





Recent Trends in Teaching Students with Autism Spectrum Disorder

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Globally, there is an increased prevalence of preschool and school-age children diagnosed with Autism Spectrum Disorders. Current reports show that about one in every 110 children fall within this category of disorders. Consequently, the successful inclusion of these children in both regular and special education classes is becoming a critical issue to address. In this paper, attention is placed on the children' speech, language and communication skills which are the primary deficits associated with this category of disorders. Approaching it from the perspective of speech and language therapy, this paper will offer insights and suggestions to educators in regular schools and special education programs on how to teach speech, language and communication skills to young children with severe Autism Spectrum Disorders. A case study is illustrated to provide the objective exemplar of how a child with severe ASD could learn and improve once being given the appropriate, evident-based and individualized teaching management and intervention. Conclusion: The teaching of speech, language and communication skills to children with severe ASD requires a prior understanding of their behavioral patterns and learning styles. The teaching could be targeted to help them to develop the deficient skills and to use compensatory strategies to facilitate communication. A better understanding of how to teach children with severe ASD in schools will lead to a better teaching and learning experience to both the teachers and the children, with important implications on promoting sustainable inclusive education for these children.

Keywords: *Speech and Language, Autism Spectrum Disorder, Special Education, Teaching.*



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1. Introduction

Autism Spectrum Disorders, or more commonly known by the abbreviation 'ASD', refer to a category of developmental disabilities with

problems in initiating and maintaining reciprocal social interaction, problems in communication and the use of idiosyncratic language and repetitive motor mannerism ([American Psychiatric](#)

Association, 1994). ASD is used as an umbrella term to refer to a broad range of pervasive developmental disorders, which include Autism disorder, Asperger disorder, childhood disintegrative disorder, Rett disorder and pervasive developmental disorder – not otherwise specified (**American Psychiatric Association, 1994; Filipek et al., 1999**). Children who are diagnosed with this category of disorders share common deficits in social and communication, marked by lack of communicative intents, impairment in the use of nonverbal communicative actions such as eye contact and facial expression, failure to develop peer relationships, delay or lack of development in language expression, inability to initiate and sustain a conversation, use of idiosyncratic language and lack of social imaginative play.

Since the 80s, the term ‘spectrum’ is used to better reflect the range of qualitative variation and severity differences in this category of disorders (**Allen, 1988; Wing, 1988**). The increasing prevalence of young children diagnosed with this category of disorders is becoming evident worldwide. In a review of international epidemiological studies on this category of disorders, **Fombonne (2003; 2009)** reported an estimation of 28 to 70 per 10,000 as the prevalence of ASD. Fombonne’s estimation, together with the evidence provided by worldwide cohort studies such as the British cohort study (N=56, 946) by **Baird et al. (2006)** and the American cohort study (N≈50,000) by Nicholas and colleagues (**Nicholas, Carpenter, King, Jenner & Charles, 2009; Nicholas et al., 2007**), suggests that there is at least one in every 110 children who are identifiable with the diagnosis of ASD. This marked a significant increase from the previously assumed prevalence of 4 to 15 per 10,000 (**Barbarese, Colligan, Weaver & Katusic, 2009; Lotter, 1966**). Many factors are believed to have contributed to this increased prevalence, including changes in diagnostic criteria, development of the concept of a spectrum of disorders, increased public awareness, increased willingness and ability to diagnose ASD amongst health and educational professionals, availability of resource for children with ASD, as well as the possibility of a true increase in numbers (**Brock, 2006; Lord & Bishop, 2010; Wing & Potter, 2002**).

The increased prevalence of ASD means that more and more educators now face with the demands to teach children with ASD in their classes. However, globally, the lack of teachers’ knowledge on ASD has been critically pinpointed by parents as the foremost hindering factor for their children with ASD to have a good educational experience (**Starr & Foy, 2010; Whitaker, 2007**). Many teachers in the mainstream education do not have prior training and knowledge in teaching children with ASD (**Morrier, Hess & Heflin, 2011**). Even in the United States, only 15% of the in-service teachers reportedly received training in teaching students with ASD from their preservice training programs in colleges and universities (**Morrier et al., 2011**). The percentage could be even far less in the developing countries and the third-world countries. This knowledge gap causes severe distress to teachers when they have students with ASD in their classes. This is because many students with ASD require specialized, discrete and visually-supported instructions to prompt their learning (**Keogel, Matos-Fredeen, Lang & Keogel, 2011**). Many of them also require tangible and concrete reinforcement to motivate them to learn and to participate in classroom activities (**Chezan & Drasgow, 2010**).

