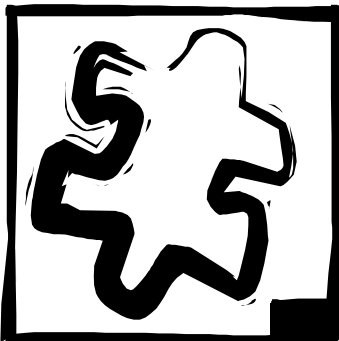
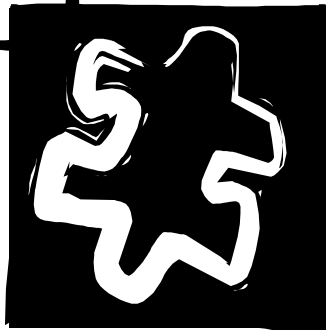


# Autism in the Classroom: A Common-Sense Guide for Teachers



What It Means  
Where It Shows  
What It Does  
Who It Impacts  
How It Feels

What to Know  
Where to Go  
What to Do  
Who to Ask  
How to Help



Inservice Informational Session  
developed & provided by  
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## The Basics: Commonly-Asked Questions

### **What is Autism?**

Autism is a complex neurobiological disorder that typically lasts throughout a person's lifetime. It is part of a group of disorders known as autism spectrum disorders (ASD). These disorders occur in all racial, ethnic, and social groups and are four times more likely to strike boys than girls. Autism spectrum disorders impair a person's ability to communicate and relate to others, limiting interpersonal understanding and adversely affecting social interactions. ASD's are associated with rigid routines and repetitive behaviors, such as obsessively arranging objects or following very specific routines. Symptoms can range from very mild to quite severe.

### **What are the Autism Spectrum Disorders?**

A group of conditions whose presence indicates a brain "hard-wired" differently from others. In order for the ASD student to function and learn successfully, different approaches and responses will be required of the teacher, and reasonable expectations for the student must be understood by all involved. ASD's include:

- Autism
- Asperger Syndrome
- Rett Syndrome
- Childhood Disintegrative Disorder
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)

### **What causes Autism?**

You will hear many theories about what causes autism, including those related to vaccine content, diet, and genetic factors. To date, no definitive cause has been identified.

### **How is it diagnosed?**

Doctors perform a series of tests based on indicators such as poor social interaction, communication impairments, and highly repetitive and stereotyped patterns of behavior, interests, and activities.

**How does it manifest?**

Those with autism will differ in the symptoms they display. Some commonly recognizable manifestations include:

**Difficulty Relating to Others:** indifference to attention, lack of eye contact, “deaf-like” response, tactile defensiveness, and difficulty using and understanding body language.

**Reaction to Environment:** generalization difficulties, unique responses to reinforcement or consequences, low motivation, hypersensitivity to stimulus, and self-stimulating or self-injurious behaviors.

## Ways of Understanding Through Familiar Models

Many times our understanding is based on what is already known or familiar to us. Quite a few characters found in popular movies and television shows, as well as those in literature and real historical figures, demonstrate recognizable aspects of ASD, most often Asperger’s. Some whose mannerisms reflect these and may offer you insight into or recognition of your students include:

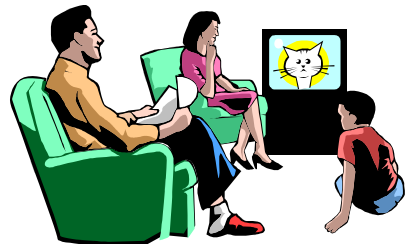
**Law & Order: Criminal Intent** - Detective Robert Goren (AS)

**Criminal Minds** - Dr. Spencer Reid (eccentric genius, AS)

**CSI** - Forensic Entomologist Gil Grissom (AS)

**Monk** - Adrian Monk (multi-phobic OCD)

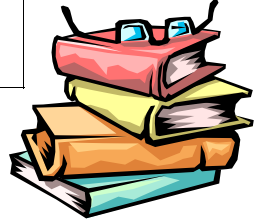
The strengths that are inherent in those exhibiting AS and other ASD’s have resulted in achievement that would likely otherwise have not occurred for such notables as Albert Einstein, Thomas Edison, Mark Twain, Jane Austin, Vincent Van Gogh, Ludwig



