Child with autism

Business

In Autism since I had the opportunity to work alongside kids with Autism this summer.

Seeing how their minds worked and how they processed information was astounding to me. Ever since this experience, I have fallen in love with children with Autism and I am always thriving to learn more about them. With this being said, I am looking to do my research on a child with Autism. I will be looking into the question how does Autism affect language development in children? Under this broad topic I will be specifically looking into why their pragmatic engage Is Impaired.

To find my Information I will Interview my child's parents.

I will do my own observations both In the home and at school. Finally, I will research scholarly articles that are based off of good scientific research in my subject field. I want to become more informed about children with Autism and why their language development is impaired in the ways that it is. In doing so, I feel that I can become a more informed teacher which I can use to my advantage in my classroom. I will know how to make children with Autism that are In my class successful both In class and In social situations.

Section 2: Research

Article #1 Measuring Pragmatic Language In Speakers with Autism Spectrum Disorders: Comparing the Children's Communication Checklist? 2 and the Test of Pragmatic Language " 1 in 165 children" (Phillips, Evolved, 2010, p.

204). The number of children that are prevalent with some type of Autism Spectrum Disorder (SAD) as stated by Joanne Evolved and Linda Phillips. It is

a statistic that is on the rise and highly debated. It is a statistic that greatly affects classrooms across the nation. And yet, how to we help these children to the best of our abilities? An aspect that Is being highly overlooked Is pragmatic impairments.

Children with an SAD have a greater chance of having a pragmatic dysfunction than do typical' children (Phillips, Evolved, 2010, p.

205). How do we help children that are having these issues? How do we even diagnose these types of Language Development impairments? This article points to two of the ways this is being done: The Test of Pragmatic Language and The Children's Communication Checklist – 2. This article examines the validity of two tests: The Test 2) (Phillips, Evolved, 2010, p. 205). Each test was made to identify " pragmatic impairments" in children with high functioning SAD (Phillips, Evolved, 2010, p. 05).

The study identifies the difficulties that children with SAD have with pragmatic language -these children have " peculiar and out of place (communication) in ordinary conversation" (Router, 1965, p. 41); may " fail to develop (a) topic by contributing new, relevant information" among other minor things (Phillips, Evolved, 2010, p. 204). Each test was developed to measure pragmatic dysfunctions in children so they may receive the support needed to thrive in everyday life. " Pragmatic language has proven (to be) difficult to assess.

.. Because) the (general) structure of formal testing procedures fails to capture flexible adjustment to changing resistances" (Phillips, Evolved, 2010,

p. 205). The TOP test “ samples a range of typically developing pragmatic behaviors” (Phillips, Evolved, 2010, p.

205). The test compares students that have typical development pragmatic skills and students that have been diagnosed with high functioning SAD. The ICC-2, on the other hand is “ designed to screen for clinically significant communication problem of any type and (identifies) pragmatic language impairments” (Phillips, Evolved, 2010 p. 205-206).

So while the ICC-2 does test of pragmatic language impairments it also screens for communication impairments as well.

The TOP test is scored using a summary score called the “ Language Quotient” (Phillips, Evolved, 2010, p. 207). The Language Quotient is expressed as a “ standard score with a mean of 100 (SD = 1 5) (Phillips, Evolved, 2010, p. 207). According to Phillips and Evolved, Language Quotients of are interpreted as poor, and quotients below 70 are interpreted as very poor” (2010, p. 207).

The cutoff score indicating a pragmatic impairment in the child was designated as 79 (Phillips, Evolved, 2010, p. 207).

The ICC-2 on the other hand derives two composite scores that are interpreted allowing for a greater variety of information to be processed and taken into account while interpreting whether or not a child with high functioning SAD has pragmatic issues or not. These two composite scores are the ICC that is expressed by a standard score “ with a mean of 100 (SD = 15) and the SIDE (Phillips, voided, 2010, p. 207). If a ICC score less than 80,

it indicated a communicative impairment: not a pragmatic impairment (Phillips, Evolved, 2010, p.

