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Exceptional Students/Special Education Impact Regarding Autism

Definition

Autism disorder, autism spectrum disorder and Asperger's syndrome are all remarkably similar learning disabilities that vary slightly based on the diagnostic criteria. While there are often no physical looks that would point to a diagnosis, autism can cause challenges with communication, behavior, learning and interaction with others (Autism spectrum disorder [ASD], 2020). This specific learning disability can be difficult to diagnose since there are no blood tests that can confirm the diagnosis. However, autism spectrum disorder has become a more commonly known and used diagnosis due to the wide range or symptoms on the spectrum. Autism can be detected sometimes as early as 18 months old, but a final diagnosis is not received until the child is much older (Autism spectrum disorder [ASD], 2020). While there is no cure for autism, this age gap to get a final diagnosis can hinder children from getting early evidence-based intervention.

According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, the diagnostic criteria for autism spectrum disorder (299.00) is as follows:

"A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following...

1. Deficits in social-emotional reciprocity...

2. Deficits in nonverbal communicative behaviors used for social interaction...

3.Deficits in developing, maintaining, and understanding relationships...

B. Restrictive, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following...

1. Stereotyped or repetitive motor movements, use of objects, or speech...

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior...

3. Highly restricted, fixated interests that are abnormal in intensity or focus...

4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment...

C. Symptoms must be present in the early development period...

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability... or global development delay..." (2013, p 50-51).

While signs and symptoms vary greatly, some symptoms of autism may include avoiding eye contact, repeating words or phrases, trouble understanding and talking about feelings, not liking to be touched or held close, or losing skills that they used to have (Autism spectrum disorder [ASD], 2020). Once a person has shown signs and has been diagnosed with autism, symptoms usually continue throughout the lifetime of that person.

Impact

As children enter the educational system, there are many normal challenges and fears that come with it such as making friends, getting good grades, and staying out of trouble. However, for someone that has a learning disability, it can make the stresses of school even greater. Each

year, the schedule, teachers, teaching style, homework load, and friends may change which can be extremely difficult for someone who does best with routines and does not like changes to the routine. In addition, a child who is perceived as acting "different" from the rest of his or her peers is at a greater risk of being bullied and picked on. All these things could add to the stress of the child which in turn fully decreases their chances of learning. Because of this, interventions need to be readily available to children who have autism to help them adapt to these changes as well as learn how to respond to different social, environmental, and emotional cues.

Interventions

There are multiple evidence-based interventions that have been proven to be effective in helping individuals who have autism. One such intervention is Pivotal Response Training (PRT). This intervention works to use educational techniques to aid in "...responding to multiple cues and stimuli... improving child motivation... increasing self-management capacity... and... increasing self-imitations" (Franklin, 2012, p 215). This approach is family centered by not only working with the children, but also collaborating with the parents to teach them how to implement the approach themselves. The goals of Pivotal Response Training include teaching children how to respond in different interactions and opportunities that happen in everyday life, to get children to a point where they no longer need/need less supervision, and help the children be able to no longer need as many intervention services in their everyday life (Franklin, 2012, p 215). This is done through specific clearly stated questions and instructions, giving the child the choice to choose, teaching maintenance tasks, using reinforcement, and taking turns to allow modeling (Franklin, 2012, p 215). However, this is not the only intervention that can be used to help children who have autism.

Another intervention that can be used with children who have autism is Applied Behavior Analysis. This method looks at understanding the thought process behind human behavior and works to find ways to adapt or alter behaviors (Franklin, 2012, p 213). This approach uses learning theory to teach children how to understand the world around them and respond appropriately. This is done by breaking skills down into small, manageable steps directed by cues which overtime are taken away as the child learns to do more on their own (Franklin, 2012, p 213). It should be noted that only positive behaviors or responses are reinforced which has made this treatment to be effective in different settings, with different individuals, for different behaviors and situations (Franklin, 2012, p 214).

One more intervention that is similar to Applied Behavioral Analysis is an intervention called Modeling. This intervention uses observation as a way to instruct children and individuals with autism about different cues and behaviors that are acceptable or not acceptable in different situations (Franklin, 2012, p 217). This intervention can be done either by utilizing in person modeling as well as using videos showing modeling behavior (Franklin, 2012, p 217). Both forms of this intervention have been proven to be effective for teaching children many behaviors including "...expressive labeling, independent play, spontaneous greetings, oral comprehension, conversational speech, cooperative and social play, and self-help skills" (Franklin, 2012, p 217). These are not the only evidence-based interventions that have been proven to be effective in helping individuals who have autism. Other interventions include Psychopharmacology, Joint Attention Intervention, and Discrete Trial Training.

Key Points

When working with children who have autism, it is important to remember that since the challenges are focused on social interaction, communication, behavior and interests, medication

should not be the first intervention tried to treat the symptoms (Franklin, 2012, p 222). Instead,

evidence-based interventions to aid in specific challenges the child is having should be used.

However, even when using these treatments to address behavior, it should be noted that they are

most effective when they can be applied and utilized across multiple areas of the child's life

(Franklin, 2012, p 222). In addition, autism has a very wide spectrum with unique and

individualized symptoms. Because of this individualization of the intervention method is

incredibly important (Franklin, 2012, p 222). This can help to ensure that the child is receiving

the most evidence-based treatment options available.

References

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