

MANAGING CHILDREN WITH AUTISM IN AN INCLUSIVE CLASSROOM

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Abstract

The educational inclusion of children with autism and other disabilities has been a strong controversial topic. In the past, children with disabilities have been separated from their peers, even from the society as a whole. More recently, there has been an increasing trend to include children with autism and other disabilities in general education classrooms along with their typically developing peers. This paper provides a review on the meaning of inclusion, an overview of Autism in children, signs and symptoms, types of autism, challenges faced by children with Autism Spectrum Disorders and classroom management strategies for children with autism. It was recommended among others that public enlightenment campaign on the issues faced by children with autism, advocating for appropriate services for them and providing the latest information regarding treatment, parents and teachers are advised to report any unusual sign or symptoms they notice in their children as early diagnosis and provision of appropriate treatment can make a huge difference and information about autism, services and resources should be made available to families with autistic children.

Introduction

Since the 1990 World Declaration of Education for All, was signed in Jomtien Thailand, by 155 delegates from 155 nations, government around the world have focused increasingly on efforts to ensure that every citizen, children youths and adults have access to quality basic education. The Jomtien declaration and framework for Action (United Nations Educational Scientific and Cultural Organization) UNESCO 1990, which sets out action plans for achieving Education For All (EFA), specifically focused on the importance of universalization and equity acknowledging that systems providing basic education should respond in particular to the needs of children living in difficult circumstances who may be at risk of exclusion from educational opportunities (Pearson, 2015). Six-point template of the conference seeks to achieve basic education that will meet basic learning for all. The countries of the world were asked to do all in their power to ensure that by 2015 the six goals of universal access to learning among others were duly met. One may

ask if 18 years after Nigeria launched Universal Basic Education (UBE), whether the situation has changed. Ozorji & Ozorji (2013) report that four policy framework drive special needs for children with disabilities. The framework include: that education is a right of the children; that UBE guarantee unfettered access to formal basic education; that provision of free UBE is for every citizen of schooling age, and that universal access to education forces equal opportunity to education regardless of any circumstances including physical disabilities.

Special needs education is providing education is either in segregated learning environment such as special schools, hospitals homes or in regular school known as mainstreaming or inclusive education depending on how conducive or friendly the school is towards addressing the special needs children. This paper is interested in special needs children found in regular schools. Regular schools admit varying degrees of children with disabilities along with their peers. Special needs children are those who have a vast array of diagnosis and or abilities or those who have been born with a syndrome, profound, any impairment or serious psychiatric problem. Also the convention on the Rights of Persons with Disabilities (UNESCO, 2008) specifically addressed the right of all persons with disabilities to education and called on members to ensure that:

1. Persons with disabilities are not excluded from free and compulsory primary education or secondary education, on the basis of disability.
2. Persons with disabilities can access an inclusive and free quality primary and secondary education on equal basis with others in the communities in which they live;
3. Reasonable accommodation of the individual's requirement is provided;
4. Persons with disabilities receive the support required, within the general education system, to facilitate their education and;
5. Effective individualized support measures are provided in environment that maximize academic and social development, consistent with the goal of full inclusion.

Concept of Inclusion and Inclusive Education

Inclusion is a philosophy and practice that supports the rights of children, regardless of their abilities, to participate actively in everyday activities within their communities. Inclusion refers to the type of classroom that a child is placed in. According to Swart, Engelbrecht, Eloff and Pettipher (2002), inclusion is the shared value accommodating all learners in a unified system of education, empowering them to become caring, competent and

contributing citizens in an inclusive, changing, diverse society. Inclusion is a principle applied to accommodate or include all human beings within one system, in such a manner that all involved can be assured of successful, equal and quality participation in real-life experiences. Lorenz (2002) also defines inclusion as celebrating the diversity, responding to the acceptance of individual differences and building on their strengths to ensure full participation of all learners in the education system. In order to accommodate all learners, inclusive education becomes necessary. The United Nations Educational Scientific and Cultural Organization (UNESCO, 2005) views Inclusive Education as a dynamic process of addressing and responding to the diversity of needs of all learners and of seeing individual differences not as problems but as opportunities for enriching learning. It involves changes and modifications in content, approaches, structures and strategies, with a common vision that covers all children of the appropriate age range. It embraces the conviction that it is the responsibility of the regular education system to educate all children.

