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## Classrooms that Work








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BBB Autism; printable article #23

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There are as many educational techniques and settings that work for kids with PDD-NOS or atypical PDD as there are children with these diagnoses. There are some settings that have a marked record of success, however, and that parents would love to see replicated.

### **Some characteristics of a successful classroom include:**

-  Caring, informed personnel
-  Adequate ratio of children to classroom personnel
-  Good rapport between classroom personnel, specialists, and parents
-  Availability of appropriate teaching materials
-  Individualized educational programming for each child with a disability
-  Opportunities for interaction between children with PDDs and their normally developing peers
-  Consideration for the sensory differences of autistic spectrum individuals

Most of these items take more time than money, and they can be implemented in a variety of settings. Two factors govern the choice of setting: the most appropriate educational program and the least restrictive environment (LRE). Typical special education settings include, in order of their restrictiveness:

**Regular classroom, with or without special support.** Also called a full integration setting or mainstreaming, this is a regular classroom with nondisabled students. Your child would attend school with therapeutic services, classroom adaptations, and personal support, such as an aide, as needed. These services, adaptations, and supports must be written into the IEP.

**Supported integrated classroom.** Also called a reverse integration setting because the nondisabled students are being integrated into a special program rather than the other way around. This is a specially created school setting that brings together a group of children with disabilities and children without disabilities. Therapeutic services, classroom adaptations, and personal support are provided to each child with a disability better according to his IEP. Children in a supported integrated classroom may have a variety of disabilities, such as developmental delay, Down's syndrome, or cerebral palsy. Often autistic spectrum children are placed with children who have different speech and language disabilities, such as cleft palate, stuttering, and apraxia. Some supported integrated classrooms exist that mix only children with PDDs and normally developing children. In these cases, the level of autistic behavior may range from severe to mild.

**Special school classroom.** This is a specially created school setting for children with disabilities only. The children may have a mix of various disabilities, or all may be somewhere on the autistic spectrum. The classroom may be part of a larger school with other types of classrooms. Most districts have a range of classrooms available. There may be life skills classes geared toward teaching children toileting, speech, and movement; classes for students with communications disorders; classes for children with behavior problems; and classes for students who are primarily developmentally delayed. It matters less what the class is called than what the teacher's philosophy and practices are.



**Special school.** This is an entire school program created specifically to work with children who have disabilities. It may be owned and run by a public school district, or it may be a private school that contracts with the school district to provide services. If it is private, the school district should pay the full cost of tuition if it is judged to be the most appropriate setting for your child.

**Home-based program.** Home-based programs are, as the name implies, delivered entirely or almost entirely in the student's home. Tutors approved by the district use appropriate curriculum to meet the IEP's requirements. Therapeutic services may be delivered in the home, or the student may travel to a clinical or school setting if possible and appropriate. For some older students on home instruction, tutors may choose to meet and work with their charges in a public library or another especially resource-rich location.

**Hospital-based or residential care setting.** For special education students who are hospitalized or who have been placed in residential care for any reason, delivery of a free and appropriate public education according to their IEP is still mandatory.

In between these options are combination settings created to meet a student's specific needs. For example, a student with PDD-NOS and severe anxiety might be able to handle a half-day full inclusion program in the morning, then have home-based instruction for other subjects in the afternoon. Another child might be placed in a special class for everything but art and music classes, which he would attend with normally developing peers.

Each child's needs are different, and they will likely change as your child progresses through school. The setting(s) listed in your child's IEP will be reviewed every year (or more often at your request) to ensure that the educational program is still meeting his needs and that he is still in the least restrictive setting. Whenever possible, the current movement in US schools is toward full inclusion. This may or may not be appropriate for your child. If a less restrictive setting is proposed by the district, be open-minded enough to check it out, but don't say yes unless you're sure it's right. Inquire about supports, such as personal or classroom aides, that can be added to make inclusive settings more realistic.

Here are the experiences of several families in finding an appropriate setting for their school-aged children:

*"Kyle was home-schooled this year using a modified Options Method program. We had our volunteers go from 10:00 to 2:00, so it was hard on my wife, who had to work with him all the other hours." --Joe, father of seven-year-old Kyle (diagnosed PDD-NOS with autistic features, language disorder, ADHD)*

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*"Ian spent the last year and a half in a private day treatment program paid for by the school district. At first, we thought it would be awful because it was geared strictly toward SED kids. They had never had a child like Ian before. We had to work hard to ensure that his needs were met, but we had a cooperative, caring, wonderful teacher who went out of her way for him. We also had an excellent speech therapist, although there was no equipment for OT, PT, or adaptive physical education. The program was far from perfect due to high staff turnover and other factors, but since Ian was a "runner," the high security level was essential. It gave him a chance to stabilize after a horrible experience in a*