207). On the other hand, a negative SIDE score represents a pragmatic issue. If the SIDE score is -15 or below Bishop (2003) suggests that pragmatic language impairment is present regardless of the ICC score (Phillips, Evolved, 2010, p. 207). So what does all of this mean? It was shown that both tests can in fact show whether or not a child with high functioning SAD has an issue with pragmatics.

But how valid are these tests? Both tests ended with different results. The TOP test showed that " 9 out of 16 students with SAD were pragmatically impaired" while the ICC-2 identified " 13 out of the 16" (Phillips, Evolved, 2010, p. 08). While it is known that students with SAD do in fact have pragmatic impairments is there a chance that not every student will have this type of impairment? It is hard to ell what test was more reliable in this situation for biases and cultural considerations were not taken into effect. However, it is a start.

The article states that " the ICC-2 would be better at identification because the test included items designated to tap a broad range of pragmatic symptoms that are frequently reported development" (Phillips, Evolved, 2010, p. 209).

This study does prove to have a lot of vital information in regards to pragmatic dysfunctions in children with high functioning SAD. However, it does say that the study was small: " This study is limited y its small sample size and by restricting participation to those who had structural language

scores within typical limits” (Phillips, Evolved, 2010, p. 210). With that being said, it would not be reliable to extrapolate the information from this study to schools across the nation.

This study only used children that were diagnosed as high functioning SAD.

It would be important that other studies be done using children across the spectrum to see if the results were reliable. It would also be important to use other students with Intellectual Disabilities or even students that have been armorial diagnosed with a Language Disorder to see how the validity of each test would withstand against these types of children. And although there is a lot that this study could have done further to prove their point, the information is still interesting and conclusive in its own regard. It is important that these types of tests continue to grow and evolve in our everyday world.

If these tests can further prove to diagnose students with pragmatic impairments, it would be incredible in the world of teaching.

Students with pragmatic impairments are being over looked and swept under the rug cause they are not diagnosed as atypical in this aspect of Language Development. And while not all children with high functioning SAD have pragmatic impairments, there are large numbers of children that do exhibit these dysfunctions. As teachers, it is vital that these children, diagnosed with SAD or not, get the necessary treatment plans and resources to allow them to excel.

Whether that be through an PIE or 504 plan, students need not be ignored because there is not a way to formally diagnose their language dysfunction.

And while this article does state that the ICC-2 may be he better route to diagnose these children, it is important to use either the ICC-2 or the TOP test rather than nothing at all as a start to diagnose a child. Once a child is assessed and diagnosed not only will that child be able to learn in the school setting but in the home setting as well.

For although it may not always be good to label a child, having that label will allow for the child to have adequate and necessary treatment to allow for further success. Pragmatic dysfunctions, when treated early, can make a large impact on a child's life. Growing up to know when the right time is o say certain things can be essential when trying to obtain a Job or Just talking in public. As teachers, these language issue needs to be taken into account more often and more seriously. Children are slipping through the cracks because teachers are uneducated as to how to formally diagnose and help these issues.

Article #2 Brief Report: Pragmatic Language in Autism Spectrum Disorder: Relationships in Measures of Ability and Disability Pragmatic language is something that we use on a day to day basis whether we know it or not. Talking to a single person, talking to a group, or even listening to another errors talk is all included in pragmatic language skills. Children, especially children with Autism, often lack pragmatic language. Children with Autism generally have could even be diagnosed as having a pragmatic language dysfunction.

Their speech is often considered “ peculiar and out of place in ordinary conversations” and “ irrelevant” (Bryon, Colonial, Garçon, Evolved, White, 2008, p.

388). “ Pragmatics is consistently agreed upon as the domain that is specifically and universally impaired in Autism Spectrum Disorders” (Bryon, Colonial, Garçon, Evolved, White, 2008, p. 388). With this all being said, why is pragmatic language so often pushed to the side? Should pragmatic language be considered an important factor in considering a person’s long-term ability to function effectively in his or her community?

Students with Autism may or may not have structural language difficulties paired with pragmatic language difficulties as well. Do structural language difficulties predict pragmatic language difficulties? This study that was done measured the “ contributions of nonverbal cognitive and structural language skills to the prediction of pragmatic language scores” (Bryon, Colonial, Garçon, Evolved, White, 2008, p.

