Understanding and Supporting Children with Autism Spectrum Disorder in the Classroom

Ken Montfort, MA

Natalie Montfort, PhD

The Westview School

1900 Kersten Drive

Houston, TX 77043

713-973-1900

I. What is autism spectrum disorder?

- ASD is a complex neurobiological disorder characterized by impairments in communication, social interaction, imaginative play and thought processes, and a restriction of activities and interests.
- Inappropriate, awkward, rigid, or disruptive behaviors are frequently associated with autism; however, autism is not a behavioral disorder.
- Underlying communication problems, sensory issues, or motor planning difficulties can interfere with learning and may be manifested as 'unacceptable' behavior.
- Autism is a spectrum disorder meaning that it can be mild to severe.
- The diagnosis is now called "Autism Spectrum Disorder" (ASD), and includes most of the diagnoses formerly known as Pervasive Developmental Disorders (PDD). (PDDs now collapsed under ASD were formerly known as: Autistic Disorder, Asperger Syndrome, Pervasive Developmental Disorder Not Otherwise Specified, and Childhood Disintegrative Disorder. The final PDD, Rhett Syndrome, is no longer grouped into this category because of its definitive genetic cause.)
- Children who do not meet criteria for autism spectrum disorder may meet criteria for a new diagnosis, "Social Communication Disorder."
    - Social communication disorder describes children with social difficulty and pragmatic language differences that impact comprehension, production and awareness in conversation that is not caused by delayed cognition or other language delays.
    - Social communication disorder is NOT "the new name for Asperger's."

II. Who has autism spectrum disorder?

- The CDC (2014) reported that 1 in 68 children are born with ASD.
    - Based on the number of 8 year olds with ASD in 11 sites in 2010.
- ASD affects boys 5 times more often than girls.
    - 1 in 42 boys are affected.
    - 1 in 189 girls are affected.
    - 46% of children identified with ASD have average to above average IQ
- Autism is more common than diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy or Down syndrome combined (CDC, 2012).
- These numbers represent a 78% increase in the past 5 years, and a 1,000% increase over the past 40 years.

V. How is autism spectrum disorder diagnosed?

- Based on concern from parents, teachers, therapists, or doctors, the child & family are referred to a psychologist (or other medical or mental health professional) specializing in child development and diagnosis of ASD.
- The parents and teachers may be asked to fill out questionnaires about the child's development. The parents will be interviewed about the child's development. The child will be observed and may participate in formal testing.
- The diagnostic criteria are divided into two areas: 1) social communication & interaction, and 2) restricted and repetitive behaviors. The diagnosis is based on symptoms, currently or by history. Symptoms must begin in early childhood, but they may not be recognized fully until social demands exceed capacity. Symptoms must cause "functional impairment" for the child.
- A diagnosis at age 2 can be reliable, valid, and stable. ASD can be diagnosed even earlier, and "red flag" behaviors are seen in utero and infancy.

VI. What are the criteria for ASD and what might ASD look like in the classroom?

1. All of the following symptoms describing persistent deficits in **social communication/interaction** across contexts must be met:
    - **a.** Problems reciprocating social or emotional interaction, including difficulty establishing or maintaining back-and-forth conversations and interactions, inability to initiate an interaction, and problems with shared attention or sharing of emotions and interests with others.
    - **b.** Severe problems maintaining relationships — ranges from lack of interest in other people to difficulties in pretend play and engaging in age-appropriate social activities, and problems adjusting to different social expectations.
    - **c.** Nonverbal communication problems such as abnormal eye contact, posture, facial expressions, tone of voice and gestures, as well as an inability to understand these.
2. And, two of the four symptoms related to **restricted and repetitive behavior** need to be present:
    - **a.** Stereotyped or repetitive speech, motor movements or use of objects.
    - **b.** Excessive adherence to routines, ritualized patters of verbal or nonverbal behavior, or excessive resistance to change.
    - **c.** Highly restricted interests that are abnormal in intensity or focus.
    - **d.** Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment.

