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## **Selected Strategies for Treating the Autistic Child in Elementary Schools in Taiwan**

Yueh-Yun Chu

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**SLECTED STRATEGIES  
FOR TREATING THE AUTISTIC CHILD  
IN ELEMENTARY SCHOOLS  
IN TAIWAN**

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**A Project**

**Presented to**

**The Graduate Faculty**

**Central Washington University**

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**In Partial Fulfillment**

**of the Requirement for the Degree**

**Master of Education**

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**by**

**Chu, Yueh-Yun**

**June, 1997**

**SELECTED STRATEGIES  
FOR TREATING THE AUTISTIC CHILD  
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The purpose of this project was to identify selected strategies for treating the autistic child in elementary schools in Taiwan. To accomplish this purpose, a review of current literature regarding autism and treatment of the autistic child was conducted. Additionally, related information from selected authorities on the treatment of autism was obtained and analyzed.

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## CHAPTER 1

### BACKGROUND OF THE PROJECT

#### Introduction

The outstanding "pathognomonic" fundamental disorder is the children's inability to relate themselves in the ordinary way to people and situations from the beginning of life..... There is from the start an extreme autistic aloneness that, wherever possible, disregards, ignores, shuts out anything that comes to the child from outside. Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far, that each case merits and, I hope, will eventually receive a detailed consideration of its fascinating peculiarities. (Wing, 1971)

In the above statement, Kanner abstracted from the behavior of his eleven children a number of behavioral features that seemed to him to be both unusual and characteristic. These traits included a failure during infancy to assume an anticipatory posture preparatory to being picked up, a failure to use speech for communication, an excellent rote memory, delayed echolalia, an inability to use abstract concepts, pronominal reversals, an anxious desire for the maintenance of sameness, a monotony of activity, a

tendency to panic or to excitement in unusual situations, a seeming unawareness of other children, and with all this, an impression of abnormal intellectual and physical development.

According to Bleuler (1950), the reality of the autistic world may also seem more valid than that of reality itself. Patients tend to see their fantasy world as reality, not as an illusion. They no longer believe in the evidence of their own senses.

Bleuler stated :

"Autism" was an active withdrawal from contact with reality in order to live in an inner world of fantasy. This kind of "autism" is similar to dreaming although the individual is awake. However, Bleuler also used the term "autism" in a much wider sense, to refer to mechanisms which might be present even in normal people.

### **Purpose of the Project**

The purpose of this project was to identify selected strategies for treating the autistic child in elementary schools in Taiwan. To accomplish this purpose, a review of current literature regarding autism and treatment of the autistic child was conducted. Additionally, related information from selected authorities on the treatment of autism was obtained and analyzed.



### **Limitations of the Project**

For purposes of this project, the following limitations have been established :

1. **Research** : The preponderance of research and literature were reviewed and was limited to the past ten years.
2. **Scope of study and target population** : Strategies developed has been intended for treatment of intermediate level autistic children in selected elementary schools in Taiwan.

### **Definition of Terms**

Significant terms used in the context of this project have been defined as follows :

1. **Autism** : A severe emotional disturbance of childhood characterized by bizarre behavior, extreme social isolation, and delayed development, and impairment in social interaction communication, language, and symbolic development. (Stedman Medical Dictionary, 1990, p. 155)
2. **Distractibility** : A disorder of attention in which the mind is easily diverted by inconsequential occurrences. ( Stedman Medical Dictionary, p. 459)
3. **Epilepsy** : Any one of a group of disorders of brain function characterized by recurrent attacks that have a sudden onset. Throughout on attack the patient is in a state of clouded awareness and afterward he may have no recollection of the event. (Urdang Dictionary of Current Medical Terms, 1981, pp.141-142)

4. **Mental Retardation** : A condition in which intelligence, does not develop normally because of some anomaly during pregnancy, genetic defect, disease, or physical injury.

(Stedman Medical Dictionary, p.13 & 49)

5. **Pathognomonic** : Fundamental disorder is the children inability to relate themselves in the ordinary way to people and situations from the beginning of life... (Wing, 1972)

6. **Speech defect** : A speech problem and disorder such as stuttering, slow language development and articulation defects. Defectiveness of speech is considered one of the most serious aspects of autism. (Tin Bergen, 1983, p. 91)

7. **Withdrawal** : A pathological retreat from interpersonal contact and social involvement, and which may be characteristic of autistic behavior. (Dorland Medical University, 1988, p . 1856)

**CHAPTER 2**  
**REVIEW OF RELATED LITERATURE**

**Introduction**

The review of literature and information summarized in Chapter 2 has been organized to address :

1. Behavior characteristics of the autistic child
  - a. physical behavior
  - b. mental behavior
  - c. emotional behavior
  
2. Causes of autism and diagnosing autism in children
  
3. Selected strategies for treating autism
  - a. alternative communicative systems: sign language
  - b. communication intervention
  - c. assessment considerations
  - d. facilitating interactions
  - e. promoting socialization

#### 4. Summary

Research current primarily within the past ten (10) years was identified through an Educational Resources Information Center (ERIC) computer search. A hand-search of various other sources was also conducted.

