Teaching Young Children
With Autism Spectrum Disorder
by Clarissa Willis
Acknowledgments

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Dedication

This book is dedicated to my husband and best friend, Mike; my daughter Kimberly; and all the children with autism I have been lucky enough to be involved with; you have all taught me more than you will ever know.
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While the other children play in centers in the three- and four-year-old classroom, Gina looks out the window as if she is watching a bird flying across the sky. She stands at the window for 30 minutes, silently wringing her hands, smiling, and humming to herself. During periods of transition, Graham flaps his hands repeatedly and rocks back and forth. He can tell you all the words to his favorite song, but when asked his name, he looks away.

It is lunch time in the pre-k classroom; everyone sits down at the table. Today will be
a challenge, because Darren only eats things that are white and cannot tolerate noise or bright light.

All the children at the preschool are going on a field trip to the grocery store. They will buy food and then prepare their own snacks. While most children look forward to a trip to the store, for Janine, it is a nightmare of sounds, smells, and textures that overload her system and cause her to fall to the floor screaming.

Marcus tolerates other people. In fact, sometimes he will hug his parents when they ask. He already can count to 20, even though he is only four, and his favorite activities are watching the same movie over and over and playing the same video games for hours.

All of these children have varying degrees of Autism Spectrum Disorder, which will affect their behavior, communication skills, ability to relate to others, and, in some cases, their ability to learn in the same way as typically developing children. While there is no cure for autism, there is hope for children like those described here. With structured early intervention, consistent behavior management, and speech and language intervention, many individuals with autism lead productive lives.

Today, many treatments for autism are available. While some of those treatments are controversial, others are based on years of sound scientific research. However, most professionals agree that each child with autism is unique and has his or her own set of strengths and weaknesses, and each child falls somewhere on a spectrum having a few more or a few less of certain characteristics than other children. This book will explain autism in simple terms, discuss the major characteristics associated with autism, and offer some simple strategies for helping children with autism function in a preschool setting.

The following statement sums it up best, "Autism isn’t something a person has, or a ‘shell’ someone is trapped inside. There is no normal child hidden behind the autism…Autism is a way of being" (Jim Sinclair, 1993).
How Is Autism Defined?

Children with autism have been around much longer than the condition known as autism has had an official name. Leo Kanner first defined autism in 1943 when he published a paper describing 11 children with similar characteristics. The following year in Germany, Hans Asperger described a group of older children with behavior issues. Although they had never met, both men used identical terms to describe the disorder.
The most accepted definition of autism comes from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision (DSM-IV-TR). This manual is used by the American Psychological Association to diagnose and identify the characteristics of specific mental and emotional disorders. According to the DSM-IV-TR, to be diagnosed with autism, a person must demonstrate either delayed or atypical behaviors in the following categories:

- Interaction with others (social interaction)
- Communication (response to others)
- Behavior (examples include bizarre or stereotypical behaviors such as hand wringing or rocking back and forth).

The American Autism Society defines autism as "a complex developmental disability that typically appears during the first three years of life."

With new research and information, more is understood about diagnosing and treating autism than ever before. Unfortunately, the more that experts learn about autism, the more they discover what is unknown about this disorder that, according to the National Institutes of Health, may affect as many as 1 in every 500 children.

Today, many children with autism attend regular preschools and child care facilities. Thus, child care providers need to know what they can do to help children with autism reach their full potential. What do you do when a three-year-old with autism falls on the floor kicking and screaming? How do you communicate with a child who looks away and flaps his hands? What do you do with a four-year-old who watches the ceiling fan as it rotates around and around? Whom do you call if you suspect a child in your class has autism?

Regardless of what definition is used, as you plan for a child with autism to come into your classroom, you will need the following:

- up-to-date, accurate information about the primary characteristics of autism;
- a strong support system that includes specialists such as early interventionists, special education teachers, speech pathologists, and occupational therapists;
- a positive relationship with the child’s family so that together you can share the child’s successes and challenges.
- training in how to help with the child’s behavior, communication, social skills, self-help skills, and stereotypical behaviors.
Why Is It Called Autism Spectrum Disorder?