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*public-school "behavioral" kindergarten, get a real diagnosis, and go through some difficult medication trials in a safe environment."*

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*"My son attends a regular elementary school and has been mainstreamed in the past with only reading and math in special education. However, due to problems last school year he will be in a self-contained special education class receiving all classes with a private tutor who has been hired exclusively for him." --Ann, mother of eight-year-old Theron (diagnosed PDD-NOS, psychotic disorder, borderline intellectual functioning )*

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*"Doug goes to a regular elementary school, but is placed in a special life skills classroom. We are currently using the TEACCH method, and it's working very well with Doug. Also, the speech teacher started to introduce the PICS system to Doug at the end of the school year, and plans to continue with that when school starts again." --Debbie, mother of eleven-year-old Doug (diagnosed PDD with fragile X syndrome and sensory integration disorder)*

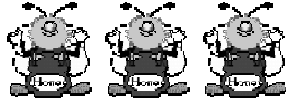
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*Mainstream "full inclusion" type classes with the promise of modification and support were a disaster. Confined, modified environments (special day class with one teacher and an aide, one room, small class size) worked best. --Cindy, mother of fifteen-year-old Jeffrey (diagnosed verbal dyspraxia with "autistic-like" features)*

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*Brad attends a regular, K-5 elementary school. The small group approach works best with Brad. The ideal situation would be for him to be home-schooled, due to distractions at school. If he is in a crowded classroom, he will zone out due to sensory overload.*

*I would say that as far as teaching styles go, it is best for Brad's teacher to be strict and extremely structured. He is doing better than ever, because his teacher is having the kids sit down at their desks and do their work quietly. The disorganization of center-based learning, where*



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*a child learns with others at, let's say, a reading or math center, was disastrous. --Kim, mother of seven-year-old Brad (diagnosed Landau-Kleffner syndrome)*

### **The TEACCH method**

TEACCH (<http://www.unc.edu/depts/teacch>) stands for Treatment and Education of Autistic and Related Communication Handicapped CHildren. Developed by Eric Schopler in the early 1970s, it's a special system for educating autistic spectrum children that was developed at the School of Psychiatry at the University of North Carolina in Chapel Hill. It has since been adopted whole or adapted for use, by schools around the country. It is a highly structured program that integrates individualized classroom methods, services delivered by outside community organizations, and support services for families.

The part of the TEACCH program most frequently implemented outside of North Carolina is structured teaching. This approach hinges on careful classroom design, scheduling, and the use of predictable teaching methods in a systematic way.

TEACCH has contributed many logical, workable ideas to the knowledge base on educating people with autism. Nevertheless, it sometimes comes in for criticism. The antipathy between adherents of the ABA approach and TEACCH fans sometimes reaches a violently angry level. Certain TEACCH people have accused ABA proponents of forcing people with PDDs to fit into a "normal" mold against their will, and of creating robotic rote thinkers with their repetitive drills. For their own part, ABA fans have accused TEACCH of having low expectations for autistic people and allowing school districts to base their programming on price rather than effectiveness.

The truth probably lies in neither camp. Certain personalities involved on both sides have allowed their personal differences to become a vendetta, which certainly doesn't serve children. It would be far more logical to look at these approaches, and other educational methods, in relationship to each child with a pervasive developmental disorder. TEACCH methods, ABA, a combination of the two, or neither may be the best approach for a specific child.

### **General classroom tips**

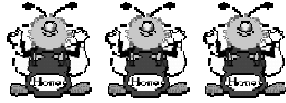
When education majors are instructed in pedagogical technique they're given this classroom model: control, curriculum, motivation, setting.

In other words, a good teacher starts by maintaining control of the classroom, develops and/or provides an appropriate curriculum, motivates her students to do the work, and ensures that they have a good environment to do it in--in that order.

Autistic spectrum children's needs can turn this whole paradigm on its head. They often will be uncontrollable unless the setting is correct, they won't pay attention to the curriculum unless properly motivated, and the curriculum itself (along with setting and motivation) is the key to maintaining control.

It can take a while for teachers to figure this out, especially teachers in newly integrated classrooms that have never had a student with PDD-NOS or atypical PDD before. In the meantime, chaos ensues and everyone will probably blame the child, the IEP, or the parents. See if your district can provide a regular consult service from a teacher experienced in working with autistic spectrum children. This person can observe the situation, then give the frazzled teacher some good ideas for turning it around.

One area where parents, teachers, and students can work closely together is developing a system for class work and homework. Options range from using a single notebook with sections for each subject to color-coded schemes. Students with PDDs benefit greatly from homework checklists and other visual memory aids, including checklists broken down to



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show when parts of a long project, such as a book report, should be completed. They may need verbal reminders and increased oversight as well to successfully complete and turn in assignments.

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