

# Autism Spectrum Disorder: Classroom Management

## Dr. Suneel Godbole

MBBS, MD (Pediatrics)

Developmental Pediatrician

Chiranjeev Child Diet & Development Centre, Pune

HOD, Small Steps Morris Autism & Child Development Centre,

Deenanath Mangeshkar Hospital & Research Centre, Pune

Chairperson, Growth, Development & Behavior Chapter of Indian Academy of Pediatrics

Contact: Ph. **9637641404**, [www.chiranjeevgodbole.com](http://www.chiranjeevgodbole.com),

Do watch videos on ASD by Dr. Suneel Godbole at [chiranjeevgodbole@youtube](https://www.youtube.com/channel/UCv8v8v8v8v8v8v8v8v8v8v8)

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## “What is Autism?

Greek word ‘*autos*’ = *self* (McKernan and Mortlock, 1995)

- Autism is a complex developmental disability which typically appears during the first three years
- It is the result of a neurological disorder (Affects the normal functioning of the brain)
- Impacts development in the areas of social interaction and communication skills

## What we know about Autism?

- 1% of World Population. Prevalence doubled in last decade. 1 in 68 births (CDC), 1 in 100 births (India)
- The disorder is a spectrum, Uneven development in skills/abilities
- No specific cause known, No medical test for diagnosis, No objective measure for determining degree of autism, Life-long disability, No known cure, All racial, ethnic, and social classes affected
- Approximately 25-35% develop seizures
- Frequently occurs in association with: ADHD, Fragile X, Turner’s Syn, OCD, depression, anxiety, ID
- Autism & IQ scores: ~ 50% score significantly below average, ~ 10% score average +
- Prognosis improves with early identification & intensive intervention
- These children have to be diagnosed on the basis of clinical suspicion and assessed by using specific scales.

## Causes of Autism

- Exact cause not yet known
- Genetic: Increased Risk in Siblings, Twins, Multiple genetic regions (16p11.2, 15q24, 11p12-p13), MeCP2 gene: Females - Rett syndrome
- Neuropsychological: Impaired executive functioning, Deficits in theory of mind, Empathizing-systemizing personality theory
- Neurobiological: Associated with seizures, Pregnancy: thalidomide, rubella, misoprostol, valproate, MMR?, Thiomerals?, Leaky gut
- Neuropathological: Larger Brain size, Aberrant connections, Poor neuronal connectivity

## Myths about Autism: Autism is NOT...

- |  |   |
|--|---|
| • a mental illness                     | • always associated with mental impairment                  |
| • unruly kids who choose not to behave | • always associated with behavioural challenges             |
| • caused by poor parenting             | • diagnosed by a single medical test or a brief observation |

## Diagnosis

- Developmental evaluation, Etiologic workup, hearing, vision, Psychometric, Speech & OT evaluation
- Referral to Early Intervention to Developmental Pediatrician

**Dyad Of Impairments: DSM-V:** Children with Autism share two main areas of difficulty.

- A. Deficits in social communication (All 3 must be present in the child; for diagnosis)
1. Poor social interaction / speech
  2. Poor eye contact
  3. No interactive play
- B. Repetitive behaviors, interests & activities (2 out of 4 must be present in the child; for diagnosis)
1. Stereotypy: Rocking, Hand-flapping, Finger fidgeting, Spinning
  2. Routines, Rituals
  3. Fixated interests: Obsessed about fan, electric buttons, Align objects / toys
  4. Sensory issues: covers ears for loud sound, avoids sticky food, hair pulling, self-biting

AND

- C. Symptoms must be present in early childhood
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
- E. NOT obtained by Intellectual Disability (ID), Global Developmental Delay (GDD)

## Levels of Severity

Level 3-requiring very substantial support

Level 2-requiring substantial support

Level 1-requiring support

## Classroom Management

### 1. Learning Environment

Challenges	Strategies
Child starts crying as he enters school, Clingy to mother, Screams, shouts	Soft Landing! Entry from crowd-free gate Entry Timing (5 min early or late) Received by favorite teacher / support-staff Goes directly to play-area / resource room! It's OK to skip 'Assembly' if the child is not ready!
Child can't sit at his place, Moves around, Restless, Floor rolls (It is difficult for child with autism to sit & concentrate, Then he starts moving between activities without purpose.)	Low-arousal, distraction free, Calm classroom Keep walls plain. Calming colors (blue or green). (This reduces visual noise), Boundary setting: Organized, clutter-free classroom Fixed visually marked, sitting area Tape / number / photo – to show fixed sitting Color coded, neat, simple labels – materials

Child gets disturbed with change!, When going or coming back from play-area, At the time of recess, At free time. (Unpredictable changes in routines, or classroom activities can cause anxiety & distress for child with autism)	<p>Transition Support: Communicate what will occur next:</p> <p>Visuals</p> <p>Plan transition before / after movement of other children</p> <p>Decrease transition time</p>
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## 2. Communication

Challenges	Strategies
Child doesn't respond to instructions, No eye contact, No response to name	Touch and Connect, Use clear, concrete instruction (e.g. Instead of 'Put it over there'; say 'keep the book on table'). Say NO less; instead give positive instruction! (e.g. Instead of 'No kicking'; say 'Feet on floor')
Child remains disconnected!, Doesn't pay attention to teacher, Appears confused	Say less! (e.g. Instead of 'Keep the books in the schoolbag and go home'; say 'Books in bag, home-time!' Instead of group instruction; give Personalized instruction (e.g. Instead of 'First standard students, go to play area'; say 'Raju, go to play area'),
A child with autism may take sarcasm, humor, taunts literally.	Avoid using – sarcasm, expressions of speech.

