

# [Do children with high functioning autism benefit from school inclusion?](https://assignbuster.com/do-children-with-high-functioning-autism-benefit-from-school-inclusion/)

Statement of the Problem

Children with high functioning autism benefit from school inclusion; academically, socially, and emotionally. When children with high functioning autism are paired with typical children, they pick up on their behaviors and mimic them. Once they are displaying these typical behaviors, they are then more socially accepted (Smith, Watthen Lovaas, & Lovaas, 2002). After they are more socially accepted, they are emotionally healthier and happier. With new friends and new confidence, they will perform better academically ( Bauminger, Shulman, & Agam, 2004).

Justification for and Significance of the Study

For many years children with high functioning autism have been separated from typically functioning peers in school. In recent years, schools have begun transferring to inclusion classrooms. This means children with special needs are placed in the regular classrooms, for most or all of the school day. There still remains schools who are skeptical of this type of education. A child’s overall school experience is a combination of academics, and social interactions. “ Children who lack social skills do not have the skills needed to interact with peers according to social norms. This affects them both socially and academically in terms of development (Rao, Beidal, & Murray, 2007).” Combining these two for children with high functioning autism is crucial, as they are codependent. “ Children who had advanced social skills at age six performed better academically and word reading by age nine (Estes, Rivera, Bryan, Cali, & Dawson, 2010).”

Autism Spectrum Disorder

Autism spectrum disorder is a neurological disorder recognized by the Diagnostic and Statistical Manual of Mental Disorders (DSM). Autism is said to affect approximately 1% of the population across the world (American Psychatric Association, 2013). The DSM defines the autism criteria as “ Persistent impairment in reciprocal social communication and social interaction, restricted and repetitive patterns of behavior, interests, or activities, is present from early childhood, and limits or impairs everyday functioning (American Psychatric Association, 2013).” The symptoms of autism can be recognized by age two. By the time a child is enrolled into elementary school, a diagnosis is typically given or ruled out. It is important to note that children diagnosed with autism can range from mild, moderate, to severe, which is why it is a spectrum disorder. Language disorders accompanying autism are common. These language disorders are often one of the majority causes of school problems. Children diagnosed with autism often are diagnosed with others disorders as well such as a genetic, medical, neurodevelopmental, mental, and behavioral disorders (American Psychatric Association, 2013).

High functioning autism is also referred as mild autism, Asperger’s, level 1 autism requiring support, and autism higher in the spectrum. It differs from the other levels of autism in the sense that deficiencies are less severe, however are present in social communicating causing noticeable impairments. “ Children with high functioning autism have difficulty initiating social interactions, unsuccessful responses in social situations, and/or little or no interest in social interactions. These children typically can speak in full sentences, however their back and forth communication fails, and their attempts to make friends are typically unsuccessful. Their inflexibility of behavior, difficulty switching between activities, and problems of organization and planning, interfere with functioning and independence (American Psychatric Association, 2013).”

Self-contained and Inclusion classroom

Self-contained classes are specifically designed for children with special needs and/or behaviors. Some examples of behaviors are; noncompliance, disruptive behavior, and refusal to complete work. These classrooms are typically much smaller. The work is specifically modified either by class or student, and there are often multiple teachers in the classroom. The expectations in these classrooms are much lower than those in typical classrooms. Inclusion classrooms are classes that have both typically functioning children, and children with special needs, including high functioning autism. The students with special needs receive modified work and an extra teacher to assist them. Studies have shown improvements in children with autism who have been integrated in school. “ Children who are higher functioning and whose deficits are less sever,  are able to make more progress in the inclusive settings than in the self-contained settings (Holahan & Costenbader, 2000).”

Academics

When diagnosing autism spectrum disorder there is an option for “ Specification of with accompanying intellectual impairment or without accompanying intellectual impairment (American Psychatric Association, 2013).” “ This is because intellectual and language impairments can be seen in children with autism. Children with autism who have average or high intelligence often still struggle in certain areas, while excelling in others. The gap between intellectual and adaptive functional skills is often large.” A study done in 2010 to determine the academic achievement verse the expected achievement by parents and teachers of children diagnosed with autism found that there was a difference between observed achievement score and predicted achievement score. The results found a 10 or more in Spelling, 8 or more in word reading, and 11 or more in basic number skills (Estes, Rivera, Bryan, Cali, & Dawson, 2010).”

Social Skills

“ In children with autism spectrum disorder, the lack of social communication abilities may delay learning through social interactions in settings with peers (American Psychatric Association, 2013).” The most obvious symptom of autism for individuals who are higher functioning, are their social skills. “ Deficits in the ability to engage with others such as sharing thoughts and feelings are evident in young children with autism spectrum disorder. They may show little or no initiation of social interaction and sharing of emotions. They may also display little or no imitation of others’ behavior. When they are verbal, their communication is often one-sided, and is used to ask for things, or label items. Often, they do not have the ability to engage in conversation or share thoughts and feelings. (American Psychatric Association, 2013).” Fortunately, social interactions are skills that can be learned and improved. Since children are impressionable of others’ behaviors, the more time they spend with typically behaving individuals, the better they will be able to perform socially (Smith, Watthen Lovaas, & Lovaas, 2002). Multiple studies done over years have shown that pairing a child with autism with a typically functioning child improves the child with autisms social skills (Laushey & Heflin, 2000).