91). The study was done on “ 37 children aged 6-13 years who met the criteria of Autism/ SAD” (Bryon, Colonial, Garçon, Evolved, White, 2008, p. 389).

This study showed that pragmatic language, as measured by the TOP, is strongly related to, but not dictated by, structural language. Structural language plays a part in pragmatic language, but it is not the driving force behind it. A student with Autism may have nearly perfect structural language but lack pragmatic language.

Whereas another student may lack structural language and pragmatic language. Every student is different. These results imply state that structural language and pragmatic language are related in some way. How they are related, however, was not stated.

The study also shows, as predicted, that if a child has better pragmatic skills, they were linked to fewer SAD communicative symptoms. Better pragmatic language was also linked to fewer symptoms in the social domain.

These findings underscores how central the theme is between SAD symptoms and social communication. This study, done mostly on children with High-functioning Autism, increases the evidence that children with Autism cannot help the way that they act in social settings. They cannot help that they can’t hold a conversation, among other things.

Children with Autism are different: in a good way. Although they may not be able to communicate effectively and appropriately, they are so good at so many different things. Communication Just happens to not necessarily be one of those things.

This study has its flaws. The study should not be extrapolated to large groups, although the results are informative and interesting. The study was only done on a small sample size. The children that were selected “ functioned within normal limits on most measures” (Bryon, Colonial, Garçon, Evolved, White, 2008, p. 92).

Having a larger sample size with children of different functions’ will prove to be more effective in showing the same results, assuming they will come out

the same way. So, what is the point of this study? It can be stated that students with SAD have pragmatic language difficulties. It can be stated that students with SAD have structural language difficulties. It can be stated that these are intertwined within one another. But what does this all mean in the life of the child? How can this information better the life of a student wit SAD?

The study suggests the importance of developing a “ comprehensive (assessment) of pragmatic engage to help document a person’s level of disability’ (Bryon, Colonial, Garçon, intervene in functional, community based contexts so students can develop social skills needed across all domains.

Students will be able to grow individually to further their importance in their community. Should pragmatic language be considered an important factor in considering a person’s long-term ability to function effectively in his or her community? With the information given, all signs point to yes.

Pragmatic language is an essential part in a student’s life. It allows students to function in everyday social situations. Students that lack pragmatic language are set back because of their inability to function ‘ normally. “ It stands at the intersection of language and social skills, impairments central to defining features of SAD” (Bryon, Colonial, Garçon, Evolved, White, 2008, p.

391). Article # 3: Diagnostic Differences of Autism Spectrum Disorder s and Pragmatic Language Impairment Children with Autism are generally associated with having pragmatic language impairments.

However, not all children that have pragmatic language impairments have Autism. So, along with difficulty in social communication settings, what else do Hess children have in common? Do children with Autism get labeled as having a pragmatic language impairments because they actually have a pragmatic language impairment or do their Autism symptoms overlap with those of pragmatic language impairments? Do children with Autism and children with pragmatic language impairments show comparable levels of behaviors associated with the ‘ autism triad’ (Cornish, Forefront, & Resigned, 2011, p. 701)? The study sought out to answer these questions. The Autism triad is composed of three components.

Component one involved the social and emotional aspect of development. Children with Autism in this area will have trouble with making friends, managing unstructured parts of the day, and working co-operatively. The second component is language and communication. Children with Autism will have difficulties in this area including difficulties understanding Jokes and sarcasm, social use of language, literal interpretations, and body language and facial expressions.

Finally, the third and final component of the Autism triad is flexibility of thought (imagination). In this area, children will struggle with coping with changes in routine and empathy.

The study as done with “ forty-one children with communication impairments aged 7-15 years” (Cornish, Forefront, & Resigned, 2011, p. 1696). Each child was tested using both the Autism Diagnostic Observation Schedule (DADOS)

and Social Communication Questionnaire (SQ). The purpose of these tests was to compare the scores of children with SAD and children with PL.

These tests would then show whether the children have comparable levels of behaviors associated with the autism triad.