#### Behavior Characteristics of the Autistic Child

Wing (1972) identified L. Kanner as the first person to describe autistic children as a special group. Since then, many different definitions of autism and theories concerning its causes have been put forward. Within the last ten years, parent societies have worked to achieve earlier diagnosis of autism, better services, and for more and better special education opportunities for autistic children.

Unsuspected aberrations in personality and abnormalities in relationships characterize the autistic child in different ways, at different stages of development. The autistic infant has typically exhibited delays in the milestones of development, such as unaccountable feeding behavior, sleeping difficulties, unexpected failure to cuddle and posture in anticipation of being picked up, and persistent indifference to other people. In early childhood, eating and sleeping disturbances persist, aggravated by recurrent temper tantrums and aggressive behavior often punctuated by playful adherence to odd objects.

Absent eye-to-eye gaze, physical withdrawal from known people, and failure of

speech development are sometimes erroneously attributed to deafness and mental retardation. In middle childhood, there are speech abnormalities and learning difficulties, periods of hyperactivity, aggression, and self-injury, alternating with periods of play and ritualism and aloof indifference to join in group activities. These children also exhibit very short attention spans which lengthen with increasing complexity of the environment which contributes to bizarre patterns of behavior (Kugelmass, 1970, p.6).

a. Physical Behavior

Autism is a perpetual state of disharmony, deficient in the internal mechanisms that signal essential needs in the external conditions that normally provide optimal opportunities for child nurturing. The range and degree of each biological deficiency varies with each child. Some have to learn to nurse, some to eat and drink, some to eliminate, some to make known their urgent needs. The autism is evaluated from the overall functioning in the child's environment. Needs, urges, and impulses must be coordinated for the integrated behavior necessary and sufficient for his/her adaptation to the conditions of reality ( Kugelmass, p.13).

b. Mental Behavior

According to Broadbent (1965), physical dysfunction of autism is due to defective

development or delayed maturation, is usually accompanied by disordered cognition that affects all behavior patterns. Language in particular is the currency of thought”, which makes the relationship between word and thought a living process. Language as expression acts as a signal for doing and as a symbol for being. However, all these language forms are either absent or delayed in appearance in autism, hence the inability for the autistic child to handle concepts. As a result, autism can cause varying degrees of disorganized thinking. Some autistic children speak well, displaying extraordinary use of rote language, lightning calculations of multiple digits, and feats of unusual memory, while others lack facility in language usage or remain mute. (Kugelmass, pp. 16-17)

c. Emotional Behavior

Although the autistic child may be devoid of emotion and unresponsive to sensory stimulation, this superficial state belies his/her deep-seated affective ambivalence towards others. There is often a duality in relationships, positive and negative. Such a child may be absolute in their circumscribed way of life, making no compromises, no concessions. They may insist on satisfying their obsessive desire for the maintenance of sameness with marked limitations in the variety of spontaneous activity. They fear new patterns and once having adopted a pattern can incorporate it into a restricted set of endless ritual. Any attempt to interfere with the fixed pattern can precipitate violent rage, resulting in a

decline in self-concept due to losing self-control and self-expression. In some instances, an autistic child becomes an automation with a sense of isolation from all people ( Kugelmass p.19 ).

As described by Kugelmass :

His fantasy becomes stereotyped, his sensation vague, his self colorless. He abandons testing the self against the non-self in any enterprise for emotional acceptance by parent and playmates. Self concepts do not develop nor are they sustained unless the child participates with other persons in a perpendicular rather than in a parallel manner. (p. 22)

Kugelmass further observed that autistic children often display a fascination for objects because of their failure to relate to other persons. This relationship to objects can be so intense that minor alternations in their arrangement are at once apparent to the child and can cause panic until the change has been undone. (p. 24). As stated by Kugelmass :

Autism reveals disordered causality concepts in interpersonal relations. The child struggles with outer and inner reality with nothing fixed to hold onto, nothing he can accept, nothing to give him security, nothing to provide reassurance. He fails to develop reality concepts in progressive stages during childhood. ( P. 26 )

### Causes of Autism and Diagnosing Autism in Children

Kanner (1943) concluded that the causes of childhood autism are not only multiple, they are also mingled. Autism was considered a disturbance of consciousness, with detachment from reality to make way for the predominance of the inner life. Such withdrawn behavior leads to the silence that unfolds innerness. Kanner was the first to characterize infantile autism as the defective capacity of affective contact. Autism is a unique style of child life with diverse manifestations that constitute a specific syndrome of abnormal behavior distinct from any previously undifferentiated childhood group.

