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Module 1 Assignment

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In this first written assignment we, as students, have been tasked with selecting one of five listed “characteristics/core deficits” associated with an ASD diagnosis, and responding to the subsequent seven prompts in separate paragraphs. Having spent more than six years working with students at all levels of ASD and spectrum related disorders, it is difficult to localize a personal focus on a single “characteristic/core deficit” as so many encounters come to mind as a topic of reflection to support the choice in this assignment. With “one in 68 individuals in the United States [being] diagnosed with an *Autism Spectrum Disorder (ASD)*, according to the Centers for Disease Control and Prevention (CDC, 2014) [as cited by Boutot (2017)]” it is important as an educator working with students in primary education to recognize all five “characteristics/core deficits associated with [an] ASD diagnosis.” Furthermore, Boutot (2017) asserts that “teachers are encouraged to remain current on the research, trends, and issues related to educating students with ASD, because information continually shifts and changes.” With a fundamental understanding of ASD and its core deficits, an educator will be capable of better understanding of what those students struggle with and how to better engage them in core curriculum in a successful manner.

The characteristic/core deficit associated with an ASD diagnosis selected for this assignment is “Communication Deficits.” Having worked with students from Preschool to K-12 and having worked specifically with students presenting with or diagnosed with ASD, communication deficits, observationally and in experience and practice have been a basic milestone (not met) at the preschool-level that has prompted concerns and further conversations with parents, followed by referrals to Child Find. Preschool-aged children will at times present with a lack of communication, or with unique and/or abnormal communication (humming, singing, physical versus vocal communication, screaming, crying, transitional difficulties, etc.) which triggers further scrutiny as an educator, as some parents at home may not have noticed communication milestones not being met until a child is immersed into an environment with other children who are reaching developmental milestones at different rates and paces.

Behavioral manifestations and frustrations with transitions have to be observed with an understanding of how a child adapts to a new environment and a new expectation of rules and routines, and sharing toys and sharing space, etc. As young children evolve from simple communication, such as screaming and crying to more complicated communication such as using words and eventually sentences (identifying wants and needs with words, identifying objects, etc.), educators working with children at the ages of 3 to 5 need to be sensitive to developmental expectations and recognize when those students appear to struggle with communicative evolution and adaptation to new environments and people and sounds and the complexities of socializing as so many of those elements may trigger responses that observational appear to fit into ASD definitions. When we discuss the K-12 level, there is a considerable amount of observation and interaction which occur between the grades K through 1 to evaluate and further assess communication deficits in students, in order to address what supports may be needed or require further intervention. There are many more interventional supports and components to this process in public schools then most private preschools are able to provide or have resources available to address.

The reason why “Communication Deficits” was the choice made for this written assignment is due to the fact that I have experienced some form of its characteristics at all grade levels, and as a communications major in undergraduate school, all forms of communication, from language to non-verbal to symbology fascinates me. The idea that humans find a way to communicate even when they are not able to speak to one another only shows us how we are able to adapt and use what we have and what we know to pass on information to others. Students who struggle with the impacts and hurdles of ASD find unique and imaginative ways in which to speak to us, and times without the use of a voice. In understanding just how brilliant that truly is, we can further recognize how to continue that cycle of constant intervention so that those students can engage with us in a way that helps them to be successful. The idea of such forms of communication (especially non-verbal) is profound on a historical level, and practical from a sociological perspective. Humans were created with an ingrained sense and a need to communicate knowledge to and with others. We learn from each other. We find a way to pass information on in a continuous cycle. It is the most important part of who we are. It is why we sent out Voyager I and Voyager II with records of who we are, in an effort to communicate with intelligent life in the universe.

The characteristic of “Communication Deficits” within ASD is relevant to the field due specifically to the fact that students who struggle with the hurdles and impacts of ASD will typically manifest some form of a communication deficit or an inability to process information in the same way as others, or will present as non-verbal, or will hum or sing. I have had students who play movies or video games in head. I have also had students who present as non-verbal but will very clearly vocalize a preferred activity and even create sentences of two to six words or more when they are placed in a position where they need something or want something. These are victories, especially when we are told they do not speak. The relevance that communication holds to the field of special education is fundamental to our ability to communicate with students who may not understand how to communicate or know how to communicate correctly or at all. We have to find a way to communicate, whether it is with pictures on laminated cards around our neck, or its with hand signs, or its with eye contact or touch, or through some other form of a desired protocol that prompts a response. I have had students that all you could do with them was make them smile.

The selected characteristic of “Communication Deficits” is highly relevant to the lives of individuals with ASD, because students struggling with the impacts of ASD face, in many cases, considerable hurdles regarding communication, including sound sensitivities. In some cases, speech is impacted, in other cases the ability to speak at all or form words is non-existent. ASD is a wide spectrum that ranges from low-functioning ASD to high-functioning ASD. In asking why communication is important to students with ASD, we should consider how difficult it would be for us to obtain the things we want or need if we could not speak, or if we perceived the world through a very unique and different lens. Communication is fundamental to survival and socialization for students with ASD. When asking how communication is relevant to the lives of individuals with ASD, the same holds true. Communication is understanding. Communication is the transmission of thoughts and knowledge, and within that communication are desires, wants, and needs. At the basic level of communication, we as all of those around us, need. If we cannot communicate need, wants do not matter. The why and how communication is relevant to people with ASD is that it fulfills the basic instinct of humanity, which is to convey a thought with a need involved. It is the same reason we all cry as infants before we learn to speak words.

