

Marco Pontis

AUTISM

• PRIMARY
SCHOOL •



QUICK guide
for teachers



✓ PROVIDE CLEAR EXPLANATIONS



✓ BE A TEAM PLAYER



✗ DO NOT FORCE THEM

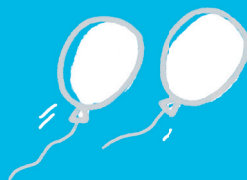
Have you ever thought about the most effective strategies for managing a child with AUTISM at school? This guide, written in the style of a teacher training workbook, offers suggestions and guidance for successfully dealing with 15 problematic situations and behaviours typical of autism spectrum disorder.



Because the child with autism exhibits problematic behaviours, but is NOT a problematic child.



illustrations
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TABLE OF CONTENTS

PRESENTATION 5

INTRODUCTION 7

Social interaction

THE CHILD...

CHAPTER 1 AVOIDS
eye contact 26

CHAPTER 2 STRUGGLES *with*
relationships 34

CHAPTER 3 DOESN'T SHARE
activities
and interests 42

CHAPTER 4 PREFERS
to be alone 48

CHAPTER 5 HAS DIFFICULTY
putting themselves
'in others' shoes' 56

Communication

THE CHILD...

CHAPTER 6 HAS *communication*
difficulties 68

CHAPTER 7 BREAKS THE RULES
of conversation 78

CHAPTER 8	DOESN'T UNDERSTAND <i>humor and irony</i>	86
-----------	--	----

CHAPTER 9	REPEATS <i>words and phrases</i>	92
-----------	----------------------------------	----

Behaviours, interests, activities

THE CHILD...

CHAPTER 10	DOESN'T PLAY <i>'pretend'</i>	104
------------	----------------------------------	-----

CHAPTER 11	HAS <i>special, narrow or absorbing</i> interests	112
------------	---	-----

CHAPTER 12	FOLLOWS <i>repetitive and rigid</i> rituals	118
------------	---	-----

CHAPTER 13	STRUGGLES to <i>cope with change</i>	124
------------	---	-----

CHAPTER 14	MAKES <i>stereotyped movements</i>	130
------------	------------------------------------	-----

CHAPTER 15	CAN'T PART with <i>certain objects</i>	138
------------	---	-----

BIBLIOGRAPHY	149
--------------	-----

PRESENTATION

Dear teachers,

for almost 20 years, I have been working in the field of autism spectrum disorders and special educational needs, especially in the preparation, monitoring and assessment of customised educational and teaching interventions for children, adolescents and adults.

Since 2010, I have been involved in teacher training, more specifically in training teachers on the topics of inclusive teaching activities for pupils with special educational needs.

Thanks to my experience I believe that only through a networked multidisciplinary intervention, as coordinated and shared as possible between all the figures who take care of the child with autism spectrum disorders, is it possible today to concretely improve the quality of life, for the child and for all the people (classmates, parents, family members, teachers and therapists) who relate with them on a daily basis.

Caring for a child with autism spectrum disorders implies going far beyond the clinical data: the overall functioning of any person is in fact determined by a complex interaction of bio-psycho-social factors and dimensions.

Each child is unique and requires concrete and effective measures that meet *their* particular needs and are useful for improving *their* specific global functioning. Looking at a hundred or more children with autism spectrum disorders, we would notice that the diagnosis is the same for all, but the global functioning of each is completely different!

This guide can certainly also be useful for support teachers, educators and communication assistants, but it is especially de-

signed for curricular teachers, crucial figures in fostering meaningful and inclusive learning (also) of pupils with autism. Class teachers can prepare their lessons by adopting an open, difference-oriented, universal and plural teaching approach, which is accessible to all. The systematic use of a few simple tools — such as, for example, visual aids (pictures, maps, slides and videos) or checklists — during the lesson for all pupils significantly increases the chances of comprehension and the pleasure of active participation, not only for pupils with autism but also for many other classmates.

Hence the idea for this workbook: a quick and readily applicable guide for primary school teachers who have pupils with autism, one which can help them learn more about this condition, observe *that* child's particularities, resources and fragilities, and implement simple but effective strategies to improve everyone's learning and well-being in the classroom.



