

## [Improving-Deficits-in-Communication.pdf](#)

### Improving Deficits in Communication, Collaboration and Creativity in the Education of the Severely Autistic Child

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The most deficient aspects of the special education system today are 1) a lack of consistent communication and collaboration between, teacher, classroom staff, parents, and clinicians and 2) the tendency to think “generically” instead of creatively about educational and behavioral intervention for the severely autistic child. These issues are most detrimental to the more severely autistic child due to the complexity and uniqueness of some of their behaviors. These children are in most need of professionals sharing information, committing to a creative and flexible plan of action, and a “sooner than later approach” to the re-evaluation of that plan if it is not working.

True collaboration goes beyond an allowance for discussion, but transcends to a level of acceptance and the utilization of ideas and strategies that have credibility. In other words, collaboration is not about the saying, “Okay, everyone has had a chance to make suggestions, but the teacher always has the final say.” Such rigid rules in the educational setting decreases the quality of special educational programming and efficacy because such rules do not guarantee that the best approach has been chosen.

A yearly IEP is often not enough contact between parents and professionals to efficiently influence and maximize a child’s program. Special education professionals talk about collaboration and communication, but as a parent of a severely autistic 16 year-old boy, I have spent over a decade hearing the right words from school staff, (“there are no egos here, we will give all credible suggestions a try”), but not seeing the level of action and attitude that truly maximizes the effectiveness of what high level collaboration can bring about in the education of a child with a severe disability. Too often the collaborations are met with resistance and challenge from teachers and administrators. Discussions seem to start out with the best of intentions, however cohesiveness falls apart when issues regarding control, ego and resistance to change and challenge, supersedes what might be best for the child. It is often the parent who is deemed by the special education professionals to be the “cook most wanted out of the kitchen.” Yet it is often the parent who has more insight, medical information, and accurate strategies most pertinent to their child. Parental motivation is heightened by concerns about the long term results of all interventions and programs that are implemented in the name of helping their child navigate through the maze of autism. This heightened emotional motivation of parents should not be underestimated as a powerful impetus for program improvement for these especially challenged children.

#### **The Effect of Collaboration Deficits on the Programs for The Severely Autistic**

It is common knowledge that all children with ASD are different. It is discussed at clinical sessions and IEP meetings that intervention strategies and program planning is individualized due to the differences in functioning that exists from child to child. But, as a parent of a **profoundly** autistic child, there are differences within this particular group of autistic children that often cause teachers, therapists, and medical professionals to shrug their shoulders in confusion and suggest **boilerplate** interventions that don’t help. This approach indicates a lack of understanding about the complex realities of the neurological, sensory, emotional and behavioral functioning that is operating within such a child. Children with severe, complex symptoms can develop even more aberrant behaviors if a lack of information or misinformation is being used to guide the staff in charge of daily academic and social curriculum.

It is especially necessary to have a high level of understanding about severe autism when designing an intervention and educational program. Frequent, high level communication and collaboration increases the expertise level of special education professionals for a particular child and therefore increases the chances of successful outcomes for that child.

### **What is Severe Autism?**

To create a positive movement in the field of special education in the treatment of students with severe autism, it is important to make sure that staff understands what **severe autism** is. Children severely impacted have **severe deficits** in all major areas of social, emotional, cognitive and behavioral functioning. The severely affected child will often exhibit:

- limited or no speech,
- severe sensory dysregulation,
- inappropriate physical and social behaviors due to limitations in self, social and cognitive deficits,
- deficits in body awareness and motor execution, and
- repetitive verbal or physical patterns

They may be the ones who patterns of screeching loudly for seemingly no reason. They may routinely want to walk on their knees, or stop and kneel during every transition before being able to comply with direction. Or they may be the child without language skills to communicate wants, needs and feelings and either become withdrawn from or disruptive to the classroom. Such behaviors, often referred to as verbal or physical **ritual stereotypies**, are challenging to manage but the system owes it to these children to find ways to deal with the behaviors without creating a severely restricted or shaming learning and social experience. Teachers often choose to isolate these types of children from the group as part of their "alternate curriculum", often due to a lack of creative strategies to help the child to organize, focus and ultimately find a way to fit into their class environment in their own unique way. There is little time spent on trying to incorporate the "differentness" of the more severe child into the consciousness and functioning of the group.

### **Correcting the Program Deficits**

Teachers should be responsible for helping the higher functioning students be more tolerant and less judgmental or afraid of students with more aberrant behavior. There are certainly instances when it is appropriate to remove a child from a situation, for both the well-being of the child and other students. But where special education fails is when a pattern of "removal" becomes the constant intervention instead of the replacement of more patient and creative solutions which leads toward an attitude of inclusion and less "exclusion". If the major goal becomes "extinction" of these challenging behaviors, an attitude of intolerance results and more limitations and isolation is built into the child's program. It takes a lot of education, experience, curiosity, patience and creativity to be able to help these children emerge and grow. When professionals lack the specialized skills or the willingness or emotional wherewithal to effectively work with these children, the school environment becomes counter-productive for the student. It should not be forgotten that these children, have feelings, and despite their inability to effectively communicate, damage can be done to their self-esteem if they remain misunderstood or isolated as a result of their peculiar or challenging behaviors.

Special education professionals need to be open to enhancing their skills if they have severely autistic children in their classroom. In my years of experience having a severely autistic child in the Los Angeles Public School system, I have encountered teachers lacking adequate training or skills needed to work creatively and effectively with the cognitive, developmental approaches that deal with children more profoundly affected by autism. As a

result, children who are frustrated and confused are often labeled as agitated and aggressive. Labeled incorrectly, the interventions chosen are often incorrect and the children are not helped. The level of expertise should be monitored by administration and districts to support more effective approaches to working with these children.

Professionals in the field should be expected to build their skills through intense collaboration with parents who have become learned in approaches that are specific to the severity and complexity of their child's level of functioning. They should also be provided with information and training at the school and district level in a variety of creative, developmental/cognitive approaches to treating the more severely autistic child. Without this level of commitment to expertise and professional growth, these particular autistic children will continue have a more restricted, less beneficial school experience than their peers.

### **Parental Education and the Impact on Program Quality**

Parents need to educate themselves and share what they learn with the special education professionals. Pursuing information and training about how to help children with severe autism is an essential aspect of the kind of advocacy needed. Creating a positive atmosphere of collaboration with educators is the goal, however parents must also be willing to fight for what they know their child needs. It is also important to advocate for the acceptance of your child for the person that they are and what they have to offer to their environment in their own unique way.

#### *About the Author*

22 years in private practice in Brentwood, California. Specializing in autism, addiction/recovery issues, and relationships. Author, lecturer and media experience dealing with autism, relationships and addiction and self esteem issues.

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