

Understanding and Supporting Children with Autism in the Classroom



Natalie Montfort, MA

The Westview School

1900 Kersten Drive

Houston, TX 77043

713-973-1900

I. What is autism?

- Autism 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. It is a Pervasive Developmental Disorder (PDD). All of the PDDs are:
 - Autism (onset prior to 3 years, with or without a regression, with or without cognitive impairment, see handout),
 - Rhetts Syndrome (almost exclusively girls, motor apraxia, seizures, cognitive impairment, life expectancy 40-50 years),
 - childhood disintegrative disorder (rare, permanent loss of major developmental milestones after age 3, probable mental retardation),
 - Asperger’s Disorder (no language delay, no cognitive impairment, see handout),
 - PDD not otherwise specified (commonly misused label, see handout)

II. What should teachers look for?

- Qualitative impairment in social interaction:
 - Less pointing to express interest than would be expected (may point to get wanted items)
 - Less showing than would be expected
 - Difficulty following points or gazes to a target
 - Reduced enjoyment sharing (i.e. smile/laugh and gaze); lack of social smile
 - May or may not make good eye contact
 - May tolerate or even participate in interaction on own terms, but difficulty initiating
- Restricted, repetitive, and stereotyped patterns of behavior, interests, & activities:
 - Preoccupation with odd things for age (i.e. fans or toilets) or with normal things but to an odd degree (i.e. trains or dinosaurs)
 - Inflexible routines and rituals; distress when interrupted or not allowed to finish
 - Hand flapping, hand twisting, rocking, odd jumping, running in circles, or pacing
 - More interested in parts of objects than whole (i.e. spins tire, but doesn’t drive car)
- Communication impairment:
 - May have a delay in spoken language (not necessary if Asperger’s) – few/no words by 2 years, few/no communicative phrases by 3 years
 - Difficulty initiating or sustaining a conversations (if verbal)
 - Repetitive and or odd use of language (i.e. talking in questions, talking in the third person, repeating videos exactly, repeating things previously heard or said - echolalia)

III. Be aware of sensory issues!

- 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 inappropriate behavior due to a sensory deficit or need.

IV. What can you do in the regular 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 make a referral to another program.

V. Strategies for success in the regular 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 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

VI. Solving behavioral problems.

- Autism is not a behavioral problem, but the anxiety, frustration, sensory issues, and lack of communication can often cause a child to act in undesirable ways. Often, for the sake of the child and the other children in the class, we need to intervene.
- Enlist help!
 - Parents usually have a good ability to ‘decode’ difficult behavior in children with autism
 - The support of other teachers will help you think more objectively
- Remember that behavior is communication! Is the child trying to:
 - request attention, objects, information? (If so, provide child with specific information about when the desired thing can happen, or write a note to ask parents.)
 - protest or avoid? (If so, try “first..., then...” to motivate or offer choices.)
 - express feelings of boredom, anticipation, fear, frustration, anxiety, or excitement? (If so, help the child express or resolve the feelings with strategies like social stories, singing, using key phrases, or visual cues.)
 - meet a sensory need? (If so, you will need to meet this need before the undesired behavior decreases. You may need to consult the occupational therapist or parent.)
 - tell you he is over-stimulated or doesn’t understand? (If so, allow a break and modify instructions upon return. Sometimes, allowing the child to watch before doing helps.)
- 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!