Who is an autistic child?

Of all the children with disabilities earlier mentioned, the scope of this paper is on management of autistic children. Autism Spectrum Disorder (ASD) is a human developmental condition which manifests in social interactive dysfunctions; imaginative or cognitively related malfunctions; and poor social communication difficulties. Adebisi & Oladejo described ASD as follows: the ability of persons with autism to develop friendships is impaired as their capacity to understand other peoples' feelings. Also, Bruno & Ekechukwu 2010 explain that ASD belong to an umbrella category of five childhood onset conditions known as Pervasive Developmental Disorder (PDD). Some autism specialists use the terms pervasive and developmental disorder and autism spectrum disorder interchangeably. Asperger syndrome is severe and sustained impairment in social interaction, development of restricted, repetitive patterns of behaviour, interests and activities, which many experts believe falls at the higher-functioning end of the autistic spectrum. All people with autism have impairments in social communication and imagination.

Many childhood developmental disorders are found among young children. They range from mental retardation, learning disabilities, cerebral palsy, behavior disorders, communication disorders, Down syndrome, Asperger syndrome and attention Deficit Hyperactivity Disorders (ADHD) to Autism Spectrum Disorder (ASD) (Kirk & Gallagher, 1983; Kopp, 1983). The disorder covers large spectrum of symptoms, skills and levels of impairment.

It ranges in severity from a handicap that limits an otherwise normal life to a devastating disability that may require institutional care. According to Williams (2010) many people with autism have problem learning and this is because they are cognitively impaired to some degree. In contrast to more typical cognitive impairment which is characterized by relatively even skill development, people with autism show uneven skill development. They may have problems in certain areas, especially to communicate and relate to others, but unusually develop skills in other areas such as drawing, creating music, solving math problem or memorizing facts. For this reason according to the author, they may test higher perhaps even in the average or above-average range on nonverbal intelligence test and this calls for special methods and approaches in teaching and learning of children with autism in the classroom.

What Causes Autism? (Causes and risk factors).

The exact cause of ASD is unknown. The most current research demonstrates that there's no single cause. Some of the suspected risk factors for autism include:

- Having an immediate family member with autism.
- Genetic mutations.
- Fragile X Syndrome and other genetic disorders.
- Being born to older parents.
- Low birth weight.
- Metabolic imbalances.
- Exposure to heavy metals and environmental toxins.
- A history of viral infections.
- Fetal exposure to the medications valproic acid (Depakene) or thalidomide (Thalomid).
- When a pregnant woman is exposed to certain drugs or chemicals, her child is more likely to be autistic.

According to the National Institute of Neurological Disorders and Stroke (NINDS), both genetics and environment may determine whether a person develops autism.

Challenges faced by Children with Autism Spectrum Disorders (ASD)

According to Rutter and Schopler (1999), the challenges faced by children with autism include:

1. Children with autism spectrum disorder (ASD) may encounter hurdles on the road to making friends. They may have a hard time understanding how others feel, expressing feelings, forming

attachments or showing interest in orders. This is known as emotional roadblock.

