

Management of Autism Spectrum Disorders and Associated Disabilities in Schools

**A Source Book for Resource Teachers
and Master Trainers**

Coordinator

Dr S Ramaa
Professor & Vc Special Education



REGIONAL INSTITUTE OF EDUCATION
[National Council of Educational Research and Training]
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List of Resource Persons and Contributors

Dr S Ramaa - **Coordinator**
Professor & I/c Special Education
Department of Education
Regional Institute of Education, Mysore 570 006

Dr M K C Nair
Professor of Pediatrics and Clinical Epidemiology
Director, Child Development Centre
Medical College, Trivandrum, Kerala

Dr C Ramasubramanian, Professor and HOD
Dept. of Psychiatry
Government Rajaji Hospital, Madurai
dr_crs@hotmail.com

Dr J Venkatarathnam
Clinical Psychologist
Govt. Rajaji Medical College, Madurai

Prof Parasuram Ramamoorthi
School of Performing Arts
Madurai Kamaraj University, Madurai

Dr B Sreekumari Amma
Assistant Professor, SCERT
Trivandrum, Kerala
sreekumariamamma@rediffmail.com

Dr M S Kumari Indira
Assistant Professor of Educational Psychology
Sri Chitra Thirunal Institute for Medical Sciences
Trivandrum, Kerala

Dr Swapna Sebastian
Assistant Professor
National Institute for Speech and Hearing
Trivandrum, Kerala

Dr Shyamala Chengappa
Professor, Dept. of Speech – Language Pathology
All India Institute of Speech and Hearing, Mysore

Dr Gowramma I.P.
Lecturer in Special Education
All India Institute of Speech and Hearing, Mysore

Dr Prema K S
Professor in Language Pathology
Dept. of Speech – Language Sciences
All India Institute of Speech and Hearing, Mysore

Mrs Kalaivani Hemanth
Parent, Madurai

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Chapter 12

Children with Autism Spectrum Disorders in Inclusive School

Dr Gowramma I.P.

I

1. Indication of the Problem

When Manas was born, his mother silently noticed that he would not stretch his body as usually other children do. His developmental milestones were slightly delayed. Mother was sensitive towards this as she could compare Manas with his elder brother just two years older to him. He turned down by 5th month. Started crawling at 8th month. There was a severe attack of fever when he was 8 months old. He suffered for 15 days. He used to play and laugh while sleeping. When parents took him to functions or to crowded places, he cried continuously for hours together, till he was taken out of the crowd. But strangely, he used to listen to music for long duration. He used to stop crying when music was played.

He turned 1½ years but still he was not able to walk. But surprisingly, while lying down, he would balance the big light weight plastic ball between his legs lifted high. He would perfectly recognise his father's scooter sound from many such vehicles on the road.

2. Knocking at doors for help

By the age of two he used 8-10 words only . [appa, kaka, etc] Parents regularly showed him to a paediatrician for these reasons. When he was 2 years old, the paediatrician suggested a CT scan. With the report, they discussed with a neurologist. The report did not suggest any abnormality. When he turned three, they moved to a big city to get help to Manas. There he was diagnosed as having motor coordination problem

and was given massages. As per the doctor's suggestion they tried dietary treatment. The treatment included pure vegetarian food, reduced sweet items, and juice of brahmi leaves. According to the mother, the child showed improvement in terms of learning language. he started using the language learnt occasionally when required. But spontaneous speech was totally missing.

When he turned four, his problem was diagnosed as 'Autism'. Since then he received regular intervention for behaviour modification and intensive language training. Mother did these religiously at home too. With this effort he picked up 100 words. His body balance was still poor. He would not play by himself.

3. Manas goes to school

He was put in a school. Parents discussed his problems with the authorities. They were treating him with care. Father got transferred and they had to move to another city. They transferred the child to the school in the new locality. There also, parents informed the teachers about his problem. He was going to school regularly. One day since he did not write, a teacher beat him in the class. The impact of the incidence was so deep that he unlearnt the vocabulary which mother had taught him painstakingly. He turned stubborn and hated school. Since then, he showed very negative behaviour in the class like bullying others and being aggressive. He refused flatly going to school. It was a major headache for the mother to prepare him to school daily morning. She spoke to the Head of the school, the class teacher, but they were not ready to provide any support in terms of "acceptance". The child was ignored and rejected by most of the staff in the school. They insisted that they remove the child from the school as other children are disturbed because of him. The school authorities were bothered because other parents complained regarding his aggressive behaviour. Finally parents removed the child

from the school. They continued on therapy for his language development and social skills.