INTRODUCTION

Autism spectrum disorder

The discovery of autism is relatively recent. In the 1940s, Leo Kanner and Hans Asperger first described this disorder, which until then had been confused with other mental illnesses such as schizophrenia.

Since then, enormous strides have been made with regard to both the diagnostic framework, the development of educational-teaching, rehabilitation and clinical intervention models, and specific strategies, materials and tools.

Today, we know how to recognise autism, we have valid tools for early diagnosis, but research is by no means finished: we know little about the causes, we still do not know whether it can be prevented and we have no decisive therapy.

The word autism comes from the Greek *autós* ('self') and refers to a set of alterations in brain development, resulting in impaired social, communication, and behavioural skills. Autism spectrum disorders are considered a set (spectrum), as manifestations vary widely in type and severity.¹

Causes

To date, we do not know what exactly leads to autism, although research has made extremely significant progress.

It is thought that at the origin of these disorders are anomalies of neurons and the connections between them.

¹ Throughout the book, for ease of reading, we will often speak of 'autism' and not of 'autism spectrum disorders'.

Today, there is ample evidence that the causes of autism spectrum disorders can be attributed neither to educational errors nor to family conflicts. There is no evidence of the influence of external factors intervening after birth: vaccinations, diet, intake of toxic substances or interaction with parents.

- ! Autistic children are born with this disorder and parents have no responsibility for it.

Characteristics and symptoms of autism spectrum disorders

The most accredited diagnostic manual (*DSM-5 Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association), in its latest revision,² describes autism spectrum disorders as characterised by severe and generalised impairment in two areas of development: that of communication and social interaction skills and that of interests and activities.

With regard to deficits in social communication and social interaction, it is noted that people with autism generally prefer to be alone. When interacting with others, they often avoid eye contact and do not use facial expressions to make connections. They have difficulty in interpreting the expressions and thoughts of others and empathising with them. They may have difficulty in understanding how and when to join a conversation and recognise inappropriate or rude words. All these factors often cause them to be regarded as strange or eccentric by others, with the risk of being isolated.

With regard to verbal and non-verbal communication, in the most severe cases, people with autism never learn to speak. Some, on the contrary, develop fluent speech but with a sometimes unusual rhythm and tone, or use words anomalously. They often repeat words spoken by others (echolalia), use memorised

² APA (2013), *DSM-5 Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, American Psychiatric Publishing, Washington, DC.

stereotyped speech instead of more spontaneous language, or reverse pronouns, in particular using *you* instead of *I* or *me* to refer to themselves.

With respect to the area of *interests and activities*, some people with autism spectrum disorders are very reluctant to changes, e.g., new food or clothes, a different arrangement of furniture or an unexpected change in everyday life. They often perform repetitive movements, such as rocking, clapping or rotating objects (motor stereotypies). In less severe forms, they may watch the same video several times or insist on eating the same food at every meal. Generally, they have narrow, ‘intense’ and often unusual interests. For example, a child may show enormous interest in vacuum cleaners.

People with a autism spectrum disorder may manifest limited food preferences and hypersensitivity or hyposensitivity in one of the five senses (e.g., indifference to pain or temperature, panic reactions in the presence of common noises, unusual insistence on smelling or touching a particular object, etc.). They may continually seek specific sensory stimulation: visual (such as looking at the reflections of objects), auditory (tapping objects on a surface), tactile (running their hand over rough surfaces), gustatory (licking and putting objects or parts of objects into their mouths), olfactory (smelling objects, textiles or food), proprioceptive (stopping in bizarre postures), and vestibular (turning around, rocking, etc.).

Severity levels of autism spectrum disorder

The DSM-5 identifies different levels of severity of the disorder, which define the degree of support needed by the person:

- ④ Level 1: limited support is required
- ④ Level 2: significant support is needed
- ④ Level 3: extremely significant support is needed.

