

AUTISM: EDUCATIONAL STRATEGIES IN SCHOOL

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ABSTRACT

There is a serious heartening lack of understanding about autism in many parts of the world especially in the so called third world countries, Nigeria to mention few. I have met many educators, psychologists, and even medical doctors who seem to be hearing the word “autism” for the first or poorly-remembered second time. Parents are often the most confused because different doctors say different things, and by the time parents visit ten professionals, they come out with ten different ideas of what autism is and more confused. This article is purposeful and to educate special educators, psychologist, parents and even medical doctors, the understanding about “Autism” as a disability. This, I hope will bust up some challenges and special interests on mental health and in particular to recognize autism as a disability.

INTRODUCTION

In many parts of the world, including some underdeveloped and developing societies, there seems to be increasing concern over the rise in cases of autism spectrum disorders. In some counties, these concerns have resulted in efforts to enact laws mandating early diagnosis and intervention; the provision of free, appropriate services and education for children with autism; acceptance and inclusion of such children in mainstream or regular schools; and training of special educators and regular teachers on best practice in meeting the demands and goals of each child’s individual education plan (IEP). In Africa, for example, South Africa is in the fort front followed by Kenya and Ghana with other counties far behind in the recognition of autism as a disability. Nigeria is yet to be on the map to recognize autism as a concern.

The level of awareness about autism in many parts of the developing society is pathetically low. There is some awareness among those in the medical community, but the extent of their knowledge is often limited. Most only know the symptoms and manifestations of “infantile autism”. Face to face interviews I hand in three medical facilities in parts of Nigeria believed autism is rear, foreign, and not treatable, and about 70% of Nigerian medical professionals have no clue as to where to refer cases and/or what to do even when sure about a diagnosis. Many children in developing countries with autism are either not diagnosed, or misdiagnosed, end up being hidden at home or are lucky to be categorized with mentally ill children. In rural areas, where there are no psychiatric hospitals, the majority of autistic children end up on the street, labeled “insane”. However, the situation in the developing countries seems to hark back to pre-1943 American when children with autism were thought to be schizophrenic or mentally retarded. Hopefully, autism will get recognized and concerns appropriately addressed in the developing counties including Nigeria.

DISCUSSION

Autism is a serious mental disorder represented in an extreme form of isolation. It is expressed in contacts with reality absence and poverty of emotional expression. Autistics tend to respond inadequately and feel lack of social interaction (Aarons, 1992).

The term "autism" was introduced into medicine for about 100 years ago by a well-known philosopher and psychiatrist, Blailer (Attwood, 1997). It means a significant departure from the personal life around and too much immersion into oneself. Until the mid 40s, in the early childhood the disease was not detected. For the first time, early infantile autism was described in 1942 by German psychiatrist Kenner. Then, in 1944, a lighter form of autism was described by an Austrian scientist, after whom the disease has been called "the Asperger syndrome" (Attwood, 1997).

Many young children, especially touchy and vulnerable ones, tend to solitude and contemplation. Later, these qualities are not uncommon in adolescents, resulting in a predilection for introspection and meditation (Davis, 1994). However, there is nothing wrong with that. On the contrary, these features allow a person to become a more integral and profound personality. Still, sometimes such solitude acquires overestimated character. There are some characteristic signs of autism (Davis, 1994).