4. Special/ Peculiar features of the Child

Peculiar feature of the child was that he was very fond of music. He made all possible efforts through his gestures and body language that the piano in his granny's house be back on the table which he had seen 6 months back. He was just four years old then.

He was fond of cycling. He learnt riding cycle within 2 months of getting it by himself at the age of 6 years. He uses computer at home, effortlessly.

Once when mother was ill, father took care of Manas. He got very much attached to his father. When mother recovered after two months, it was difficult for her to get him back to work with her.

5. Let us learn from them

What is required for children like Manas is unconditional love and acceptance. They just cannot take rejection and hatred. This incidence gave me an insight that caning children must be avoided especially we should decide whether it is alright to use it for a particular child. Some children are extra sensitive to touch (Biologically – especially children with autism and other PDD). Beating them will leave a scar both physical and emotional. [autistic children are hyper sensitive to touch]. They just cannot enjoy hugging, kissing, etc. which normally small children like. Their reaction to this stimuli is irritation instead of the normal happiness. We teachers must keep this in mind before using any kind of physical abuse, leave alone cane!

In the mean time, a school next to their house offered to take him. It is a very mediocre school compared to the one which he was going earlier, in terms of physical structure, trained teachers, etc. But the teachers were very supportive to the needs of the family and to the child. They loved the child and he started enjoying his return to school routine. The school has taken his mother as a teacher in the school. Manas is enjoying the company of his age mates. Most of the learning takes place at home. He is able to read, write and comprehend.

Luckily, due to positive environment now in school, his attitude towards school has changed, his social skills improved.

Manas is very slow in learning some academic related skills. His expressive language is much below that to the expected level. Writing is also below average to his age. But strangely he has some extraordinary skills in remembering things dating back to his childhood, especially relating to visual memory.

6. The effort continues

Parents now are worried about one of his behaviours. He hits his mother if his requirement is not fulfilled instantly. He throws temper tantrum to the extent of beating his mother continuously. Usually once or twice in a month, he exhibits this irrational behaviour. But the solace is that it happens only at home and only with his mother. She is trying to ignore such moments and reasoning latter, which might yield positive results.

Mother takes him for language therapy regularly, after school hours, helps with his academics with love and care. He is enjoying his schooling like any other child, in spite of having special needs.

II

1. Before Diagnosis

When Pawan was born as a second male child to the family, little did they realise the problems born with him. As he was a full term baby, with above average birth weight there were a few reasons to suspect his "normalcy". He was growing well and a very plumpy child. Every one liked the child who eats, drinks and sleeps well. When the child did not turn over even by 5-6 months, grandparents and parents did not react! Though they had a first child in the family whose developmental milestones were normal, they did not compare it with Pawan's. It is sheer bad luck, as parents are educated. When the child was nine months old, grandmother felt there is some peculiarity in his reactions to stimuli. The grandmother took the child to the nearest health care centre. The doctor told that the child will grow normally and give him some time. The child turned two but did not stand on his own and did not utter a single word. The same doctor suggested them to go to city for further evaluation.

They came to a city. The child was diagnosed as having mental retardation. They were asked to stay in the city and attend therapy daily. This continued for a year behind closed doors. Mother would accompany the child daily but did not know what was the treatment given to the child. When asked, she got the reply that she cannot expect results so soon. She pulled on for another year to see results, but in vain.

They come across other professionals in the field. The child was 3 years old and did not react to any external stimuli, be it auditory or visual. They started with physiotherapy, occupational therapy, language stimulation and listening training, as per expert guidance. His problem was finally diagnosed as Autism with mental retardation and hearing loss.

