Help Students with Autism Achieve Greater Success in Academic Performance and Social Participation

Autism is a developmental disability that affects how the brain functions, and often impairs social skills development and communication. Occupational therapy practitioners work collaboratively with the school team to help students with autism to access, progress, and participate in the curriculum. They help students to achieve success in academic performance and social participation throughout the school day.

What Can an Educator Do?

Ù Ease Transitions

Á **Provide** visual cues throughout the school day to prepare a student for changes in routine. For example, social stories can be introduced to rehearse and familiarize the student with concepts, schedules, and activities. Preliminary studies have shown that social stories are effective in defining appropriate behaviors (Reynhout & Carter, 2006). Picture boards also provide visual prompts to support students with communication difficulties.

Á **Incorporate** activities and/or objects to help redirect the student's focus and bridge the transition from one event to another. Asking the student to lead the class down the hallway, turn off the classroom lights, or hold the hallway pass provides the student with a leadership opportunity. It also provides the student with a meaningful, cooperative task that benefits the whole class.

Á **Utilize** written daily schedules, logs or checklists to increase the predictability of events for the student, which may reduce stress. Implications from preliminary studies are that increasing the predictability of activities and presenting information in smaller increments enables the student to better engage in tasks. (Ashburner, Ziviana & Rodger, 2008; Ganz, 2007).

Ù Monitor Sensory Needs

Á **Observe** the child to see if he seeks sensory experiences in the classroom or if he avoids these opportunities. For example, some children may appear overwhelmed by bright lights, strong smells from the cafeteria, or working with sticky substances like glue. Share your observations with the occupational therapy practitioner and then collaborate to choose activities and tions may result in positive behavioral effects in students (Baranek, 2002).

Á **Design** a space, within the classroom, which enables the student to reduce sensory input such as loud sounds from school bells or loudspeaker announcements. A quiet corner that includes an indoor tent, blanket, earphones for classical music, or beanbag chair may calm or soothe a student who may be experiencing too much stimulation. Findings from a systematic review support modifying the classroom environment proactively to calm students before they could become over-stimulated (Case-Smith & Arbesman, 2008).

Ù Address Mental Health Needs

Á **Provide** opportunities throughout the school day to manage feelings in appropriate ways. For example, a picture of a traffic light can cue students to self-monitor and then strategize appropriate behavior through social stories and role-playing (Reynhout & Carter, 2006).

Á **Implement** a rewards system that reinforces positive behaviors. Establish a consistent method through a logbook or chart in collaboration with the family (Wilkinson, 2008). This positive feedback will enhance the student's self-esteem.

Ù Develop Peer Relationships

- Á **Build** friendships through tasks that involve sharing or pairing up with a buddy. Preliminary studies have shown that utilizing typically developing peers as models of behavior may increase positive interaction (Smith, Lovaas, & Lovaas, 2002). Create whole classroom activities such as a letter writing campaign, bake sale or develop a class journal or magazine that engages all students to participate. Engage the child in tasks that facilitate interaction such as distributing books or papers during class time or playground equipment during recess.
- Á **Incorporate** music and art into activities to build communication skills and in accordance with the student's interests and ability. Collaborate with a variety of specialized instructional support personnel to choose appropriate activities such as participating in a chorus or painting a mural as a class project. Findings from a systematic review indicate that art activities can be an effective way to facilitate social interaction among students (Jackson & Arbesman, 2005).

Need more information?

Occupational therapy enables people to live life to its fullest by helping them prevent—or live better—after injury, illness, or disability. Occupational therapy practitioners provide service in school systems, hospitals, medical centers, and clinics. They are trained in helping people with a broad range of physical, developmental, and behavioral conditions. In addition to treating illness and disability, occupational therapy encourages wellness through a balance of healthy and meaningful life activities.

References

Ashburner, J., Ziviani, J., & Rodger, J. (2008). Sensory processing and classroom emotional, behavioral, and educational outcomes in children with autism spectrum disorder. 62(5) 564-573

Baranek, G.T. (2002). Efficacy of sensory and motor interventions fro children with autism. , , 397-422.

Case-Smith, J., Arbesman, M. (2008). Evidence-based review of interventions for autism used in or of relevance to occupational therapy. 416-429.

Ganz, J.B. (2007). Classroom structuring methods and strategies fro children and youth with autism spectrum disorders , 249-260.

Jackson, L.L., Arbesman, M. (eds.) (2005). Bethesda, MD: AOTA Press

Reynhout, G., Carter, M. (2006). Social stories TM for children with disabilities. , 445-469.

Scott, J.B. (2006). American Occupational Therapy Association Fact Sheet: Occupational therapy's Role with Autism. Bethesda, MD: American Occupational Therapy Association, Inc.

Smith, T., Lovaas, N.W., Lovaas, O.I. (2002). Behaviors of children with high –functioning autism when paired with typically developing versus delayed peers: A preliminary study. , 129-143.

Wilkinson, L. A. (2008). Self-management for children with high-functioning autism apectrum disorders. , 1507-157.