Whatever the theoretical complications of differentiating early childhood autism from other conditions, in clinical practice these problems are of peripheral interest only. Research workers can legitimately concern themselves with defining Kanner nuclear syndrome and exclude from their studies all children who do not fit the definition.

Clinicians, on the other hand, cannot refuse to see those who do not fit neatly into categories. When prescribing education, management and treatment for children with chronic handicaps which affect learning and behavior, including early childhood autism, a number of different aspects of functioning have to be taken into account. A diagnostic formulation should not, therefore, consist of a single label but should be multidimensional, taking into consideration the following suggested by Wing. ( 1976,p.36 )



1. The pattern of behavior.
2. The child level of ability, including : language development and abnormalities; performance on cognitive (intelligence) tests; perceptual function; any special skills; self care and practical competence.
3. Any associated neurological disability.
4. Any other physical disability.
5. The underlying aetiology and pathology, if known.
6. The child's social and emotional environment.

The autistic pattern of behavior is seen most clearly and in its most severe form between the ages of 2 to 5 years. Between 5 and 6 years, some children show quite a marked improvement or a change in the details of their pattern of behavior. There is, in any case, some tendency for the behavioral problems and impairments to become less severe with increasing age, particularly the element of social withdrawal. An adequate formulation must therefore be based upon a detailed history from early infancy as well as the present behavior. (Wing, 1976, p36)

## Selected Strategies for Treating Autism.

### a. Alternative Communicative Systems : Sign Language

Learning to speak may not be the best or preferred system for communication in non-verbal children. Research shows that while autistic individuals have a difficult time learning to speak, they do communicate when using alternate systems such as signing, picture/photograph exchange, whole-word boards, and computerized devices. On the whole, children who learn with these aids have a good chance of becoming effective communicators and of making the change between signing and learning to speak. (Quill, 1995,p.80)

### b. Communicative Intervention :

According to Rutter et al, the first goal in working with non-verbal children with autism is to increase their expression of communication intent, or to help them communicate intent in interpretable rather than idiosyncratic ways. Intentional communication has been defined as signaling behavior in which the sender is aware a priori (i.e., in advance) of the effect that a signal will have on his listener: the signaler will also persist until the effect is obtained or failure is clearly indicated. There is a stage development to the various sub-intents through which children advance, such as when a child first searches for something in their

environment or, when a child reaches while looking at the parent. This is considered the first evidence of intentionality in the child. The last stage occurs when the child vocalizes and uses words to request things. However, once a base-level of interpretable communicative intent is established, parents and clinicians are ready to help the child with autism expand his or her communicative abilities. (Quill, 1995, p.90)

c. Assessment Considerations :

According to Quill (1995), it is important that assessment and intervention are not lock-step sequential elements in the evaluation and education of children. Rather, they are ongoing independent processes. There are a number of ways to gather information regarding the child speech, language, and communication development, including case history, standardized testing, language, and direct observation. Because children with autism always demonstrate severe developmental discontinuities, caution in the exercise of each of these information gathering methods is always in order, and the employment of standardized tests especially should be accompanied by more descriptive processes like indirect or direct observation (pp. 111-113) :

1. An observer needs to determine whether or not the child utterance is intended as communication. There have been many instances of self-stimulatory speech which have no communicative function.

2. To determine the child understanding and use of the syntactic elements of language and take note of his or her appreciation for the structural dimension of language and the rules for combining words in order to convey meanings.
3. To determine the status of the child vocabulary, not only his or her list of accessible words, but also what concepts and meanings those words represent. Also, during such vocabulary studies, it is important to determine the general categories to which the child current word list applies.
4. To determine whether or not the child can also understand nonverbal cues such as gestures and other socially determined behavior. Other essential data concerns his or her level of symbolic representation, and ability to process verbal information without accompanying cues.

Quill further observed that by integrating the information derived from the assessment of the communicative context and the verbal and nonverbal features of discourse with that of the information gathered from the assessment of function, form, and content, it should be possible to piece together a picture of overall communicative competence. (p.142)

Children affected by autism require higher levels of structure and predictability than children who are unaffected. The Montessorian concept of the prepared environment therefore applies to autistic learners even more strongly than it does to other learners.