Von Beethoven, Wolfgang Amadeus Mozart, Henry Ford, James Taylor, John Denver, Charles Shultz, Bob Dylan, Jim Henson, Bobby Fischer, and Bill Gates. For other examples that may offer insight or inspiration are at [www.geocities.com/richardg\\_uk/famousac.html](http://www.geocities.com/richardg_uk/famousac.html).



Recommended Reading  
for Adults



Ellen Notbohm

*Ten Things Every Child with Autism Wishes You Knew*

*Ten Things Your Student with Autism Wishes You Knew*

Karen L. Simmons

*The Official Autism 101 Manual*

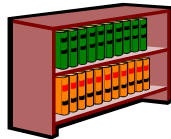
Veronica Zysk & Ellen Notbohm

*1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders*

Tony Attwood

*The Complete Guide to Asperger's Syndrome*

Recommended Reading  
for Children



Fiona Bleach

*Everybody Is Different: A Book for Young People Who Have Brothers or Sisters With Autism*

Angela Wine

*What It Is To Be Me*

Mary Thompson

*Andy And His Yellow Frisbee*

## Online Resources for Teachers & Parents

### **[www.autismspeaks.org](http://www.autismspeaks.org)**

*Autism Speaks* - Very current news and resource information for those affected by ASD's.

### **[www.autism-society.org](http://www.autism-society.org)**

*Autism Society of America* - Excellent resource for information about the IEP process and many other areas of interest for families and educators seeking support.



### **[www.triautism.com](http://www.triautism.com)**

Tri-County Chapter of the *Autism Society of Ohio* - Columbiana, Trumbull, & Mahoning County, Canfield/Struthers-based.

### **[www.udel.edu/bkirby/asperger](http://www.udel.edu/bkirby/asperger)**

*Online Asperger Syndrome Information and Support* - Provides ways of better understanding Asperger's Syndrome and offers many, many valuable resources for families and teachers.

## Other Local Resource Options

**Autism Support Group** - Sponsored by East Liverpool City Hospital, providing education and support. Call (330) 386-2054 for information.

**Brotko Therapeutic Riding Stables**—NARAH-affiliated center for horseback riding and other therapeutic activities, including petting zoo. Call 330-385-5463 for information.

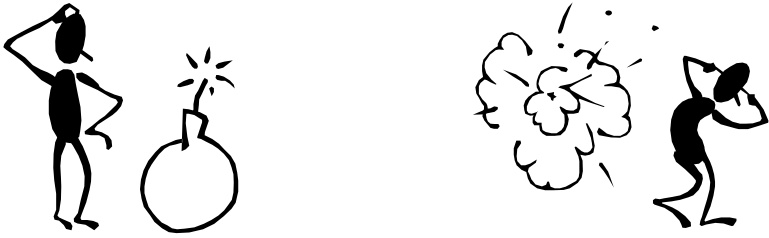
**The Rich Center** - A National Facility for The Study and Treatment of Autism, located in Youngstown, Ohio. Call (330) 941-1927 for information about programs and services.

**Aspects/Symptoms That Can  
Affect the Child's Learning**

**Sensory Processing Disorder –  
lack of sensory integration**

**Senses Magnified** – Those we think of as the five standard senses, and also positional factors – body movement, place in the room, time placement, etc. can wreak havoc for children whose senses operate apart from the norm. Sensory Processing Disorder or Dysfunction of Sensory Integration is the inability to process information received through our senses. A child with a dysfunction of sensory integration cannot respond to sensory information and use it to behave in a meaningful way. Some children are hypersensitive or hyposensitive to sensory information. Either way impairs learning and creates a threatening situation for the child, causing increased anxiety and a decreased ability to interpret and respond appropriately to stimuli. Children with SPD or DSI and other developmental disabilities many times do not display these abilities. Most children with DSI can only handle one or two senses at a time. They can have unusually high or unusually low activity levels. When their senses are over-sensitive or under-responsive they may respond with behaviors to help them make sense of their world such as seeking out deep pressure, bouncing, spinning, running in patterns, coordination loss, chewing on shirt, etc.