1. A child with autism has poorly developed speech, both as receptive (understanding) and expressive. Frequently, speech takes the form of echolalia (repeating elements of speech heard from others or on TV). Only simple unambiguous instructions ("sit", "eat", "close the door," etc.) are easy to understand. Abstract thinking lags behind in development which results in lack of understanding such elements of speech as pronouns (your, my, his, etc.) (Baron, 1993). The inability of a child to speak or understand speech is the most common complaint of parents during the initial examination of a child. Speech problems become apparent in the second year of life (Dominick et al., 2007).
2. A child behaves as he/she feels a clear lack of sensation and perception – it seems as though he/she is blind or deaf, but more careful examination reveals the safety of all sensory modalities (Dominick et al., 2007). Parents of children with autism are complaining that it is very hard for them to attract attention of their kids. Usually, they do not keep eye contact with parents and do not turn their heads to a request to him/her.
3. Children with autism generally do not develop close emotional relationships with parents. This is revealed in the first months of life when parents discover that a child is not pressed to his mother while in her arms (Dominick et al., 2007). Sometimes, children even resist physical contact straining their backs and trying to slip out of the parental embrace.
4. Children with autism do not play with toys like normal children. They do not show much interest in toys and do not play with them in their spare time (Howlin et al., 2004). If they play, this process is often quite unique: they spin the wheels of a flipped toy truck, they twist a piece of rope, or they sniff or suck a doll (Dominick et al., 2007). Failure to play with the toys can be found in the second year of life.

5. Playing with peers is absent or markedly limited. A child may either have no interest in those games, or he may not have the necessary game skills. This feature is also easily detected in the second year of life (Dominick et al., 2007).
6. Skills of self-caring are missing or their development is very delayed in children with autism. It is difficult for them to learn how to dress themselves or use the toilet without any help (Howlin et al., 2004). These children do not recognize any normal risk. Therefore, constant supervision over them is needed so that they do not get seriously injured crossing the street with heavy traffic or playing with electrical equipment, etc.
7. Children with autism have very frequent outbursts of aggression. This aggression may be directed at themselves (for instance, when children bite their own hands, beat their head against the floor or furniture, or beat their face with their own fists) (Howlin et al., 2004). Sometimes the aggression is directed at others, and then, children will bite, scratch or beat their parents. Most parents of autistic children have complained that they had difficulty coping with them, with their low tolerance to frustration and with their responding even to the slightest obstacle or prevention with an explosion of rage (World Health Organization, 2007).
8. Autism must be diagnosed before the age of three years old (DSMR).

Several species of normal behavior referred to as "splinter-skills" or "islands of intact intellectual functioning" are often found in children with autism. This is normal behavior seen in the following areas (World Health Organization, 2007).

1. Autism is often diagnosed on the background of developmental stages normal passage, such as mastery of self-walking at 15 months. There are frequent reports of unusually good motor development of children with autism who walk and easily hold the balance (Williams, 1996).
2. It has become usual to look for signs of an adequate storage memory in the diagnosis of autism. For example, a child with autism may be able to repeat in the form of echolalia or otherwise the voices of other children or advertising on TV. Moreover, he may remember well the visual details (Williams, 1996).
3. A child with autism may have developed rather specific interests – to play with mechanical objects, devices, or clockwork toys. Some of them find great interest in music and dancing. The capacity for folding of mosaic puzzles, love for numbers or letters etc might be observed (Silverman, 2008).
4. Some children with autism have limited, but specific fears that exist rather in a short form in ordinary children. For example, a child with autism can be extremely frightened by a sound of cleaner or a passing ambulance siren (Silverman, 2008).

There are some recommendations for parents. Infantile autism is a medical diagnosis, so it can be supplied only by a child neuropsychiatry (Stefanatos, 2008). A child has to pass a comprehensive examination, and then, the doctors together with child psychologists create an individual treatment program and corrective education. Importantly, parents have to obtain such feelings as patience and kindness, they should always firmly believe in success (Stehli, 1992).

Firstly, parents have to establish psycho-emotional comfort, sense of confidence and security for a child, and then, gradually, they move on to teaching new skills and behaviors (Stehli, 1992). It

is essential to realize that it is very difficult for a child to live in this world. Therefore, parents need to learn how to monitor a baby and to interpret aloud every word and every gesture (Kanne et al., 2008). This will help to expand the inner world of little humans and push them to the necessity to express their feelings and emotions into words (Stehli, 1992).

