



*Canadian Psychiatric
Research Foundation*

When Something's Wr ng

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Ideas for Teachers

AUTISM Autism is an Autistic Spectrum Disorder of neurobiological origin that appears about four times more frequently in boys than girls. It usually manifests itself before the age of three and, with no known environmental component, occurs throughout the world in families of all ethnic, racial and social backgrounds. There appears to be a genetic predisposition, with about a four percent increased risk among siblings of children with the disorder.

Autism affects the way sensory input is processed by the brain, leading to an inability to develop normal communication and language skills and, in many cases, an associated diagnosis of cognitive impairment. Children with autism frequently fail to develop useful speech, and those who do develop it have trouble initiating and sustaining conversations. Although a few have distinct skills in certain areas, such as music or mathematics, they often have considerable cognitive difficulties in other areas. Many children with autism are able to learn, however, especially if early diagnosis and intervention take place during the preschool years.

Autism belongs to a group of related disorders called Autism Spectrum Disorders (ASD), which includes Asperger's Syndrome (difficulties similar to autism, but children with this disorder are higher functioning and their symptoms may not appear until school age or later). Also included in this group are the more rare disorders, Rett Syndrome and Childhood Disintegrative Disorder.

Autism

Behaviour Characteristics

There are many differences among children with autism and the various behaviour characteristics may be present in widely differing degrees.

- underdevelopment or lack of non-verbal speech and other communication skills needed for social interaction and learning
- repetitive or idiosyncratic use of language
- lack of interest in activities and relationships with others, including peers; little or no eye contact and, in extreme cases, complete withdrawal
- lack of empathy and awareness of the needs of others
- compulsive behaviours, such as fixations or repetitive body movements, and inflexible adherence to rituals or routines
- toileting and sleeping difficulties
- short attention span and inability to focus on a task
- lack of reaction, or over-reaction, to sensory input—children with autism may be so unaware of pain that they can hurt themselves and not respond; they also need more time than others to shift between auditory and visual stimuli

Classroom Strategies

Research indicates that the most successful method for educating children with autism involves structured, intensive behavioural interventions.

- Provide as much structure as possible; a highly structured, skill-oriented program designed to meet the individual needs of the child works best.
- Emphasize the development of language and social skills.
- Seat the child near your desk.
- Give clear, concrete instructions and repeat frequently.
- Break each skill into discrete units and allow the child to practice it over and over until he/she has mastered it.
- Reward the child for each small step in skill mastery.
- Write “Social Stories” from the point of view of the student to help him/her cope with social, learning and behavioural challenges. These stories—written simply and in the first person—should include a description of the situation and the desired positive response (“I can try,” “I am calm,” “I am proud of myself when...,” etc.).
- Keep up normal classroom routines; routine and structure can help reduce the child’s anxiety and attendant behaviour problems. Visual and/or written “Things to Do” charts for daily routines or weekly planning can be useful.

Behaviour Characteristics

- excessive anxiety and problems with self-control, which can lead to temper tantrums, or possibly even aggression or self-injurious behaviour
- seizures, which may sometimes develop in late childhood or adolescence
- possibly, the presence of special abilities

Classroom Strategies

- Ensure supervision for transitions (e.g., recess, lunch).
- Provide parents with frequent feedback, encouragement and support. Where significant behaviour problems exist, try to involve them in developing a joint behaviour management program.
- Look for activities the child is good at and encourage and reward these activities.
- Work closely with the child's multi-disciplinary team of other teachers and health professionals.

Autism

Treatment

Although in many cases symptoms of autism may decrease or change, they tend to be chronic over the child's life. The focus is therefore on encouraging the highest level of development possible given the limitations inherent in the disorder. A supportive environment and a multi-faceted educational and behavioural approach, tailored to the needs and abilities of the individual, seem to produce the best results. Although it can be expensive, time-consuming, and not always readily available, language and social skills may be greatly improved through Early Intensive Behavioural Intervention (20 to 40 hours a week for two years prior to age six). In some cases, controlled diet or carefully monitored medication—**to alleviate specific symptoms only**—can be helpful. Supportive counselling may help families cope with the physical and emotional demands of caring for a child with this disorder.

Resources

Autism Society Canada

P.O. Box 65
Orangeville, ON L9W 2Z5
Phone: (519) 942-8720
Toll Free: 1-866-874-3334
Web:
www.autismsocietycanada.ca
(See the "Other Resources" section of the Web site for a good list of additional information sources)

Canadian Autism Intervention Research Network

The Offord Centre for Child Studies, Faculty of Health Sciences, McMaster University, 107 Patterson Building, Chedoke Site 1200 Main Street West Hamilton, ON L8N 3Z5
Web: www.cairn-site.com

Center for the Study of Autism

Informational Web Site:
www.autism.org

Autism



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