

Understanding and Working with Autistic Children to Improve their Success in School

Autism isn't a learning disability, but many people mistake it for one. Autism is a spectrum of closely related disorders with a shared core of symptoms. It is a pervasive developmental disorder, usually appearing in infancy and early childhood, causing delays in many basic areas of development such as learning to talk, play, and interact with others, and creating difficulties mastering certain academic skills.

The signs and symptoms of autism vary widely, as do its effects. Some autistic children have only mild impairments, while others have more obstacles to overcome. However, every child on the autism spectrum has problems, at least to some degree, in the following three areas: communicating verbally and non-verbally; relating to others and the world around them; and thinking and behaving flexibly.

Opinions vary widely among experts and parents about how best to treat it. One clear fact is the earlier the intervention, the greater their chance of treatment success. Early diagnosis is paramount, it is important not to take a "wait and see" approach. If you suspect a child may have autism, early, intensive intervention can make all the difference.

Signs and symptoms of autism can include:

- Regression in already developed behaviors and activities
- Lack of interest or engagement with others – avoiding eye contact
- Recoils at being touched
- Rhythmic, robotic or repetitious speech or movements
- Difficulty communicating – relaying or receiving
- Misunderstanding directions, statements, questions, vocal tones, facial expressions, etc.
- Obsessive, restricted, or inflexible behaviors
- Preoccupation with topic of interest – numbers, facts, etc.
- Unusual attachment to strange objects – rubber bands, keys, light switches, etc.
- Difficulty adapting to change
- Insistent on following rigid routines
- Overly sensitive to environmental sights, sounds and smells

A child's treatment is usually tailored according to his or her individual needs. Communication with the child's parents is essential in order to understand what treatment plan the child's doctor has developed. Special education services should also be tailored to the child's individual needs. They are often placed with other developmentally-delayed kids in small groups where they can receive more individual attention and specialized instruction. However, depending on their abilities, they may also spend at least part of the school day in a regular classroom. The goal is to place kids in the least restrictive environment possible where they are still able to learn.

It is important to provide safety and structure to children with autism spectrum disorder. Significant guidelines to follow include being consistent, sticking to a highly structured schedule or routine, praising and rewarding good behaviors, and setting boundaries that they can understand. Create a "safety zone" where they can go to relax and feel safe and secure – this may need to be safety proofed for children that are prone to tantrums or self-injurious behaviors.

Children with autism can become overwhelmed by environmental and emotional factors and may require sensory breaks for emotional regulation. Some of these self-stimulatory behaviors may involve rocking, spinning, tapping, hand flapping, head banging (which can actually soothe a child as long as the surface has padding), rubbing something textured, listening to music, exercising, etc. Frequency or length of these sensory breaks can vary by the child; some children may require a break every couple of hours. One goal is for the child to develop enough self-awareness to know when they need to stabilize, self-regulate and take a sensory break, and to know how to do these things. This will ultimately help them manage better in the world.

Connecting with a child with autism can be challenging, but you don't necessarily need to talk; you can also find non-verbal ways to communicate, such as a look, a touch, the tone of your voice and your body language. You should also be aware of the child's non-verbal cues such as facial expressions, gestures, and sounds they make. Understand their strengths and weakness, likes and dislikes, and how they best learn – seeing, listening, or doing.

Observe and make yourself aware of what triggers a child's behavioral outbursts. These clues can be helpful in finding a more effective way to help. What time do these events most often happen? Does the same thing often happen first? Many behaviors are set off by an event. Tantrums can often be their way of communicating their frustration and trying to get your attention. Sometimes it just takes figuring out what the problem is. These triggers may involve:

- Sensory sensitivities – Does the room lighting change, such as turning off or on the lights? Certain sounds, such as a humming noise may be distracting; you can move the child away from it. Maybe they tune out because the material isn't engaging. If you're talking about dinosaurs and he's obsessed with machines, you can steer the topic a bit in his direction by spending some time talking about the machines used to study dinosaurs or dig up their bones. Recess may be difficult because the child realized he/she has no friends. Reach out to the other students. Don't assume they should know how to behave around an autistic child; teach them how and you may be astounded by how supportive they become.
- Inability to communicate their needs or physical pain – Are they tired, hungry, thirsty, feeling ill, or dislike the choice of food being served? Look for sources of pain – cuts/scrapes, splinters, bruises, infections, sitting position, etc. There may also be conflicts at home or school that are causing them internal stress. In these lack of communication situations, try using pictures, sign language or a keyboard instead.
- Coordination problems such as being unable to work a zipper, button a coat, place items where they want them to go, etc.

Some things in the classroom may be changeable, others are not; however there are many things you can do to fix the context, and not just the behaviors.

And don't forget to make time for fun. A child coping with autism is still a kid and there needs to be more to life than therapy. Figure out the activities that make them smile and laugh and come out of their shell. They are most likely able to enjoy these activities if they don't seem therapeutic, educational or feel like work, and there are tremendous benefits that result from spending unpressured time with you.

(Source: www.helpguide.org)