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Research Paper

Bridging the Gap: Teacher Awareness and Intervention Strategies for Autistic Learners

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ABSTRACT

Autistic children, like all other children with diverse learning needs, need to be educated alongside typically developing children. Teachers, however, are often reluctant to include these children in their classrooms because they are not adequately aware of their needs and characteristics and possess limited knowledge of intervention techniques that can support the learning of autistic children. This may be due to the lack of adequate preparation during teacher training courses. The present paper is an attempt to create awareness among the stakeholders of the school education system in India about the needs and characteristics of autistic children, as well as effective intervention techniques for their learning.

Keywords: *Bridging the Gap, Teacher Awareness, Intervention Strategies, Autistic Learners*

The term inclusive education refers to the inclusion of children with various barriers to learning in regular classrooms. Autistic children are among those who need to be included in such settings. Autism is a well-defined condition characterized by significant difficulties in communication, social interaction, and repetitive or stereotyped behaviours (American Psychiatric Association, 2000). Although various policies and recommendations (Action Plan for Inclusion in Education of Children and Youth with Disabilities, 2005; Child Development Scheme, 1974; Government of India, 2020; Project Integrated Education for the Disabled, 1975; Right to Education, 2005; Scheme of Integrated Education for Disabled Children, 2008; The Kothari Commission, 1964–66) advocate inclusive education, school administrators and teachers in India often remain reluctant to include children with diverse learning needs in regular classrooms. Despite the estimated prevalence of autism being around 1 in 68 in India (Roy & Johnson, 2024), and the challenges it poses to students' well-being, limited efforts have been made by schools to include autistic children. While Chaaya (2012) reported that autistic children are increasingly being educated in regular classroom settings, this trend may not hold true in the Indian context. In order to have effective inclusion, the teachers need to be aware about the needs and characteristics of these children and have knowledge about intervention techniques that can be beneficial for the learning of autistic children. The present paper is an attempt to create awareness among the stakeholders of school education system in India about the needs and characteristics of autistic children as well as the effective intervention techniques for the learning of autistic children.

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CONCEPT

Roberts (2004) defined autism as a life-long neurological disability of unknown aetiology. Autism is diagnosed based on a triad of impairment in social interaction, communication and lack of flexibility in thoughts and behaviour. The autistic children are those who fall in one of the conditions collectively called Autism Spectrum Disorders (ASD). Johnson (2007) mentioned that ASD represent 3 of the pervasive developmental disorders: autistic disorder (AD), Asperger syndrome, and pervasive developmental disorder–not otherwise specified (PDD-NOS). The various characteristics and diagnosis of ASD are as follows:

Rett Syndrome

Rett Syndrome is rare case of ASD. Rett syndrome (RS) is a severe neurodevelopmental disorder that mostly affects females. It is characterized by a regression of motor, cognitive, linguistic, and social abilities and by an inappropriate and stereotypical use of the hands. (Pizzamiglio et al., 2008). Children with this neurological disorder have a loss of muscle functions and hand flapping.

Pervasive Developmental Disorder – Not Otherwise Specified (PDD – NOS)

Although, Barkley (1990) reported that it is common for children with PDD-NOS to be initially given a diagnosis of Attention Deficit/Hyperactivity Disorder, PDD-NOS represents an important ASD subtype due to the high frequency with which it is diagnosed, even though it is the least studied (Matson & Boisjoli, 2007). Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD) are defined in terms of abnormalities in social and communication development in the presence of marked repetitive behaviour and narrow interests (APA, 1994). Kirk, Gallagher, Coleman, Anastasiow (2012) stated that PDD-NOS refers to a group of disorders characterized by delays in the development of socialization and communications skills.

Asperger's Syndrome (AS)

Children with AS have an observable developmental imbalance. AS children may have average or superior intelligence but they have significant disturbances in social and affective communication. APA (2000) has given criteria for AS as follows:

A. Qualitative impairment in social interaction, as manifested by at least two of the following:

i. Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
ii. Failure to develop peer relationships appropriate to developmental level.
iii. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (for example, by a lack of showing, bringing, or pointing out objects of interest to other people).
iv. Lack of social or emotional reciprocity.

B. Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least 1 of the following:

i. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
ii. Apparently inflexible adherence to specific, non-functional routines or rituals.
iii. Stereotyped and repetitive motor mannerisms (for example, hand or finger flapping or twisting, or complex whole-body movements).
iv. Persistent preoccupation with parts of objects.

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

D. There is no clinically significant general delay in language (for example, single words used by 2 years old, communicative phrases used by 3 years old).

E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood.

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

i. Deficits in social-emotional reciprocity; 2. Deficits in nonverbal communicative behaviours used for social interaction; 3. Deficits in developing, maintaining and understanding relationships.

B. Restricted, repetitive patterns of behaviour, interests or activities as manifested by at least two of the following, currently or by history:

i. Stereotyped or repetitive motor movements, use of objects, or speech.
ii. Insistence on sameness, inflexible adherence to routines, or ritualised patterns of verbal or nonverbal behaviour.
iii. Highly restricted, fixated interests that is abnormal in intensity or focus.
iv. Hyper- or hypo- reactivity to sensory input or unusual interest in sensory aspects of the environment.

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder), or global developmental delay.

