype that autistic children (and their parents) must overcome.

* * *

Six years after the release of *Curious Incident*, Haddon, curiously, began to back away from Boone's book-jacket Asperger's diagnosis. "*Curious Incident* is not a book about Asperger's," he wrote on his blog. "It's a novel whose central character describes himself as 'a mathematician with some behavioral difficulties'. Indeed he never uses the words 'Asperger's' or 'autism' (I slightly regret that fact that the word 'Asperger's' was used on the cover)."

Was his regret only "slight" because he knew that without those magic words on the cover, the book might not have sparked as much interest, or sold as many copies?

More importantly, why did it take six years for Haddon to recant? Was he (belatedly) empathizing with the Asperger's community, the writers of those 73 one-star reviews, who now must deal with Christopher John Francis Boone as their pop-cultural representative? Had he awakened to the dangers of irresponsible fiction? Wherefore his dramatic reversal?

No. He wanted to explain, once and for all, why he always turned down requests from autism awareness groups. "Unsurprisingly," Haddon explained, "I'm often asked to talk about Asperger's and autism or to become involved with organizations who work on behalf of people with Asperger's and autism, many of whom do wonderful work. But I always decline, for two reasons: 1) I know very little about the subject...2) *Curious Incident* is not a book about Asperger's."

Curious Incident is not a book about Asperger's? Sure — and *Moby Dick* is not a book about a whale.

* * *

I don't begrudge Haddon his freedom of speech, or his ability to make a living as a man of letters. He can write about whatever he pleases. What I find objectionable is that he seems unaware of — or, worse, indifferent toward — the fact that he has made both his name and his fortune exploiting the Asperger's community, my son included. After all, if his aim were to present an honest portrayal of the disorder, his research would have involved more than skimming an essay about Temple Grandin, who isn't even an aspie.

It may be that Haddon did not set out to create a character with a specific *DSM* diagnosis; Schofield, in his *Guardian* essay, suggests as much. It may be that Haddon wasn't responsible for the words "Asperger's Syndrome" appearing on the back cover of his novel; publishers, not authors, usually have the final say on book jacket copy. It may be that Haddon didn't intend to negatively stereotype those with Asperger's; Morrow, the *Rain Man* screenwriter, who gave his Academy Award statue to Kim Peek, certainly did not intend to negatively stereotype autistics.

But the fact remains: Haddon *did* write an Asperger's character, he *did* take advantage of the words "Asperger's Syndrome" in his marketing campaign, and knowingly or not, he *did* create a negative stereotype. And if he felt anything but indifference toward this literary exploitation after the fact, he would not have used the same narrator-with-relatively-rare-psychological-disorder gimmick in his follow-up novel, as he did with 2006's *A Spot of Bother*, replacing Asperger's with hypochondria.

In any case, the damage is done. Christopher John Francis Boone is to Asperger's what Raymond Babbitt is to autism. And aspies everywhere — including my son — must now live with it.

http://www.huffingtonpost.com/greg-olear/curious-incident-dog-night-time_b_1099692.html

6. The Play That Took Me Inside My Autistic Son's Head

The Curious Incident of the Dog in the Night-Time uses visual elements to immerse audiences in the world of a teenager with autism.



Joan Marcus

BY JAMES SULLIVAN, THE ATLANTIC MONTHLY, APR 30, 2015

For 16 years we've been locked outside my firstborn son's head. Sam is a boy, fast becoming a man, whose sense of the world around him is defined by his own fixed point on the autism spectrum. He can rarely conceive what's expected of him in social situations, and by that I mean a setting as routine as a family dinner with his parents and his two brothers — let alone an environment as demanding as high school, or the adult world.

But for two hours recently, we got a glimpse at some of the chaos that might be raging in there, thanks to *The Curious Incident of the Dog in the Night-Time* — the innovative, high-tech theatrical adaptation of Mark Haddon's 2003 best-selling novel of the same name. The play, which was recently nominated for six Tony Awards, came to New York from London's National Theatre in a production directed by Marianne Elliott (*War Horse*). It takes an immersive approach to communicating the internal state of its hero, Christopher. Like Sam, Christopher is an autistic teenage boy who's often perplexed by the day-to-day demands of human interaction.

"People often say, 'Be quiet,' but they don't tell you how long to be quiet *for*," says Christopher at one point, attempting to explain the confusion he feels almost constantly. The show isn't without humor in the way it portrays the poignancy of the missed

emotional connections between Christopher and his family and the people he meets, and the line drew a healthy laugh from the audience. But for me and Sam's mom, it lingered.

Unlike Christopher, who is rather on the voluble side for a kid on the spectrum — Haddon has stated that his book is more about cognitive differences than “any specific disorder” — Sam has been diagnosed not just with Asperger's but also “selective mutism,” an extension of his social anxiety. If he's uncomfortable, he gets stuck, and he won't, or can't, talk. When he was overwhelmed at a new school full of high-functioning extroverts two years ago, his shutdown lasted all summer.

Haddon's book surely wouldn't have worked with an uncommunicative main character, and it goes without saying that a theatrical adaptation would have been out of the question. Even so, for years the author considered his beloved book to be “unadaptable.” But the ingenious storytelling methods devised by Elliott, playwright Simon Stephens, and their choreographers and set designers are the primary reason the show succeeds. Christopher's anxious chatter isn't the only window into his mind — the design elements illuminate his turmoil, too.

The production team set the show inside a big black box. (It's the same team that premiered the play in London, with a different cast.) The three walls facing the audience are lit to look like graph paper; letters and symbols and mathematic equations cascade across them, sometimes defying gravity, streaming up from the floor to the ceiling. When Christopher is distressed, electronic music pounds and seizure-inducing hot white lights flash.

When Christopher is distressed, electronic music pounds and seizure-inducing hot white lights flash.

Long before he was diagnosed, we knew something was different about Sam. On a trip to Los Angeles just after the birth of our second son — Sam was a year and nine months old — we were stunned as we sat in a parking lot and he blurted out the letters on the sign in front of us: “S-T-A-R-B-U-C-K-S.” We had no idea he'd already learned the alphabet. Soon, to soothe himself to sleep, he was reciting the alphabet forward and backward.