2. After Diagnosis

i) **Physiotherapy** : A daily session of physiotherapy was given to Pawan. Mother would do the same at home too. As a result, his limbs

became strong enough to stand and walk slowly. By 5 years, he walks by himself but lacks stability and coordination.

ii) Speech and Language Therapy : After regular speech language therapy, now the child can communicate through pictures by pointing to them. But for few irrelevant sounds coming out from his mouth, speech is absent.

iii) Social Behaviour: Through behaviour modification, mother was successful in reducing his repetitive, undesirable behaviours slowly. Now he has completely stopped the repetitive behaviours like playing with fingers continuously for a long period and rubbing two fingers aimlessly.

iv) Listening Training : He has been prescribed a hearing aid. Listening training was given for a short duration. Now he is able to recognise sound and its source. Pawan is suffering from periodic ear infection which forces his mother to remove the hearing aid often. Doctors have advised a surgery to him, which the mother is postponing for various reasons.

v) Family Support : The family members are very supportive to the rehabilitation process of Pawan. As they were in a joint family, mother did not have much problem in coming out to the city to get treatment. The first two years she stayed with Pawan in a relative's place in the city. After that she brought her elder son, put him in a school in the city and moved to an independent stay.

3. Embarrassing situations

Even now, Pawan continues his sudden outburst of laughter which goes on uncontrolled for 15 minutes to 30 minutes at a stretch. Earlier it used to be frequent outbursts of twice/once a week. Now atleast once a month he exhibits this behaviour. Mother feels embarrassing especially if it occurs while travelling or when she is in a function in the crowd. The best solution to this problem would be that we all understand his problem and care for the child and the family. Unless the society accepts the

child, no rehabilitation effort is meaningful. If the teacher, the peer group, the school accepts the child's behaviour as to some of his problem there is no solution, what more is required.

4. Progress

5 years of hard work and independent stay has given the mother enough courage and confidence. Though Pawan cannot speak, he can use gestures for basic needs. Physically he is independent. He can walk alone and reach the house from bus stop, go to classroom, etc. He can socialise to the extent that he recognises familiar faces. Academics is restricted to recognising known vocabulary by pointing.

The family has accepted the child as he is. The elder brother is the only friend to Pawan. He has been trained to take care of his younger brother. There is exchange of love between brothers which is expressed occasionally. He is used to travel by bus with an escort. Toilet training is achieved. He can manage it by himself.

5. School

It was not easy admitting him to the school. Teachers directly said we cannot teach "this type" of children. After convincing them that there is no need to "teach" him, mother will take care of it, they reluctantly agreed to keep him in the class. He is well adjusted to school and learnt to follow rules of school by observation and imitation. It is a great relief to his family that he is going to school and spending time there like any other child of his age.

The burden of the family will be reduced only when the society accepts the child with all his problems. The child's peculiar physical features and behaviour must be accepted. This acceptance can come only and only through education to the mass. This education can easily begin

and spread through teachers. If as teachers we accept these children in the classroom and provide to their special need in whatever way possible, they get mainstreamed. We, teachers can take every opportunity to counsel the peer group regarding their problem and tell them to accept them as one among them.

Well begun is half done. We shall make a good beginning by accepting them under our wings in the mainstream schools. This is sure to achieve our mission.

III

1.

Bijo was born to a young couple in a foreign land. In spite of total lack of help, parents managed him in the initial years of his development with frequent telephonic suggestions from their parents. Father works in an office which took most of his wakeful hours. Mother was all alone at home bringing up little Bijo. His developmental milestones were normal, picked up speech and language normally. He had a very good vocabulary when he was 2 years old. His reasoning ability and logical thinking were also much above his age. He once asked his mother why dogs walk with four legs, when we all are walking with two legs. He also asked once we all can talk, but why these animals cannot talk. Why animals make only some sounds? Mother was unable to answer most of his questions and she would just say, it is God's creation.