IDENTIFICATION

Children with autism have difficulty with pretend play, imitating adult behaviour, pointing at objects on request (Kirk, Gallagher, Coleman, Anastasiow, 2012). There is some evidence to suggest that earlier intervention for children with ASD is better (Rogers 1996). They can be identified on the basis of some clinical signs given by Johnson (2007) as follows:

1. They universally demonstrate deficit in social relatedness defined as the inherent drive to connect with others and share complementary feeling states.
2. Deficits in joint attention seem to be one of the most distinguishing characteristics of very young children with ASDs.

3. Orienting to social stimuli—in particular, turning consistently to respond to one's own name—is an early skill (8–10 months of age) that often is deficient in children with ASDs.
4. Because children with ASDs lack fundamental social skill building blocks, they may be less likely to develop appropriate peer relationships according to age and language ability. They may have few or no friends, and when they do, the relationships may evolve around the child's own special interests.
5. They also have difficulties understanding the perspective of others or lack "theory-of-mind" (ToM) skills. ToM is the awareness that others have thoughts and emotions that are independent from one's own; it is the ability that allows one to infer states of mind on the basis of external behavior.
6. Lack of speech has been considered a hallmark of AD, especially when it is associated with the lack of desire to communicate and lack of nonverbal compensatory efforts such as gestures.
7. Although lack of speech, scripted speech, parroting without communicative intent, and the use of pop-up and giant words are common classic presentations, earlier pre-speech deficits often exist that, if detected, could facilitate earlier diagnosis. These deficits include:
   - i. Lack of appropriate gaze.
   - ii. Lack of warm, joyful expressions accompanied by gaze.
   - iii. Lack of the alternating to-and-fro pattern of vocalizations between the infant and parent that usually occurs at approximately 6 months of age (that is, infants with ASDs usually continue vocalizing without regard for the parent's speech).
   - iv. Lack of recognition of the mother's (or father's or consistent caregiver's) voice.
   - v. Disregard for vocalizations (lack of response to name), yet keen awareness of environmental sounds.
   - vi. Delayed onset of babbling beyond 9 months of age.
   - vii. Decreased or absent use of pre-speech gestures (waving, pointing, showing).
   - viii. Lack of expressions such as "oh oh" or "huh."
   - ix. Lack of interest in or response of any kind to neutral statements (for example, "Oh no, it's raining again!").

INTERVENTION

It is not possible for a single teacher to meet the needs of children with ASD rather it is necessary to have a team of multidisciplinary personnel (Kirk, Gallagher, Coleman, Anastasiow, 2012). However, Lindgren and Doobay (2011) suggested some effective techniques for handling learning of children with ASD. They are as follows:

Applied Behavior Analysis (ABA)

ABA is defined as the process of applying behavioural principles to change specific behaviours and simultaneously evaluating the effectiveness of the intervention. ABA emphasizes both prevention and remediation of problem behaviour. Significant attention is given to the social and physical environment, including the antecedent conditions and consequences that elicit and maintain behaviour.

Discrete Trial Training (DTT)

DTT is grounded in behavioural learning theory and applied behaviour analysis, and it is sometimes referred to as "Lovaas therapy" in reference to Ivar Lovaas at UCLA, who was a

strong early proponent of using DTT with children with autism. Using this intervention, a discriminative stimulus is presented, the child responds, and then the child receives a consequence (e.g., reward) based on the response. DTT often incorporates the use of errorless learning, shaping, modelling, prompting, facing, correction, and reinforcement to encourage skill acquisition. It is especially well-suited for skills that can be taught in small, repeated steps.

Functional Communication Training (FCT)

FCT is a behavioural methodology that replaces disruptive or inappropriate behaviour with more appropriate and effective communication. After the communicative "functions" of disruptive behaviours are determined through functional behavioural analysis, socially appropriate behaviours are taught as replacements for problem behaviours.

Pivotal Response Training (PRT)

PRT is a systematic method for applying the scientific principles of ABA. PRT builds on a child's initiative and interests, which makes it particularly effective in developing communication, play, and social behaviours. This strategy enhances the pivotal learning variables of motivation, responding to multiple cues, self-management, and self-initiation, which serves to influence target behaviours within a natural setting.

Antecedent-Based Interventions

In applying ABA techniques, it is important not only to provide reinforcement or punishment after a behavior has occurred, but also to set up antecedent conditions that increase the likelihood of success and reduce the probability of problem behaviours occurring. Specific antecedent procedures that are frequently used for ASD include choice, behavioural momentum, cueing and prompting, modifying task demands, errorless learning, priming, non-contingent reinforcement, and time delay. These types of interventions can be used with all ages and ability levels.

Other Specific ABA Strategies

A wide range of specific ABA techniques have received significant empirical support, and comprehensive treatment programs typically make use of a "package" that includes several of these evidence-based ABA strategies. Examples of these methods include prompting, time delay, reinforcement, extinction, task analysis, response interruption/redirection, and differential reinforcement.

CONCLUSION

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by deficits in social communication and interaction, defined through behavioural and developmental features. Effective learning for children with ASD requires early diagnosis and appropriate intervention strategies. Such interventions can significantly enhance the child's ability to function independently. However, teachers' negative attitudes remain a major barrier to the inclusion of autistic students in schools (Derguy et. al., 2025). Therefore, it is essential to foster positive attitudes among teachers towards inclusion. Integrating the strategies discussed in this study into teacher education programmes can equip teachers cognitively and emotionally to address the challenges of including autistic children in mainstream classrooms.

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Conflict of Interest
The author(s) declared no conflict of interest.

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