As he grew older, Sam's stony facial expression, so characteristic to the condition, would only rarely betray any kind of emotion. But we've come to understand that's a hard mask for his inner turbulence. Seeing it imagined onstage was a revelation. The play's bad-trip-at-a-rave depiction of Christopher's rampaging synapses represents a stark contrast with the theater industry's recent efforts to make shows such as *The Lion King* more accessible to kids on the autism spectrum, with softer volume and dimmer lighting.

In another of the play's inventive moments, when Christopher (played by Alex Sharp, a Broadway newcomer and recent Juilliard graduate) is having an out-of-body experience, his supporting cast members take their roles literally. They hold him up parallel to the ground so he can sprint around the walls, like another science-minded high schooler, Peter Parker, after his spider bite.

Curious Incident's creative use of visual elements is just one way the show communicates how many people on the autism spectrum experience seeing the world. In the book *Life, Animated*, Ron Suskind writes about his son's Asperger's and how the two were able to connect through Disney movies. Sam, too, has an affinity for animation: He creates amusing short films using a graphics tablet and a software suite, and has a remarkable facility for perspective. Temple Grandin, the animal behaviorist and autism activist, has written extensively about her own visual thinking, stating, "My mind is similar to an Internet search engine that searches for photographs." And Christopher might agree. "I see everything," he says in the play.

Most people gazing out the window on a train, he states, will acknowledge the general view: the grass, the cows, the fence. Then their mind will begin to wander. But if Christopher is on that train, he'll calculate the whole scene: 19 cows – 15 of them black and white, four brown and white. Thirty-one houses visible in the village in the distance, plus one church without a spire. The landscape is highest to the northeast. It's exhausting just hearing him describe it, but it gives some sense of what it must be like to be so attuned to minute details.

"I see everything," Christopher says.

The "curious incident" mentioned in the show's title is Christopher's discovery of a dead dog in a neighbor's yard. He wants to find out who killed the dog and left it there, but he's quickly marked as a suspect himself. The event prompts Christopher to uncover some upsetting family secrets related to his parents' reactions to their own shortcomings, and their despair that they can't properly care for their son.

The moments in the show that focused on the parents' frustrations were all too familiar for us. Ed, Christopher's well-meaning, working-class dad (played with lumbering sensitivity by Ian Barford), whips painfully between tenderness toward his child and fist-clenching fury over his inability to help him navigate the world. Ed and his estranged wife, Judy (Enid Graham), have become trapped by their own sense of discouragement, and find it hard to imagine a more hopeful future for themselves and for Christopher.

We've been there – we're forever backtracking there, it seems – with Sam. But we left the show buoyed, at least for the night. The show ends on an up note (spoiler alert): Christopher celebrates, in his own curious way, his successes. Against the odds, he's aced a major exam, survived a harrowing trip to London, reconciled with his mum and solved the mystery of the death of Wellington, the dog.

"Does that mean I can do anything?" he asks.

For the parents of a child on the spectrum, the true answer might not be the one we want. But it's our continuing job to help Sam understand his own mind. As much as we've struggled, seeing such an inspired interpretation of my son's baffling affliction gave us the gift of a necessary reminder: Sam, like Christopher, is the one trying to find his bearings at the center of his own curious world

<https://www.theatlantic.com/entertainment/archive/2015/04/curious-incident/391859/>

7. I Had Asperger's Syndrome. Briefly.

By BENJAMIN NUGENT, JAN. 31, 2012

FOR a brief, heady period in the history of autism spectrum diagnosis, in the late '90s, I had Asperger syndrome.

There's an educational video from that time, called "Understanding Asperger's," in which I appear. I am the affected 20-year-old in the wannabe-hipster vintage polo shirt talking about how keen his understanding of literature is and how misunderstood he was in fifth grade. The film was a research project directed by my mother, a psychology professor and Asperger specialist, and another expert in her department. It presents me as a young man living a full, meaningful life, despite his mental abnormality.

"Understanding Asperger's" was no act of fraud. Both my mother and her colleague believed I met the diagnostic criteria laid out in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. The manual, still the authoritative text for American therapists, hospitals and insurers, listed the symptoms exhibited by people with Asperger disorder, and, when I was 17, I was judged to fit the bill.

I exhibited a "qualified impairment in social interaction," specifically "failure to develop peer relationships appropriate to developmental level" (I had few friends) and a "lack of spontaneous seeking to share enjoyment, interests, or achievements with other people" (I spent a lot of time by myself in my room reading novels and listening to music, and when I did hang out with other kids I often tried to speak like an E. M. Forster narrator, annoying them). I exhibited an "encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus" (I memorized poems and spent a lot of time playing the guitar and writing terrible poems and novels).

The general idea with a psychological diagnosis is that it applies when the tendencies involved inhibit a person's ability to experience a happy, normal life. And in my case, the tendencies seemed to do just that. My high school G.P.A. would have been higher if I had been less intensely focused on books and music. If I had been well-rounded enough to attain basic competence at a few sports, I wouldn't have provoked rage and contempt in other kids during gym and recess.

The thing is, after college I moved to New York City and became a writer and met some people who shared my obsessions, and I ditched the Forsterian narrator thing, and then I wasn't that awkward or isolated anymore. According to the diagnostic manual, Asperger syndrome is "a continuous and lifelong disorder," but my symptoms had vanished.

Last year I sold a novel of the psychological-realism variety, which means that my job became to intuit the unverbilized meanings of social interactions and create fictional social encounters with interesting secret subtexts. By contrast, people with Asperger syndrome and other autism spectrum disorders usually struggle to pick up nonverbal

social cues. They often prefer the kind of thinking involved in chess and math, activities at which I am almost as inept as I am at soccer.

The biggest single problem with the diagnostic criteria applied to me is this: You can be highly perceptive with regard to social interaction, as a child or adolescent, and still be a spectacular social failure. This is particularly true if you're bad at sports or nervous or weird-looking.

