



AUTISM – AN EDUCATIONAL INTERVENTION

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Abstract:

The purpose of this study is to present a case report of an autism incident, specifically of a toddler's, and of an educational intervention program that was built in order to promote his inclusion in the group and to compensate for adjustment difficulties. The paper presents a description of an educational experience through presentation of an autism incident and the analysis of the educational intervention and strategies followed. In particular, the educational intervention was implemented in a Centre for the design and implementation of personalized and group education programs, which creates a variety of social stimuli of inclusion philosophy towards the child and the design and implementation of each program is based on working with the family. Overall, various forms of organizing the education of the child with autism were intentionally used, due to the variety of special educational needs which appear in this category of children and flexible access to a wide range of opportunities required. Finally, it should be noted that after the daily review of child performance data and decision-making on the part of the educator, on the teaching strategy that was being promoted each time, this child had obvious progress in the way of approaching and communicating within the team, as well as in issues of self-service, as well as fine and tangible mobility. Apparently, his communication and social skills have been improved to a good extent and his inclusion has proved to be a realistic goal in the context of this systematic pedagogical intervention.

Keywords: autism, case report, educational intervention, strategies, inclusion

1. Introduction

In general, inclusive education except from an educational philosophy and a whole range of pedagogical strategies and educational opportunities, it is a matter of educational policy and practice (Mittler, 2000), but also an experience both for the

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students and for the teacher through innovative educational intervention of communication, health and environment (Ioannidi, 2006/ Ioannidi, Vasiliadou, Kalokairinou, 2011). Any positive experiential impression on the student within the group is the best way to adopt social values and cultural settings.

Special and inclusive education can be expressed in the learning and in the broader educational procedure through daily encouragement and reinforcement of the child with different abilities with many and practical ways of teaching and evaluation which the teacher decides and evaluates every time (Salvia et al., 2013), like collaborative teaching, individual opportunities for successful action regardless of peculiarities, respect for the children rights, investigating and viewing the strong points. In his personality e.g. emotional or psychomotor skills etc., praise and reward of his work and his effort during his activities, trust from group through interest in others, teaching variety and engagement in the project, promoting the value of the child by using appropriately pedagogical features of his personality, feedback to the student and discovery of his interests, through the learning process at all levels of his education and training e.g. preschool education, school education etc (Elliott et al., 2008).

Consequently, we are concerned about the education and training which a child with disabilities and/or special needs is related to, besides knowledge, with practical learning objectives like the development of abilities, settings and skills, which have as a result success in the everyday life of a child of a school age.

In the context of this scientific problem, we opted for our engagement with this autistic disorder as a special educational need that requires inclusive education and training. We focused on teaching skills rather than on reducing behavior (Heward, 2011, p. 298).

This section should comprise a description of the general framework, definitions and principles, primary issues and controversies, background information and contexts, etc.

2. Theoretical framework

Generally, autism is a neuro-behavioural syndrome which is characterized by quality deficiencies in cultural interaction, as well as from limited repetitive patterns of behavior, a fact which has consequences in his communication, in his linguistic abilities, in his behavior, in his interpersonal and general social relations (Heward, 2009/ Geschwind, Lewitt, 2007/ Dimou-Tzavara, 2000). The severity of autism as a developmental disorder varies and can be mild, moderate or severe. Children in the autism spectrum have a difficulty in sharing thoughts, feelings, notions, intentions and experiences. In addition, their ability to learn for the world through social interaction is limited. The lack of correlation, i.e. the exchange of experience, thoughts and feelings is the basis of autistic disorder. Hence, educational activities are used to build the correlation process and at the same time achieve the development of thinking and emotion as parts of an integrated intellectual set (Vogindroukas, Sheratt, 2008).

Overall, general diagnostic data for autism spectrum disorders is the deduction in the areas of reciprocal social interactions, communication, general behavior through the emergence of stereotypical and disruptive reactions, interests, activities. In particular, the autism symptomatology is found in “shortcomings” and “redundancies” of behavior which concern the most basic sectors of development (“shortcomings” in attention, speaking, social and emotional events, game, sensory treatment, cognitive functions, and “redundancies” concerning disruptive behavior, stereotypical reactions and special abilities). Finally, using questionnaires and scales to evaluate problems of behavior and diffuse developmental disorders is useful both at the diagnostic level and at the therapeutic interventions hierarchy level. The therapy always starts from the most severe problems of the child which affect his and his family’s life and hinder his learning (Gena, 2002/ Kourkoutas et al., 2012).

The purpose of this article is to present an autism incident and specifically of a toddler’s and of an educational intervention program that was built in order to promote his inclusion in the group and to compensate for adjustment difficulties.

3. An educational experience through presentation of an autism incident

Here is a description of an educational experience through presentation of an autism incident and the analysis of the educational intervention followed. In particular, the educational intervention was implemented in a Centre for the design and implementation of personalized and group education programs, which creates a variety of social stimuli of inclusion philosophy towards the child and the design and implementation of each program is based on working with the family (Nikolaou, Notas, 2006).

3.1 A case report of an autism incident

D. is a toddler 4.5 years old and has been diagnosed with autism. He has not attended any organized educational framework but only a nursery school for two weeks. The family has decided not to continue because the child cried constantly every day and the parents were not allowed to be inside the kindergarten. He has no health problems. He recently acquired a sister and there are good family relationships.

He has not acquired autonomy in almost all areas of self-care and self-service e.g. hygiene, eating, dressing. He can eat small pieces of food (toast/ brioche cut into pieces). He is able to communicate his need to use the toilet but he does wear a diaper because he needs almost on a daily basis reminder.

