



Understanding Autistic Children in the Classroom



Peter¹ sits on the floor in the hallway, book bag open and papers in disarray. The bell rings, indicating that he should go to his classroom; however, he remains seated on the floor, talking intently to himself and oblivious to his teacher's initial prompt to hurry. It will take three attempts to get him to respond. He is one of Ms. Brighton's brightest students. If he has an interest in a topic, he can recite impressive amounts of information, and he possesses an incredible memory for details. Teachers are drawn to him, yet although he is generally delightful, it is difficult to connect with him because of the lack of reciprocity—he is unable to sustain a conversation.



Fourteen-year-old Emma likes math but refuses to study any other subject. Her parents have homeschooled her for two years, frustrated with her constant behavior problems at school. They are very concerned that she will not earn a high school diploma. Emma is fascinated with recipes and owns several binders filled with her favorites; yet, according to her mother, she doesn't like to cook.

BY SHERYL GREGORY and DONNA JEFFERY



Maria is in the 2nd grade. When her teacher says “Good morning, Maria!” she responds with a blank stare, struggling to process the words and determine how to respond. She constantly lines up her pencils and keeps things in just the right order. When the fire alarm sounds, she covers her ears and screams because she was not anticipating it, and the loud noise is overwhelming for her. Although Maria generally plays alone at recess, when she does play with other children, she does not engage in meaningful interaction unless she is in charge.



Seventeen-year-old Sam is very set in his ways. He completes assignments and earns fairly good grades in most subjects, yet has difficulty communicating. He avoids eye contact and turns sideways in his chair when spoken to directly. His mother explains to his teachers that there are routines Sam must follow every day: He must put his coat on a certain way, his clothes must be of a special texture and fit, and his food preferences are limited. Changes to his routine bring loud and often inappropriate protests. When he arrives home from school, Sam checks through the house to ensure all is in order.

Peter, Emma, Maria, and Sam exhibit behaviors that students with an autism spectrum disorder (ASD) may display in a classroom. Many of these children struggle with specific conditions that cause them to react and behave in ways that teachers don’t always understand.

Sometimes teachers are able to find strategies or interventions that successfully accommodate students with this disorder; but often these children are simply disciplined with detentions, time-outs, and similar measures. In this short article, all teachers, especially those in Adventist, Christ-centered classrooms, are encouraged to become more familiar with the special needs of students with an autism spectrum disorder, the challenges that such children face, and strategies for creating a productive learning environment for them.

Most educators are familiar with the term *autism*. However, this condition was not officially recognized in the United States until 1990 in the Individuals with Disabilities Education Act (IDEA). The root of the word *autism* comes from the Greek word *autos* meaning “self.” So, “*autism*” implies that a person has an isolated self.² Researchers in the United States started

using this term in the 1940s in reference to children with social and emotional difficulties. Around the same time, Hans Asperger, a German pediatrician, described a similar group of characteristics that has been referred to as Asperger’s Syndrome.³

A Brief Description

Until recently, three types of autistic disorders were recognized separately: autistic disorder, Asperger’s syndrome, and pervasive developmental disorder—not otherwise specified. However, in the 2013 edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, autism spectrum disorder (ASD) is the only term used to describe autistic behavior and its variations. According to this most recent definition, a chief characteristic of ASD is persistent deficits in social communication and interaction. The affected individual also displays a notable restricted, repetitive pattern of behaviors, interests, and/or activities. The person with ASD often exhibits difficulties with or unusual reactions to sensory input such as touch, smell, sound, and visual stimuli. ASD is a lifelong con-

dition that develops in early childhood, although it may not be diagnosed until school age or later.⁴

Each child with ASD has a unique set of strengths and weaknesses, and each will vary widely in the amount and severity of his or her symptoms. Although there is no known cure for ASD, children with less severe symptoms may live normal or near-normal lives. Most, however, will experience problems with language or socialization throughout their lifetimes.⁵

Cognitive development may be uneven in children with ASD. Some children readily process information visually, yet struggle with processing information verbally. Most children will be slow to learn new information, and some will exhibit

intellectual impairments. Others will have normal to above-average intelligence.⁶

Perhaps the most challenging aspect of ASD is the child's difficulty communicating and interacting with others. Some children may have no ability to speak, while others may experience differing levels of verbal ability, usually related to the proper use of semantic and pragmatic language. Children with ASD may speak in a professorial tone or in a nonfluent manner.