As I came into my adult personality, it became clear to me and my mother that I didn't have Asperger syndrome, and she apologized profusely for putting me in the video. For a long time, I sulked in her presence. I yelled at her sometimes, I am ashamed to report. And then I forgave her, after about seven years. Because my mother's intentions were always noble. She wanted to educate parents and counselors about the disorder. She wanted to erase its stigma.

I wonder: If I had been born five years later and given the diagnosis at the more impressionable age of 12, what would have happened? I might never have tried to write about social interaction, having been told that I was hard-wired to find social interaction baffling.

The authors of the next edition of the diagnostic manual, the D.S.M.-5, are considering a narrower definition of the autism spectrum. This may reverse the drastic increase in Asperger diagnoses that has taken place over the last 10 to 15 years. Many prominent psychologists have reacted to this news with dismay. They protest that children and teenagers on the mild side of the autism spectrum will be denied the services they need if they're unable to meet the new, more exclusive criteria.

But my experience can't be unique. Under the rules in place today, any nerd, any withdrawn, bookish kid, can have Asperger syndrome.

The definition should be narrowed. I don't want a kid with mild autism to go untreated. But I don't want a school psychologist to give a clumsy, lonely teenager a description of his mind that isn't true.

Benjamin Nugent, the director of creative writing at Southern New Hampshire University, is the author of "American Nerd: The Story of My People."

<http://www.nytimes.com/2012/02/01/opinion/i-had-asperger-syndrome-briefly.html>

8. You Do Not Have Asperger's

What psychiatry's new diagnostic manual means for people on the autism spectrum.

By Amy S.F. Lutz, Slate Magazine, May 2013



Jim Parsons as Sheldon on *The Big Bang Theory* (Photo by Michael Yarish/Warner Bros.)

The autism community is a fractious bunch. We argue over the causes of autism, the best treatments, or even if it should be treated at all. But we do share a common anxiety: the *DSM-5*. This latest version of the *Diagnostic and Statistical Manual of Mental Disorders*, released by the American Psychiatric Association this month, officially eliminates many familiar autism spectrum diagnoses. Asperger's syndrome (typically applied to those with no intellectual disability or language deficit); pervasive developmental disorder, not otherwise specified (generally given to higher-functioning individuals who may not meet all the criteria for autism); and childhood disintegrative disorder (attached to kids who develop typically and then experience severe regression after the age of 3) are now incorporated into the single diagnosis of autism spectrum disorder. This anxiety ranges from a mild concern on the part of some parents to angry protest: More than 8,000 people signed an online petition circulated by the Global and Regional Asperger's Syndrome Partnership; another petition sponsored by Asperger's Association of New England received 5,400 signatures.

The logic behind the changes seems sound. "There wasn't any evidence after 17 years that [the *DSM-IV* diagnoses] reflected reality," says Bryan King, director of Seattle Children's Autism Center, who served on the APA task force charged with revamping the diagnosis. "There was no consistency in the way Asperger's or PDD-NOS was applied." In fact, a 2011 study by Catherine Lord (another member of the task force) and more than 35 colleagues reported, "In these 12 university-based sites, with research clinicians selected for their expertise in ASD and trained in using standardized instruments, there was great variation in how best-estimate clinical diagnoses within the autism spectrum (i.e., autistic disorder, PDD-NOS, Asperger's disorder) were assigned to individual children." In other words, the diagnoses children received depended largely on where they were diagnosed.

Yet those diagnoses had serious implications. Certain states provide services for children diagnosed with autism but not for those diagnosed with Asperger's. "It was difficult to get kids with Asperger's services because their deficits can be subtle, so they were left on their own to some degree," says Matthew Siegel, director of the Developmental Disorders Program at Spring Harbor Hospital in Maine. And it's not just

those with Asperger's who have been shortchanged by the current system, says Stewart Newman, who treats kids from all parts of the spectrum at Mind Matters PC in Oregon. He has spent many hours advocating for his patients with educators who had "a lack of clarity about what the diagnosis of PDD-NOS in particular meant, and how the children should be characterized for special services." Newman says the *DSM-5* criteria "will create a common language we can use when we talk with school systems, parents, and other doctors, and it will mean the same thing for everyone, which will be really helpful."

But outside the psychiatric field, many people defend the current diagnostic distinctions. Simon Baron-Cohen, director of the Autism Research Center at Cambridge University, wrote in a 2009 editorial in the *New York Times* that Asperger's may be a biologically distinct syndrome; his team identified 14 genes that might be associated with the condition. A 2012 study of more than 540 Australian health and education professionals found that 93 percent thought there was a real difference between autism and Asperger's. Just over half of the respondents were opposed to the consolidation of the diagnoses, while less than a quarter supported it.

And the parents I spoke to all felt that the old system worked just fine. There is real mistrust on the part of some, who suspect the new criteria were designed to exclude higher-functioning kids from a diagnosis and thereby deny them services. "There are those of us who see this as a blowback to the increased awareness generated by advocates," says Mark Olson, the father of an autistic daughter and the founder of LTO Ventures, a Nevada-based nonprofit that develops residential communities for autistic adults. Tom Hibben, father of a 10-year-old boy with Asperger's and author of the *Adventures in Asperger's* blog, agrees: "It really seems to us like they're changing the guidelines to affect the prevalence rate."

King states unequivocally that the task force had no such ulterior motives. "There was never an attempt on the part of the committee to rein in the Asperger's diagnosis," he says, pointing out that those who may not meet the new criteria probably didn't meet the old ones. This echoes the common concern – articulated most famously in the 2012 *New York Magazine* feature "Are You on It?" – that Asperger's has evolved into a cultural shorthand for eccentricity and social awkwardness. Asperger's syndrome, like every other diagnosis in the *DSM*, including anxiety and depression, has always required significant impairment. Still, those who already have a diagnosis "should just be transferred into the new system automatically," says King. "This isn't an administrative mandate for re-diagnosis." But that doesn't mean that school districts and insurance companies won't take it as one if they see a way to control costs.