The lack of knowledge in these instructional styles and the ways of managing the disruptive behaviors of these children cause many teachers to feel helpless and despair in the teaching process (**Emam & Farrell, 2009**). These negative emotions may have severe consequences on both the parts of the teachers and the students. As a result, the contributing cause needs to be properly addressed. Aimed to bridge the knowledge gap in teaching students with ASD, this paper will provide the general educators with the basic knowledge in teaching speech, language and communication skills to students with ASD. Speech, language and communication skills are focused in this paper since impairments in these three aspects of development are the key diagnostic features of ASD (**American Psychiatric Association, 1994**). Impairment in these areas cause problems in many facets of the children’s learning and living, including successful socialization with others in school, access to the standard curriculum and compliance in social norms and school activities (**Lee, Harrington, Louie & Newschaffer, 2008**). Therefore, it is

important for educators to understand the deficits experienced by these children in speech, language and communication development. In the same vein, the educators also need to know the ways to address the associated problems and the scaffolding methods required to help these children to learn functional speech, language and communication skills.

In the last few decades, assessment and intervention techniques for children with ASD have been well researched and studied (Rogers, 2005). To date, accumulating evidence has strongly indicated that children with ASD could benefit from early identification and intervention of their communication problems (Rogers & Vismara, 2008). Pertaining to this, long-term prospective studies show that the development of functional speech, language and communicative skills in the early years is a predictor of a better quality lifestyle experienced by individuals with ASD (Howlin, Goode, Hutton & Rutter, 2004; Venter, Lord & Schopler, 1992). Therefore, the teaching of speech, language and communication to young children with ASD demands no further delay and the failure in doing so comes with an even higher cost to the society as a whole.

2. Purpose and Objectives

The purpose of this paper is to provide a descriptive note to general educators and the related personnel on the teaching of speech, language and communication skills to children with ASD in the preschool and early elementary school years. This note is also relevant to the teaching of older children with ASD who have minimal speech, language and communicative abilities. For this purpose, a real case exemplar is used to illustrate the process of assessing and teaching a child with ASD who is minimally verbal. This real-case example also provides objective evidence towards the effectiveness of a direct speech and language teaching in helping children with severe ASD to improve in speech, language and communication development. Teaching Speech, Language and Communication Skills to Children with ASD Early remediation of speech, language and communication deficits in children with ASD is important as research has provided evidence that they could improve in these skills when being given the suitable guidance (ref. Rogers, 2005).

The teaching of speech, language and communication skills to children with ASD requires a thorough understanding of their characteristics and deficits, and also a detailed planning of the teaching protocols. In places where multi-disciplinary supports for children with ASD are available, speech-language therapists are generally the personnel who are responsible for assessing, intervening and monitoring speech, language and communication skills of children with ASD (Lindsay et al., 2002). However, in many educational settings, recruitment and retention of school-based speech-language therapists has been a prolonged issue (Edgar & Rosa-Lugo, 2007). The available support is even less in countries where such profession is lacking. This is particularly true in many developing and third-world countries globally. Thus, the perspectives offered in this paper are predominantly to empower the general educators and the special education teachers in settings with limited resources to deal with the common issues encountered by children with ASD in learning to talk and to communicate. These perspectives are offered from a speech and language therapy angle, but with no intention to overtake the responsibilities of a speech and language therapist. Teachers are encouraged to consult and work together with speech language therapists whenever this type of service provision is available.

The working framework offered in this paper is targeted more for teachers who face with the critical needs to provide direct instructions to children with ASD in educational settings with limited resources. Nevertheless, it is also for teachers who have a general interest to improve their understandings about how to teach children with ASD. In general, the teaching of speech, language and communication skills to children with ASD is based on the behaviorism perspective that teachers can shape the learning directions and behaviors of these children by manipulating the external stimuli to elicit the desired learning outcomes (Reed, 2007).