Prepared environment simply means that the learning setting is optimally suited to the learner needs. With autistic children, it has been shown that behavioral disorganization increases whenever they are placed in unstructured, unfamiliar or unclearly defined environments and situations. In order to improve their response to the social world, children with autism must be shown how to make maximal sense of it. To this end, it is essential to provide concrete environment supports to increase their understanding and to prompt communicative exchanges. (p. 142)

Autistic children prefer concrete and stable stimuli over the complex and rapidly changing social environment. They have difficulty attending to abstract cues and subtle nuances of our highly transitory, casual interactions. It is necessary therefore, to adjust the environmental arrangement of activities and events to promote the establishment of meaning. A literacy-rich environment for autistic learners should include the following types of materials: charts outlining daily jobs; calendar information; a daily schedule; choice boards; labels, and printed signs. These concrete and stable environmental cues suit an information bias that may be common to autistic learners, as they tend to select information based on the physical properties of objects rather than that which is socially gathered(p. 144).

A daily schedule, color and manual signs, or natural gestures are some tools that can help autistic children. A daily schedule, for example, enables the child to keep track of the day's event and helps him or her to develop a sense of time frames and environmental sequencing. Horizontal arrangements provide autistic learners with the left-right orientation basic to the literacy of all European orthographic systems, and the emotional ground can be prepared for anxiety producing activity changes by indicating change in the appropriate schedule slot. Color coding also helps by heightening understanding of information and foreshadowing specific responses, while objects, pictures, and graphic symbols can be used to "concretize abstract social information". It should be noted that manual signs and natural gestures, though technically not considered concrete representation, can be used to stabilize auditory input and assist in processing verbal information. While using such concrete environmental supports as those listed above, it is also important to index the environment for the child, by pointing out information that he or she may likely miss otherwise. This enables the child to generate a more informed response, based on the greater understanding of environments and events. (p. 145)

d. Facilitating Interactions.

To enable children with autism to gain greater flexibility in the use of language for

interactive purposes, it is necessary to expand their repertoire of pragmatic functions, as opposed to concentrating efforts on the amplification of language form and structure. This can be accomplished best by promoting the use of language in the actual setting in which it would normally occur and by employing naturalistic procedures, contingencies, and reinforcement to encourage and facilitate its continued use. The whole-language movement in education, with its emphasis on theme building and meaning making has provided an ideal context in which to enhance communication in verbal children with autism. (p. 152)

Quill has contended that reciprocal book reading can be used as a context for language intervention by extrapolating from patterned children books to create reciprocal (two-way) discourse activities. While several different types of patterns are used in these books, those based on repetitive language patterns in which phrases or sentences are repeated at intervals throughout the story are among the most common (p.154). Video instrumentation can also be used in a variety of ways with children at all age levels. Video has been particularly effective for the more verbal children, given that they can both view and model the verbal behavior demonstrated in the videotape footage. This technique has been used with language impaired children, reported gains in the area of pragmatics, despite the fact that the latter was not specifically targeted in her project. (p.155)

#### e. Promoting Socialization

Children “play” activities have been accorded a central place in the overall theory of child development. This emphasis on the social nature of play which is an inherently social and collective process has conformed to the premise that the transmission of culture through social interaction was critical to the formation of mind. Quill stressed the importance of social “pretend play” as a mechanism to construct shared meanings and appropriate social knowledge in young children. ( p. 206)

#### Summary

The research and literature summarized in Chapter 2 supported the following themes :

1. Unsuspected aberrations in personality and abnormalities in relationships characterize the autistic child in different ways, at different stages of development.
2. The causes of childhood autism are not only multiple, they are also mingled. Autism has been considered a disturbance of consciousness with detachment from reality to make way for the predominance of the inner life.
3. When prescribing education, management and treatment for children with chronic



disabilities which affect learning and behavior, including early childhood autism, a number

of different aspects of functioning have to be taken into account.

4. Learning to speak may not be the best or preferred system for communication in nonverbal children. Research shows that while autistic individuals have a difficult time learning to speak, they do communicate when using alternate systems such as signing, picture/ photograph exchange, whole word boards and computerized devices.

5. To enable children with autism to gain flexibility in the use of language for interactive purposes, it is necessary to expand their repertoire of pragmatic functions, as opposed to concentrating efforts on the amplification of language form and structure.

## **CHAPTER 3**

### **PROCEDURES OF THE PROJECT**

The purpose of the project was to design and develop selected strategies for treating autistic children in elementary schools in Taiwan. To accomplish this purpose, a review of current research and literature concerned with autism and treatment of the autistic child was reviewed. Additionally, related information from selected schools and hospitals concerned with the treatment of autism was obtained and analyzed.

Chapter 3 contains background information describing :

1. Need for the project.
2. Development of support for the project.
3. Procedures.
4. Planned implementation and assessment of the project.

#### **Need for the Project**

The need for the project was influenced by the following considerations:

1. The writer (Chu, Yueh-Yun) was deeply concerned with the problems of autistic

children, particularly after studying articles and reports on the subject of autism in newspapers and magazines.

2. As the mother of an autistic-like child, the writer fully understands the frustration and helplessness that all the parents of autistic children experience.

