

Education Plan For A Child With Autism

When Jeremy was a toddler, he was known as a 'good baby' because he seemed quiet and well behaved. Jeremy, who is now ten years old is still often mistaken as shy and reserved for his lack of communication with his peers and parents. He likes Astronomy a lot, he can easily recite any facts about the stars, planets and galaxies. He is a stickler for routines; a slight change in his daily routine will set him off. He also has issues with sensory processing, he is extremely sensitive to sounds, often finding his surroundings too noisy to function properly.

Jeremy's developmental progress such as his communication, social and motor skills was normal, but it regressed at the age of two. He stopped communicating, interacting and playing in a social group. He avoided making eye contact, started using his peripheral vision and flinched when there was physical contact. His loss of verbal and non verbal communication such as speech and gestures made his parents worried. They took him to his pediatrician who then referred him to the psychologist. At the age of three, Jeremy was diagnosed with Autism.

What is Autism

The Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) defines Autism Spectrum (ASD) as a branch of pervasive developmental disorders which includes Autism disorder, Asperger Syndrome and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS). Autism Disorder is a neurodevelopmental disorder characterized by impairments in social development, communication and behavioral flexibility.

Social development.

Social development impairments are the impairment and deficiency of social skills, social interaction as compared to the social norms' standard. Children with Autism are unable to maintain a mutual benefitting, 'give-and-take' social relationship with typical children. They have a poor understanding and recognition of social cues, facial expressions, emotions and body language. They react nonchalantly to social stimuli and are unable to initiate interaction and to communicate nonverbally such as smiling, keeping eye contact and responding to others.

According to Mesibov and Handlan (1997), social relationship becomes harder to establish in adolescence due to the inclusion of complicating dating and sexual relations.

Communication.

Communication impairment includes difficulty with verbal and non verbal communication. Toddlers with Autism either have a delayed onset of communication or a normal developmental progress until they start losing their ability to communicate through regression. Some of them might even grow up and never speak a word in their entire life.

Verbal. In Autistic toddler, babbling and vocabulary use is often absent. According to Wilezynski, Menousek, Hunter and Mudgal (2007), individuals with Autism who can speak usually will have trouble initiating conversations and sustaining it with mutual interest from the other party. Their speech pattern, rate and intonation differ from typical individuals. Their facial expression does not correspond with the content of their speech which makes them look 'robotic'. Individuals with Autism will also get lost in jokes, abstract concepts and idioms as they take everything in a literal sense. Echolalia, which is a repetition of vocalization made by others, is common among children with Autism. This happens as they do not have a real understanding of those words. If asked a question, they will repeat the question instead of answering it. Some might even memorize an entire book, phrases from television commercials or movie scripts and repeat them.

Non verbal. Toddlers with Autism are atypical and differ from social norms as they lack of the ability to use basic gestures such as pointing at objects, waving good bye and maintaining eye contact to express their themselves.(Volkmar, Chawarska&Klin, 2005) They also lack of responsiveness which is documented in their inability to respond to their names.

Behavioral flexibility.

Behavioral flexibility impairment refers to the lack of flexibility by means of rigid, restricted and repetitive maladaptive pattern in behaviors, interests and activities. The Repetitive Behavior Scale-Revised (Lam &Aman, 2007) categorized different forms of repetitive or restricted behavior that Autistic individuals engage in. If any of the following is interrupted or disturbed, they will react aggressively to others or themselves by throwing tantrums.

Stereotypy. Stereotypy also known as self-stimulatory behavior, refers to repetitive movement of body or objects such as hand flapping, head banging, lining up toys or wheel spinning.

Ritualistic behavior. Rigid rituals and routines are something that they follow every day and are extremely hard to break. There must be no variation or change in their daily activities such as the meals served for the day, the time they wake up etc. This is similar to sameness, which is the resistance to change. They will have trouble adapting to a new schedule or environment hence will throw a tantrum if any changes are made.

Restricted behavior. This refers to the limited interest or activity that individuals with Autism have. It is also known as the special interest. They are preoccupied with their special interest (e.g., Jeremy, the hypothetical child's interest in Astronomy) and will get stuck on it. This will cause inability to maintain social interactions as they will only attempt to start a conversation which revolves around their special interests.

Compulsive behaviour. It is the need to follow rules such as the need for things to be arranged in certain order (e.g., obsessively lining or stacking toys up in a neat row).

Associated Features

Individuals with Autism have additional problems such as cognitive development impairment and sensory issues. Due to their lack of understanding in words and social play, they will not be able to learn properly as compared to typical children. They will also experience sensory overload and react unusually to sights, smells, textures and sounds. For example, they might find that the surrounding too loud. In short, their senses are extremely sensitive.

Comorbidity. Comorbid conditions such as Attention Deficit Hyperactivity Disorder, generalized anxiety disorder, phobias, chronic sleep problems and affective disorder such as depression may also happen to them.