If you were asked to think about a specific child in your classroom and make a list of the things she did well, the things she was just learning to do, and the things she needed to work on, it would seem like a simple task. Some children run faster than others, some are naturally more social, some children love the block area, while others seem enchanted by the dramatic play center.

In a preschool setting, a child’s specific strengths usually center on the activities he enjoys because most typically developing children spend more time doing the things that are fun for them and less time doing things that are difficult. Children with autism are the same as other children in that they also have individual preferences and styles. However, those preferences are often expressed in different ways. For example, a child with autism may move, play with toys, or relate to objects differently than her peers. While a typically developing child may take turns rolling a car back and forth with a friend, a child with autism may play only with red cars and instead of rolling the car along the floor, she will turn it over and spin one wheel repeatedly.

Autism is described as a spectrum disorder because children with autism have characteristics that fall into a spectrum from very mild to quite severe. When discussing a child with autism, the existing literature will refer to him as having Autism Spectrum Disorder, or ASD, which means the child falls somewhere along a continuum between very severe and very mild. The child’s place on the continuum helps determine how to plan for his education. Because it is a continuum, a child may be at the mild end in terms of ability to learn new skills, and at the severe end in terms of behavior around other children. Generally, a single child is described as having an autism spectrum disorder, and a group of children are described as having autism spectrum disorders. For the purposes of this book, the term autism refers to a child who has an autism spectrum disorder.

While each child with autism is unique, it is generally agreed that all children with autism spectrum disorders have difficulty in varying levels of:

- language and communication,
- social relationships, and
- response to sensory stimuli.
In addition, these children usually will display behaviors that are not typical of their peers. For example, many young children with autism have gaps in their development ranging from learning skills out of sequence to fixation on objects such as a puzzle or a rotating fan. Teachers often describe a child with autism as being like a piece of Swiss cheese—there are gaps or holes in what they learn, how they learn it, and how they respond to their world.

Before discussing what autism is, it is important to look at some myths about autism that persist, including:

- **Autism is contagious.** While there is research showing that autism sometimes runs in families, it is not contagious. Children cannot catch it from each other like they catch a cold.
- **Autism only affects boys.** Even though it is four times more common in males than in females, autism affects both genders.
- **Autism is caused by aloof parents who are emotionally unresponsive.** Bad or inattentive parenting does not cause autism.
- **Children with autism are always mean and hurt others.** Children with autism are not always aggressive and mean. In fact, many children with autism are very timid and, if anything, are more likely to hit or hurt themselves than they are to harm others.
- **Children with autism never learn to communicate and play with other children.** Communication is often difficult for children with autism, and many children learn alternative ways to communicate and play. However, most children with autism can learn to communicate.
- **Children with autism are always unhappy and cry a lot.** While crying and tantrums are seen in children with autism, they can be controlled and, in some cases, can be stopped all together.
- **Children with autism live in their own worlds all the time.** Obsession with objects and movement is often seen in children with autism. However, when engaged and involved in an activity, they often interact and respond like other children.
- **Children with autism don’t like to be touched.** Tactile sensitivity is common in children with autism. However, many children enjoy a hug and being close to the people in their worlds.
- **All children with autism have genius-like talents, such as playing the piano or solving mathematical equations.** Highly-developed talents at a young age are present in a small number of children with autism and are not seen in most children with autism.
- **Children with autism die young.** Left untreated, a child with autism will never reach his full potential. However, autism is not a degenerative condition; it will not get worse as the child grows older. In fact, the opposite is true. Many people with autism learn to function better as they grow older.
Words, Words, Words—Why Is There So Much Autism-Related Jargon?

It is often very confusing to read about autism, because of all the terms associated with it. With all the responsibilities that go with teaching young children, the last thing a teacher needs is to be saddled with a dictionary to learn about a child’s condition. For example, a speech pathologist tells the teacher in a classroom full of three-year-olds that a young boy with autism needs to stop using **echolalia** and learn to use functional communication. After searching the Internet to decipher what the speech pathologist was referring to, the teacher learns that echolalia is a term that simply means repeating everything that is heard.