Our senses include those we know and those that are hidden. The known senses are those of sight, hearing, touch, taste and smell. The hidden senses are those of movement (vestibular or inner ear) and of body position sense (proprioception). These regulate the nervous system and help build the foundation for purposeful movement. Children must be able to organize sensory information to function in daily activities, in the classroom, on the playground, and in relationships. Children on the Autism Spectrum whose senses are affected have difficulty organizing this information and responding appropriately.



**Sensory Overload** – Too much sensory input can cause anxiety, frustration, distraction, anger, shutdown, or meltdown – inability to learn. Look for ways to ease the overload factor. In a new setting or situation, have someone calming or comforting nearby. (Field trip – assign a specific adult or keep the child in your group, to troubleshoot any potential difficulties.) If a particular practice is calming or allows him to regain focus, create a way to put this in place. (Tactile – Velcro on underside of desk; movement – allow for two potential desks; need for a separate space – work out a “where to go” plan; sound factors – headphones to provide quiet.) Classroom seating – on the edge is far better than “in the midst” for children who may need to distance themselves from the confusion generated by the activity or presence of their peers.

**Literal Interpretation – inability to comprehend figurative language**

**Literal Interpretation** – Understandable communication with the child is critical. The receptors interpret things literally, to a degree that those of us on the outside have trouble fathoming. Commonly used phrases in an elementary school can cause confusion due to figurative speech:

***Instead of:***

*Keep your hands to yourself...*

*We need to get along...*

*Take your time...*

*Hold your horses...*

*Lend a hand....*

*Quiet hands...*

***Say:***

*Don't touch others.*

*Stop fighting.*

*Work slowly and carefully.*

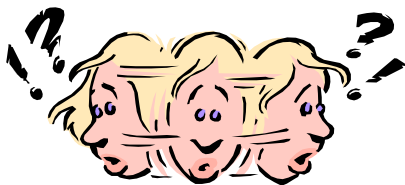
*Move slowly. **or** Wait.*

*Help.*

*Keep your hands still. **or** Do not move your hands.*

### Obsessive/Compulsive Disorder – rigid adherence to rules & routines

**It's All About Rules!** For many of these children, a world without instinctive understanding of human behaviors and responses means endless memorization of rules in order to interact socially. Help with this as much as possible by “lending it logic” whenever possible. Ask “why the boy in the story was sad” and reason out emotional responses often in class discussion, whether they are related to the subject matter at hand or situations that arise socially when students are not getting along. Obsessive-compulsive children will work on understanding rules – don't change them, then, unless absolutely necessary! If they have a certain rule they have established, do not instantly fight that. Talk with the parents to learn whether they feel it is more beneficial to keep it in place to allow success. Security can be established in these simple rules – if their adherence is not causing a problem, allow it. (Example – If the student must have three sharp pencils on his desk before he can begin work, let him.)



### Anxiety Disorder – anxiety or panic attacks brought on by high levels of stress

**Plan Communication** – Work out an agreed-upon system with the child to communicate the onset of anxiety before it reaches panic level. Sit down and talk one-on-one with the child or with parents to learn what kinds of situations are likely to induce panic, and develop ways to troubleshoot. Seek signs to be alert to in the student, and determine ways for the student to signal that are comfortable for him to use – hand sign, head on desk, request to use notebook/journal.