In the classroom, that might look like this:

1. Social communication skills and social interaction skills that differ in quality and/or frequency from similarly aged peers:
    a. Difficulty starting social interactions/conversations or keeping them going when they do not revolve around the child's interests.
        - May tolerate or participate in interactions on own terms
        - Reduced enjoyment sharing (i.e. smile/laugh and gaze)
        - May have a delay in spoken language (not required) – few/no words by 2 years, few/no communicative phrases by 3 years
    b. Less interest in people than would be expected, including difficulty with pretend play (especially shared) and difficulty knowing the 'norms.'
        - Less pointing to express interest than expected (may point to get wanted items)
        - Less showing than would be expected
        - Lack of social smile
    c. Uses and/or understands fewer gestures than others. Has unusual tone of voice, body positioning, and/or facial expressions. May have odd eye contact.
        - Difficulty following points or gazes to a target
        - May or may not make good eye contact
        - May laugh at things that are not funny, may not laugh at humor
2. Fewer interests than would be expected and unusual behaviors or movements:
    a. Unusual speech or repeating speech heard elsewhere. Unusual body movements or ways of using toys.
        - Speaks in questions or in the third person
        - Repeats videos exactly, repeats things previously heard or said – echolalia
        - Hand flapping, hand twisting, rocking, odd jumping, etc.
        - Drops toys, spills liquids, spins toys, etc.
        - More interested in parts of objects than whole (spins tire, but doesn't drive car)
    b. Has strict routines (or patterns of movement or verbal "scripts"). Dislikes or avoids change.
        - Becomes very upset if routines are disrupted or prevented
        - Says the same thing to the same person and becomes upset if that person does not give the 'right' response
        - Arranges toys in lines or 'right' way; upset if toys are moved
        - Runs in a particular circle or paces
    c. Interested in unusual things, or interested in 'normal' things, but to an unusual degree.
        - Fascination with toilets, mustard commercials, etc.
        - Likes green… wears only green shirts; Thomas the Train at 12 years old, etc.
    d. Reacts in unusual ways to certain sounds, tastes, smells, touches, or things he/she sees.
        - High pain tolerance. Does not cry or seek out adult when hurt.
        - Covers ears, becomes agitated or frightened of seemingly "normal" sounds.
        - Picky eater. Only eats foods of certain textures/colors.

VII. Sensory issues in the classroom.

- Children with autism may have over or under sensitivity to normal environmental stimuli. This may produce mild discomfort, tantrums, or physical pain.
- Touch – Some children:
    - are defensive about being touched, hugged, or patted (need extra personal space)
    - do not respond or notice touch (poor personal space boundaries)
    - are resistant to hand-over-hand assistance
    - need intense input to register in the nervous system
    - avoid using hands or palms in activities
    - dislike feeling of paint, food, or soap on hands
    - do not notice food on face, dirty or sticky hands
    - seem unaware of bruises and cuts
    - are picky about clothing types and tags (or do not tolerate wet clothing)
    - are picky about texture of foods
    - put everything in mouth
- Visual – Some children:
    - have excessive blinking, tired eyes
    - have gaze aversion, cover eyes, or turn off lights
    - are hypersensitive to sun or fluorescent lights
    - stare at blinking/flickering/turning objects or wave things in front of eyes
- Auditory – Some children:
    - startle easily or cover ears with loud noises (crowd noise, fire drills)
    - are distracted by sound that others do not notice
    - produce constant noise (i.e. talk, hum, click)
- Taste/Smell – Some children:
    - are excessively sensitive to environmental smells or house odors (i.e. perfume)
    - are acutely aware of faint smells
    - eat few types of food or flavors
- Vestibular/Proprioceptive (gravity and movement) – Some children:
    - are fearful of movement in space (i.e. walk with hand on wall)
    - become upset at changes in room arrangement
    - resist participating in movement activities
    - hesitant in climbing up or down stairs or play structures
    - bump into objects or are clumsy, run with awkward gait
    - need to see body parts to name them
    - become very disoriented with eyes closed
    - seek out swinging or spinning
    - crash into walls or roll on the ground

Many children exhibit unwanted behavior due to a sensory deficit or need.