Socially, children with autism often experience difficulty interacting in an age-appropriate manner. Initiating conversations and understanding another person's perspective can be challenging for them. Children with ASD may not be able to



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pick up on social and non-verbal clues, including deciphering the tone of voice, joking, and facial expressions. They may not respond to their name, prefer to play alone, and be unaware of the feelings of others.⁷ They may have a tough time with a change in routine and stopping/starting activities. In stressful or exciting situations, these children may engage in repetitive actions like rocking, spinning, or hand-flapping, which provide some comfort for them. These behaviors can be hard for other children to understand⁸ and result in their being subjected to teasing and ostracism.

Causes

Continuing research is being conducted to determine the cause of ASD. Most scientists now believe the cause of ASD's spectrum of impairments is most likely a combination of genetics and environmental factors. Researchers have identified a number of gene markers, and identical twin studies strongly suggest a genetic factor.⁹ Early brain development in the womb may also be a contributor, but findings are only emerging at this point. Infection, injury, or effects of environmental toxins in the womb or early infancy are also areas that are being explored. Studies have disputed any relation to vaccines.¹⁰

Prevalence

Due to the changes in the definition and criteria of autism and related conditions, reports of prevalence have varied widely. The U.S. Centers for Disease Control (CDC) has recently estimated that 1 in 68 American children are diagnosed with ASD. The CDC further reported that ASD occurs in all racial, ethnic, and socioeconomic groups and is five times more common in boys than girls (1 in 42 boys; 1 in 189 girls).¹¹

Evaluation/Diagnosis

As symptoms of ASD are typically noticeable by age 3, concerned parents of young children generally first seek the advice of their pediatricians, who in turn may refer the child to a team of professionals trained in identifying this disorder. As a result, many children with ASD will enter elementary school with a diagnosis already in place; however, it is estimated that only half of children with this disorder are diagnosed before kindergarten.¹² Sometimes the teacher may be the professional who first observes specific social interaction difficulties of an undiagnosed school-aged child. It is important to remember that ASD is a complex disorder and having a few of these characteristics is insufficient to constitute a diagnosis. It is necessary to identify this disorder **only** if the cluster of difficulties is preventing the child from being successful in school. Some typical indicators that teachers may observe include the following: resistance to change; impairment in social interactions and communication; restricted range of interests; poor concentration; poor motor coordination; sensory problems; and emotional vulnerability.¹³

Authentic, knowledgeable, and empathetic communication between the parent and the teacher is an important first step in addressing the child's needs. A teacher may observe certain behaviors demonstrated by the child, or a parent may volunteer information about their child's behavior patterns and seek advice from the teacher. It is important for the teacher to discuss observations with the child's parent, especially if the child has not been referred to or evaluated by a professional.

Each of our Adventist schools should have a plan to accommodate and educate students with special needs. If it becomes apparent that a child needs additional support, the teacher and parent should meet together with the principal and discuss how the school could best meet these needs. This support may include accessing resources from the local public school district. In the United States, the local public special-education department will provide an evaluation at no cost to the school or parent. Seek agreement for this evaluation with the parent and your administration, remembering that the parents must always give their signed permission to evaluate.

Due to the complex nature of ASD, a comprehensive evaluation should be conducted by a team of professionals. Include a speech and language pathologist because symptoms often appear in the form of delayed speech and the awkward use of language. Lack of coordination and limited motor skills may require a screening by an occupational or physical therapist. A school psychologist, experienced in identifying this disorder, will administer or oversee the additional components of the assessment, beginning with the child's detailed developmental history. This evaluation typically includes cognitive, achievement, and socialization measures, as well as vi-

sion and hearing screenings. Direct observation of the child will be a very important part of the evaluation along with interviews with the parent and teacher. They may be asked to complete behavior rating scales regarding the student's behavior both in the classroom and during less-structured times like play and mealtime.¹⁴

In the United States, comprehensive evaluations by a private agency may be expensive, so working with insurance or through the local school district's special-education department may be helpful. Based on the evaluated needs, the student diagnosed with ASD may be eligible for local special-education services that typically will include psychological services, along with speech, occupational, physical, and behavioral therapy. In addition, it is important to note that services provided to private schools by the local public school district may differ from state to state or from school system to school system based on availability of resources.