The diagnostic cut-off scores of each test were examined and measured. Overall, the results from the DADOS and SQ showed that children with PL have less severe impairments related to the autism triad as compared to children with SAD. However, the sub domains of these tests could not always differentiate between children with PL and children with SAD in reference to their scores. When the combined measures with SAD that show signs of PL. Cases could not be differentiated (Cornish, Forefront, & Resigned, 2011, p.

1701). Therefore, it was concluded that using DADOS and SQ alone were not strong predictors in differentiating between SAD and PL. This study then goes on to support the theory that there are subtle differences between SAD and PL. Children with PL have “ significant difficulties socializing” (Cornish, Forefront, & Resigned, 2011, p. 1702).

Because of these difficulties, children with PL have an increased risk for problem behaviors related to Autism.

The difficulties that these children have in relation to their colonization lead to an increased risk of frustration and anxiety, and in turn “ an increase in expression of abnormal behaviors” (Cornish, Forefront, & Resigned, 2011, p. 1702). This same relationship was not found in children with SAD. This may be due to the fact that children with SAD lack a sense of awareness of their

surroundings and do not allow heir surroundings to get to them in the way that children with PL may. This is not true, however, of all children with SAD.

This study examined children with SAD that were not diagnosed in having PL.

Children that are combine with SAD and PL will experience the frustration, the anxiety, and the increased behaviors. Even some children that have SAD but not PL could essentially still show these frustrations in social contexts. Looking back at the Autism triad after reading this article, children with PL and children with SAD really only share equal difficulties in one area: engage and communication. And not to say that this will always be what is shared amongst these two different diagnoses, but this is what will be most common amongst the two.

The overlapping symptoms does not mean that children who have been diagnosed with PL should also be diagnosed with SAD, but rather that they share common characteristics about their speech and communication, especially in Article #4 An Exploration of Causes of Non-Literal Language Problems in Individuals with Aspirer Syndrome It is known that children with Autism show difficulties in pragmatic language. “ One f the key features characteristic of individuals with high functioning Autism is a marked disruption to the ability to engage in social communication” (Martin & McDonald, 2004, p. 11). The question that is never brought up, however, is why these children are at an increased risk for having pragmatic language difficulties. Article after article, case study after case study all talk about the signs and symptoms of pragmatic language impairments (PL) in children with

Autism Spectrum Disorders (SAD). They talk about how to test for PL and intervention techniques that can prove to be beneficial for the child.

This article explores what others do not: the why of pragmatic language.

Knowing the cause of pragmatic language impairments in children should essentially lead to potential remedies to help treat children that are affected. There are two competing hypotheses that are correlated with pragmatic deficits. The first is Theory of Mind (TOM). This may be " the most prominent position on the causation of social communication in SAD" (Martin & McDonald, 2004, p.

311). States, and, furthermore, to use those representations to understand predict, and judge others' utterances and behavior" (Martin & McDonald, 2004, p. 12).

The ability to infer mental states of another individual is pivotal in engaging in effective pragmatic communication. " Deficits in TOM have been observed in individuals with SAD across a range of age groups and IQ ability' (Martin & McDonald, 2004, p. 312).

The comprehension of non-literal language relies on a person's TOM capacity. Therefore, children with SAD who have difficulty understanding metaphors or irony in another person's speech could essentially blame their lack of TOM. With a lack of TOM, children will not be able to communicate effectively with another person.

Their beech will be egocentric and will lack empathy. The second hypothesis that is correlated with pragmatic deficits seen in children with SAD is the notion of weak central coherence (WAC).

WAC is not as strong of a thesis as TOM is. WAC refers to how language is processed. It's argued that, according to the WAC theory, " language is processed in a kind of fragmented isolation without reference to the social context in which it occurs" (Martin & McDonald, 2004, p. 312). In accordance with WAC, children with SAD display difficulties when they interpret words according to the context of the sentence given.

WAC predicts that individuals with Autism should be impaired in their ability to achieve local linguistic coherence" (Martin & McDonald, 2004, p. 313). Children with Autism are also less able to " draw coherence inferences, or themes across, a set of statements" (Martin & McDonald, 2004, p. 313). While these two theories are seemingly informational and reliable, their validity is questionable. Therefore, a study was performed to establish validity among the two theories.