As a rule, even non-verbal autistic children are eager to perform non-verbal tasks, in other words, such tasks when they do not need to use language (Kanne et al., 2008). It is necessary to teach a child with a help of such games as bingo, puzzles or mosaics in order to establish contact and engage them in individual and joint activities. If a child comes to any subject, a parent has to name it and give it to the child, because in such a way all the analyzers - sight, hearing and touch are engaged. These children need multiple names of objects repetitions (Kanne et al., 2008).

If the child is immersed in the game-manipulation with objects, a parent must strive to ensure that games have some meaning: putting some rows of bricks - "building a train", or scattering the pieces of paper - "arranging a fireworks display" (London, 2007). When "treating through the game", it is desirable to use a game with clear rules, not subject-role one where it is needed to talk. Furthermore, any game should be played many times with accompanying comment on each action, so that a child understands the rules (Sacks, 1995).

The problems of an autistic child should be solved gradually, giving the closest goals at first: to help a child to get rid of fears, to teach to respond to outbreaks of aggression and self-injury; to connect a child to general studies (Schaefer, Mendelsohn, 2008). Since for autistic children it is difficult to distinguish emotions by facial expressions of others, not mentioning their own, the cartoons chosen to view should be representing characters that have clear facial expressions. For example, many autistic children are "friends" with Tom trains, cartoon characters and toys. In the animated film "Shrek", facial expressions and emotions of the characters are also very expressive. A parent has to let a child guess the mood of the fairy tales characters (for instance, using stop-frame), and then, try to portray emotions independently (National Autistic Society, 2005).

A child should be attaches to theatrical presentation (National Autistic Society, 2005). Of course, firstly, a child will show violent resistance to attempts to involve him in these pursuits. However, if a parent is persistent, an autistic child with time not only obeys, but experience great joy. As well, it is very useful to invent stories that have both positive and negative characters (Rapin, Tuchman, 2008). This will help a child to assimilate what is good and what is bad on a subconscious level. These stories can be acted out both with children and puppets. They should be supported with explanation that each person plays its own role (Rapin, Tuchman, 2008). "Performances" should be put on many times, each time with some small changes.

Despite the peculiarities of communication, an autistic child needs to be in the team. If kindergarten teachers cannot work with baby, a parent should find a special pedagogue who can teach a child to interact with adults and children in the team (Myers, Johnson, 2007). Optimal preparation for school is an integrated small-size group in the correctional center. For the first time, while a child is not accustomed, parents can attend classes as well.

It is important to remember that in complex cases correctional and development activities should be sufficiently intense and prolonged (Myers, Johnson, 2007). The choice of specific methods and determination of the load lies on the parents and the psychologists or family therapists.

Preparing for school is carried out in small group where following points are important: a clear structure of the educational process and school paraphernalia. In this case, the efforts of teachers should be focused on the creation of social norms associated with the school attributes such as class bell, desk, board, backpack, homework and assessment (Myers, Johnson, 2007).

There might be a few teachers in the class, but there must be only one teacher carrying major role as the most important subject of school life. Lesson modeling allows a teacher to form children's speech as a means of communication, namely, asking and answering questions. Particularly difficult for children becomes a break, because it has no clear structure. It is needed to teach children how to interact with each other in situations not governed by adults as school does not teach this (Myers, Johnson, 2007).

The education success depends heavily on the parents, on their position formation, on their ability to help a child with homework and to interact positively with the teacher, to support the "success" of a child and believe in it. Thus, in class teacher is aimed to teaching children how to sit in class listening to teachers, to use the satchel, pencil, go to the blackboard, hear instructions and ask for help. This allows them not only to acquire certain skills required for optimal inclusion in school life, but also removes the fear and anxiety before a collision with something new, making the school situation clear and predictable.

In conclusion, it is obvious that such children are special. Thus, they need more attention than all ordinary children. However, with correct approach they can reach a lot. Ideal for them is a complex work involving pedagogical impact, music, dance classes and, necessarily, psychotherapy.

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