In fact, there are elements of the *DSM-5* criteria that should make it *easier* to get a diagnosis. For the first time, doctors will be allowed to consider a patient's history instead of focusing solely on behaviors present at the time of evaluation. That means someone who gets better can still be eligible for mental health services. "If a person at one time had reduced eye contact but over the years, through intervention, no longer has it as a symptom, you can now count that in determining whether autism was an appropriate diagnosis," King says. Also, the checklists of *DSM-IV* have been replaced by ranges of behavior that include less severe symptoms.

Only a few studies have evaluated whether the *DSM-5* criteria will prove more or less exclusionary, and they have been inconsistent, to put it mildly. Judith Ursitti, mother of two children on the spectrum and the director of state and government affairs for Autism Speaks, points to one study by APA task force member Lord suggesting that only about 10 percent of individuals currently diagnosed would not meet *DSM-5* criteria; a study by Fred Volkmar, director of the Child Study Center at the Yale School of Medicine, however, found that a staggering 75 percent of those with Asperger's and 85 percent of those with PDD-NOS would fail to meet the new requirements. "If it plays out the way the APA says it's going to, it should be fine. It should just be a name change," Ursitti says. But Autism Speaks isn't taking the APA's word for it. The organization is funding a study with the Centers for Disease Control and Prevention to assess the impact of the new criteria, and it has also already designed two online surveys so families, teachers, doctors, and other providers can report their experiences.

It's not only the fear of losing diagnoses that has parents and diagnosed individuals challenging the APA. Some say that the word *autism* carries a greater stigma, which may keep high-functioning individuals and their families from pursuing a diagnosis and the support that comes with it. As high-school senior Hannah Fjeldsted, who has Asperger's, articulated clearly (if a bit insensitively) in a guest blog post at Autism Speaks, "The label of Asperger's at least gives observers the impression of intelligence and ability. But when most people think of 'autism,' they think of someone who should be institutionalized." Hibben also expresses concern over whether his son will embrace his diagnosis when he's a teenager. "Now it's almost cool to have Asperger's," he points out. "*The Big-Bang Theory* and *Parenthood* feature characters who have it."

Parents of lower-functioning kids are also concerned about how the influx of high-functioning individuals will affect the public's perception of autism – mainly because they feel autism is a serious disorder that people *should* associate with profound disability. One mother commented online that "the proposed *DSM* change would diminish the enormity of the challenges that those with moderate to severe autism have." Ursitti, who has a daughter with Asperger's and a son with severe autism, feels this is already happening: "If we have this national perspective that autism is a blessing, that it's not a crisis, the ones who will lose out are the expensive ones, the severe ones. Legislators focus on the cheapest option, and celebration is cheaper than treatment."

The new diagnosis won't simply lump all cases together. *DSM-5* includes new qualifiers (including intellectual disability, language ability, and regression) and severity levels (1 to 3) designed to capture the wide range of symptoms. To receive a diagnosis of autism spectrum disorder, a child must present with deficits in two categories: social communication and restricted, repetitive behavior. A severity level is assigned to each of these dimensions. A child may walk out of an evaluation by a developmental pediatrician with the following diagnosis: "autism spectrum disorder with intellectual delay and regression; social communication severity level 3; restricted, repetitive behavior severity level 2."

A child who exhibits no restricted, repetitive behaviors may walk out with a new diagnosis instituted in *DSM-5*: social communication disorder. It's unclear how this new

diagnosis will affect the autism community. Ideally, it will allow clinicians to identify opportunities for intervention. King mentions as an example a child with ADHD who doesn't respect personal space or take turns. But Hibben says the new diagnosis is "a way to appease those who might lose their Asperger's diagnosis, although it might not get them anything." Thirty-seven states, plus the District of Columbia, have passed laws regulating insurance coverage of autistic children, but those laws won't apply to those with social communication disorder, since it's not part of the autistic spectrum. "We'll have to watch that carefully," Ursitti says.

She won't be the only one. The entire mental health community has eyes on the APA now. Although many clinicians welcome the new edition, the votes of no-confidence have already begun. *Psychology Today* reports that there are calls for a *DSM-5* boycott not only in the United States but also in England, France, Australia, Spain, and Italy. And National Institute of Mental Health Director Thomas Insel dismissed the *DSM* for its "lack of validity," adding "Patients with mental disorders deserve better."

But even the members of the APA task force aren't carving any *DSM* diagnostic criteria in stone. You may have noticed that with this revision, the APA has gone from the Roman numerals that were used previously (i.e., *DSM-IV*) to Arabic numbers (*DSM-5*). King explains, "This is meant to reflect that this is *DSM-5.0*, with the expectation that there can be ongoing updates and refinements that won't require the creation of a whole new version. This is more of an evolving document than what we've had in the past."

King should be careful what he wishes for. If there's anything besides fractiousness that unites the autism community, it's our persistent advocacy. We won't hesitate to let the APA know how the *DSM* changes are affecting us – and they will doubtlessly affect us differently. We'll see how the task force will consider that avalanche of feedback.

http://www.slate.com/articles/health_and_science/medical_examiner/2013/05/autism_spectrum_diagnoses_the_dsm_5_eliminate_asperger_s_and_pdd_nos.html

9. Five Misconceptions about Learning Disabilities

By Jason Kane. From the PBS NewsHour website, March 16, 2012 at 5:34 PM EDT



Getty illustration by Ziggy Kaluzny

In the classroom, it starts simply — sometimes with a struggle to sound out simple words; sometimes with trouble telling time, memorizing the times tables or learning left from right.

It often ends simply, too: with a troubling statistic.

One in five of the American students identified as having a learning disability will walk away from their education. That's compared to a dropout rate of 8 percent in the general population.

Just as startling: Close to half of the secondary students currently identified as learning disabled are more than three grade levels behind in essential academic skills. And it's widespread. Roughly 2.4 million students — that's more than the entire population of Houston, Texas — are known to struggle with it.

"Race, culture economic status — LD doesn't discriminate. It's real and affects people of all ages," said Dr. Sheldon H. Horowitz of the National Center for Learning Disabilities, referring to learning disabilities by a common nickname, LD.

