

Exceptional Students and Special Education

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A student obtaining their education can be compared to how a flower blooms. There are different types of flowers, as well as diverse students in a school system. Certain flowers require direct sunlight, while others in order to grow need indirect sunlight. The same concept of adjusting the measures for flowers to flourish may be applied for students with a diagnosis of Autism Spectrum Disorder (ASD)/ Asperger's Syndrome to learn and thrive in a school setting. This essay will provide an overview and key points of the diagnostic criterion for ASD, influential factors within the school, and evidence-informed interventions for students with ASD.

According to the Centers for Disease Control and Prevention (2020), in order to implement treatment plans and services to assist in overall learning, it is essential to screen a child as early as possible when considering diagnosing ASD. The National Institute of Mental Health states that within the first two years of a child, symptoms of ASD can be observed. A few early signs a child with ASD might display are dismissing eye contact, lack of interest in engaging with others, difficulty communicating, and becoming frustrated with alterations in schedules (CDC, 2020). The National Institute of Mental Health reported in order to diagnose a child with ASD, there must be assessments and evaluations. The first assessment is the regular doctor's visit a child has to check on their developmental status. If the parent reports a concern at that appointment and the pediatrician conducts a screening, a further evaluation could take place with a team of other professionals (Autism Spectrum Disorder, 2018).

Massat et al. (2016) stated ASD is an arch for other conditions such as, autism, pervasive developmental disorder, and Asperger's syndrome. The diagnostic criterion includes patterns of

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lacking in social skills, communication, and repetitive behaviors, such as rocking (Massat et al., 2016). If a child does not display enjoyment in playing with other peers, lacks the ability of holding a conversation, or has interest in abnormal objects, these are also other examples that meet the diagnostic criteria for Autistic Disorder (Franklin et al., 2013). For children diagnosed with Asperger's, they have difficulty mainly in social skills development. Massat et al. (2016) reported children with Asperger's struggle with nonverbal behaviors, such as respecting physical boundaries.

Once a child is diagnosed with ASD, it is imperative that the school setting provides support for the family, interventions, strategies, and a learning plan for the child's education. One impact the educational setting displays is by building a solid relationship with parent's on addressing concerns and goals for their child with ASD (Massat et al., 2016). By partnering with parents, it reinforces the child's support system within the school and home. The second impact the educational setting has on the child is to advocate and implement the interventions and services that the child needs within the school. For example, if a child with ASD is being bullied, the school must take action to end the bullying and assist the child to build social skills.

Specific evidenced-informed interventions or strategies must be incorporated within the child's learning plan and implemented in the school system for a child with ASD meet their academic and personal goals. According to Massat et al. (2016) it suggested children with ASD should be involved in a social skills group. Within a social skills group, in vivo modeling can be applied as an evidenced-informed intervention. Since children with ASD struggle with communication and lack engagement with others, a social skills group will enhance those skills by practicing with peers. In addition, if a child with ASD displays self-harming or aggressive

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behaviors, the learning plan must incorporate behavior modification (Massat et al., 2016).

Franklin et al. (2013) reported a common therapeutic model used for children with ASD is Applied Behavior Analysis (ABA). The framework for ABA is for an individual to gain knowledge from their surroundings and respond to their environment. A professional within the school would use ABA for a child with ASD by using a specific cue and connect that cue with a prompt. As time passes by, the prompting decreases and the child performs the targeted skill (Franklin et al., 2013). Another intervention is called discrete trial training (DTT). Discrete trial training has five steps; cue, prompt, response, consequence, and inter-trial interval (Franklin et al., 2013). The first two steps are given by the professional and then the child responds. Upon the response of the child, the consequence is a praise if the child responded correctly. If the child responded indirectly then the professional gives a prompt. Then a pause is given before repeating the steps.

In conclusion, a child with a diagnosis of ASD can strive in their academic and social learning. The school is a vital platform where a child can learn social skills, communication skills, and overcome their personal obstacles. There are four key points to remember when working with children with ASD. The first is that applied behavior analysis is the most common intervention for children with ASD and Asperger's (Franklin et al., 2013). Secondly, there must be implementations of constant assessments and interventions based on the child's needs (Franklin et al., 2013). By having evaluations, the child's progress will be recorded or reflect if there needs to be any adjustments from an intervention that is not effective. Third, medication should not be recommended as the first approach in managing a child with ASD or Asperger's (Franklin et al., 2013). Since ASD is referred to as a developmental concern, other interventions

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should be primarily recommended and applied. Medication is suggested for children with ASD struggling with severe behavior concerns. Lastly, incorporating a child with ASD into participating into an inclusive setting is much needed (Franklin et al., 2013). Children learn from watching and overserving other peers. Majority of children with ASD lack social skills. Therefore, when placed in a setting with other students, they can capture and practice those skills.

References

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