In relation to this, teachers need to understand the types of stimuli that potentially evoke a particular behavior in these children. In line with the learning principles in behaviorism, positive and negative reinforcements are applied accordingly to prompt the attainment of the

desired learning outcomes. These principles of teaching and learning laid the foundations for many language and communication intervention programs for children with ASD, including the Picture Exchange Communication System (PECS) (Bondy & Frost, 1994; Bondy & Frost, 2001) and the Denver model (Rogers, Hall, Osaki, Reaven & Herbison, 2001). A shared characteristic of these programs are the utilization of visually-supported instructions to prompt language learning in children with ASD, particularly for those with underlying language processing deficits as mentioned in the previous section. These interventions are typically supported by direct and discrete instructions that function to provide clear antecedents and immediate feedbacks to the children.

2.1. Assessment

Typically, speech and language assessment for children with ASD comprises of several elements, including behavioral observation, or motor functions, preverbal language skills (also known as early communicative skills), receptive language skills and expressive language skills. The assessment could be done formally by using either norm-referenced or criterion-referenced tests. Examples of these tests are *Preschool Language Scale – Fourth Edition (PLS-4)* (Zimmerman, Violette, Steiner & Pond, 2002) and *Clinical Evaluation of Language Fundamental – Revised (CELF-R)* (Semel, Wiig & Secord, 1990). In places where resources for a formal assessment are lacking, educators could use locally or self-adapted tests or checklists to evaluate the related skills. Research also shows that the use of multiple assessment methods, which incorporate formal assessment, observation and parent report, could generate a more valid language profile for an ASD child as compared to the use of a single assessment technique (Luyster, Kadlec, Carter & Tager-Flusberg, 2008; Tager-Flusberg et al., 2009).

For the case of MG, standardized tests are very few in the multilingually and culturally plural community where she lives. The speech and

language assessment was conducted through observation of CH's communication skills in free play. Adaptation of PLS-4 (*Preschool Language Scale, 4th Edition*) (Zimmerman et al., 2002) was used as the supplementary language testing tool. The assessment was carried out in Mandarin, which is the most familiar language to MG as reported by her mother. The limitation of these self-adapted tests is the lack of standardized and criterion scores to support the interpretation of results. As a result, the test results were compared with the parent report of MG's language and communicative behaviors at home for verification of findings. This strategy was viewed as an alternative assessment protocol in a setting with limited resources. The assessment results indicated that MG was performing below 1 year-old level for her receptive and expressive language skills, suggestive of severe speech and language delay secondary to ASD.

She showed minimal communicative intents. She was found with the lack of abilities to sustain eye contact, to participate in joint attention and to take turns. Her play behavior was primarily exploratory, with the lack of symbolic and pretend play. MG was reported by the mother with the abilities to follow simple instructions, such as 'hug mommy'. However, she was found to perform inconsistently in object and picture identification during the assessment. She could only identify the common objects and pictures correctly 10% of the time. MG did not produce any meaningful vocalizations and words during the assessment. Based on the assessment findings, a therapy or teaching plan was designed for MG with the goals to improve on three main areas, namely communication and preverbal skills, language comprehension and, speech and language production (refer to Table 1). The goals were planned according to the literature recommended prerequisites for speech, language and communication development (Thurm, Lord, Lee & Newschaffer, 2007); while the sequence of teaching was arranged according to the patterns of development (Tager-Flusberg et al., 2009).

Table-1

<i>Speech and Language Therapy or Teaching Plan for a Child with Severe ASD</i>	
Areas	Goals/Learning outcomes
Communication & preverbal skills	<ul style="list-style-type: none"> ● MG is able to participate in turn-taking without physical prompts, 50% of the time. ● MG is able to match object to picture correctly 50% of the time. ● MG is able to request by using a picture card (i.e., Augmentative and alternative communication) correctly 50% of the time.
Language comprehension	<ul style="list-style-type: none"> ● MG is able to follow one-step commands correctly 50% of the time.
Speech and language production	<ul style="list-style-type: none"> ● MG is able to imitate vocalizations 30% of the time.