In the days ahead on the PBS NewsHour broadcast, health correspondent Betty Ann Bowser will take viewers into a public school in Boston for a better understanding of how this commonly misunderstood set of disorders is playing into the U.S. dropout crisis. Online, we'll explore the crossroads of learning disabilities and art, and we'll profile two young men — a poet and a Harvard graduate student — who, despite academic struggles, achieved stunning success.

But first, a 101. Contrary to popular belief, autism isn't a learning disability. Neither is attention deficit hyperactivity disorder (ADHD), mental illness, or intellectual disability. Here to walk us through the top misconceptions about learning disabilities and to define exactly what they are — and aren't — is Dr. Horowitz.

Misconception 1: The Term 'learning disabilities' is interchangeable with other disorders.

"Learning disabilities (LD) are not one thing, but rather the name for a category that encompasses a variety of specific disorders that create real obstacles for success in school, on the job, and in life. It's an umbrella term that points to weaknesses in such areas as reading, writing, spelling, math, and other kinds of skills, and is presumed to result from faulty or inefficient ways that information is processed in the brain. By definition, individuals with a learning disability do not struggle because of low intelligence, poor teaching, lack of motivation or other such factors. Their underachievement is unexpected and unexplained, which is why the term is often misunderstood.

"It's important to note that the term is also often confused with a number of other disorders, so let's set the record straight. Learning disabilities do not include problems that are primarily due to visual, hearing, or motor disabilities — even though students with those types of disorders can also have LD. It doesn't include intellectual disabilities (formerly called "mental retardation"), emotional disturbance, or autism spectrum disorders, although children who fall within these diagnostic categories can also have learning disabilities. LD is not caused by cultural, environmental, or economic factors. And LD is not synonymous with ADHD, even though they often co-occur and share

lots of the same features. They both require specialized, structured and carefully targeted instruction and support. But here's the big difference: ADHD can be treated with medicine; LD cannot.

Misconception 2: Learning disabilities are easily diagnosed.

“There is no quick and easy way to know whether a child has LD. There's no blood test or X-ray that can be done as part of a child's annual physical. And even our most sophisticated brain scanning technologies and genetic studies can't (yet) predict LD. What we do know is that learning disabilities run in families, and that a family history of academic difficulties could be an indication of risk. Determining whether a child has LD is a process that unfolds over time and must include information from multiple sources. Parents need to provide their impressions and family history information. Educators need to offer detailed information about the child's progress and how well they respond to instruction. Specialists need to document performance on assessments designed to tap academic skill and the ways that the child processes information. And other factors such as attention, behavior, and medical history need to be considered.

Are there some early signs of LD to look for? Sure. In the area of reading, for example, watch for slow or limited vocabulary, difficulty rhyming, trouble mapping the sounds of letters to their corresponding shapes – these might all be early warning signs of dyslexia, a specific learning disability in reading.”

Misconception 3: Learning disabilities usually correspond with a low IQ.

“If a person's intellectual capacity is below normal, their problems learning are not said to stem from a learning disability. Again, these are processing disorders that occur for reasons other than diminished cognitive ability. They're not due to poor vision, poor hearing, they're not caused by environmental or cultural factors. They aren't caused by 'dystachia' or a lack of opportunity to learn, and are not a result of a less than optimal home environment. Children with LD have the mental machinery to do well, but because of the unique ways that their brains are organized to receive, process, store, retrieve and communicate information, they struggle to accomplish tasks that are necessary to success in school and in life.

“The other thing I must stress is LD is absolutely not about laziness or a lack of motivation. These are real disorders – with impacts that are felt every day and in so many ways. Imagine how you would feel if every time you read something new you needed extra time to sound out each word, re-read each sentence more than once to retain its meaning, and struggle to remember details and take notes. Now imagine the stress of the school day, worrying about whether you will be called upon to read aloud or write on the board, in effect being asked to put your LD on display. And the same goes for the workplace. The key is to help those with LD to circumvent the challenges of their learning disabilities so they can share what they know in ways that demonstrate strength, leveling the playing field so their difficulties don't define who they are and what they can accomplish.

Misconception 4: More students seem to be diagnosed with learning disabilities in today's society.

“If you look at all of the nation’s students who receive special education services and the 13 different educationally handicapping conditions listed in the Individuals with Disabilities Education Act, almost half – 41 percent – have a learning disability. The numbers of school-age students in each category have changed over time, with some categories growing and others shrinking in number, but most experts agree that somewhere between 4 and 6 percent of the population has a learning disability. Within the LD category, the vast majority of children will have significant difficulties in the area of reading. But remember, not everyone in society who struggles in areas of reading, writing, spelling and math will have LD.

“And a word about ‘learning differences’ or ‘preferences.’ Do you know someone who is terrific at remembering names and phone numbers but who doesn’t like to write things down? How about someone who is not a huge talker but who never forgets a face, is great with directions and likes things to be detailed and well-organized. Or how about someone who is hands-on, preferring to dive in and experiment without relying on printed instructions or verbal feedback. Most people have some of these characteristics, and some have strong preferences about how they organize their lives. While these styles or preferences can help us orchestrate activities of daily living, they don’t get in the way of our doing things in other ways. That’s where LD is different. People with LD are ‘wired’ to do things differently, and their struggles are not due to preferences or differences but rather real brain-based disorders. This does not mean that LD is a prescription for frustration or failure. Quite the opposite. But it would be unfair and inaccurate to presume that they can push past their differences if they just tried harder or tried to be more flexible in their approach to learning.”

Misconception 5: Learning Disabilities fade with time.

“Learning disabilities do not go away – they’re with you for life. That doesn’t mean someone with a learning disability can’t achieve or even be wildly successful. They just need to find ways to circumvent or accommodate for the areas in which they don’t do well. The more individuals know about themselves and how to get the help they need, the more they’ll be able to succeed. A person who is diabetic can still be a world-class athlete, but they need to figure out how to balance the management of their medical condition with their training and completion needs. People who have learning disabilities can be (and are) Pulitzer Prize-winning poets, state governors and members of Congress, actors, economists, engineers, physicians,... anything at all. They just need to understand their specific LD-related challenges, find ways to work around these pockets of weakness, and follow their dreams.