2. Children with ASD may not use common social gestures such as waving, nodding or pointing. He may push, pull or lead others by the hand to get what he wants.
3. Challenges with joint attention: Joint attention is when one person uses cues (such as pointing or looking) to get another person to focus on the same object. It's common for a child with ASD to remain unresponsive when another person is trying to capture his attention.
4. Some children with ASD hum or utter single words instead of speaking, repeat others (echolalia) or say words that do not bear meaning given to social context.
5. Children with ASD may have difficulty grasping subtle, humour abstract ideas or figures of speech. They may have an easier time understanding concrete information and straight forward answers.
6. Autism diagnoses ranges from severe or profound mental retardation to intellectually gifted. Children often have "Splinter Skills" or uneven skill development. For example, a child may not make eye contact with others but may draw beautifully or have an excellent memory.
7. Often times, children with ASD will focus on one feature of an object or a person and ignore the "big picture". This intense concentration may come at the expense of being able to attend to other people or task.
8. Unusual reactions to sensory stimulation are not uncommon for children with ASD. Children who are overly sensitive to stimulation may react strongly to textures, being touched, loud sounds or specific tastes and smells. Children who have under-responsive reaction may not feel pain or may create stimulation by rocking back and forth, spinning around or rubbing and pushing things to their skin.
9. Children with ASD can spend hours repeating the same motions. They twirl around, click a ball, point pen or hum the same notes again and again.
10. For children with ASD, routine and schedules are important. Not following the schedule at school, moving an object from its place can cause a tantrum. Sometimes children show the need for sameness by talking about the same topic over and over.
11. Sometimes children with ASD will behave aggressively. The child might bite himself or others, bang his head against the wall or try to kick or scratch others.

Children with ASD can be extremely loving, caring and creative. They are deeply in touch with their senses and very detail oriented. Teachers, caregivers, parents need to show love and care to these children. For Ozorji, Unachukwu & Kolo (2016), inclusive education means educational practice which makes provisions for functional and effective learning and training for all learners within all settings mostly readily available to them. The authors further note that UNESCO Salamanca (1994) Declaration summed up, schools should accommodate all children, regardless of their physical, intellectual, emotional, social, linguistic and other conditions in order to achieve equal opportunities in learning for learners. All learners irrespective of their disability can be placed in a regular classroom especially if such disability is a mild one. Some children with mild mental retardation can cope with learning requirements in regular classrooms or schools. In the same way, learners who experience hardness of hearing or those who have mild visual impairment need not be sent to special schools, as assistive devices can enable them learn together with their hearing and sighted peers in the same classes. A person with special learning need of any category can only be placed in an exclusive setting if the condition (i.e. gross behavior disorders, severe mental retardation, severe autism spectrum disorder, etc) will not only disrupt learning, but could be disruptive of learning for every other learner, (Ozorji, et al, 2016). Regular schools offer different inclusive education opportunities. Ozorji (2014) identified five levels of education offered in these schools for children with disabilities and they include;

Level 1: Some categories of children with disabilities especially those with physical and other forms of minor impairments are found in some regular schools in no organized order. Availability of the children in the schools does not amount to inclusion, neither do education resources abound to address their special needs. The author refers to this as unintentional mainstreaming.

Level 2: Some secondary schools are designed as inclusive for purposes of including some categories of children with disabilities especially children with visual and hearing impairments. Usually there is a resource room back up service with special teachers in the area of the children's impairment. This according to the author can be called partial inclusion.

Level 3: Some regular schools have self –contained classes exclusively for children with special needs. The classes have their special teachers who teach these children full time. The children interact with their peers in non-

classroom activities of the schools. This may be called intentional mainstreaming.

Level 4: Some special schools encourage parents to enroll their children without impairment into their schools to be taught by special teachers. This can be called reversed mainstreaming.

Level 5: That neighborhood primary schools that are re-engineered to accommodate all learners especially children with disabilities exclusively in the regular classroom or in some exceptions in combination with special classes in the regular school do not exist.

In summary, inclusion of children with disabilities in regular schools is limited and as a result many of them are excluded from the special schools or the five levels earlier mentioned.