3. Intervention

The intervention took place every week. Each session of intervention was 45 minutes. The activities designed for the intervention sessions and the materials required are as follows:

3.1. Turn-Taking

Turn-taking activities require young children to share a similar focus with the other people who they are interacting with. This sharing of focus is known as joint attention. The skill is needed by children before they could pay attention to adults' meaning associations in verbal interaction, and therefore, for them to acquire the understanding of language (Thurm, Lord, Lee & Newschaffer, 2007). The absence of this skill is found in the majority of children with ASD, including MG. To help MG to develop this skill, she was prompted by the therapist to participate in activities with back-and forth interactions. The examples are rolling ball to each other, taking turns to put puzzle pieces on the board and taking turns to put objects into a box. Initially, the therapist would say "Whose turn?" as a verbal prompt. MG was prompted physically to use a hand gesture, i.e., padding on her own chest to indicate her turn before she takes her turn. MG was given one score for any spontaneous turn she took. The scores were converted to percentage score to ease the comparison of learning outcomes across tasks.

3.2. Object-Picture Matching

Object to picture matching involves young children's ability to make symbolic associations (Barton, Sevcik & Ronski, 2006). This matching skill could be considered as the prerequisite for word understanding, which is the ability to match

spoken words to the referred items. During the intervention, MG was prompted to match object to an array of two to three pictures. First, she was prompted to match common objects, such as cup, spoon, comb and key to the photos of the exact objects. The photos were changed to picture cards and line drawings as MG progressed. This helps MG to move from concrete experience to representational and finally abstract concepts. Similarly, every correct response was given one score. The cumulative score over the number of trials were converted to a percentage score.

3.3. Requests by Using a Picture Card

Augmentative and alternative communication (AAC) was found to be useful to help many children with ASD to communicate. In particular, picture communication was proven to be an effective AAC mode for helping children with ASD to communicate and to gradually develop verbal language (Charlop-Christy, Carpenter, Le, LeBlanc & Kellet, 2002). Given her reduced ability in producing verbal language, MG was prompted to use an AAC medium, i.e., picture cards for communicative exchanges. The module of training followed the guidelines in Picture Exchange Communicative Exchange (PECS) (Bondy & Frost, 1994). The training involved (1) the presentation of MG's favorite food or toy item, (2) whenever MG attempted to reach for the item, MG was prompted to take the picture card and to pass it to the communicator (i.e., the therapist or the mother) to exchange for the item, (3) the process was repeated until MG could perform the exchange spontaneously, and (4) the process was repeated for different items to ensure that MG is able to generalize the learning.

3.4. Follow One-Step Commands

The following of one-step commands or instructions is a basic task of language understanding training (Rogers et al., 2006). The training could be conducted in both structured and semi-structured manners. For the structured tasks, MG was prompted to listen to the verbal stimuli and then to pick the correct picture or object from an array of two to three pictures or objects. On the other hand, the semi-structured tasks were play activities where MG was asked to pass things to her communicators during the play or to carry out certain play actions with the toys, such as “make the doll jumps” or “feed the doll”. Similar, each correct response was scored to keep track of MG’s progress.

3.5. Imitate Vocalizations

Imitation is a precursor for expressive language development (Thurm et al., 2007). Through the modeling of verbal interaction provided by the adults in their surroundings, children learn to produce speech sounds, imitate the word production and then to link the spoken words to produce sentences. During the intervention, MG was prompted to imitate vocalizations of vowel sounds, /a/, /i/ and /u/. The therapist provided the model and MG was prompted to imitate the adult’s model with pictorial cues. The pictorial cue composed of picture cards with drawings of the targeted vocal shapes.

Table 2

Progress over 20 sessions

Goals	Sessions/Scores (%)																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Turn-taking	10	50	70	70	70	90	70	50	50	50	70	80	80	80	90	90			90	90
Object-picture matching	20	40	40	40	40	40	40	40	20	20	50	60	60	80					90	90
Request by using a picture card	30	30	30	30	30	30		50	50	50	50	50	60							
Request by using a sentence strip													10		30	50		70	60	
Follow one-step commands		10	20	20	20	20	20	20	20	20	30	50	50	50	60	80	90	90		
Imitate vocalizations	10	10	10	10	10	20	20	20	20	20				10						10

3.6. Progress

Table 2 shows MG’s progress over 20 weekly direct instruction sessions provided by a speech-language therapist. MG’s mother was provided with the information to continue practicing the activities with MG at home. As showed in Table 2, MG managed to meet most of the target goals by 10th to 12th session of speech and language training. She was able to perform in 2-person turn-taking tasks consistently 90% of the time towards the end of these 20 sessions. Similarly, she was able to match object to picture, to request by using a picture card, and to follow one-step commands correctly 90% of the time towards the end of this training block. MG’s satisfactory progress in this training block provided the objective evidence that such training is effective for her, and possibly to the larger population of children with ASD who share the similar learning characteristics as her.