“The sooner people learn to talk about their LD and how to be effective self-advocates, the better. There’s some really interesting longitudinal data that shows success attributes among children with LD. Studies tell us that even more important than early recognition of LD, overall intelligence or how many years of special education help they received, the thing that had the biggest impact over time was how well they could articulate their learning disability to others. Starting in elementary and middle school, students should become really good at explaining their learning disability to teachers. By the time they’re in high school, they should know the rights and protections they

have and be able to share the details of their IEPs or 504 plans — documents that specify the services and supports they are entitled to receive.”

For more information about all of these topics, as well as free parent guides and checklists, visit www.LD.org.

<http://www.pbs.org/newshour/rundown/five-misconceptions-about-learning-disabilities/>

10. Tips for Teaching High-Functioning People with Autism

by Susan Moreno and Carol O'Neal, MAAP Services, Incorporated

1. People with autism have **trouble with organizational skills**, regardless of their intelligence and/or age. Even a "straight A" student with autism who has a photographic memory can be incapable of remembering to bring a pencil to class or of remembering a deadline for an assignment. In such cases, aid should be provided in the least restrictive way possible. Strategies could include having the student put a picture of a pencil on the cover of his notebook or maintaining a list of assignments to be completed at home. Always praise the student when he remembers something he has previously forgotten. Never denigrate or "harp" at him when he fails. A lecture on the subject will not only NOT help, it will often make the problem worse. He may begin to believe he cannot remember to do or bring these things.

These students seem to have either the neatest or the messiest desks or lockers in the school. The one with the messiest desk will need your help in frequent cleanups of the desk or locker so that he can find things. Simply remember that he is probably not making a conscious choice to be messy. He is most likely incapable of this organizational task without specific training. Attempt to train him in organizational skills using small, specific steps.

2. People with autism have **problems with abstract and conceptual thinking**. Some may eventually acquire abstract skills, but others never will. When abstract concepts must be used, use visual cues, such as drawings or written words, to augment the abstract idea. **Be as concrete as possible in all your interactions with these students.** Avoid asking vague questions such as, "Why did you do that?" Instead, say, "I did not like it when you slammed your book down when I said it was time for gym. Next time, put the book down gently and tell me you are angry. Were you showing me that you did not want to go to gym, or that you did not want to stop reading?" Avoid asking essay-type questions. Be as concrete as possible in all your interactions with these students.
3. **An increase in unusual or difficult behaviors probably indicates an increase in stress.** Sometimes stress is caused by feeling a loss of control. Many times the stress will only be alleviated when the student physically removes himself from the stressful event or situation. If this occurs, a program should be set up to assist the student in re-entering and/or staying in the stressful situation. When this occurs, a "safe place" or "safe person" may come in handy.

4. **Do not take misbehavior personally.** The high-functioning person with autism is not a manipulative, scheming person who is trying to make life difficult. They are seldom, if ever, capable of being manipulative. Usually misbehavior is the result of efforts to survive experiences which may be confusing, disorienting, or frightening. People with autism are, by virtue of their disability, egocentric. Most have extreme difficulty reading the reactions of others.
5. Most high-functioning people with autism **use and interpret speech literally.** Until you know the capabilities of the individual, you should avoid:
 - idioms (e.g., save your breath, jump the gun, second thoughts);
 - double meanings (most jokes have double meanings);
 - sarcasm (e.g., saying, "Great!" after he has just spilled a bottle of ketchup on the table);
 - nicknames; and
 - "cute" names (e.g., Pal, Buddy, Wise Guy).
6. **Remember that facial expressions and other social cues may not work.** Most individuals with autism have difficulty reading facial expressions and interpreting "body language."
7. If the student does not seem to be learning a task, **break it down into smaller steps** or present the task in several ways (e.g., visually, verbally, physically).
8. **Avoid verbal overload.** Be clear. Use shorter sentences if you perceive that the student is not fully understanding you. Although he probably has no hearing problem and may be paying attention, he may have difficulty understanding your main point and identifying important information.
9. **Prepare the student for all environmental and/or changes in routine,** such as assembly, substitute teacher, and rescheduling. Use a written or visual schedule to prepare him for change.
10. Behavior management works, but if incorrectly used, it can encourage robot-like behavior, provide only a short term behavior change, or result in some form of aggression. **Use positive and chronologically age- appropriate behavior procedures.**
11. **Consistent treatment** and expectations from **everyone** is vital.
12. Be aware that normal **levels of auditory and visual input can be perceived by the student as too much or too little.** For example, the hum of fluorescent lighting is extremely distracting for some people with autism. Consider environmental changes such as removing "visual clutter" from the room or seating changes if the student seems distracted or upset by his classroom environment.
13. If your high-functioning student with autism uses **repetitive verbal arguments** and/or repetitive verbal questions, you need to interrupt what can become a continuing, repetitive litany. **Continually responding in a logical manner or arguing back seldom stops this behavior.** The subject of the argument or

question is not always the subject which has upset him. More often the individual is communicating a feeling of loss of control or uncertainty about someone or something in the environment. Try requesting that he write down the question or argumentative statement. Then write down your reply. This usually begins to calm him down and stops the repetitive activity. If that does not work, write down his repetitive question or argument and ask him to write down a logical reply (perhaps one he thinks you would make). This distracts from the escalating verbal aspect of the situation and may give him a more socially acceptable way of expressing his frustration or anxiety. Another alternative is role-playing the repetitive argument or question with you taking his part and having him answer you as he thinks you might.