## Aspects to Consider for Daily Classroom Interaction

### Teacher/Student Relations

**Respect the Diagnosis** – Even if you don’t know a lot about it, or if you do not agree. If a child has been diagnosed with something, this means that something is neurologically wrong, and the parents are working to learn what it is and how to deal with it. Often the whole gamut from diagnosis to treatment to medication – is one giant endless experiment. Recognize that no one expects you to have all of the answers – don’t expect them to, either, but learn all you can to make your part of this child’s life successful. The biggest favor you can do for this child is recognize and acknowledge that “Yes, there is a problem. No, it is not the child’s fault. Yes, you are committed to helping this child learn and succeed, which includes doing a bit of learning yourself and thinking/stepping outside the box & more than likely out of your own comfort zone of tried-and-true teaching methods.”

**“Look at me when I am talking!”** – Sometimes not possible. One of the things I learned at an Applebaum training session that helped it all make sense regarding quite a few kids (diagnosed or not) was that some *could not* functionally operate more than one sense at a time. If it is an either/or choice and you need the child to listen to you and hear what you are saying, don’t insist they look at you. Instead – ask them a question and see if they are following or comprehending what you said. And recognize that, for some, the way we teach using visual and auditory together may be overwhelming, shifting back and forth between “listen to me, look at the board, write down what I write.” This is where accommodations need to come into play – allow the child to simply listen without writing, then provide a written copy for the child to use or write down later on. Also – “Did you hear what I said?” Maybe he did – ask instead what it meant, because he may have heard it but not interpreted it correctly, and could be very unaware that he is not “doing what he was told.”

**Ask Them Why** – When a direction is not being followed, **do not** allow yourself to assume this is because the child is defiant. Ask why they did not do what was instructed – one of the aspects that is very consistent among these children is that they function overwhelmingly on logic. Give them the opportunity to explain their reasons, then see if there is a way you can make the situation work for the child through rationale. Sometimes this will work, others not. Choose your battles wisely – if it is not critical that instruction A be followed as much as instruction B, allow the A part to pass and concentrate on the priority. (Example – Boy refusing to touch basketball.)

**Phrase it so that the child is not at fault.** These children are impatient with the world around them and with their own inability to comprehend it 24/7 – do not allow what you say to imply blame or intent when much of their response cannot be helped. As educators, we are already careful in our speech – those who use slang terms or swear in the private sector have learned (hopefully!) not to let that speech be part of our “teaching voice”. We work to not foster blame or shame in our responses to children – either take that up a notch or just make sure it is *very* firmly in place, because these children will carry more frustration than the average child does, and we do not need to contribute to this or to trigger high-level negative responses. “Which part seems difficult about this paper? Can you show me?” is far better than “What are *you* having trouble with?” or “Why can’t *you* answer this?”

**Incorporate the child’s special interests any time possible.** One very prevalent trait among children with Asperger’s and other high-functioning Autistic people is a very focused interest in a single subject, generally something technical/mechanical or rule-oriented: trains, airplanes, warfare, sports statistics, scientific facts, computers, and living creatures such as insects or dinosaurs. Allow/encourage reports on these things as applicable, so the student can “play their strengths.” Their ability to strategize or analyze scientifically may be very advanced, because it’s part of the day-to-day survival skills packet they have to carry all the time.

## Social Interactions with Others

**Interpersonal Social Skills** – Any opportunities to actively teach these offers huge benefits for these children. While they may need more intense instruction than other students in this area, all children can benefit from work on “how we treat others.” Those on the Autism spectrum will need more help in areas such as interpreting facial expressions, interpreting and adjusting volume of speech, and appropriate response to various overtures from others.

**Watch out for the social situations where students have choices** – This is where the autistic child finds himself facing the most difficulty, because he does not instinctively know how to talk to others. On the playground, see if some organized play can be factored into the equation, where the rules are securely in place. (West Point – kickball, Rogers – line to take turns playing hopscotch or using pogo stick.)

**Communicate with other children** – The other children in your classroom need to know that a child has a situation that might call for different responses, or cause them to act out in unusual ways. Kids are very sympathetic to others having difficulty – the problem I come up against the most is that they all want to be the helper. If they know what is happening (in a simple way, not with more detail than needed), they can be the child’s greatest ally and support. If the child feels comfortable communicating what happens with him, let him do the talking if he wants to.