However, it is important to interpret that this satisfactory progress is the product of collaborative efforts between the therapist and

MG’s mother. Given this, teachers are encouraged to work together with the parents as well to ensure that there is a continuous teaching at home. On the other hand, MG did not achieve the target goal for language production. The goal was set to prompt her to imitate vocalizations 30% of the time. Three vowel sounds, namely /a/, /i/ and /u/ were chosen for this task. Picture cards with oromotor expressions, adult’s modeling and physical prompting were used to help MG to imitate the production of these sounds. Bubble blowing and popping were used as the positive reinforcement to encourage MG to participate in the task. Despite the attempts made, MG was found to only able to imitate the vocalizations of the chosen sounds 10% to 20% of the time.

MG’s reduced responses in this task portrayed that the language expression deficits experienced by her might have both behavioral and biological ends (Rapin & Dunn, 2003). In other words, MG is likely to have language processing and production deficits. Therefore, alternative communicative modes such as the

picture communication system used could serve to bridge her communicative needs at the moment while continuously prompting her to express verbally. MG was able to request about 50 to 60% of the time without prompt by using PECS picture cards. This mode to request could be further reinforced through continuous practices and generalizations to different contexts. As a whole, MG's progress in this training block provided a positive exemplar that speech and language training could help children with ASD to progress in their communicative development. Given this real case exemplar, it is hoped that the general educators could gain insights and motivations

4. Discussion

This paper aimed to address the critical lack of information on teaching speech, language and communication skills to children with severe Autism Spectrum Disorders. As a way to promote evidence-based and individualized teaching practices in education, one real case exemplar was used to provide insights on the steps involved in teaching speech, language and communication skills to children with severe ASD. As shown in the case exemplar, the teaching of these skills to the child aims to both helping her to develop the deficient skills and to use compensatory strategies to facilitate communication. It is hoped that this basic information could add to the teachers' understanding of how to teach students with severe ASD and to promote a greater inclusion of these students in general classes. Even though the example was extracted from a speech and language therapy setting, we hope that it provides teachers with an idea on how to generalize the strategies into daily classroom instructions.

For example, instead of using props for turn-taking, teachers can be mindful to apply turn-taking during conversations, class reading or during play activities. Turn-taking can be the objective of particular play activities in inclusive classrooms. Besides, the strategies used in speech and language therapy also highlight the importance of using visual supports to engage with children with ASD. Visual supports can be generalized in the classrooms to help children with ASD attend to tasks. For example, teachers can have visual schedules in the classrooms to prompt an ASD child to follow the class schedule. A set of visual pictures can be placed on the desk

to encourage him to request for things or to communicate with others. In addition, worksheets with visual prompts can be prepared to allow him to better understand written tasks. The sessions in the case exemplar also illustrate the need for repeated practice. In relation to this, teachers can structure different activities in the classroom to allow that to happen. As an example, for object to picture matching, teachers can have the child with ASD to match certain objects with pictures on the whiteboard or to find the matching pictures held by different children in the class.

As surfaced from this example, the other children in the class are actually a very important classroom resource that could enrich the learning experiences of a child with ASD. Teachers can recruit these children to participate together in the activities planned for the child with ASD. For instance, in picture communication activities, teachers can have the other children in the class to be the child's 'communicators'. This would increase the opportunities for the child to communicate with different children in the class, and possibly for different purposes. This peer support, especially one that involved multiple peers, has been found to benefit the learning and social interaction of children with ASD (Carter, Cushing, Clark & Kennedy, 2005).

5. Conclusion

As a whole, the case exemplar illustrates that with the right strategies, children with ASD will improve. By providing the teachers with grounding on the communicative needs of children with ASD, the paper hopes to give confidence to teachers to teach children with ASD in their classrooms.

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