There are autistic individuals with above-average cognitive potential, memory, calculation, musical and mathematical abilities,

but at the same time research shows that around 30% of them have an intellectual disability. Some develop fluent and polished speech, others communicate through a few words-phrases, vocalisations or forms of Augmentative and Alternative Communication. Even in those with very high intellectual levels, the impairment of social reciprocity is often the most significant difficulty. As a matter of fact, in everyday life we are constantly immersed in social situations and must be able to understand others and respond appropriately.

The structure of the book

The book is structured in 15 chapters divided into three macro-areas: *Social Interaction*, *Communication* and *Behaviours, Interests and Activities*.

In these chapters, the characteristics and behaviours most frequently found in these macro-areas in children with autism spectrum disorder of school age between 6-11 are analysed.

🕒 SOCIAL INTERACTION

The child...

1. Avoids eye contact
2. Struggles with relationships
3. Doesn't share activities and interests
4. Prefers to be alone
5. Has difficulty in putting themselves 'in others' shoes'

🕒 COMMUNICATION

The child...

6. Has communication difficulties
7. Breaks the rules of conversation
8. Doesn't understand humour and irony
9. Repeats words and phrases

🕒 BEHAVIOURS, INTERESTS, ACTIVITIES

The child...

10. Doesn't play 'pretend'

11. Has special, narrow or absorbing interests
12. Follows repetitive and rigid rituals
13. Struggles to cope with change
14. Makes stereotyped movements
15. Can't part with certain objects

The reason for each behaviour is initially explained in a few concise sentences (*Why do children behave like that?*), followed by simple and clear instructions for the teacher on what to do and what to avoid (*What to do, What to avoid*).

This is followed by an in-depth discussion of the topic (*What to keep in mind*) and tools and strategies are provided in *How to intervene* with regard to some crucial educational and teaching aspects. This aspect is further explored in the paragraphs on *Structuring* and lines of cooperation with parents and other out-of-school professionals are drawn (*The Educational Pact*).

At the end of each chapter there is *The Expert's Advice*, with practical tips and insights.

At the end of each macro-area there are Observation Checklists, useful for getting to know and better understand the child's global functioning, strengths and emerging potential and for structuring the objectives of the Individualised Educational Plan. The checklists present several aspects on which it is useful to collect as much information as possible, both directly through observation and indirectly through interviews with family members and professionals. They also give clues and specify important technical terms to remember.³

The suggestions you will find in the guide can provide you with valuable insights, based on scientific evidence and the most current psycho-pedagogical knowledge in the field of autism spectrum disorders, but they should always be customised to the specific characteristics of the child with autism in our care and their classmates.

³ The *Observation Checklists* are also offered in A4 format in the linked Online Resources, with space to write down notes.

What to keep in mind

The cognitive profile of individuals with autism spectrum disorder is often uneven and characterised by less developed skills in some areas and more developed — or even, in some cases, exceptional — skills in other areas ('islands of ability').

People with autism collect, process and respond to information from the outside world in a very different way than we are used to.

→ **Visual skills.** Since the 1990s, many research studies have shown that autistic individuals process visual information more easily. This peculiarity, which is often referred to as 'visual thinking', contrasts with verbal thinking, which predominantly uses words. In this regard, Temple Grandin claims that "One of the most profound mysteries of autism has been the remarkable ability of most autistic people to excel at visual spatial skills while performing so poorly at verbal skills".⁴

→ **Deficit in executive functions.** Recently, it has been suggested that autism is characterised by a more general difficulty in the systems responsible for controlling and planning behaviour, assuming a deficit in what are known as 'executive functions'. Linked to this are difficulties in flexibly shifting focus, in balancing priorities, and in solving problems in a planned and strategic manner considering possible alternatives and available resources, monitoring the outcome and revising the plan if necessary.

→ **Weak Central Coherence.** In addition to this, people with autism often do not benefit, unlike most neurotypical persons, from the ability to organise items to be remembered into categories. This characteristic can be explained by the 'weak central coherence' observed in autism, i.e. a reduced ability to bring together various pieces of information to construct an overall meaning, an overview. This is probably due to an excessive con-

⁴ Grandin T. (2009), *Thinking in Pictures and Other Reports from my Life with Autism*, New York, Bloomsbury Publishing, p. 17.

centration and focus on detail that does not allow the ‘whole’ to be grasped.