Once a child has been evaluated by a multidisciplinary team and determined to be eligible by the case conference committee (which must include the parent, teacher, administrator, and a certified professional who is able to effectively explain the results of the evaluation), a plan for learning will be established. Teachers and parents should work together to implement the recommended education plan. A record should be maintained and reviewed periodically for how well the interventions and strategies are working. If there is a lack of appropriate progress, then additional help may be sought from the available resources provided by the local school district, such as an autism consultant, behavior specialist, and a special-education teacher.

Strategies

The teacher must understand that daily integrating compassion and God's love is the best and only way to really care effectively for all children, especially for a child with ASD. These children are often very difficult to teach. Although there is no known cure for ASD, with appropriate intervention, many children will achieve progress when evidence-based classroom strategies are used. Each child with ASD will benefit from an individualized approach. Here are a few suggestions:

Communication

- Begin by giving instructions in a concrete manner, moving to more abstract ideas as the child's understanding progresses. For example, when asking a student to match items in one column with corresponding items in another column, use precise nouns and active verbs. Instead of just saying "Match the items," first say "Draw a line to connect the items in column one with matching items in column two." Then, model or show the student how this is done. Conclude by having the student replicate the task.

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- Slow down the pace of instruction, and give the student adequate time to process the information.
- Consider allowing the student to use illustrations or pictures at times as an alternative to verbal response.
- Practice patience as it may be very difficult for the child with ASD to express thoughts verbally.
- Avoid using too many nonverbal cues, idioms ("Hold your horses!"), and sarcasm.

Organization

- Structure the learning environment to minimize distractions and organize the work. Having clear physical and visual boundaries may help the child to understand where each learning area begins and ends.
- Determine by observation, or home reports from parents or others associated with the child, any type of sound/visual/olfactory/tactile stimulants that may be distressing for the student, and minimize them.
- Establish a regular classroom routine, and provide age-appropriate schedules and visual cues to help the child experience predictability. Give advance notice if the routine will be changed, and express understanding for possible upset when this happens.

Social/Emotional Skills

- Teach social skills directly. Use pictorial social cards or develop social stories for situations where the child needs specific reminders.
- Practice role playing, individually or with the whole class, to teach appropriate social skills.
- Because children with ASD often lack in the ability to read nonverbal cues, protect them from teasing and bullying. Create a classroom climate where peers are accountable for one another.

Behavior Management

- Try to identify situations that may trigger meltdowns and blowups. Teach the student how to successfully manage those situations or avoid them.

• Make sure classroom behavior expectations are clear and consistent. Create an environment that reduces stress, anxiety, and frustration, which will help reduce the occurrence of challenging behaviors.

• Allow breaks from difficult tasks, interspersing them with preferred activities.

• Consult a behavioral specialist or a local autism specialist for further ideas for managing difficult behaviors. (A list of international organizations has been included in the resource section of this article.)

Home Involvement

• Involve parents by working collaboratively and sharing information.

• Use daily logs as a helpful communication tool between home and school.

Teaching a student with ASD can be extremely challenging and rewarding. Seek wisdom and direction from experienced colleagues, and pursue opportunities to collaborate with other professionals. There is an abundance of research articles, books, and credible information available on the Internet today about autism spectrum disorder. Educators are encouraged to learn more about ASD and become advocates for their students. Be their friend, and watch them grow to reach their potential. Let God use you to be His hands and arms to surround them with His love. Teach them to know Jesus, who is their Best Friend and understands their strengths and weaknesses, and the desires of their heart. Who can say what extraordinary achievement is in their future? ✍

This article has been peer reviewed.

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12. Michael D. Powers with Janet Poland, *Asperger Syndrome and Your Child: A Parent's Guide; Unlocking Your Child's Potential*, Reprint edition (New York: William Morrow Paperbacks, 2003):40-61.
13. "Building a Legacy: IDEA 2004": <http://idea.ed.gov>.
14. Based on one of the author's personal experiences completing these evaluations, as prescribed by Indiana and federal law.

H E L P F U L R E S O U R C E S

Autism Speaks

<http://www.autismspeaks.org>

International Autism Organizations

<http://www.autismspeaks.org/what-autism/world-autism-awareness-day/international-autism-organizations>

Autism Society

<http://www.autism-society.org>

National Association of School Psychologists

<http://www.nasponline.org>

Autism Spectrum Disorders: ASD Consultation Toolkit

<http://www.asdconsultationtoolkit.com>

1001 Great Ideas for Teaching and Raising Children With Autism or Asperger's, 2nd Edition

by Veronica Zysk and Ellen Notbohm (Arlington, Texas: Future Horizons, 2010).