On a level of social functionality and communication, he has not developed oral speech. There are not facial expressions and eye contact. He can communicate his basic needs (for water or toilet use) but he has not been trained for any kind of different /alternative communication. He does not seek to approach peers, hides his eyes and hides every time somebody approaches him. He does not show or indicate what interests him or what he wants to play.

D. can walk although he is unstable. As far as the fine movement is concerned, he does some stereotypical moves with his hands, which makes it harder to hold a pencil or a marker. His hand movements are limited and stereotypical, however sometimes they reflect his feelings, and when he is happy he shakes and turns his hands at a faster pace.

In the free play at home, he is very busy with toy vehicles mainly focusing on their wheels. The child attends the last 1.5 years of occupational therapy and speech therapies.

After diagnosis, the Centre for Educational and Counseling Support (C.E.C.S.) suggested to parents to attend special kindergarten. The parents, however, have decided this year to include the child in a three-hour daily program in a private center for planning and implementing individual and group training programs, as well as integration programs. Parents were offered a proposal for parallel, individualized intervention at least twice a week to learn alternative ways of communication. They decided that it was not necessary at this stage.

4. Group educational intervention

The Inclusion Intervention Program which was designed and implemented concerned a small group of children aged 3 to 3.5 years old, in order to be able to function properly and to have the right climate. The program was led by a nursery and a special pedagogue.

Meetings were held on a daily basis for three hours each time and the duration of the program was an academic year. Since this was requested by the parents, the basis of the program was the sharing and exploitation of the everyday life of the child with autism and of children without special educational needs or disabilities could positively influence the first, alleviate negative behaviors and to lead to a substantial membership to a team. The time allocated according to art class, organized activities and educational and motion group games but also according to musical and psychomotor education.

The educational intervention focused, during the first four months, on the communication and interaction development among children. In order to be able to make any intervention, D. should first be in the same place as the other children and teachers without being curled up and hiding. The objectives chosen should have been realistic and achievable. The ultimate goal is the first objectives to set the steps in order to achieve the general aims.

The first objectives that were set and conquered were the following:

- the acquisition of eye contact,
- to look at objects that are indicated to him,
- to engage in familiar activities (daily routines e.g. train with the days of the week with the corresponding song),
- to look at others responding to his name,
- to tolerate to be and play near others without anxiety or problems of behavior,
- to accept changes to rules, routines or procedures.

The objectives set after the achievement of the former concerned:

- the pre-mathematical concepts. To be able to do grouping, mapping and matching. To recognize colors, shapes and sizes,
- the development of self-service skills,
- the development and active participation without help in organized games,
- to enhance visual co-ordination,
- the strengthening of the balance,
- the study of the environment. To be able to show and find when asked means of transportation, animals, items of everyday use,
- to respond in different ways to rhythmic standards,
- to test and perform with others (e.g. simultaneous stop and start, fixed rhythm hold).

4.1 Various educational strategies

General teaching and learning strategies that can be implemented at the level of education, communication, linguistic education and creativity on which this program was based on (Bogindroukas, Sheratt, 2008):

- The specialist pedagogue, using a structured framework of social interactions, enables the learner to understand exactly what to do.
- The adaptation of the natural environment refers to those opportunities created by the educator to teach a communicative or social skill.
- Eye contact is an indicator of developed sociality and can be cultivated in children with autism through the development of social interaction and educational opportunities with an intuitive way of alerting their attention e.g. role play game *"Where do I look?"*.
- *"I share the attention"* through educational activities and spontaneous development of focused sharing. E.g. ball games, with cards, on a board, attendance of theater performances, etc.
- *"I feel what others feel, I understand their feelings"* E.g. chase, motion games, role play games with sharing of experiences, games that require participation, etc.
- *"I perform instructions"*. It is a guidance that includes skills related to descriptive ability and the ability to come to the position of another in order to understand things. E.g. we show pictures and ask the child to imitate what he sees, we give simple commands to perform and then more complex. Training in order execution contributes to autonomy and independent personalized learning.
- *"I create representations"*. E.g. sensational activities that appeal to the child (running, dancing, using favorite sounds and words, etc.) with a narrative sequence and focus on the social elements of the activity, such as taking pleasure in the child from activity, eye contact, interaction through music and the song, etc.

Overall, various forms of organizing the education of the child with autism were intentionally used, due to the variety of special educational needs which appear in this

category of children and flexible access to a wide range of opportunities required (Nikolaou, Notas, 2006).

Finally, it should be noted that after the daily review of child performance data and decision-making on the part of the educator, on the teaching strategy that was being promoted each time (Heward, 2011), this child had obvious progress in the way of approaching and communicating within the team, as well as in issues of self-service, as well as fine and tangible mobility. Apparently, his communication and social skills have been improved to a good extent and his inclusion has proved to be a realistic goal in the context of this systematic pedagogical intervention.

5. Conclusions

The qualitative deviation in social interaction, communication and imagination are the basic characteristics of autistic spectrum disorders (DSM-IV, 1994). These features, among other things, restrict and hinder the development of relationships. A joint educational program for children with autism and children without special educational needs or disabilities significantly helps in the effective development of relationships between children, the acceptance of a child with autism from peers and real group membership.

In addition, creativity and organized play are important areas of development (Lamers, 2014). It is, therefore, possible but also necessary to achieve an all-round activation of the individual through creative activities and games. In this category belong the visual arts, the theatrical play, but also the musical and psychomotor education selected as activities for the organization of the specific program. However, the role of personalized intervention should not be underestimated. In personalized intervention, this child could, among other things, strengthen the field of communication through visual support or learning an alternative way of communication.

Finally, each intervention program should emphasize the importance of working with parents (Samara, 2016/ Samara, Ioannidi, 2018). The exchange of information concerning the child, the joint management and treatment of situations and behaviors, as well as the joint effort to achieve the objectives in both contexts (home and inclusion group) can only work positively.

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