Assess whether he will feel better about this if he is present or not. Children will already know something is “not right” – they are closer to what happens than we are. If you can give them guidelines for understanding or helping, they will do the rest.





Where  
are  
the  
answers?



**Know the Plan: IEP/504** – Make sure you *understand* what that document is saying. If there are any areas that are unclear to you, go to the source – who did this plan come from, who used it, and how? Become very active in considering and helping to implement adjustments that seem applicable as you gain experience with the child, since their needs may differ in your classroom from those of the past. Understand that this is a legal document we are bound to follow. Seek out the help of your administration if you discover aspects of it that you are unable to manage on your own in the regular classroom setting.

**Learn the Triggers** – Some may be identified for you already by other professionals who have prior experience with this child, or by the parents. Be observant and document to notice patterns, and communicate with other teachers who see the child and also with parents to compare notes. The more clearly you can define the situational or environmental factors that precipitate behaviors that adversely affect learning, the better chance you have of creating an environment where optimal learning can occur for this child & the rest of your students as well.

**Parental Involvement** – The parent does not have the job of determining what is taught in your classroom and how – you do. The parent does, however, have the right to expect you to teach their child in the best way possible, & has the legal right to insist upon this. The array of parents may vary widely – some have little or no experience in how to make this happen, some have become

experts-of-sort, because they've had to in order to better understand and help their child. Be understanding of the fact that, while your task is challenging teaching their child in a room with twenty others with differing needs – theirs is as well, working with their child at home integrating into the family setting one who does not understand social interactions & relationships. Do not let parental involvement become a point of conflict – use one another as resources and support team.



**Ask for Help** – You are not in this alone! Find out who your potential resources are. Learn what the short-term solutions are when a problem erupts – then work with parents, special ed teachers, other classroom teachers - and most importantly, the student – to establish longer-term ways to manage whatever the circumstance is so that learning can take place.

**Utilize resources available to you** – Talk with the child's previous teachers (if he is new to the district, call the old school!), read his file carefully, then read it again, check the county office for help, talk with any specialists he sees (OT, PT, Speech Pathologist) for insights or strategies. Look for Professional Development opportunities that address this: workshops, conferences, etc. See what materials other teachers may have from coursework they have done. Speak with other parents who have autistic children, or adults who have Asperger's or fall into the Autism spectrum. Anything you can do to gain insight into how to reach and teach this child successfully creates a win-win situation, so do not expect all of the answers to just naturally come to you!



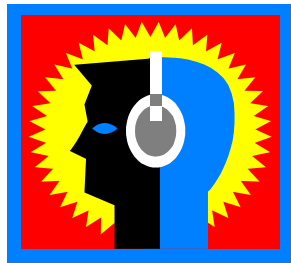
### Techniques for Calming Anxiety or Aggression –



If the child is prone to anxiety or panic attacks or displays aggression toward other students when his frustration level rises, learn to be alert to the early signs of or triggers for this. Some students may be able to signal you, others will not. As every child's responses and capabilities differ, some experimentation may be required to find an effective means of addressing the issues that arise. Some methods that may prove successful include the following:

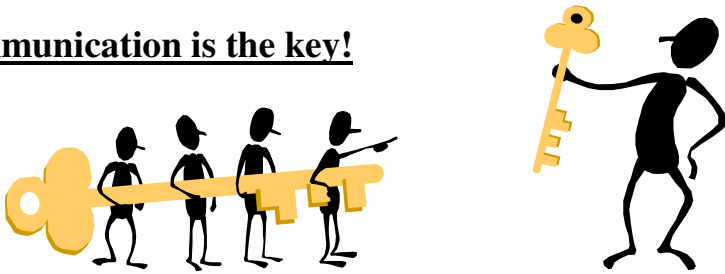
***Alternate Activity Choice*** - Chances are there is an activity that can take place in your classroom that has a calming effect on the student. If at all possible, allow him to move to that activity (at his desk or in another area, as the situation permits) for a brief "cooling off" period. Some that may prove effective are reading a favorite book, drawing or writing in a journal, or working quietly at the computer. When arranging this, make sure it is clearly understood that this serves as an opportunity to calm the feelings that are compromising learning ability, not a reward. This should also be communicated to the other children in the classroom, to avoid misunderstanding.