This book will help to explain autism, as it relates to young children, without using jargon. When a specific term is used, it will be explained in simple terms. Definitions of key terms are provided at the end of each chapter, and most chapters include specific strategies or activities that you can use in your classroom. Most of these activities take very little time and cost almost nothing to make. It is important that as you try to understand a child with autism, you view him as a special and unique person with talents, strengths, and potential. These reminders focus on what the child can learn, rather than what can’t be learned.

*Always put the child first.* He is a child with autism, not an autistic child. Also, remember that he has a name and should be called by his name as much and as often as possible.
Each child is unique, and while she may have characteristics typical of other children with autism, she will have other characteristics that are not.

Look for information about autism from a reliable source and remember that there may be more than one way to solve an autism-related problem. Information, even what is seen or heard on television and the Internet, may not come from reliable sources.

There is no single method, magic pill, or specific program that can cure or fix autism. While many programs and methods have been tried and are successful with some children, they may not be successful with others. If a method seems too good to be true or promises a cure for autism, chances are that it is being presented by someone wanting to sell a product. That product may or may not be backed by sound research. Parents are often the targets of people trying to sell expensive products or methods related to autism.

Learning about autism is not about a product; it is about a process of gathering information and making informed choices based on the needs of the individual child. The National Autism Center, a nonprofit organization dedicated to dissemination of information about autism, is attempting to develop a comprehensive autism clearinghouse, which includes a database of information about autism. Once in place, the system will allow professionals to work together and share information with each other.

What Are the Major Types of Autism?

DSM-IV-TR classifies autism-related disorders into a single broad category referred to as Pervasive Developmental Delay (PDD). The terms Pervasive Developmental Delay and Autism Spectrum Disorder (ASD) are sometimes used interchangeably in the current literature, and essentially they have the same meaning. One analogy is to think of PDD/ASD as a tree with several branches growing from the same trunk. Each branch, though slightly different from the other branches, is still part of the tree. The same is true of the various types of autism.

The recognized types of autism spectrum disorder include:

- Autism
- Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS)
- Asperger’s Syndrome
Rett’s Syndrome
Childhood Disintegrative Disorder (Heller’s Syndrome)

Autism

To be diagnosed with autism, a child must exhibit a significant number of the following characteristics:
- a significant delay in social interaction, such as eye contact or facial expression
- a communication delay
- behaviors including stereotypical behavior, such as intense, almost obsessive, preoccupation with objects
- the need for routines that are non-functional and ritualistic, such as lining up all the books or food in a certain manner
- repeating motor movements over and over, such as finger-popping or hand-flapping

Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS)

This classification is used when it is determined that a child has autism, although the characteristics displayed by the child are not like the characteristics of other children with autism. This diagnosis is also used when the onset of the disorder happens after age three. Of all the classifications used for autism, this is the most vague and confusing for both parents and teachers. However, this classification allows a child with a few, but not all, of the characteristics of autism to be classified as having autism so that he can receive the needed services.

Asperger’s Syndrome

Children with Asperger’s Syndrome traditionally behave much like children with other types of autism when they are young, in that they will have some difficulty with communication, social interaction, and/or behaviors. However, as they grow into middle school age or in adolescence, they often learn how to socialize, communicate, and behave in a more socially acceptable manner. Most children with Asperger’s have normal or above normal intelligence, so they learn new skills as fast or, in many cases, faster than their peers without autism. These children have been described as having difficulty with coordination, vocal tone (they tend to speak in a monotone), depression, violent reactions to change, and they have a tendency for ritualistic behaviors. In addition, children with Asperger’s Syndrome may develop intense obsessions with objects or activities. Unlike other children with ASD, these children tend to develop normally in the areas of self-help and adaptive behaviors, with the only exception appearing in the area of social skills, which is often delayed.
Rett’s Syndrome

Also referred to as Rett’s Disorder, this is a degenerative disability, meaning it gets worse with time. It begins sometime in the first two years of life and is found almost exclusively in girls. Unlike other types of autism, children with Rett’s Syndrome develop normally prior to the onset of the disorder. Characteristics include loss of motor skills, hand-wringing or repetitive hand washing, and a decrease in head growth. Seizures and sleeping disorders also develop in many girls with this disorder.