Special Education Needs of Children with ASD

There is a general misconception which people associate with physical and psychological appearance of children with ASD. Many people believe the condition is an incurable disease and as such they cannot function or leave independently for the rest of their lives. Ozorji (2016) et al believe ASD is not a contagious condition of mental retardation neither is it the fault of any deliberate parental neglect or behavior. The authors listed special education needs of children with ASD to include:

- i. Meeting the counseling needs of both teachers and parents of children with ASD for purposes of enlightenment and education on handling the traits exhibited at school and home respectively.
- ii. Psychotherapeutic services for such children to facilitate improved behavior and learning. Play and stimulation therapy in particular are needed by children with ASD to enable them adapt and overcome their handicaps.
- iii. Guided Positive Attitudinization Programme to guarantee functional Inclusive Education. This is in the form of pre-prepared programme meant to facilitate peers and teachers of children with ASD to accept them as they are without stigmatization or labeling as a form of creating conducive learning atmosphere.
- iv. Specialized clinical teaching to ensure functional learning. Clinical teaching is a gradual step by step sub-objectives-based methodology used to teach-test-teach-test slow learning children.
- v. In addition to the above, Obidike, Anyachebelu & Okika (2017) contributed that structured educational setting with appropriate

support and accommodations should be tailored to individual needs. The educational program should build on the interests of the child and use visuals to accompany instruction.

Educators' perspective on inclusion of children with special needs

Some educators have mixed feelings about inclusion of children with special needs in the regular classroom and as such show either negative or positive attitudes towards Children with Special Needs (CNS). Many studies conducted have indicated that inclusion of CNS largely depends on educators' attitudes. Studies on importance of teachers' attitude toward inclusion was reported that teachers have a range of negative and positive attitudes toward inclusion of CWSN (Avramidis & Norwich, 2002; Bruns & Mogharreban, 2007). Given the importance of educators' attitudes, researchers have endeavored to determine factors affecting their attitudes, such as teacher training, teaching experience, knowledge of special needs (Heish & Heish, 2012). Positive experience in inclusive early childhood classrooms influenced participants' attitude toward inclusion. Additionally, their attitudes influenced teachers' inclusive practices such as addressing children's individual needs, facilitating family participation and ensuring full participation in all aspects of an inclusive classroom.

Classroom Management Strategy for Children with Autism.

Inclusion is a great thing. Children with autism should not be isolated in an inclusive classroom. Kids with special needs thrive in the presence of their peers. There are so many lessons that children with special needs can learn from other kids and so many friendships to be formed.

Children with autism spectrum disorder and other learning disabilities, such as Attention Deficits and Hyperactivity Disorder (ADHD), perform better, both academically and socially, if the classroom is set up to accommodate their special needs. Teachers are called upon to be creative and innovative when preparing classrooms. Managing an all-inclusive classroom is easier if simple, personalized teaching strategies for the special needs children are implemented (McClafferty, 2016). The following will help in classroom management for children with autism according to McClafferty:

- a. **Using computer based program to hold the interest of children with autism.** Brain parade's programme is an invaluable tool when working with children with autism. The programme consists of 4,400 images and 2,200 exercises created by a certified behaviour analyst. You can also use your own images to personalize lesson plans for

children who have specific interests. It has proven to be an effective learning tool for instructing children with autism.

- b. **Set the desks in the classroom in rows rather than using circular seating around large tables, if possible.** Children with ADHD are easily distracted, so a seat close to the teacher, facing forward works best. Children with special needs are easily distracted, so keep their desks away from the windows, door and activity centers in the classroom.
- c. **Post classroom rules in a conspicuous place in the classroom and review them regularly.** Ask children to take turns reading the rules aloud as part of the daily routine. Make sure that all the children understand the rules of the classroom and consequences for not adhering to them. It may be helpful to allow the class to help formulate the classroom rules.
- d. **Keep it simple.** Give verbal prompts frequently and be sure your instructions are easy to understand. Repeat instructions if the children do not seem to comprehend what you are saying.
- e. **Use verbal aids such as charts, graphs and pictures.** The See. Touch. Learn Computer programme consists of colourful vivid pictures that are sure to please. Children with autism tend to respond well to technology. See. Touch. Learn is very appealing to them and allows them to be interactive while learning.
- f. **Peers can be wonderful role models for children on the autism spectrum.** Pair compatible children together when working on projects or participating in classroom activities. Many children welcome the opportunity to be a peer role model to the special need child. The experience is not only positive for children with autism but for the peer counselor as well.
- g. **Have a predictable schedule.** Children with autism tend to prefer predictable routines. Give advance warning if the daily schedule is going to change. If there is going to a field trip, a special guest in the classroom or a substitute teacher, try to let the class know in advance. Unexpected changes in the routine can be difficult for the child with autism.
- h. **Teach social skills such as hand raising, taking turns and sharing as part of the learning curriculum.** All children will benefit when reminders are given. Children with autism often engage in self-stimulating behaviours such as hand flapping, rocking or even slapping themselves in the face. Help the children in the class understand these behaviours.

