

Challenges and needs of those with asd



Challenges and Approaches

Introduction

In the modern age it is seen to be increasingly important that schools adopt inclusive education policies which support children, no matter what their individual needs (Department for Education and Skills: Qualifications and Curriculum Authority, 1999), in being able to attend their local school (Dash, 2006). Undoubtedly, there is still a good deal to be done to implement fully inclusive policies (Office for Standards in Education [Ofsted], 2004), although practitioners and educational establishments are much more aware of their responsibilities with regard to children who have special needs. The catalyst for this was the Every Child Matters initiative which emphasised the need for children to be taught skills which enabled them to remain healthy and safe, to be able to enjoy and achieve, to make an active, positive contribution and to be able to work towards being financially stable in their future lives (Department for Education and Skills [DfES], 2004a). This documentation, which culminated with the Children's Act of 2004, built upon the work of the Warnock Report (1978) and the subsequent Education Acts of 1981 and 1996. These documents provided specific definitions of what it was to have 'special needs' and allocated responsibilities to specific bodies within local authorities for the first time. It became apparent that it was essential to provide children, and indeed families, with the skills necessary for them to be able to succeed (Knowles, 2009) which involved the removal of any/all barriers to learning (Booth et al., 2000) through the provision of integrated services (DfES, 2004b). Critical to children being able to participate fully and to experience a degree of success (Mittler, 2000), is practitioners' of awareness of their approaches towards teaching children and the creation of

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positive learning environments (Corbett, 2001) which will facilitate equal opportunities for all in their classroom (Department for Education and Skills (DfES): Qualifications and Curriculum Authority (QCA), 1999; Disability Discrimination Act, 2001; Disability Act, 2001).

Although a good deal of progress has been made, there are still indications are that more needs to be done to facilitate the needs of individual children through personalising the curriculum for those who have special needs, particularly in the areas of literacy and key skills (Ofsted, 2004). Although it is acknowledged that all children, inclusive of those with Autistic Spectrum Disorder (ASD), must be afforded the opportunity to attend mainstream schools (Ainscow, 1997), there is a lack of recognition of the difficulties that practitioners face with regard to catering for the diverse needs of all children with whom they are faced in the classroom. This essay aims to highlight the needs and challenges of catering for those with ASD and discuss some of the strategies and approaches that are available for practitioners' use in the classroom environment.

Definition of Terms

Autism has been described as a life-long disability which affects development which manifests in children during the first three years of their lives (Ritvo and Freeman, 1977), although for many their condition is not always immediately obvious, leading it to be referred to as a hidden disability (Rosenblatt, 2008). The root of the term is in the Greek autos or self and refers to the tendency for those who have the condition to isolate themselves from others and engage in self-centred thought processes (Volkmar and Klim, 2005). Its use was initiated by Bleuler, a Swiss

psychologist, although the first descriptions of the condition were provided by Kanner (1943) and Asperger (1944). It was their opinion that the condition was present from birth, manifesting itself through characteristic problems such as difficulty with "... social interaction, verbal and non-verbal communication, and repetitive behaviors" (Autism Speaks, 2015a, para 1; endorsed by Frith, 2003; Evans et al., 2001) for which Wing (1988) coined the term the Triad of Impairments. It was the work of Wing and Gould (1979) and Wing (1996) which was the foundation of looking at autism as a spectrum of disorders, as a result of children being found to have difficulties across a diverse range of skills including those of social interaction, communication and imagination. The publication of the DSM-5 Diagnostic and Statistical Manual of Mental Disorders (2013) saw all autism disorders being merged into "... one umbrella diagnosis of ASD... [whereas] previously, they were recognised as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome" (Autism Speaks, 2015a, para 1). Worth (2005) also highlights the fact that those with the condition can have an excellent rote memory, an over sensitivity to sensory stimulus, a lack of coordination and difficulties with motor development.

Challenges

One of the many challenges for ASD is its diagnosis, which necessitates the recognition of difficulties in each of the areas listed above. Worth (2005) makes the point that ASD is pervasive (it has an effect on all aspects of an individual's life), developmental (begins in infancy and affects every area of development) and it is lifelong. Research into the condition (Szatari, 2003)

indicates that there are a variety of factors which could influence it, such as specific genes (Foster, 2007; Autism Speaks, 2015a) although it is recognised that there is no one, definitive cause. Since the latter part of the last century there have been increased numbers of individuals who have been diagnosed with ASD but it is a matter of debate as to whether this is the result of a greater breadth within its classification or increased awareness and willingness on the part of medical practitioners to make an early diagnosis (Powell et al., 2000). Another challenge which those with the condition face are the misconceptions about how it can affect their lives. ASD can show itself in different ways – some have learning issues whereas others display talents and gifts which can be utilised (Sicile-Kira, 2013); talents include “... auditory memory, good ‘procedural’ memory (that is, being able to picture how to do things), visual special understanding, and visual motor co-ordination” (Siegel, 2003, p. 78). Autism Speaks (2015a) state that approximate 40% of those on the spectrum have average to above average intellectual ability, whilst others have significant issues which mean that they need to be supervised constantly. Currently, there is no medical test which can be used in order to diagnose autism, although specifically trained medical practitioners are able to conduct behavioural evaluations which are specific to autism. Typically, these are conducted with children below the age of three where children have been identified by parents and Early Years practitioners as lacking in their development. However, some individuals who have ASD are only identified later in life as a result of learning, emotional and/or social issues (Autism Speaks, 2015b).