14. Since these individuals experience various communication difficulties, **do not rely on students with autism to relay important messages** to their parents about school events, assignments, school rules, etc. unless you try it on an experimental basis with follow-up, or unless you are already certain that the student has mastered this skill. Even sending home a note for his parent may not work. The student may not remember to deliver the note or may lose it before reaching home. Phone calls to parents work best until the skill can be developed. **Frequent and accurate communication between the teacher and parent (or primary caregiver) is very important.**
15. If your class involves **pairing off** or choosing partners, either draw numbers or use some other arbitrary means of pairing. Or ask an especially kind student if he or she would agree to choose the individual with autism as a partner before the pairing takes place. The student with autism is most often the individual left with no partner. This is unfortunate since **these students could benefit most from having a partner.**
16. **Assume nothing** when assessing skills. For example, the individual with autism may be a "math whiz" in Algebra, but not be able to make simple change at a cash register. Or, he may have an incredible memory about books he has read, speeches he has heard, or sports statistics, but still may not be able to remember to bring a pencil to class. Uneven skills development is a hallmark of autism.

For more information, contact: MAAP Services, Inc., C/O Susan J. Moreno, P.O. Box 524, Crown Point, IN 46308; www.maapservices.org

<https://www.iidc.indiana.edu/pages/Tips-for-Teaching-High-Functioning-People-with-Autism>

11. A True ADHD Epidemic or an Epidemic of Overdiagnosis?



By Sanford Newmark, MD. *Psychiatry Advisor*, July 28, 2015

In 2011, the CDC reported that the prevalence of attention-deficit/hyperactivity disorder in children ages 4 to 17 years was 11%, with 6.4 million children diagnosed with ADHD and 4.2 million taking psychostimulants.¹

These findings represent a dramatic increase from more than 30 years ago, when the rate of attention-deficit/hyperactivity disorder (ADHD) was estimated at between 3% and 5%.² What is more concerning is that the prevalence of ADHD increased by about 35% just from 2003 to 2011, and there is no indication that this increase is leveling out.¹ More than 20% of high school-aged boys have been told they have ADHD!³

What is going on here? Have 11% of our children always had ADHD and we just missed it? Has some cataclysmic genetic or epigenetic shift taken place, causing ADHD to be the most prevalent childhood disease second only to obesity? I don't think so. I believe that this dramatic increase in ADHD diagnoses is caused by two factors:

1. Overdiagnosis through inadequate evaluation and societal pressure for treatment ; and
2. A significant increase in the demands being made on our children, schools, and families.

It is important to recognize that a diagnosis of ADHD is contextual, meaning that a child with the same neurodevelopmental traits may be seen as having ADHD or not depending on his or her specific social and educational environment.

Making an accurate diagnosis of ADHD takes time. It is not a matter of just filling out a standardized form and giving a trial of medication. Physicians must rule out other conditions that may present with ADHD-like symptoms, such as learning disabilities, anxiety, and posttraumatic stress disorder (PTSD). It is important to get an understanding of the child's entire environment, including his or her school and family situation. One must take the time to speak with and observe the child before rushing to a diagnosis.

Yet how often is this possible? Practicing pediatricians and primary care providers are aware of the pressures to make a diagnosis and prescribe a stimulant. Teachers are demanding it of parents, as are parents whose resources of time and energy are strained

to the limit. However, how many of our frontline providers have the time and resources to conduct an adequate evaluation?

Where I practice, near Silicon Valley, there are schools of very bright children where up to one-third or more are reported to be taking psychostimulants because of the academic pressure to succeed and be admitted to an elite university.

On the other end of the spectrum, the prevalence of ADHD in Medicaid patients is 33% higher than that seen in the general population. The reasons for this are uncertain, but may well reside in the need to provide behavioral control in situations where there are inadequate services available.

If ADHD is a true neurodevelopmental disease – which it is – then the prevalence of diagnosis and treatment should be consistent. Yet there is dramatic difference in prevalence rates not only by state, but even by county. In 2011, the prevalence of ADHD in Kentucky was 14.8%, which was 250% higher than the 5.6% prevalence reported in Colorado.⁴ Although these statewide disparities exist across the United States, there is no reasonable biological explanation for these differences.

Consider this: In 2010 in a study in the *Journal of Health Economics*, 10% of kindergarteners born in August (youngest in class) were diagnosed with ADHD compared with 4.5% of those born in September (oldest in class), and those born in August were twice as likely as those born in September to be treated with psychostimulants.⁵ The authors estimated that just this factor alone could have resulted in 900,000 incorrect diagnoses of ADHD. Similar results were found in a Canadian study.⁶

In Iceland, a country with a relatively high use of psychostimulants, investigators found that the entire youngest third of the class was 50% more likely to be diagnosed with ADHD and prescribed psychostimulants.⁷ What these studies tell us is that we are unable to distinguish those children who have ADHD from those who are simply immature.

One could argue, and some do, that this might mean we are underdiagnosing the older children; however, I think it is much more likely that we are misdiagnosing children who are simply a little young for the demands being placed on them.

This leads me to the second major reason that I believe ADHD is overdiagnosed: the escalating demands made on children in our current educational system. When those of us who are now mature adults were in kindergarten, all that was required was to be able to eat, sleep, and play. Kindergarteners are now expected to learn to read. Of course, most of them can do so – although studies indicate there is no overall cognitive benefit to this earlier training⁸ – but there are some children whose neurodevelopmental level is just not high enough for this level of challenge.

To clarify the point, what if we asked a few hundred 2-year-old children to sit still and focus on learning to read? How many would fit the diagnostic criteria for ADHD? It sounds absurd, but to a lesser but significant extent, this is what is happening in our kindergartens.

In addition, the diagnosis and treatment of ADHD in preschoolers is creating one of the most rapidly growing segments of the ADHD population. How many of us have been

asked to diagnose a 3-year-old child with ADHD because they “won't sit still during circle time”? A generation or two ago, many children did not go to preschool and sitting still in a group was not one of the requirements of early childhood education.

Another aspect of this problem involves newer educational policies. In *The ADHD Explosion*, Stephen Hinshaw, PhD, demonstrated that educational accountability policies in schools have had a significant influence on ADHD rates.⁹ In the 1990s, policies such as “No Child Left Behind” (signed into law in 2001) began to incentivize schools to boost test scores.