3. While pursuing graduate studies at Central Washington University, Ellensburg, Washington, the writer conducted extensive research related to the symptoms, causes, and treatment of autistic children.

4. While conducting a related survey in Taiwan, the writer was encouraged by special education professionals, medical doctors, and charity organizations to carry out further research on the treatment of autism.

5. Undertaking this project coincided with the writer's graduate studies at Central Washington University.

### **Development of Support for the Project**

The writer's personal interest in child growth and development combined with her experiences as a parent of an autistic-like child influenced and established her belief that society should provide autistic children with more help and better treatment. Her decision to develop a project on selected strategies for treating the autistic children in Taiwan, was encouraged by professional educators, parents of autistic children, and medical researchers in Taiwan.

Following her successful entry into the graduate studies program at Central Washington University in 1996, the writer undertook in-depth research related to the literature, characteristics, causes and selected strategies for treating the autistic child..

### **Procedures**

To obtain background information essential for designing and developing selected strategies for treating autistic children, an Educational Resources Information Center (ERIC) computer search was conducted. A hand-search of various other resources concerned with strategies for treating autistic children was also undertaken. Additionally, related information from selected schools and hospitals was obtained and analyzed.

### **Planned Implementation and Assessment of the Project**

Implementation of the selected strategies for treating autistic child in Elementary schools in Taiwan has been scheduled for Fall, 1997. Following implementation, questionnaire surveys of educational and medical professional will be conducted, on a regular basis, to assess the effectiveness of the proposed treatment strategies. Other assessment procedures may include classroom observations, parent interviews, and interviews with special education professionals. Data collected from the assessment survey will be submitted to the Educational Association of Taiwan for review and for possible modification of the proposed strategies for treatment of autism.

## **CHAPTER 4**

### **THE PROJECT**

The selected strategies for treating the autistic child in elementary schools in Taiwan, which was the purpose of this project, have been presented on the following pages, in a format of case studies and educational tests and activities, as follows :

1. Case Study A
2. Case Study B
3. Case Study C
4. Selected Educational Tests and Activities for Autistic Children Under the  
Age of Twelve

**SELECTED STRATEGIES**  
**FOR TREATING THE AUTISTIC CHILD**  
**IN TAIWAN**

**BY**  
**CHU, YUEH-YUN**

**JUNE, 1997**

**CENTRAL WASHINGTON UNIVERSITY**  
**ELLENSBURG, WASHINGTON**

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## CASE STUDY A

### A Report on the Center Guidance of an Autistic Student

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## Case Study A

### **A Report on the Counseling and Guidance of an Autistic student (Lee, Yu-Yueh, 1985)**

#### 1. Basic information of the case being studied.

Student Name: A

Sex: M

Age: 13 years

#### 2. Brief discussion of behavioral problems

Since the case involves an autistic child, emotional disturbances occurred very often. When the seasons changed, he could not become accustomed to it. He became moody and angry, and he often threw things. When the teacher forced him to do something he did not like, or corrected his behavior, he would become emotional. The following are examples of his common behavior problems.

##### a. Spitting :

When the child was angry, he would vent his anger by spitting. If his emotion was stable, he would spit about 3 times a day. If he would spit bad mood he spit up to 20 times.

##### b. Circling around :

Since the child could not use language to communicate with others if he felt bored in class he would circle around. If he was emotionally steady, he would make one or two circles five times every day. If he felt bad, he would circle more than twelve times a day.

c. Shaking table and chairs :

This behavioral problem appeared when he was bored, or he wanted to attract other attention. When he was emotionally stable, the shaking behavior would not occur but under emotional duress the behavior would occur once or twice in a lesson.

d. Sitting down and standing up in class :

This was a continual problem . When he was in bad mood, he would sit down and stand up about five times during a lesson.

e. Throwing the book up and down :

This action was a habit which started at the elementary school. He played and did this more frequently when he was happy.

f. Always late for school :

According to the child mother description, the child got up before 7 o'clock every morning. He should not been late ( because there were only three bus stations between the school and child house). The child would become angry because of some minor things, he would lengthen the time. There was a conference between the teacher and parents in which the parents expressed that they would try and follow the school timetable, but it was hard to control the child emotion. Therefore it was hard to make improve his tardiness.

g. Eating very slowly at lunch :

The child exhibited a younger child's behavior when eating. For example, when he was eating, he also played with toys, he would put the food into the mouth and not chew for a long time until the teacher asked him to eat.

h. Watching cars :

The child was interested in cars since he was small. During school hours, he would go to the car park and watch the cars without the teacher's permission. If you asked what he had seen, he would not answer you only smile. He had had this habit since he was small and it could not be corrected. Sometimes, when he saw the cars he liked, he would run towards them.

i. Smelling the feet :

The child was very curious about odd smell. For example, the smell of paint, DDT, etc.. The strangest thing was that he liked to smell other peoples feet.

j. Entering an office and taking away things :

The child did not have the concept of "me and others". He would go into the teacher's office and take away bottles and cans to play with. Sometimes, he would also go to next door office and drank the teacher water. This habit was controlled after telling him many times "this is not yours, it is others". He still played in the other teacher's office at times.

k. Touching others :

The child acted like a toddler. He liked others to touch his head and hold his hand.