" The primary aim of this study was to compare the competing theories of social interference" (Martin & McDonald, 2004, p. 15). Two predictions were made about TOM and WAC: " If deficits in TOM underlie pragmatic ability, then deficits in social interference should be significantly associated with deficits in pragmatic ability. However, impairments in social inference making should not be associated with either general inference ability, or the ability to integrate perceptual information. If WAC underlies pragmatic ability, then the ability to organize perceptual details into meaningful wholes

should be significantly associated with the ability to make pragmatic inferences.

Furthermore, this ability should be related to the capacity to make mineral and social inferences, as both these abilities require the capacity of drawing together disparate sources of information to infer meaning” (Martin & McDonald, 2004, p. 315). The results showed that “ students with SAD were found to be impaired on both the mental inference questions and the non-mental control inference questions” (Martin & McDonald, 2004, p. 325). Therefore, their difficulty with TOM reasoning extended from one activity to the next, whereas WAC was only seen a small portion of the activities performed.

WAC was assessed and found to not be related to pragmatic engage ability. However, this study was done solely on testing children on processing visual-spatial information. It is unclear and not studied whether WAC with pragmatic communication (Martin & McDonald, 2004, p. 326). More research, of course, would have to be done to replicate the information done in this study.

This small sample size that was used has limited power in showing the true difference between the two competing theories that are TOM and WAC.

Furthermore, with more research, it could be shown what other types of language deficits are applicable using these explanations. Article #5: The Social Communication Intervention Project: A randomized controlled trial of the effectiveness of speech and language therapy for school-age children who have pragmatic and social communication problems with or without

autism spectrum disorder There has recently been a strong push to increase language therapy for students with Pragmatic Language Impairments (PL).

Pragmatic language is an underexploited field that has increasing numbers of diagnoses year to year. No real therapy is implemented in school systems for children that have PL.

“ There is little robust evidence of effectiveness of speech-language interventions which target the engage, pragmatic or social communication needs of these children” (Adams, Earl, Freed, Eaglet, Green, Law, Location, Mclean, Nash, & Vail, 2012, p 233). This study aimed to assess the effectiveness of one particular type of language therapy aimed at children with PL with or without Autism Spectrum Disorder.

The aims of the study at hand were to “ examine the effectiveness of an intensive analyzed social communication speech and language intervention in improving language skills and observed pragmatic ability’ (Adams, Earl, Freed, Eaglet, Green, Law, Location, Mclean, Nash, & Vail, 2012, p 233). The study that was performed was a small-scale randomized controlled trial. The trial was aimed to compare the effects of Social Communication Intervention (SHIP) compared with treatment as usual (TAO) on a standardized language assessment. Children either received SHIP intervention or TAUT intervention.

The results then showed what type of intervention was more effective for children with PL. Participants that received SHIP ceased all other intervention programs when they began this formal intervention program. Children that were receiving SHIP sat down for “ 16 to 20 individual face-to-face one hour sessions of intervention in school over the course of one school term”

(Adams, Earl, Freed, Eaglet, Green, Law, Location, Mclean, Nash, & Vail, 2012, p 236). Each child received an individualized intervention strategy that was derived from a manual as to ensure that intervention was consistent amongst all participants.

Two specialist speech and language therapists and five specially trained therapy assistants delivered the experimental treatment. Children that received TAUT continued with their regular/typical treatment that was being provided by their local speech and language therapy services.

After the children had finished their intervention treatment plan for their pragmatic language impairment, they took the CLEF-4 to measure their general language ability. The participants also took a secondary Conversation (TOPIC). The outcomes of the CLEF-4 along with secondary measures did not show a significant intervention effect for SHIP compared with TAO.

The article does state, however, that " the overall conclusion provided in SHIP is effective at improving overall conversational quality in 6-11 year olds who have significant pragmatic and social communication needs compared with TAO" (Adams, Earl, Freed, Eaglet, Green, Law, Location, Mclean, Nash, & Vail, 2012, p 242). These conclusions do not match the evidence that the study provides, however. This may be due to the fact that the children that were selected for this individualized intervention program were so diverse in their backgrounds and diagnoses.