2. Onset of the Problem

In between 2 and 2 ½ years, Bijo deteriorated in his developmental milestones. His language usage did not progress. He slowly stopped talking. He preferred crawling to walking. Parents were taken aback at this regression. Doctors could not guide them satisfactorily. They took the decision of coming to India, to be with their family and take professional help. They took various consultations of allopathy, ayurveda,

yoga, etc. Took all the treatments like medication from NIMHANS, dietary intervention and ayurvedic tonics for brain development, etc. They got tired and came to the decision that there is no help to this situation which has come as a curse to them because of some *karma* of previous birth. Father was forced to go to the foreign country to his old job to earn a livelihood. Mother and Bijoy stayed with grand parents. In the mean time, Bijoy got a baby sister. By this time, he was 4 years old. His expression was restricted to answer to anybody's question. He would answer any question in a unmodulated, stereotyped voice, but correctly. He stopped giving eye contact while talking. Staring at the oblivion, he would smile if any one greeted him and say hello with a blank look at the air. At times, his activity level would rise and he runs, touch everything on his way, pull out objects and throw them. Mother struggled to keep this behaviour under control. Helplessly, she used to beat him or lock him up in a room. After running around for some time, he used to calm down and then mother would open the door.

3. Intervention

As per doctor's recommendation, she started giving medicines to keep him calm. As per doctor's suggestion, she started language therapy and social skill development under professional guidance from his 4th year. His reading and writing skills are excellent above his age level. He can spell any word by himself, even if he is listening to it for the first time. This is an extraordinary ability in him. He is very much attached to his mother, on whom he is totally dependent. He is yet to get included in normal school.

4. Need

Parents are desperately looking for an atmosphere which would take him whole-heartedly. His deviant social behaviour of abruptly running aimlessly must come under control before he can be included in the class

teacher must have the knowledge of his problem and skill to handle him. If any school is willing to train their teachers in these skills and accept this child who is diagnosed as PDD not otherwise specified, many more Bijos would benefit. More than anything else, many more parents would have a sigh of relief and feel contented. Inclusion in normal school is a must to any child for the feeling of being accepted. More than any body, parents would have the pride of saying that my child is going to school.

5. Little ahead if we go

If we are capable of utilising his extra ordinary abilities in spelling, mathematics and memory, he may contribute positively to the society. We become incompetent to prick the child at the right point. As professionals, we are not just concentrate on curbing his deviant behaviour but we must enhance his positive attributes too.

IV

1.

Sheetal was a very pretty, no non-sense child. But her grandmother was amazed at the child's behaviour when she went to Kuwait to her daughter. The cute little child was on her own like an adult! Eats and drinks at regular intervals when elders fed her, would lie down silently, fascinated by the rotating fan. Parents bought her a tricycle when she turned one. To their surprise, she was not interested in sitting on the seat like any other normal child would do. Strangely, she preferred to turn it upside down and rotate the wheel constantly. She used to be engrossed in this activity. Sheetal's parents approached a paediatrician when she was 1 ½ years. The paediatrician advised them to meet a speech language pathologist or clinical psychologist as early as possible.

Parents realised the gravity of the problem with the doctor's advice on to go to the specialist as early as possible. At once, they took a

decision to wind up their flourishing business in Kuwait and return to India in search of professional help.

2. Timely guidance and help

They were guided by well-wishers and they met a clinical psychologist who diagnosed her disability as autism. Immediately they started the intervention with language stimulation. They had not realised till then, that 1 ½ years is late, Sheetal had not begun to talk like other children!

Intensive intervention for two years brought her to a level, wherein she would communicate when required. She started asking for food and water when required. The therapists told the mother not to provide for her needs immediately. She had to learn to ask. This really helped her to ask for eatables. Parents were informed to keep eatables out of sight, because if it is visible she will only look at it or go near it and parents used to give it to her. With all these simple techniques, she started verbalising but in words. This was further developed to use simple sentences.

3. In the School

Now she is 5 years old. Her language comprehension is age appropriate. her expressible ability is below her age level. As this was her major area of weakness, therapy was given to her to develop on reading and writing. She picked it up well and is included in a preparatory school. Her behaviour in school is very strange for her teachers. She does not converse with her classmates. Avoids activities involving motor coordination especially, running, climbing and jumping. Parents take lot of effort to convince the teachers that she is like that because she has a problem. The first year of preparatory school she is managing well. She should get understanding teachers and peer group

throughout her school years so that she can continue her school education smoothly.

4. Uniqueness

She avoids crowd and noise. She shows inconvenience on her face when there is loud noise around her. As of now, she does not know to go away from the place. She remains there till it settles. This disturbs her for quite some time as she shows it behaviourally like refusing to follow any instruction after that. Probably as she grows up, self-monitoring skills must be taught to her to overcome her specific behaviours.