Problems Faced By Children with Autism

According to Link (2008), autistic children face uncertainty in the academic and social aspect in the school environment. Problems such as bullying and harassment are caused their social oddness and awkwardness projected in social situations when they try to talk or interact with their peers. These problems caused emotional disturbance which may lead to aggression or depression.

Evaluation in Educational Setting

There is a broad spectrum of symptoms for Autism, hence a single assessment method is insufficient to diagnose an individual with Autism. Multiple evaluations and screening tests must be administered. If an individual is suspected of having Autism, he must be referred to specialists to be diagnosed based on specific criteria from the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition-Text Revision (DSM-IV-TR).

There are many screening test available for Autism. The test used for a toddler who is at least eighteen months old is Checklist for Autism in Toddlers (CHAT). It is administered by pediatrician to determine if the toddler should be sent to the psychologist or psychiatrist for further assessment. Part of the screening test includes a hearing evaluation, neurologic (physical and nervous system) examination, genetic testing and metabolic testing. It may include other screening tools such as Autism Diagnostic Interview - Revised (ADI-R), Autism Diagnostic Observation Schedule

(ADOS), Childhood Autism rating Scale (CARS), Gilliam Autism Rating Scale (GARS-2) – 2006.

Gilliam Autism Rating Scale (GARS). GARS-2, is a revised version of Gilliam Autism Rating Scale. It can be used by teachers, parents and clinicians to identify and evaluate individuals from age 3 to 22. It measures the severity of the individual's autism. There are 42 items grouped into three subscales (stereotyped behaviors, communication and social interaction). It takes only 5 to 10 minutes to administer.

Teacher Nomination Strategy. In some cases, children with Autism might not be diagnosed even when they enter primary school. The delay is mostly due to the lack of experienced and competent resources to utilize available tests. School based assessment might also miss out children with high functioning conditions such as those with an average intellectual functioning. The teacher nomination strategy is a reliable and cost effective way to identify children at risk of Autism. Teachers nominate students who fit the description of Autism and then complete the Autism Spectrum Screening Questionnaire (ASSQ) on the children who were nominated.

Autism Spectrum Screening Questionnaire (ASSQ). The ASSQ (Ehlers, Gillberg, & Wing, 1999) is a checklist that consists of twenty seven items that is completed by the teacher. It is often used to screen children for ASD in the school settings (Campbell, 2005). Each item, which measures if the child is different from other children, is rated from zero to two with zero being 'No', one being 'Somehow' and two being 'Yes'. The checklist takes only ten to fifteen minutes to administer. A total ASSQ score of seventeen signify a possibility of ASD.

Treatment in Educational Setting

The main objective of treatment is to minimize associated impairments and to increase functional independence and quality of life in individuals with Autism. According to Myers and Johnson (2007), there are many available treatment approaches such as applied behavior analysis (ABA), occupational therapy, speech and language therapy, social skills therapy and physical therapy. No single treatment is best for all, treatments must be tailored to child's specific needs and some of them need a combination of treatment approaches.

Medication. Individuals with Autism are often prescribed psychoactive drugs, stimulants, antipsychotics and antidepressants (Fournier, Hass, Naik, Lodha&Cauraugh, 2010). These medicines are used to treat behaviors or emotional problems that they have such as aggression, mood swings, sleep difficulty and anxiety etc. However, no medicine is available to treat the underlying problem of Autism.

Individual Education Plan (IEP)

IEP is a comprehensive plan which is designed to fit a child's specific educational needs. Its purpose is to help children meet their special educational goals. It is made on individual basis as it focuses on the individual's unique impairments, weaknesses, strengths and interests. As it addresses all aspects of the child's education, an assessment of the child's current skills in all relevant domains must be conducted for a thorough understanding of what is existing and lacking.

The IEP team which is made up of the child's parents, regular and special education teachers, specialists such as psychologists and therapists will meet up to discuss and develop an IEP which suits the child best. They identify goals and objectives, services needed to help the child meet those goals and evaluation methods for the child's progress.

The IEP consists of many domains such as communication, social, behavioural, academic, adaptive etc. Each domain will have many subdomains which specify different skills that need to be taught.

Communication domain. Services are needed from a speech therapists to teach the child functional conversation skills. Subdomains are requesting (asking for objects, information and help), labelling (labelling objects, emotions, adjectives, activities), receptive (identifying objects, emotions and following directions), conversation (asking social questions, initiating conversation, discussing common interests), non verbal (pointing to objects, gesturing, making eye contact), greetings (saying 'Hi', reciprocating affection and responding to greetings) etc.

Social domain. Subdomains include social play (offering toys, taking turns, asking another child to play), pretend play (taking on multiple roles), perspective taking (taking others' perspectives into consideration) and friendship (initiating play, apologizes appropriately, and sharing objects with others).