VIII. What can you do in the classroom?

- Temple Grandin (adult with autism):
  - "Good teachers helped me to achieve success. I was able to overcome autism because I had good teachers. At age 2 ½, I was placed in a structured nursery school with experienced teachers. From an early age I was taught to have good manners and to behave at the dinner table. Children with autism need to have a structured day and teachers who know how to be firm but gentle."
  - "Many people with autism are visual thinkers. I think in pictures. I do not think in language. All my thoughts are like videotapes running in my imagination. Pictures are my first language and words are my second language. Nouns were the easiest words to learn because I could make a picture in my mind of the word."

- Insist that the child with autism participate like other children!
  - Some children benefit from a 'shadow,' but others do not.
- If the parent tells you the child has autism, have open communication with the parent and ask for information (i.e. What are home goals? What are evenings like? Toileting behaviors? Who are therapists?).
- If the parent does not tell you/does not know that the child has autism, talk with your director about making a referral to a professional (developmental pediatrician or psychologist). The director will let parents know if your program cannot meet the child's needs, and may make a referral to another program.

IX. Strategies for success in the classroom:

- Language Modifications:
  - Use fewer words and more gestures and pointing
  - Give plenty of time to process (10-30 seconds minimum before repeating)
  - Understand that explanations and verbal directions are not always effective
  - Check for comprehension by asking child to restate or demonstrate
  - Understand that WH questions may be very difficult
  - Remember that your words will be interpreted literally, and speak accordingly (i.e. do not say, "cut that out" if child needs to stop immediately)
- Visual Strategies:
  - Use visual cues to provide clarity, order, and predictability
  - Use visual representations of boundaries
  - Use a calendar for the week and/or month
  - Post a visual schedule for the day
  - Use gestures, photos, symbolic objects, color coding, drawn objects, and printed words
- Social Strategies:
  - Encourage appropriate interactions; watch for a friendship you can assist
  - Encourage the use of buddies
  - Use the child's interest in interactions (but not obsession if it is problematic)

    - Set up situations that require more than one child by turn taking and/or assigning roles (i.e. one pours, one mixes; one gives block, one builds; etc.)
- Transitions Strategies:
    - Set up a routine for starting and ending the day
    - Use pictures for transition and change
    - Sing the same song at transition time (cleanup song, class change song)
    - Use the "first…, then…" cue (may need to write it or show it on schedule)
- Behavioral Strategies:
    - Post specific rules
    - Give the child choices
    - Use Social Stories to give the child information about something new or expectations
    - Remember that the child will do best when he/she knows what to expect and what is next
    - Use "key words" and "key phrases" (ask parents if they have some at home)
    - Use praise and positive reward systems (with tangible rewards)
    - Avoid punishment and ensure that time out is not used as a punishment
    - Use time out or break time to help an overstimulated or dysregulated child regroup and return to the group

X. Behavioral problems.

- ASD is not a behavioral problem, but the anxiety, frustration, sensory issues, and lack of communication can cause a child to act in undesirable ways.
- You will need more than one brain and one set of eyes to solve this problem!
    - Parents usually have a good ability to 'decode' difficult behavior.
    - The support of other teachers will help you think more objectively.
    - Don't forget the therapists!
- ALWAYS rule out medical causes for behavior. This step cannot be skipped – ever- but especially in children who are poor communicators.
- **Remember that <u>ALL</u> behavior is communication! Is the child trying to** request attention, objects, information? protest or avoid? express feelings? meet a sensory need? tell you he is over-stimulated or doesn't understand?
- **Hypothesize! Got a theory? Try something… ANYthing!**
- Manipulate only one thing at a time when you are unsure. Other times, do what needs to be done to see a change…
- Manipulating the environment for success solves most of the problems. Meeting sensory needs solves more. If there are remaining problems, manipulating the antecedents or consequences will usually take care of the rest.
- Be sure that the behavior is not being reinforced by any others in the child's life (at home or school), or you are fighting an uphill battle!
- Always test hypotheses, and keep up the hard work!