- i. **Provide opportunities to take a break.** Read a story, play a short game, stand up or stretch or have casual conversation. Sometimes an opportunity to get out of his seat and walk around the room can be very calming for the child on the autism spectrum. Try to be aware of signs that your children may need a short break.
- j. **Focus on children strengths.** If the child is interested in dinosaurs, baseball, dogs or water sports, he needs the opportunity to exhibit his expertise in that subject. See. Touch. Learn was developed with the personalized lesson plan in mind. Children with autism thrive when they are studying a lesson plan that was formulated specifically for them.
- k. **Be aware of environmental triggers.** Loud noises, bright lights and hot or cold temperatures can disrupt a child's thinking pattern and cause an unnecessary classroom outburst. Be mindful of these environmental triggers and eliminate whenever possible.

Children with ASD can thrive in inclusive school settings. Grindle, Itastings, Saville, Hughes, Huxley, Koushoff and Remington (2012) found that children who spent more time in inclusive classrooms progresses faster than those in one-to-one intervention. Inclusive teachers have added responsibilities in order to include a vast array of development levels. They also must be willing and able to be adaptable to all different types of learning and behaviours (Aller, 2017) (Autism 2). In agreement with the above, Crosland and Dunlap (2012) suggest several strategies to increase the success of inclusion including antecedent procedures, delayed contingencies, self, management strategies, peer-mediated interventions and a standardized model for individualized intervention.

Use TEACH to create a classroom that is molded to the child:

TEACH means treatment and education of autistic and related communication of handicapped children (Obidike, Anyachebelu & Okika, 2017). This is a teaching programme that adapts the classroom to fit the child. The classroom is structured around charts, organizational aids and schedules. The authors asserted that TEACH may discourage mainstreaming behaviour for children with high functioning autism but can also improve social communicative and copy skills. This is because, every child learns in his own unique way.

Recommendations

The following recommendations were made:

1. Public enlightenment campaign on the issues faced by children with autism. Advocating for appropriate services for them and providing the latest information regarding treatment.
2. Parents and teachers are advised to report any unusual sign or symptoms they notice in their children as early diagnosis and provision of appropriate treatment can make a huge difference.
3. Information about autism, services and resources should be made available to families with autism.
4. Proper teaching strategies should be incorporated into the daily routine.
5. Technological based programmes and apps should be made available in the market, as this will improve children with autism with their verbal skills as they progress at their own pace making use of the programmes.
6. Teacher training is important to improve the knowledge and skills and to collaborate with other people to help CWNS. Teachers need to have adequate knowledge of the cognitive, behavioural and social characteristics associated with special needs to design appropriate learning experiences and teaching strategies for these children.

Conclusion

Teaching children with autism is a challenge, but the experience can be positive one for the autistic child, his teachers and his classmate if the proper teaching strategies are incorporated into the daily routine. Autistic children struggle with socialization. Computer based programme opens a world of wonder for each autistic child who is enrolled. The autistic child can independently and can feel a sense of pride and accomplishment as they master skills and learns new concepts. The programme makes it possible to focus on the things that appeal to the child. Effective classroom management strategies can help teachers create a learning environment that is productive, enthusiastic and conducive to academic success.

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