The weak central coherence theory seems to explain the repetitive behaviours, ‘islands of ability’ and special interests that autistic individuals often present. Repetitive behaviours could in fact be interpreted as ‘fragments’ of more complex actions, which are decontextualised and repeated without a system capable of adequately inhibiting them.

→ **Theory of mind.** Finally, many of the specific communication and social difficulties seem to be related to a deficit in ‘theory of mind’, i.e. a reduced ability to understand others’ states of mind (their thoughts, opinions and intentions) and to use them to give meaning to their behaviour and predict what they will do next and what they expect. The person with autism often fails to recognise their own and others’ states of mind and cannot comprehend what is happening around them. The theory of mind deficit is manifested in the absence of shared attention, intentional communication and the ability to imitate.

How to intervene

What we have said so far offers us some points for reflection on how the class teacher can imagine and organise their classroom teaching and educational proposals with and for pupils with autism spectrum disorders, for the benefit of the whole class.

Educating for knowledge, respect and enhancement of all possible differences

The class teacher can contribute enormously to creating a collaborative climate of knowledge, respect and enhancement of all individual diversities through targeted activities, such as an art workshop, reading, creating stories or watching videos, films and short films dedicated to different learning modes, special educational needs and inclusion. We have to be pragmatic: without

specific paths, it is very difficult to achieve significant results in this respect.

Starting from strengths and not from difficulties

Every child has their own strengths: there is no child who lacks them. It is up to us to discover them, appreciate them, stimulate them and leverage them effectively! Some pupils can acquire amazing skills and competences in certain topics/areas that particularly interest them (e.g., drawing, dinosaurs, solar system, train timetables and routes, music or calculation), which can then be used to bring them closer to other topics that are less interesting to them, or enhanced in group work.

In addition to being 'good' at a particular subject (or activity), the style used by the child to approach reality can become an asset. For example, they may exhibit good competences in terms of:

- visuo-spatial skills (attention to details and aspects that most people tend to skip);
- memory (visuo-spatial, episodic, etc.);
- compliance with rules and procedures;
- application (motivation and perseverance);
- focus (exceptional ability at in-depth analysis of motivating topics, etc.);
- originality in problem solving;
- etc.

Media and visual aids

The child with autism is a 'visual thinker'. Long verbal deliveries often confuse them. It is better to avoid them, to speak slowly and clearly and to resort to visual aids of various kinds: objects, pictures, signs, etc. that make the action or activity to be performed, the place to go or the people to be with immediately comprehensible. Depending on the skill to be learned, they may consist, for example, of a series of photos describing the main actions to be carried out in order to tidy up their desk or a red

line on a plastic cup indicating the maximum level of liquid that can be poured into it.

In other cases, it may be the teacher or peer who acts as a role model, showing the child how to do something or physically guiding them with considerable patience and tact. Never raise your voice or threaten punishment, but help the child: for example, if you have told the child to sit down and they do not do so, repeat it at least once more and, if they do not sit down, gently accompany them to their chair.

Visual aids can significantly help many children to predict the sequence of everyday events or to generalise behaviours and rules in different environments.

Each child is entitled to the aids that — for them — are most comprehensible and useful: depending on cognitive and perceptive abilities, for some this could be objects, parts of objects or picture cards (i.e. cards to which parts of an object can be attached), for others photos, pictograms in black and white or in colour, symbols or written words.

Some examples of visual aids useful in school (and extracurricular) environments are:

- ④ a daily or weekly visual diary, where the main activities of the day are presented in order, including where they will be carried out and with whom (see p. 41);
- ④ a visual diary or sequence of activities (the specific sequential activities of the history lesson or afternoon at home);
- ④ a time organiser (day, month, year);
- ④ a task analysis or visual break-down of certain sequences of actions to be learned (going to the toilet, taking a shower, preparing a backpack or writing homework in their diary);
- ④ social stories (short stories with text and pictures explaining what happens and how to behave in a given situation, see p. 55);
- ④ a feelings thermometer, to indicate on a scale how restless, sad, happy, etc. the child feels;

CHAPTER 2 THE CHILD STRUGGLES with relationships



WHY DO CHILDREN BEHAVE LIKE THAT?