He liked to be hugged by fatter and bigger people. Teachers and classmates disliked this behavior but it was not yet corrected. He did this about three to four times a day.

3. The history of the case being studied

a. Growth history :

The child was born normal. The mothers' pregnancy, delivery and post-natal situations were uncomplicated. When the child was two years old, the mother discovered the child abnormality. He hated to play with others, disliked noise and crowds, was very emotional and did not speak. He was taught to speak at a special center when he was three years old. He could only say short sentences but became more open when he was four years old. He liked to approach the relatives but still hated crowds. The teacher could not take care of him when he was in high school. The child only attended 2~3 classes a day. He gradually separated from group life and spent. Most of the time he was accompanied by his sister at home. She taught him how to write and read. When he was in high school, he sometimes behaved all right but still spit, turned around in class, shook the desks and chairs, walked around and threw books. After counseling by the special education teacher he improved in his behavior and verbal ability. He could express his own needs. After class, he played with one or two classmates. Although passive, he was not excluded by his peers.

b. Family background :

The child had a successful family. Both parents were educated, had good jobs, and an above average economical status. The parents took the child to the clinic once they discovered something was wrong. They always collaborated with the clinic and school staff.

c. School life :

The child could not adapt to the elementary school life when he was attending grades one and two. He would sometimes mingle with classmates before the winter break, but after the Christmas holidays, he could not adapt to the school life. He needed the teacher to teach and correct him again.

d. Social relationship :

The child had a simple social relationship. Other than his father, mother and brother, he did not keep in touch with teachers and classmates.

e. Character and hobby :

The child was stubborn and especially disliked playing with classmates. He would be very angry and threw temper tantrums if he heard others criticizing him. He would be very happy if others praised him.

4. Analysis and diagnosis :

a. The child was autistic, lived in his own world and his greater challenge was his language barrier.

- b. The child could not stay in the normal class because he could not express himself appropriately .
- c. He liked to eat sweet food which made him more emotional.
- d. The child was dependent, in that his mental age stayed at the toddler stage.
- e. The child did not have the concept of other people or thing, he always took away the things he liked from others.
- f. He was able to memorize (remember the vocabulary he had learned), but he lacked the ability to relate or conceptualize. He could not cope with any difficulties he faced.

#### 5. Counseling and guidance plan

- a. To extinguish inappropriate behaviors for his age i.e. touching holding.
- b. To other specific behaviors, i.e. spitting, smelling others feet, rocking chairs and spinning around. Behavior modification was used to correct there behaviors.
- c. When the child felt uneasy and inattentive, give him specific tasks to do.
- d. Help him to become more independent.
- e. Not to be late for school.
- f. Encourage interaction with other classmates.
- g. Make use of after school time. Have the child stand in front of a mirror and help train his control of emotions.
- h. Force the child to use language to express his feelings. Do not accept sign language to explain his needs.

- a. Teach the child how to use the telephone so as to train his answering ability.
- b. To build up “others and I” concept.
- 6. Implementation of counseling and guidance plan
  - a. Under the teacher correction and care, the spitting behavior was eliminated.
  - b. When the child wanted to turn around, the teacher would call out “1,2,3, enough, sit down”. The child ultimately could control the number of turns to not exceeding five times per lesson.
  - c. The child gradually knew that he should not rock the chairs around or throw books during the lesson. The teacher used behavior modification to correct his behavior.
  - d. Used immediate correction to any under age behavior. Encouraged parents not to pacify the child too often.
  - e. Decreased the amount of eating sweet food and asked the parents to cooperate.
  - f. The child gradually learned to attend the language classes with classmates. If he was inattentive, the teacher would ask him to stand up and answer questions.
  - g. The child could gradually learned to finish some of his works independently.
  - h. The problem of being late did not improve. The chief reason was due to the child actions being slow.
  - i. The child had learned to play with classmate and could call out their names.
  - j. Training the child on endurance in front of the mirror.
  - k. The child had increased the frequency of speaking.



l. The child had improved telephone communication skills. He knew how to answer the leader questions over the phone.

m. The child had the concept of “others and I”. He could distinguish between mine and yours.

#### 7. Follow-up counseling and guidance

To keep in touch with the parents during the summer vacation so as to record the child progress.