## 3. Social Skills

Challenges	Strategies
Child plays alone, doesn't interact with peers, Dislikes 'Turn taking',	Modelling & Role Play, Turn Taking, Peer Tutoring Sharing – Incidental Teaching, Social Stories

## 4. Emotion Care

Challenges	Strategies
Child doesn't understand emotions! Shows inappropriate emotions, Cries if unable to do classwork	<p>Emotion Cards / Board, Ask child to point at the emoji which best describes his emotions!</p> <p>Mirror, Mirror! What I am feeling?</p> <p>Traffic Light card: Train child to 'Point / Touch / Show' the card to declare his need; instead of crying!</p>

## 5. Sensory Environment

Domain	Challenges	Strategies
Sensory Avoider (Over-responsive)	Cries in group, Covering ear, Toe walking, Floor Rolls	Calming Inputs: Slow swing, Fidget toys, Deep breathing
Sensory Seeker (Under-responsive)	Bangs objects, always on move, Touching people, Rocking	Alerting Inputs: Fast Swing, jumping, blowing
Sensory Meltdown	An intense response by the child to overwhelming situations.	Safety of child & yourself, No eye contact, No Talk, No touch. (Keep yourself Calm, Call for Help)

## 6. Behavior Management

Child is unmanageable, Shouting & Screaming, Hitting / biting – others / self, Self-talk

Challenges	Strategies
Demanding	Acceptable demand – give immediately, Not acceptable – Never, In social setting – Change, Minor demand – Teach to say Please!
Attention seeking	Watchful neglect! Give attention when not expected!
Wants to escape a Task!	Reduce the task or Offer help to complete!
Protest	Don't REACT! Shift the child to another teacher & leave!

## 7. Functional Life Skills

Self-care, Independent living, Functional academics, Safety

Challenges	Strategies
Child not toilet trained, Unable to take care of dress, Unable to feed himself	Talk with parents Children with Autism need: Hand Holding, Visual Support, Modelling, Appreciation, Repetition

## 8. Academic support

Challenges	Strategies
Child having academic issues, Unable to copy from board, Dislikes writing, doesn't perform in exams	One to one teaching, IEP, Shadow teacher, Remedial teaching, Accommodations, Modifications, Pull-In and Pull-Out, consideration of Special school / home-schooling / Unschooling

Following is a Classroom Inclusion Checklist for Children with Autism. Use it, Improve, Reuse, Review!

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## Chiranjeev Classroom Inclusion Checklist for Children with Autism

*Please use the checklist below to audit how your classroom is friendly for children with Autism*

	Domain	Inclusion indicators	Well Developed	Not yet developed
1	Learning Environment	Preferential seating (away from distractions, near the teacher)		
		Flexible seating options (wobble chairs, standing desks)		
		Use natural light where possible		
		Use sound-absorbing materials (rugs, curtains)		
		The clear and uncluttered layout		
2	Transition Management	Predictable routines with clear transitions		
		Visual schedules for daily activities		
		Warnings before transitions		
		Display of task organizers and checklists		
		Use of visual or auditory signals to indicate transitions		
3	Communication	Picture exchange communication systems (PECS)		
		Illustrated instructions and steps for tasks		
		Clear, concise, and concrete instructions		
		Use of gestures, body language to reinforce verbal instructions		
		Consistent use of communication boards		
4	Social Skills	Structured peer interaction activities		
		Buddy systems or peer mentors		
		Regular social skills training sessions		
		Role-playing scenarios to practice social interactions		
		Clear roles and responsibilities in group tasks		
5	Emotion Care	Emotion Board		
		Daily emotion (feeling) check-in (esp. with anxious students)		
		Emotion support system		
		Deep breathing Techniques		
		Positive / Affirmative statements		
6	Sensory Strategies	Sensory equipments (weighted blankets, resistance bands)		
		Sensory-friendly materials (soft textures, neutral colors)		
		Create sensory-friendly workspaces (quiet corners)		
		Provide options for sensory input (rocking chairs)		
		Monitor and adjust for sensory triggers (smells, sounds)		
7	Behavior Management	Clear and consistent behavior expectations		
		Use of positive reinforcement and reward systems		
		Scheduled movement breaks throughout the day		
		Individualized behavior intervention plans (BIP)		
		Strategies for de-escalation and calming		
8	Academic Support	Modify assignments to match students' skill level		
		Use of multi-sensory teaching methods		
		Break tasks into smaller, manageable steps		
		Extended time on tests and assignments		
		Alternative assessment methods (oral presentations, projects)		

**For Queries contact: Dr. Suneel Godbole, Chiranjeev Child Development Center, Pune. Ph. 9637641404**