***Sound Isolation*** - If part of the sensory overload experienced by the child is associated with or exacerbated by sound, calming music, silence- or white-noise-inducing headphones may help solve the immediate problem, or ease it until the student is better able to manage his situation.



***Weighted Vest Therapy*** - This can allow the child experiencing sensory confusion to understand his relationship to the world, providing information about the child's movements and positions of the body. It can also be comforting and calming, helping modify behavior and increase feelings of safety. Weighted lap pads also work well for children with difficulty sitting in a classroom, at a desk or on the floor in a circle for classroom story time.

## Communication is the key!



**Communicate with the Parents** – Work to understand their goals for the child and how you can support meeting these together. They may differ – one might want the routines in place, to allow school to be a less stressful, more productive environment, while another wants to “break the patterns” when they notice a routine building toward obsession. Ask them to help you with information about what has *not* worked with their child, what has, and what has not been tried. Recognize and acknowledge that you are all on the same team, and want the same thing – a positive, successful learning experience.

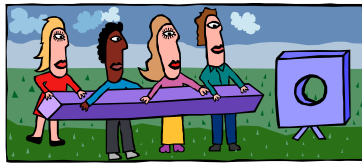
**Leave specific information for substitutes.** You never know when someone with little experience in dealing with this child’s issues will be serving as the classroom teacher. Any particular accommodations you make (allowing them to move to a different place as needed, having a “study buddy” help keep them on track, not note-taking during the lecture or discussion) should be notated in your substitute folder with a bright and very visible “Please Read This!” notice.

**Look Beyond the Classroom** – Specials classes, cafeteria, playground, lunchline, bus, assemblies, field trips. Stressors occur everywhere for children who need routine. The fact that we have done so much over the past few years to establish consistency in our disciplinary practices within our buildings is very good for these children.

**Communicate with everyone involved** –The many adults who see or supervise this child need to know that expectations should vary for him. His responses will not be like those of other children, and his understanding of what they are asking of him may also be limited by their inexperience in communicating it.

## Points to Keep Firmly in Mind!

1. Children with any of the Autism Spectrum Disorders are “wired differently” than others - they cannot help this, and their sometimes inappropriate responses are **not** intentional.
2. Some of your ASD children are identified and have IEP’s - use these as tools to help you teach them in ways that promote successful learning instead of endless struggle.
3. Some of your students are not identified with ASD, but exhibit strong signs of these conditions. Consider using the information that applies to ASD for these children as well, when seeking teaching strategies or simply patience and compassion.
4. You have resources - do not feel you need to carry the world on your shoulders! Parents can be your best allies, if you will let them. All of us - teachers, parents, specialists, therapists, administrators, and the students themselves - are working toward the same goal: successful learning for the child. Approach teaching these students with a “team” approach, and use the resources at hand!



**The Bottom Line** – You *will* have these children in your classroom, and they will offer unique challenges. Learn everything you can to help them learn in the best way possible. Use resources, try strategies, collaborate with other professionals and with the families involved, and document success and failure as much as possible to find patterns and triggers that can help you shape your approach to create the most successful classroom experience for them that you are able to provide. And enjoy them – you will find that, like any other students, they will give you moments of frustration (magnified, perhaps!) and shining moments of joy when you share in their success. One of the books I would recommend is Paula Kluth’s *You’re Going to Love This Kid!* Let that happen – do not let the challenges you perceive get in the way of a wonderful learning experience for everyone in your classroom!

