Teaching Students with Physical, Health Impairments, Multiple Disabilities, and Autism: What Teachers Need to Know

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Overview

✓ The National Institute of Child Health and Human Development defines Autism Spectrum Disorder (ASD) as:

✓ “A complex biological disorder that generally lasts throughout a person’s life. It is called a developmental disability because it starts before age three, in the developmental period, and causes delays or problems with many different ways in which a person develops or grows.”
What does this mean for educators?

The rise in students with Autism creates a definite need for awareness amongst educators. These same children will be part of our learning communities. We need to understand and be prepared with the knowledge and tools necessary to meet their needs.
Indicators of Autism

Autism is considered a spectrum disorder due to the fact that symptoms can range from mild to severe. A child with an ASD:

- Does not babble, point, or make meaningful gestures by 1 year of age
- Does not speak one word by 16 months
- Does not combine two words by 2 years
- Does not respond to name
- Loses language or social skills

There are other symptoms or “red flags” that combined, can indicate the possibility of an ASD.

Taken from NICHD’s website on Autism Spectrum Disorders (Pervasive Developmental Disorders) at http://www.nimh.nih.gov/publicat/autism.cfm
Implications in the Classroom

The National Dissemination Center for Children with Disabilities identified the following implications for Autistic children in the classroom setting:

1. Educational programs should improve communication, social, academic, behavioral, and daily living skills.

2. Behavior & communication problems that interfere with learning sometimes require the assistance of a knowledgeable professional in the autism field who develops and helps to implement a plan which can be carried out at home and school.

3. Classroom environment should be structured so that the program is consistent and predictable.

4. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavior skills.
Autism is a **spectrum disorder**

This means that symptoms and characteristics can present themselves in wide variety of combinations, from mild to severe

Autistic individuals can be very different from each other

Change in routine is very stressful

May insist on particular furniture arrangement, food at meals, TV shows

Symmetry is often important

Interventions need to focus on preparing students for change if possible
Interventions

1. Individualization and early intervention are the keys
2. Include life skills, functional academics, and vocational preparation
3. Positive behavior support
4. Strategies/Interventions based on the principles of Applied Behavior Analysis (ABA)
   - Discrete Trial Teaching (DTT)
Interventions Continued…

- Pivotal Response Training (PRT)
- TEACCH Educational Approach
- Picture Exchange Communication System (PECS)
- Incidental Teaching

Strategies/Interventions based on the principles of Applied Behavior Analysis (ABA)
Other Strategies...

Interventions for Teaching Socialization

- Teach social skills daily with direct and incidental teaching techniques
- Supervise social interactions
- Recognize the child may want to interact but doesn’t know how
- Provide specific social rules
- Plan for desensitization of fears
- Use rehearsal strategies for social situations
- Reinforce positive social interactions
- Help the student to change topics when necessary

Interventions for Teaching Communication

- Know each child’s abilities
- Teach functional communications skills (never give up on the verbal!)
- Set up opportunities where the child must communicate
- Use concrete language (eliminate abstract concepts)
- Demonstrate nonverbal communication (use gestures with speech)
- Teach specific functional gestures
- Reinforce communication
- Plan for independent communication functioning
Examples of Visual Tools

Below are some examples offered on www.UseVisualStrategies.com:

- Schedules
- Calendars
- Step-by step instructions
- Choice boards
- Classroom rules
Best Practices for Children Diagnosed with Autism

- Early diagnosis and implementation of intervention
- Individualized interventions
- Structured learning environment
Best Practices for Children Diagnosed with Autism

- Frequent assessment of the students program
- Inclusion
- Family involvement
Best Practices for Children Diagnosed with Autism

- Staff training
- Overcoming inappropriate behaviors
- Collaborative format
- Functional Behavioral Assessment
Best Practices for Children Diagnosed with Autism

- Generalization of skills
- Intensity of services
- Student to teacher ratio

(National Research Council, 2001)
In Conclusion

According to recent studies, Autism or Autism Spectrum Disorders is the second most prevalent learning disability in our nation and the numbers seem to continue to rise. Understanding Autism and it’s characteristics, causes, implications, and interventions will prepare educators in reaching these children in their classroom.

It is not enough to have heard the word, but instead we must look closely at Autism itself and the spectrum of disorders it umbrellas. By doing this we will have educated ourselves in best practices and will be able to serve our students and their parents to the best of our abilities.
Additional Resources

INFORMATIONAL TEXTS
✓ A Parent’s Guide to Autism (Charles A. Hart
✓ Autism: Handle with Care! (Gail Gillingham)
✓ Pretending to be Normal (Liane Willey)
✓ Thinking in Pictures (Temple Grandin)

TEXTS WITH STRATEGIES
✓ Autism: A New Understanding (Gail Gillingham)
✓ Building Bridges through Sensory Integration (Aquila, Sutton, Yack)
✓ Teaching Children with Autism (Kathleen Ann Quill)

INTERNET WEBSITES
✓ www.ideapRACTICES.org (Special education information and help)
✓ www.gcenter@gateway.net (Gray Center for Social Learning and Understanding)
✓ www.autism-society.org (Autism Society of America)
✓ www. autism.fm (Yale University-latest trends and information)
References


References continued