#### 8. Assessment, conclusion and recommendations

a. The child responds best to individual teaching not group teaching.

b. More opportunities for the child to play with other classmates needs to be provided in order to help him reach out from his world.

c. In the process of counseling autistic child, we have to recognize a child’s development milestone. Although it may be a minor behavioral improvement, to the child it present a big step.

## CASE STUDY B

### Basic Information of the Case Being Studied

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Identification of specific problem .....	p 14
Recommended actions .....	p 15

## Case Study B

### Basic information of the case being studied

Student Name: B

Sex: M

Age: six and half years

Current Placement: Autistic Class (Intermediate)

### 2. Family background

The child father was a civil servant and a graduate from a university in Taiwan. The child mother was a high school graduate, and a teacher. The child had a sister who was ten years older than him.

### 3. Self Care

#### Present Situation

#### a. Eating :

Could swallow fluid and semi-solid food, could use hands to put food into the mouth, could bite and chew food.

#### b. Drinking :

Could use one hand on both hands to drink water but had to let him do it.

#### c. Manner :

Could not differentiate his own belongings. Had to assist him in appropriate table manners.

d. Clothing :

Needed assistance in putting on clothes. Poor coordination.

e. Toileting :

Refused to go to the toilet, would wet the pants after toileting, no fixed toilet time, not accustomed to going to the toilet.

f. Hygiene :

Needed assistance in washing his face and the hands, and brushing his teeth.

Sometimes refused to do them.

Recommendations

- a. Provide him with opportunities to practice specific skills.
  - b. Guide him to distinguish his own belongings.
  - c. Strengthen his skill in putting on and off clothes, trousers, socks and shoes.
  - d. Continue his toilet training.
  - e. Enforce the habit of washing hands and face, and brushing teeth.
4. More training on gross motor skills

Present Situation

Could climb up and down stairs with support, could run, balance, sit, stand and crawl but did not like to move unless encouraged to do so.

### Recommendations

Strengthen the ability of the four limbs, challenge his full potential, give him more physical opportunities to control himself.

### 5. Fine Motor Skills

#### Present Situation

Could use one hand to grab things, could turn the bottle cap open, but liked to put things in his mouth.

#### Recommendations

Strengthen the child grabbing ability.

### 6. Language Communication

#### Present Situation

Would ask people to help when needed. Could listen to instructions.

#### Recommendations

Try to use hand signal to express.

### 7. Cognitive Power

#### Present Situation

Can find food to eat, but can distinguish whether the food is edible or not. Can not put food into a container by himself.

Recommendations

Strengthen ability to distinguish between eatable and non-eatable food. Learn to put things into a container.

8. Social Ability

Present Situation

Liked to touch other people. Would hug frequently.

Recommendations

Strengthen sitting posture, discourage sitting lying and touching others.

**CASE STUDY C**

**Basic Information of the Case Being Studied**

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Identification of specific problems .....	p 19
Recommendation actions .....	p 20

## CASE STUDY C

### Basic Information of the Center Studied

Student Name: C

Sex: M

Age: 9 years

#### 2 Family background:

The child father was preoccupied with his busy work and impatient with the child. Therefore, the child was brought up by the mother who would only punish the child after warning him. The child had two sisters, the elder sister would act as the mother and teach the child while the younger one would feel jealous when the mother spent time with the boy.

#### 3. The learning problems and recommendations

##### a. Learning attitude :

The child could grab a pencil to draw lines, could respond to pictures, was curious and liked to learn. However, he had a short attention span and could not distinguish between what was his and what belonged to others.

##### Recommendations :

Ask the child to pick up a pencil and draw on a piece of large paper. Escape him in actually end. Engage stop him from doing inappropriate things.

##### b. Sensory feelings :

The child could follow moving objects and liked to listen to simple, rhythmic sounds but did not like things that turned. The child had a short attention span and could not



keep quiet for more than two minutes.

Recommendations :

Play a little piece of music for a short period of time to gain the child attention.

c. Cognitive Learning :

The child could distinguish between sizes, colors and his self-belongings. However, he could not distinguish between others' belongings and his. He could not sit still for more than 5 minutes.

Recommendations:

Try to restrict the child hyperactive behavior by improving parent-child relationship..

d. Action :

The child could use scissors had good balance and could jump from both feet.

However, the child had no sense of safety and could hurt others or himself.

Recommendations:

Try to use safety scissors or plastic knife. Practice body movement alone with others.

e. Language :

Could create "de de" or "ng ng" sound when asked. However, not willing to pay attention to teacher facial expression.

Recommendations :

Put the child hand on teacher face to feel and imitate the expression.

**SELECTED EDUCATIONAL TESTS AND ACTIVITIES FOR AUTISTIC  
CHILDREN UNDER THE AGE OF TWELVE**

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**Selected Educational Tests and Activities  
for Autistic Children Under the Age of Twelve**

These tests are designed for children under 12. The main purpose is to observe the autistic child various skill developmental stages and levels, and the effectiveness of parents' participation in the treatment plan. This includes the following skill developments:

1. Imitate :

For example, hold a bell in front of a child and seek his attention. Or say to him ( Look! What am I doing?) Then hit the bell twice and ask the child to repeat ( You do it ' or do the same as I did").