Identification of the condition will enable practitioners to evaluate an individual's strengths and weaknesses (Cross, 2004), ideally at as early a stage as possible. Communication is vital to the development of children, which makes the identification of issues critical (Cross, 2004) to their overall well-being. It is important that practitioners gather detailed information about specific individuals as opposed to working with generic information (Brooks et al., 2004) with regard to ASD. Schools are able to utilise standard tests such as the Cognitive Abilities Test (CAT) and the Wechsler Intelligence Scale for Children (WISC) to determine children's general skill levels and verbal ability/performance, providing them with both information and insight into the issues which each child may face (Moore-Brown, 2006; Wittemeyer et al., 2012). In addition, dynamic assessment is a useful tool in order to develop personalised learning packages and approaches which cater for the needs of specific individuals (Moore-Brown et al., 2006; Reid, 2003). These need to be planned and reviewed on a regular basis, involving practitioners, parents and the children themselves in line with the specifications laid down by the government (Department for Education, [DfE] 2012; DfE/Department of Health, 2014).

Approaches

The strategies and approaches that can be employed by educators can target specific characteristics within individuals or follow a range of options in order to address a number of issues in a fixed period, although it must be noted that there is no single accepted way to approach the issue of ASD.

Applied Behavioural Analysis (ABA) is a method which concentrates on pupil behaviour; it can be described as "... the science in which procedures

derived from the principles of behaviour are systematically applied to a meaningful degree and to demonstrate experimentally that the procedures employed were responsible for the improvement in that behaviour” (Hudson, 2003 in Ollendick and Schroeder, 2003, p. 36 paraphrasing Baer, Wolff and Risley, 1968). This psychological approach seeks to amend learning behaviour to overcome set behavioural habits (Wolpe, 1985) through observing behaviour (Bailey and Burch, 2002) and applying positive reinforcement (National Autistic Society, 2015). Another method which makes use of behaviourist principles is that of Discrete Trial Training (DTT); it utilises a structured, routine forming approach to teaching and learning which allows learners to learn desired behaviour through following a distinct pattern in order to achieve their goals, even if stages needs to be repeated or there needs to be engagement with further trials in order to consolidate learning (Luiselli et al., 2008). It is important to both of these methods that parents also interact with their children, engaging in similar reinforcement routines at home, so that they are in receipt of consistent messages at the different environments in which they spend their lives.

An interactive approach is also adopted in the ‘ Play Approach’, which enhances development through play by focusing upon the improvement of thinking skills and communication using symbols, signs and gestures whilst simultaneously improving their interaction with others in a social situation (Rogers et al., 1986). A key worker is involved in building a relationship with individual children with this approach, which is similar to the way in which adults interact with children whilst utilising Communication Approaches such as the Picture Exchange Communication System (PECS). This particular

system is designed in order to improve learners' interaction with those around them (Bogdashina, 2005) through using cards rather than language in its initial stages to indicate what it is they wish to say. As they become more confident, they substitute the card for a verbal interaction, thus building up their confidence and competence in using language. Social stories also encourage interaction with those around them, whilst addressing social situations and conventions which learners find difficult (for example, the need to shut the door when they are using the toilet). These stories are designed to describe a situation using where, what and why sentences which provide clues as to the right responses in a given situation, while simultaneously describing the feelings and reactions of the various characters involved in the story, in order that those with ASD can appreciate different perspectives (Plimley and Bowen, 2007). These stories become increasingly complex as children gain in confidence, to the point where they engage with the writing of social stories, which further enhances their communication skills.

Social skills can also be improved as a result of schools adopting a buddy system, which allows pupils to provide help for each other at particular times of the day which can prove problematic, such as before school, break and lunch times, during group work and in PE lessons (DfE, n. d.). Children's behaviour in these situations and their approaches to others can be directly influenced as a result of their peers and practitioners approaching them in the correct way; for example, using simple language, being encouraging, talking directly with them, using diagrams and pictures to develop communication skills and utilising some form of home/school diary to aid

communication between the school and parents/carers (DfE, n. d.). Learners' ability to act appropriately in social situations is also improved by poor behaviour being challenged, and practitioners learning to identify triggers which are the catalyst for changes in behaviour. Learners also need to be provided with a means through which they are able to control their own behaviour; for example, utilising a coloured card in order to be able to take a 'timeout' to calm themselves and through adopting set routines which make ASD children feel comfortable in their environment (DfE, n. d.).

Conclusion

Every person who has ASD is different and the way in which their condition manifests itself is different. This makes providing for their needs problematic for practitioners in the educational environment as a 'one size fits all' approach will not provide them with opportunities for a truly inclusive education. It is evident that this creates enormous challenges for everyone involved in their education in a variety of different areas – cognitive development, social development and social interaction are all key elements of children's learning which must be addressed in a systematic and clear manner for those who are diagnosed as having ASD. This requires dedication and application from both practitioners and parents to ensure that the children's needs are recognised in the first instance, and subsequently catered for through the careful design and implementation of strategies which will enable them to find a place within the school community and society as a whole. It is important that everyone within the school environment/community is aware of the need to accept diversity in all its forms and that they are exposed to appropriate role models to demonstrate

this attitude. This begins in classrooms, where teachers can foster tolerant attitudes towards those who experience difficulties and who are deemed to be 'different', and through a consistent application of the interventions that have been agreed with parents/carers and local authorities.

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