Those states in which this occurred saw the largest increases in the diagnosis of ADHD. After all, with limited educational resources, what better way to quickly increase results than to simply give more children psychostimulants?

Finally, I believe the ever-increasing stress on the average American family is contributing significantly to this problem. Imagine the single-parent or two-working-parent family taking their sons and daughters to school or sometimes early school, working all day as the children go to after-care, and then rushing home to pick them up. They then try to get a decent dinner on the table before homework and bedtime.

The stress on both parents and children is very high. This stress can result in children who may have been able to cope under different circumstances, but who appear to have ADHD in this context (and that also doesn't consider the influence of poor nutrition on these children, which is a subject for another day and another column).

In summary, I do believe that we have an “epidemic” of overdiagnosis of ADHD, the roots of which are deeply ingrained at many levels in our society. We will have to decide whether to treat more of our children with long-term psychostimulants or work together to find a different approach to this persistent problem.

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<http://www.psychiatryadvisor.com/adhd/a-true-adhd-epidemic-or-an-epidemic-of-overdiagnosis/article/429034/>

12. Underdiagnosis of ADHD Begins Early for Some Groups

Michelle Healy, USA TODAY Published 12:06 a.m. ET June 24, 2013 | Updated 9:12 a.m. ET June 24, 2013

New analysis finds that racial and ethnic disparities in ADHD diagnosis occur by kindergarten and continue until at least the end of eighth grade.

Story Highlights

- *Minority children are less likely than their white peers to receive an ADHD diagnosis*
- *The gap persisted even after researchers controlled for health insurance coverage and other factors*

- *Increased awareness and questioning by physicians, school psychologists and teachers is needed*

Prior research has shown that black, Hispanic and other minority children are less likely than comparable white children to be diagnosed with attention-deficit hyperactivity disorder, but a new study shows that this disparity starts as early as kindergarten and continues through middle school.

Among those diagnosed with ADHD – the most common mental health condition among kids and teens – children who are ethnic or racial minorities are less likely to use prescription medication for the disorder, even when researchers account for such factors as health insurance coverage, socio-economic status and academic achievement.

The findings showed that "at every time period that was assessed," disparities in diagnosis and medication use "were evident across all of the racial and ethnic groups that we analyzed," says Paul Morgan, lead author of the study published in the July issue of the journal *Pediatrics* and online today.

"Other research has already identified a range of different effective treatments for ADHD, including medication, behavioral therapy, specialized educational programming and parent training," says Morgan, an associate professor of education at Penn State University. "These findings suggest that children who are racial and ethnic minorities are not accessing those treatments because they are comparatively underdiagnosed.

"There's no reason to think that minority children are less likely to have ADHD than white children, so these are worrisome findings that suggest a systemic problem," he says, in terms of health care professionals and school-based professionals not meeting the needs of these families when it comes to properly evaluating, diagnosing and providing effective treatment.

Using the nationally representative Early Childhood Longitudinal Study: Kindergarten Class of 1998–1999, Morgan and colleagues analyzed data collected by the federal government on 17,100 children based on parent reports. Among the findings:

- By the spring of middle school, about 7% of white children had received an ADHD diagnosis sometime between kindergarten and eighth grade. Comparable rates for black, Hispanic and other races/ethnicities (including Asian, Native Hawaiian, Pacific Islander, American Indian, Alaskan native and those described as being more than one race) were about 3%, 4.4% and 3.5%, respectively.
- Compared with whites, the odds of ADHD diagnosis were 69% lower for black kids, 50% lower for Hispanic kids and 46% lower for children of other race/ethnicities.
- Boys had twice the odds of girls of being diagnosed, regardless of race or ethnicity; and engaging in fighting, bullying and similar problem behaviors increased the odds of diagnosis.
- Among children diagnosed, prescription medication use was lower for children of all racial and ethnic minorities, compared with white children. The odds were 47% lower for Hispanic kids, 65% lower for black kids and 51% lower for children of other race/ethnicities.

The data used in this study "unfortunately can't appropriately begin to address the reasons for these differences," but "the idea that ethnic majority parents seek biopsychosocial services more frequently than ethnic minority parents is consistent with findings from prior studies," says John Carlson, professor of school psychology at Michigan State University. He was not involved in the study.

Whether or not parents pursue diagnosis and treatment for a child's ADHD involves not only access to insurance but also "values and beliefs about psychological disorders and their treatments," Carlson says.

Research he has conducted identified a lack of culturally competent health care providers, financial hurdles and "insufficient dissemination of information about effective treatments" as key barriers to minority families' effective use of ADHD treatments.

In May, the Centers for Disease Control and Prevention reported that ADHD was the most prevalent mental health disorder affecting children, including nearly 7% of kids ages 3 to 17, or about 4.2 million.

The new paper in *Pediatrics* notes that additional research is needed to determine the extent to which some populations may be overdiagnosed for ADHD.

<https://www.usatoday.com/story/news/nation/2013/06/24/adhd-minorities-diagnosis/2439647/>

Links to Infographics

1. ["What Is Autism?"](#)
2. ["Autism Spectrum Disorders"](#)
3. ["Things Asperger's Syndrome/ Autism Is Not"](#)
4. ["The History of Autism"](#)
5. ["Autism by the Numbers"](#)
6. ["Autism and Learning"](#)
7. ["Gifted and Asperger's"](#)

Links to Videos

1. A [link](#) to Dr. Temple Grandin's TEDTalk on autism

2. A [link](#) to geneticist Wendy Chung's TEDTalk on what we know about autism
3. A [link](#) to BBC's Things Not to Say to People with Autism
(WARNING: STRONG LANGUAGE)
4. A [link](#) to *In My Mind (A Video about Asperger's/Autism)* by Alex Olinkiewicz
5. A [link](#) to 5 Things My Teachers Should Know About Students with High-Functioning Autism
6. A [link](#) to CBS *Sunday Morning's* portrait of Alex Sharp, the young actor who played Christopher in the Broadway adaptation of *Curious Incident*.
7. A [link](#) to *The Curious Incident of the Dog in the Night-Time: Working on the Spectrum* by the National Theatre