Behavioral domain. The child will acquire coping mechanisms and replacing problematic behaviors with socially acceptable ones. Subdomains includes stereotypy (reducing stereotypic behaviors), flexibility in routines (managing minor or major unexpected changes in routine), mood (identifying own emotions, seeking help for anxious symptoms), anxiety (asking for a break and expressing anger appropriately), aggression and anger management (using relaxation techniques to calm down) and self injury (reducing self injury).

Academic domain. The child will learn new regular academic skills such as critical thinking, arithmetic, spelling, writing, reading etc

Adaptive domain. The child will learn skills that will facilitate daily life skills and with the main purpose of gaining independence. Subdomains include self care (feeding, bathing,

dressing and grooming), leisure skills (adopting hobbies) and participation in family and community (attending parties, joining support groups)

According to Alberto and Troutman (2005), good objectives should clearly define target behaviors that are measurable. A good selection of achievable goals and objectives should be made in order to prevent frustration on the child and IEP team and also poor acquisitions. The IEP team reviews the child's progression and achievement of goals annually. If the child does not meet his or her goals by a specific time, the IEP will revise the goals to ensure that the child's success of achieving goals.

Pathlight School

Pathlightschool is the first autism focused school in Singapore that offers a mix of mainstream and special education. It focuses on academics and life skills. They follows the Singapore mainstream school curriculum which provide primary and secondary school education and they also offer subjects such as social skills, daily living skills, leisure skills etc. Each child will have an IEP which will be followed and carried out in individual and classroom instructions.

Information about Home Environment

A safe and structured home environment is essentially important for individuals with autism. The environment needs to be organized and neat, have appropriate lighting and flooring and also having a sensory room can be an advantage.

Ensuring safety in home. They often engage in unsafe behaviors such as self injury, breaking windows, flushing things down the sink, turning on taps, inserting items into electrical socket and throwing items when they throw a tantrum. They are unaware and does not understand the consequences of their actions hence it is important to ensure that they are safe at all times. Parents can take precautions such as covering electrical sockets or using plug locks, removing access to electrical appliances, using childproof locks on cabinets that stores dangerous substances such as medicines and cleaning products, keeping dangerous items such as knives out of reach.

Creating a well structured environment. Keeping things organized is a way of providing a sense of order and structure to an autistic child. Label items that the child will usually come in contact with as this will remind the child that he is only supposed to use the items for its intended purpose. Everyday items should be organized neatly into transparent boxes with visual labels (photo, words or symbols) so that the child can easily find what he needs. The more organized, orderly and structured the home environment is, the less frequency of frustration and outbursts the child will experience.

Sensory room. Create a sensory room in your house where the child can have a private moment to relax, feel safe and secure. It is crucial to have a sensory room for the child to retreat to when he experiences stress, anxiety, anger or sensory overload. A sensory

room should include soft sensory items such as bean bags and soft cushions, stress bags, sound system to play calming music, curtains to block out sunlight and also lightings which can be dimmed according to the child's preference.

Lighting and flooring. Soft lighting should be used instead of harsh lighting as it can irritate the senses of individuals with autism. Lights should have a dim switch to adjust the brightness of lights to suit the child's preference. It is advisable to use thick carpet or soft flooring instead of laminated ones as it produces less noise. Soft flooring also creates a sense of coziness and security.

Adjustments That Parents Have To Make

Parents with autistic children often experience emotional struggles. They might blame themselves, carry feelings of guilt as they thought that they were the cause of their child's autism. Children with Autism and their parents often report high levels of stress and anxiety which are significantly higher than those of typically developing children (Baker-Ericzén, Brookman-Frazee & Stahmer, 2005). According to Link (2007), some parents who are unwilling to accept their child's differences experience denial and grief.

Counseling. Parents should seek counseling if they feel like they are not able to cope with the stress and anxiety. Counseling sessions allow them to talk about their problems which may reduce tension and provide relief and emotional support.

Social support. Social support provides emotional, tangible, informational and companionship benefits. When feeling overwhelmed, parents can seek psychological and emotional support from their spouse, family members and friends. To lessen their financial burden, they should seek financial assistance from tangible support which provides publicly funded programs and financial subsidies. Informational support can be obtained from health care professionals who provide training, advice, guidance, knowledge and access to resources. Lastly, companionship which gives them a sense of belonging can be achieved by joining a social network such as community agency or autism support group to meet other families dealing with the same problems. Knowing that there are others out there who experience the same challenges as them and sharing information, advice and also supporting each other emotionally gives them strength and reduces isolation.

Flexibility. Parents must be more flexible and accommodating in their thinking as their children are not able to alter their thoughts to adjust the needs of theirs. This will then promote the social and emotional growth in the children.

Schedule. Parents have to set up a schedule for their children with regular meal, therapy, school and bedtime. As children with autism need a well structured routine, changes to the schedule should be minimized and informed in advance so as to ensure that the child will experience consistency and feel secure.

Diet. Some children respond positively to a gluten or casein free diet. Avoid and substitute food such as wheat and barley which contains gluten and dairy products which contain casein.