Because social relationships are unpredictable, have no fixed rules and are incomprehensible and elusive to them.

Because they do not understand jokes.

Because they might be bothered by voices, noises, hugs or physical contact.

Because they are often not interested in the same games as their peers.

Because they have great difficulty in putting themselves in the shoes of others.

WHAT TO DO

- ✓ Create opportunities for interaction based on a common interest, or starting with games they like and in which they are competent
- ✓ Positively reinforce as much as possible every spontaneous exchange and every socially appropriate behaviour
- ✓ Give concrete examples of interaction: how to say hello, what to say to play together, how to draw others' attention, etc.
- ✓ Give clear rules

WHAT TO AVOID

- ✗ DO NOT scold them for not playing with their friends
- ✗ DO NOT force or compel them to play with their peers or to stay physically close to them
- ✗ DO NOT use phrases that are not very literal or are ambiguous

What to keep in mind

Relational difficulties are extremely relevant for many children on the autistic spectrum and are due to a different functioning of the central nervous system, with a quantitative and qualitative impairment of social skills.

Every child has a different profile of interests, abilities and possibilities, so it is crucial to start by carefully observing their social skills in order to make the most of their strengths and abilities.

Many children with autism would like to have friends to spend time, play, and hang out with, but often make a tremendous effort to figure out how to actually do this. The possibilities for inclusion are hampered by specific difficulties in understanding:

- social contexts and conventions;
- mutual expectations in a social exchange (i.e. what others expect them to do in an interaction);
- jokes and non-literal expressions in general.

It is necessary to work on these important social aspects, which underlie human relationships and interactions, in an explicit and organised manner from an early age. We must not miss an opportunity, for example, to explain to the child why the classmate felt sad when no one greeted her when she entered the classroom, why a certain joke made a group of classmates laugh, or why when going to a birthday party the birthday boy expects to receive birthday wishes and possibly a present.

We can work on knowing our own emotions and those of others, offering the child cues to understand what kind of emotions/feelings the other person is experiencing in a given situation. It

can also be useful to gradually accustom the child to receive 'scheduled' jokes from a classmate, allow them to practise the comprehension of idioms, metaphors and double meanings whenever they naturally arise in the group context.

This means accompanying the child in recognising social rules and conventions and offering cues for recognising the feelings and the thinking behind someone else's behaviour: in other words, making explicit what lies behind, and what is hidden and is therefore mysterious to them.



In many cases, moreover, children with autism have different interests from their peers as well, or behaviours that puzzle others. Taking all these elements into account, managing an interaction is really difficult and often frustrating, both for them and for those who relate with them!

! We can add other specific fragilities to these specificities, for example, hypersensoriality. For these children, certain sensory stimuli can arrive much more vividly and sometimes painfully. Noises are perceived as louder, tactile sensations as more intense and annoying, and smells as more penetrating. A pleasant situation of laughter in the company of others can be a deafening chaos for them, a hug can be an intolerable squeeze, etc.

How to intervene

Social and relational difficulties are typical of autism spectrum disorder. There are no infallible formulas to solve them 'magical-

ly', but ways and strategies to foster the well-being of the child and their peers, creating an inclusive and welcoming atmosphere for all.

- Create a collaborative atmosphere in the classroom by reading fairy tales or stories or watching videos or cartoons together on the topic of respecting individual differences.
- Create frequent opportunities for interaction based as far as possible on the child's interests, abilities and talents.
- Explain to the child explicitly and clearly the rules of social interaction, frequently using visual aids (videos, photos and pictures) to support verbal language.
- Give the child a clear (also visual) plan of the materials they can use to play in pairs and/or small groups (pictures representing the options available: playing cards, Lego, dominoes, puzzles, Memory, etc.).
- Make a visual billboard with the photos and written name of each classmate and encourage the child to memorise them. For example, while the teacher calls the roll, a child hands their classmates their name card with their photo, to be attached to the desk with Velcro.
- Teach turn-taking ("First it's my turn and then yours").
- Positively reinforce as much as possible every spontaneous exchange with a classmate, every play proposal and every appropriate social behaviour.