Childhood Disintegrative Disorder

This disorder, sometimes called Heller’s Syndrome, is a degenerative condition in which a child may begin to develop normally, but, over a few months, will begin to lose the ability or seem to forget how to do things. It usually happens in the areas of toilet training, play skills, language, or problem-solving. This degeneration or loss of skills usually happens between ages three and four.

When and How Is Autism Diagnosed?

Some children with autism are diagnosed by the time they are two years of age. For others, the symptoms are not recognized until they are older. Autism is, however, a medical diagnosis and requires a full examination by a qualified physician. The medical evaluation may be completed by a pediatrician, psychiatrist, or a team of medical providers. This evaluation will determine if the child meets the medical or psychological criteria for autism. While many physicians are hesitant to diagnose a child younger than two, there are benefits to an early diagnosis. The sooner a child starts receiving treatment, the better his prognosis is likely to be.

A second evaluation, given by educational personnel will determine if the child is eligible for services, such as early intervention services or speech therapy. Most states provide services to children with special needs from birth through age 21. However, each state has its own criteria for eligibility.

How Do I Know What Services Are Available for Children With Autism?

Once a child has been diagnosed with autism, there are laws that help determine what services she is entitled to receive. The Individuals With Disabilities Education Act (IDEA) (Public Law 101-476) outlines very specific guidelines that local school districts are required by law to adhere to when providing for the needs of children with disabilities.
For children age 3-21 with disabilities:

- Each school district must provide a Free and Appropriate Public Education (FAPE). This includes all aspects of special education such as speech therapy, occupational therapy, and transportation. In addition, these services must be provided without cost to parents. Not all children with disabilities qualify for all services. Many school districts do not have programs for three-year-olds, so they may choose to contract with outside child care providers or centers where typically developing children may be enrolled.

- Assessments must be non-biased and non-discriminatory. They must be conducted in the child’s native language, and, most importantly, educational decisions about a child cannot be made based on a single test. In other words, a variety of assessments are used to determine eligibility for educational services.

- Once a child has been determined as eligible for services, an educational plan is developed and written by a team that includes the child’s family. This team reviews and updates the Individual Education Plan (IEP) each year. The child’s IEP clearly outlines what types of service he will receive and how often he will receive the service.

- The child must receive the service to which she is entitled in an environment that is the least restrictive. It is presumed, and was made clear in the most recent reauthorization of IDEA, that the least restrictive environment should be the general education classroom, unless there are justifications why it would not be appropriate. Many school districts elect to contract with a private preschool to provide these services.

Children from birth to age three with autism usually receive services through a state-provided comprehensive early intervention system. The child is assigned a service coordinator who works with the family to assess the child, plan appropriate services, and develop an Individual Family Service Plan (IFSP). The IFSP is a written plan for services the child will receive, and it helps guide the family as the child transitions into other programs. For children from birth to age three, services are provided in the child’s natural environment. The natural environment is defined as the place where the child naturally spends time with parents, family, and friends.

The natural environment may be a preschool.
child might spend time if she did not have a disability. In most cases, the natural environment is at home. However, if both parents work, the natural environment may be a school, child care center, or a private home child care provider.

What Are the Most Common Treatments for Autism?

It can be overwhelming when a child with autism is placed in your care. With so many treatments for autism, how can anyone know which one works best? Some treatments claim that certain diets or vitamins will help children with autism behave more normally. In addition, addressing the issues related to sensory integration disorder, such as sensitivity to noise or smell, has also allowed many children with autism to function better in a preschool setting. Table 1-1 contains a list of the types of services that children with autism might receive.

Table 1-1: Services for Children With Autism*

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Behavior Intervention</td>
<td>A plan to help the child manage his behavior designed by a specialist trained in applied behavior analysis (ABA).</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>Services, usually home-based, which are provided for the child through a special education teacher. This is usually used to describe services received before the child is three years old.</td>
</tr>
<tr>
<td>Sensory Integration Therapy</td>
<td>Usually implemented by an occupational therapist, designed to help the child handle all input received from his environment.</td>
</tr>
<tr>
<td>Speech/Language Therapy</td>
<td>A speech language pathologist works with the child to facilitate communication and language.</td>
</tr>
<tr>
<td>Special Education</td>
<td>The special education teacher is responsible for implementing the child’s Individual Education Plan (IEP) and for working with the classroom teacher to help the child reach his full potential.</td>
</tr>
</tbody>
</table>

* Before implementing any treatment, please consult a qualified professional such as the child’s physician, speech pathologist, or special education teacher.
As a Preschool Teacher, What Do I Need to Know About Children With Autism?