Mental Health and Children with Autism

“ Individuals who are diagnosed with autism spectrum disorder, commonly present with anxiety and depression (American Psychatric Association, 2013).” There is emerging evidence that depression is probably the most common psychiatric disorder that occurs in autistic persons. Children with higher functioning autism are generally aware of their differences from other children. They may consider themselves less competent, giving them a lower self-worth. This predisposition them to depression (Ghaziuddin, Ghaziuddin, & Greden, 2002). Children with autism are often victims of bullying as well (Zablotsky, Bradshaw, Anderson, & Law, 2013). One way to improve the mental health of children with autism is help them become socially accepted by their peers. “ In children with high-functioning children, the lack of friendships correlates with loneliness and self-perception. Children who perceived their social relationship with a friend as high in companionship, help, security, and closeness also perceived themselves as less lonely. The perception of one’s own scholastic competence signiﬁcantly positively correlated with a friendship characterized by companionship, helping, and closeness

( Bauminger, Shulman, & Agam, 2004).”

Methodology

Sample

The sample will be one hundred children aged eight to eleven, who are diagnosed with high functioning autism spectrum disorder, and spend at least 75% of their school day in a self-contained classroom. A large majority of children diagnosed with autism are male, resulting in 70 of the students being boys and 30 of them being girls. The sample will include all English-speaking children, varying in ethnicities. The group will be created by gathering elementary schools across Rhode Island and sampling children from each school district. The compensation for the parents and school of the participants will be the results. Participation of the study will help to improve circumstances for children in the contained classrooms, possibly prompting classroom changes for the schools involved.

Research Design

Licensed clinical social workers and psychologists will do initial assessments on the children participating in the study who are currently in self-contained classrooms. These assessments will scale their academics, social skills, and emotional status. After they have completed scores for each child, they will move them to their schools typical and age appropriate classroom, where they will spend at least 75% of their school day (not including lunch or recess). They will not spend 100% of the school day as most of these children also receive other school-based services such as physical therapy, speech therapy, and occupational therapy. In order for them to receive those services they are removed from their classroom for a period of time. So as to not imped those services, the study will be based on the rest of the time they are spent in the classroom. Those children who do not receive services will be taken out of the classroom for the same amount of time to keep the results consistent. They will be allowed to engage in other activities during that time. They will remain in the typical classrooms for one month. During that month they will receive modified work as needed to continue to support their educational needs. Their IEP (individualized education program) will continue to be supported. There will also be extra teachers assisting the study participant children. The participants will be encouraged to actively engage with their typically functioning peers. They will be partnered with them for school work, and recreational activities as often as possible. The ideal ratio of children with autism and their typical peers will be 3: 12. After the month is over, the same tests administered previously will be re-administered by the same licensed clinical social worker or psychologist. The initial tests, and the test afterword, will be compared by each child, and as a group whole.

Scales

To determine initial academic and social scores, the licensed clinical social workers and psychologists will use the Social Skills Improvement System- Performance Screening Guide (Elliot and Gresham, 2007). “ This scale measures social skills, such as: cooperation, assertion, responsibility, self-control, communication, empathy, engagement. This scale also measures problem behaviors, such as: internalizing, externalizing, bullying, hyper activity, autism spectrum. Lastly, it measures academic competence, using teachers scores. There are up to 49 items for each scale, and they are rated by a 4-3-point frequency from 0-3 (Gresham, Vance, Elliott, & Cook, 2011).”

To determine initial emotional and mental health scores, they will use the Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2007).  These scales measure emotional and behavioral strengths and weaknesses in students from preschool to high school, assessing both internalizing and externalizing problems as well as school-related difficulties and adaptive skills. There are three parallel report forms – student, parent, and teacher – each composed of 25-30 items, designed to be completed in 5 minutes or less. There are four response options for each item; never, sometimes, often, almost always. This score is conceptualized as the student’s risk-level classification for emotional and behavioral problems and can fall within the range of one of three categories: normal, elevated, or extremely elevated (Renshaw, et al., 2009).” Both scales will be used at the beginning and at the end of the month to measure the impact of treatment.

Analysis for Results

Academics, Social Interactions, and Emotions

To scale each child’s individual scores, an analysis of variance (ANOVA) will be used for all the children diagnosed with high functioning autism. Their initial academic scores, social skills scores, and behavioral/emotion scores will be graphed. Their final scores will be graphed in the same fashion as well. The hypothesis suggests each child’s scores will improve, in each separate category, after they’ve been in the inclusion classroom for a month. The hypothesis suggests there will be a positive correlation between the scores.

Self-contained Class and Inclusion Class

The simple experiment results for the before and after scores will be statistically measured by a t-test. All of the initial student’s scores as a whole will be compared to all of the students post experiment scores as whole. The hypothesis suggests the after scores will be higher than the before scores.

## References

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