Educational pact

Joint work with parents allows for long-lasting results that can be generalised in different life contexts. It is valuable to share the

objectives and strategies to foster socialisation with them, and with all (health/school/extracurricular) professionals who care for the child.


Suggest that parents also work on enhancing their child's understanding of social rules and social behaviours, how people relate to each other and the 'theory of mind', by offering clear explanations of the emotions felt by people, abstract and non-literal concepts (jokes and double meanings) and the dynamics of interaction between people in general, whenever the opportunity arises in different environments (home, bar, restaurant or sports group) and in real-life situations.

Structuring

- If the classroom allows it, create a specific space for two-person and small-group play (maximum 3 players) that is immediately recognisable to the children.
- Create a relaxing corner to go to if social interaction becomes too difficult or demanding.
- Create a space where you can work — through teacher mediation — on resolving conflicts between children.
- Establish a clear contract with the child with autism. For example: "At the end of each activity you can choose a game and a classmate to play with". When choosing, only leave the photos (or name tags) of children who at that particular moment are free from other activities, volunteer and are happy to do so, available to them.
- Use a visual timer and/or an hourglass to show how long it will be possible to play or carry out a certain activity with a classmate.

OBSERVATION CHECKLIST


Behaviours, interests, activities




☒ **Special interests.** Special interests the child has which can play an important role in the school environment. How can they be enhanced?

☒ **Skills and talents.** Extremely unique skills and talents to recognise and highlight.

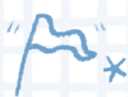
☒ **Routine changes or unforeseen events.** Situations, contexts and activities in which you noticed specific difficulties (or strengths) in dealing with unexpected events or routine changes.




☒ **Stereotyped body movements.** Presence of stereotyped body movements or weird postures (walking on tiptoes, hand flapping, stopping in particular positions etc.).



☒ **Sensoriality**



→ **Hyper- or hypo-sensitivity** to sensory inputs, or particular interests in sensory aspects of the environment (apparent indifference to pain or cold/heat, avoidant responses to specific sounds or tactile aspects, attraction to lights, smells or objects etc.).



→ **Food hyper-selectivity.** Extreme narrowness of the range of liked and consumed foods (some children might accept to eat only very few foods, which have a certain consistency or colour, etc.).

Autonomy



- **Personal autonomies.** Washing themselves, dressing themselves, blowing their own nose, eating a snack, using a spoon and fork to eat in the canteen, preparing their own backpack, writing homework in their diary, doing their own homework, buying a snack or drink from the vending machine, buying a sandwich at the supermarket etc.
- **Social autonomies.** Appropriate behaviours in different social contexts (school and community) and in relationships.
- **Movement autonomies.** Walking, running, catching the bus, and reaching desired people and places.

Personality. Cognitive and metacognitive aspects that foster or, on the contrary, hinder autonomies, the broadening of interests, or a positive attitude towards the task.



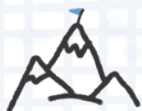
- **Sense of self-efficacy.** Conviction in their own abilities to achieve success in performing a task; perception of 'being able to do it'; ability to self-regulate their own learning; and readiness for self-assessment and self-criticism.
- **Attributional style.** Attitudes and beliefs the pupil has with regard to the effectiveness or usefulness of their efforts: do the results

they achieve depend on them, their commitment and ability or on the attitude of others (i.e. whether they helped/hindered the child), or on luck (internal or external locus of control)?

→ **Self-esteem.** Set of perceptions, feelings of value and evaluations towards different aspects of the person, which is closely linked to multiple dimensions and factors: success and popularity among classmates, ease in establishing friendships, functionality and aesthetics of the body, success at school, and ability to emotionally control.



→ **Motivation.** Spontaneous investment of goal-directed energies, interest in the goals pursued, internal factors (beliefs and attitudes) and external factors (rewards), and most stimulating learning situations and activities.



☑ **Problem behaviours.** Possible presence of maladaptive behaviours that produce harm (aggressivity, self-harm, or destruction of objects), obstacles to learning and socialisation or create social stigma.