This sample was also small. Providing more research with a more consistent group may show results more of what the study intended. The amount of

therapy was also constrained by the study. In reality, some of the children may have needed more or less therapy to achieve maximum potential. Although the results of the study were not consistent with the conclusion, the article does make some good points.

More research must be done to show the effects of a structured individualized intervention program for students with PL and SAD.

With the increasing numbers of SAD diagnoses, PL diagnoses soon too will be on the rise. Children deserve the best possible intervention and therapy needed, so why are children with PL getting cut short of this due to lack of research? In the upcoming years, there is sure to be more done on this particular topic to ensure that students will in fact receive the treatment that they need. Section 3: Data Collection I had the opportunity to work with a student that I taught over the summer. ‘ A’ is 8 years old and is in third grade.

He is an energetic, fun, loving boy.

A has Autism and trouble with his pragmatic language. Although A has never been formally diagnosed with a Pragmatic Language Impairment, it is evident that he shows the signs and symptoms. As discussed in the interview paper, As mother does not want him to be diagnosed with PL for she does not want him to have another label on top of the others he already has. As I mentioned, I observed A first over the summer while I aught him at a camp which was for students with Autism and social difficulties. At first, A was a quiet and compliant student for the first week or so.

However, I later found out he was only testing the waters. After A felt comfortable in the classroom, he swore on a regular basis, had social outbursts, never raised his hand, etc. A went from being an angel to one of the most difficult children in the classroom. I was baffled as to what we were supposed to do. On a regular basis, A was talking out of turn and was talking in ways not appropriate for students of his age. I also observed hat A, when talking with a peer, did not allow his peer to engage in a conversation with him.

It was a one-sided conversation, all with A talking.

After talking to As mother about our concerns, l, along with my other classroom staff members, came up with a positive behavior plan that A used in his classroom and at home. I distinctly remember As mother telling us that she was so sorry that he was acting the way that we was and that it was probably because he wasn’t in his typical routine. I also remember her telling us that once we put into action this behavior plan that his pragmatic language difficulties would slightly decrease. And, Just like she had him for this, we applauded him for using his words to communicate.

However, we then asked him why he would use the words that he chose and once he calmed down we would ask him if he felt those words were appropriate for the context he used them.

We would then brain storm together ideas of words that he could use instead of the swear words (or even inappropriate words). We would then replay the situation and A would use the words that were brainstormed rather than the original words that he chose. Another thing we began to do, not Just with A,

but with all of our hillier in our classroom was to use a tennis ball when having a conversation.

We encouraged the children to pass the tennis ball back and forth when they were talking with one another to discourage one sided conversations. We told the children that they should not have the tennis ball the whole time they were talking and that you could only talk for long sentences if you had the tennis ball in your hands.

We saw a great improvement not only in As conversations but in the conversations in all of the children as well. Along with my experiences with A over the summer, I got to e A in his classroom this year.

Although I only got to spend a little over two hours with him, I saw a lot of the same techniques used over the summer in his classroom here as well. I think this is because of what his mother said to us over the summer: A does well with a consistent routine. The thing that I found interesting about A in his classroom is that his Therapeutic Support Staff (TTS) was the one who would talk to A if he had an outbreak.

I am sure that this is because the teacher does not always have time to sit down and talk to A individually, but I personally feel that it is important to help shape As pragmatic language.

Finally, I observed A in his home as well. I feel that A acts different in his home than in school because he knows how to push his mom and dad’s buttons. They of course use the same techniques in the classroom as they do at home. However, they are more firm with him.

They expect a lot out of A. It is extremely evident that they love and care for him and they only want the best for him. That is why they have gone to such extreme measures to make him be as successful as possible in regards to his pragmatic language. (Checklist Attached from Observation)

Section 4 Interview A? Student Where do you see (student) have the most difficulties with pragmatic language (I. E.

In the classroom, at home, out in public)? -We feel that A has the most trouble with his pragmatic language when we are out in public. However, that may be Just because we are more aware of our surroundings at the time. However, it really does depend on the day. When he is out of routine at home we see that he has a lot of trouble with a lot of different things, his pragmatic language being one of them. When did you start to notice that (student) has difficulties with pragmatic language?