Criteria :

Pass - be able to imitate hitting the bell twice correctly.

- a. In development - hit the bell once or more.
- b. Fail - after being shown how to do it twice, the child is still unable or does not try to hit the bell.

2. Senses :

For a vision test, the tester demonstrates how to blow bubbles, then gives the child a straw, and asks him to do it. The tester should observe if the child's eyes are following the bubble during the time of demonstration and his imitation.

Criteria :

- a. Pass - eyes can follow the bubbles.
- b. In development - seldom looks at the bubbles.
- c. Fail - eyes do not follow the bubbles.

3. Delicate action skill :

For example, put a bottle of bubbles on the table and say “blow bubbles”. Then the tester pushes the bottle to the child, and gestures him to open the bottle lid, if the child can not open the bottle, the tester demonstrates once more and asks the kid to try again.

Criteria :

- a. Pass - can open the bottle lid by himself without any help.
- b. In development - tries to open the bottle lid, but is unsuccessful.
- c. Fail - no attempt of action.

4. Physical action skill :

For example, the tester demonstrates kicking the ball and asks the child to imitate. Then pass or roll the ball to the child and encourage him to do it three times.

Criteria :

- a. Pass - in any test, kicks the ball at least once.
- b. In development - try to kick ball but not successful.
- c. Fail - does not try to kick the ball.

#### 5. Hand and eye coordination

For example, let the child sit down, open the exercise book to the front blank page and put it on the table. Give the child a crayon and ask him to write on the blank page.

After a while, if the child still does not write, the tester should take the crayon from the child and demonstrate for him. Then give the crayon back to the child and ask him to try to write.

Criteria :

- a. Pass - can write by himself, or write any symbols.
- b. In development - can write after being shown how to.
- c. Fail - after the demonstration still cannot and does not write.

#### 6. Operation knowledge skill

Put eight blocks before the child, and let the child give two blocks to the tester. Then put the blocks back and let the child give six blocks to the tester.

Criteria :

- a. Pass - give the tester two and six blocks correctly.
- b. In development - give the tester two or six blocks correctly.
- c. Fail - cannot give the tester the number of blocks as required or does not make any attempts to do it.

#### 7. Language knowledge skill

For example, put the child's favorite toy or food in tin, tighten the lid, put the tin

before the child, and let the child take out the food or toy. When the child cannot open the lid of the bottle, wait a moment, then hold out your hand without saying anything. If the child still does not give any response, hold out your hand closer to the child and say to him “Do you need help?”

Criteria :

- a. Pass - use clear language or gesture to ask for help.
- b. In development - look at the tester, but uses no obvious gesture or language to explain his needs
- c. Fail - does not even try to explain his needs..

The use of the PEP not only enables us to gain knowledge on the above aspects, but also helps us to get information on the drawbacks and related problems of autistic children. There being emotional, sense of ability, language function and motor skill problems. This information is obtained from the analysis of PEP, the design of which is to help the tester recognize the characters of autism and thus develop suitable and effective treatment plans.

## CHAPTER 5

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### Summary

The purpose of this project was to identify selected strategies for treating the autistic child in elementary schools in Taiwan. To accomplish this purpose, a review of current literature regarding autism and treatment of the autistic child was conducted. In addition, related information from selected authorities on the treatment of autism was obtained and analyzed.

#### Conclusions

Conclusions reached as a result of this project were :

1. The reason why autistic children have severe language problems is because of the delay in the development of communication. This delay leads to limited use of social interactions which are known to promote the language development.
2. Apart from the language obstruction in some autistic children, most of can speak, but with a limited vocabulary. Pronunciation is average, But they seldom use different tones, or variation in speech patterns.

3. The autistic child has poor motor skills. He can only perform simple and familiar actions. He can remember, and perform simple reasoning, Such as learning to repeat experiences. However he cannot organize these experiences into a meaningful pattern.

### **Recommendations**

As a result of this project, the following recommendations have been suggested:

1. It is important to emphasize and teach sign language before, the child can speak in order to motivate the communication of ideas.
2. Teachers should teach the child more vocabulary, how to use it and to make sentences by applying to different works. The teacher should also demonstrate variation in tone.
3. Teachers should teach autistic child motor skills and have them combines the skills into sequence. Also have item try to use previous experiences to form new movements thoughts and ideas.
4. To enable children with autism to gain flexibility in the use of language for interactive purposes, it is necessary to expand their repertoire of pragmatic functions, as opposed to concentrating efforts on the amplification of language form and structure.



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