The most important thing teachers need to know is that the sooner a child with autism receives sound, consistent, and appropriate services, the better his chance for success. While there is still much to learn about how to reach children with autism and how to help them adapt to a world that is constantly changing, we know that working with parents and other professionals can lead to positive results.

Despite all that is known, there is still much to learn about autism and its effects on children. However, experts do agree on two things: Autism cannot be cured, and there is no plan or program that will completely eliminate all of the characteristics of the disorder. Programs addressing the characteristics of autism while combining the medical and educational needs of the child are most effective.

Most professionals working with children with autism agree that successful programs combine sound, structured educational programming with developmentally appropriate practices. To help a child with autism maximize his potential, it is critical for families to play an important decision-making role in planning for the education of their child. Today, scientists from major research universities, such as Harvard, Vanderbilt, and Johns Hopkins, are exploring what happens inside the brain of a child with autism. Using modern technology, such as Positron Emission Tomography (PET), researchers are, for the first time, able to look at the electrical energy within the brain to determine what part of the brain is responsible for certain actions and behaviors.

Increasingly, these researchers are finding evidence of a disruption or change in the brains of children with autism that is not seen in their typically developing peers. Other scientists are finding that in the brain of a child with autism, serotonin is broken down and used differently. In simple terms, in the brain of a typically developing child, connections are made between brain cells. Much like a computer takes in and puts out data, these connections carry information among the parts of the brain and between other parts of the body and the brain. In children with autism, these pathways, or information connections, within the brain are made differently. This could explain why children with autism often respond to sensory input so differently than their peers.

Gastroenterologists (stomach specialists) who specialize in children with autism have begun to closely examine the relationship between the brain and the child’s overall physical health. They are specifically trying to determine if certain behaviors related to autism, such as hand flapping, are caused to some degree...
by stomach conditions, such as constipation or bladder infections. Medical specialists now recognize that there are times when children with autism have a physical illness that contributes to their tantrums or violent behavior.

While research hopefully will lead to new and better techniques for working with children with autism, for now, teachers want to know what to do with a child who has autism, how to help the child control his behavior, and what programs or plans work best so the child can learn to communicate, play, and interact meaningfully with peers. This book is designed to help preschool teachers understand autism and enable them to plan for the success of all children, especially those with autism spectrum disorder. Children with autism spectrum disorder display a range of behaviors and abilities from very mild to quite severe. In other words, the term autism can describe a child who fits anywhere within that range. Therefore, for the purposes of this book, autism will be used to describe all children within that spectrum. The first step in the planning process is to examine more closely the characteristics seen in a young child with autism and learn how that child relates to the world around him.
Resources Used in This Chapter


Key Terms

**Autism:** A complex developmental disability that typically appears during the first three years of life. To be diagnosed with autism, a person must demonstrate either delayed or atypical behaviors in at least one of three categories: interaction, communication, or behavior.

**Autism Spectrum Disorder (ASD):** Autism Spectrum Disorder (ASD) is a broad term which includes the classical form of autism as well as several related disabilities that share many of the same characteristics including difficulty with communication, socialization, and behavior. It is called spectrum because autism and autism-related characteristics range from very mild to very severe.

**Developmentally appropriate practices:** Activities and educational experiences that match the child’s age and stage of development.

**Echolalia:** The echoing and repetition of a phrase or word.

**Free and Appropriate Public Education (FAPE):** Special education law is clear that a child with disabilities is entitled to an education that is free and appropriate for his individual needs.

**Individual Education Plan (IEP):** A personalized plan for a child designed by a team, including the child’s parents, which outlines the educational goals and objectives for the child over a period of time (usually one school year).