Understanding the wide spectrum of hurdles that impact students with ASD, not only relative to “Communication Deficits” is paramount to understanding ASD as a whole, especially when dealing with a diverse student population. The challenges that individuals with ASD face on a daily basis can change based upon the environment they are placed into. Examples provided include a virtual classroom, and home or school. When teaching a Special Education classroom of middle school students during the pandemic, where the classroom was set in a virtual environment, I recognized the challenges that impacted all of the students while in that virtual setting, based upon how they communicated, on how the engaged and interacted with me. In a virtual setting, and with masks, it is impossible to work with students who struggle with speech or with speaking, when they cannot visibly see you move your mouth, or interact with you as you speak to them. This was not only a challenge for those dealing with ASD but also a challenge for educators who wanted to work with students that could only learn from a real-life classroom environment. School can be a challenge to students with ASD, as a school environment creates expectations and routines that may not be desired or a part of that student’s normal daily cycle. In Life Skills classrooms we struggle with the basics, such as hand washing and eye contact and communicating simple requests. I had a 400lb, 7ft tall 7th grader in a Life Skills class, who played video games in his head and lost his temper quite often, only because he would come back to reality and realize he was lost in what the class was doing. He conveyed one day, that he “shakes” his mother at the grocery store. He also had hygiene difficulties and would often scratch himself in inappropriate ways. The concern is that a child that size, in a public playground environment, appearing to be an adult due to size, will experience, inevitably, contact with the police when they are called, and sadly, the police do not have a manual with the photos and names of students with ASD. Challenges for students and individuals with ASD will vary considerably and be determined by whatever environment they may be in and what interventions they have with them. There is no textbook for this, and ASD is complex. High stress environments or environments with loud noise or large crowds may be problematic for those individuals struggling with ASD. I must confess, just with Complex PTSD, all of those environments become difficult to handle. With ASD and communicative deficits, it could be almost impossible for an individual to communicate in an environment that is crowded or in one with a lot of noise, or even one in which a person feels uncertain or unsafe.

The course readings provide some insight into “Communication Deficits” and Boutot (2017) asserts that “although some children with ASD may not speak, as noted previously, they may display echolalia…Echolalia was once thought to be nonfunctional; however, it is now recognized that echolalia may in fact be the child’s way of speaking (cf., Quill, 1995).” Speaking is not the basic fundamental part of language, rather, body language and sounds convey to us so many more messages than words may at times convey. If we listen to what our ASD students are telling us through other means of communication, we can recognize their needs and requests and provide the interventions needed. Furthermore, Boutot (2017) asserts that “teachers are…encouraged to become *investigators* when students with autism are engaging in echolalia and/or challenging behaviors.” As explained throughout this assignment, students with ASD struggle with how they communicate with us, especially when they are unable to do so in the ways we are familiar with. Boutot (2017) asserts that “when someone has limited or no speech, she will use other methods to communicate wants and needs.” Boutot (2017) further explains that “other children with ASD will have speech, although it may be delayed and/or limited [and] for these children, speech may consist of a single-word utterance or approximations of words to communicate entire thoughts [while]l others may have seemingly adequate speech but have difficulties with forms of language such as pragmatics.” We tend to say “this is a marathon, not a sprint” when teaching kindergarten. The same holds true with students with ASD. Boutot (2017) notes that “language deficits in children with autism are not static; a child may have no speech, but that does not imply that he will never develop speech [and more importantly] with appropriate instruction, including augmentative and alternative communication systems, children with autism can develop speech.”

In reflection, the usefulness of reviewing information already known may seem a tedious an invaluable process. What I have learned is that information in this specific discipline changes constantly. There are always new studies, some new information, a new DSM. New information is an invaluable resource for educators as no price can be placed upon a tool or a method that works to engage a student who would not do so before. The usefulness of an assignment is directly relative to whether or not I can accomplish it, and whether or not it made sense. I find that looking into specific deficits rather than all at once, allows us to focus on characteristics we are either familiar with, or unfamiliar with. Either way, we learn something, and learning something is always useful. I already incorporate this information and will always do so until there are no more students with autism, or I have passed on to the great beyond in my teacher’s chair. I am constantly observing my students, looking for those with sound sensitivities, or those who seem to hyper focus on a specific topic, or who seem to have limited verbal skills or difficulty reading, or temper tantrums. All of it relates back to communication and new environments and preferred or desired activities versus denial of something desired. I do not believe that this assignment could be improved upon. I always find other sources of information when searching for references for my written work, so perhaps prompting to seek outside sources or alternative sources may aid those new to ASD or Special Education in realizing that there is so much information available to us since we no longer have to rely on Encyclopedia Britannica and microfiche.

REFERENCES:

American Psychiatric Publishing. (2013). *Diagnostic and statistical manual of mental disorders*.

American Psychiatric Association. (2017). *Diagnostic and statistical manual of mental disorders: Dsm-5*.

Boutot, E. A., & Myles, B. S. (2017). *Autism spectrum disorders: Foundations, characteristics, and effective strategies*. Pearson.

Centers for Disease Control and Prevention. (2022, March 28). *Signs and symptoms of autism spectrum disorders*. Centers for Disease Control and Prevention. Retrieved January 22, 2023, from https://www.cdc.gov/ncbddd/autism/signs.html

*Communication and language deficits*. MentalHelp.net. (2019, March 25). Retrieved January 22, 2023, from https://www.mentalhelp.net/autism/communication-and-language-deficits/

Kasari, C., Brady, N., Lord, C., & Tager-Flusberg, H. (2013). *Assessing the minimally verbal school-aged child with autism spectrum disorder.* Autism Research, 6(6), 479–493. doi: 10.1002/aur.1334.

Tager-Flusberg, H., & Kasari, C. (2013). *Minimally verbal school-aged children with autism spectrum disorder: the neglected end of the spectrum.* Autism Research, 6(6), 468–478. doi: 10.1002/aur.1329.