A publication from

Special School “Stefan Karadja”

Manual for starting teachers and therapists:

Education of children with AUTISM and intellectual disabilities

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INTRODUCTION

This manual is the result of the common work of special teachers from Special school Stefan Karadzha - Plovdiv and colleagues from school BuBao-Sint Franciscus-Belgium. After intensive work to discuss the practices of working with children with autism spectrum disorder and intellectual disabilities, we came to the conclusion that, although with some differences in the structure of the schools themselves, the methods and approaches we use are almost the same. Of course, there were differences, but they were constructive for both sides.

We have prepared this manual to support the work of young teachers with little experience and parents who are just starting to deal with children with autism spectrum disorder and intellectual disabilities. We have described the practices used in both schools as well as the differences that we have with them.

We hope to be as useful as possible.
1. Definition

the description of the theme

Autism is a well-known term, but it has many different forms, such as early autistic autism, atypical autism, Asperger syndrome .... These forms differ from one another but have common basic characteristics. Due to this fact, the term Autism Spectrum / Autism Spectrum Disorders was introduced.

It is a brain function disorder to understand the information it receives through the senses. Appears in early childhood. The essence of autism is manifested in: a disorder that basically affects social interaction - communication, behavior, relationships. Most symptoms are due to a lack of interest in other people, or an inability / reluctance due to misunderstanding for inclusion in the outside world.

What the teachers are interested in are the following limitations in autistic children's education:

- **social interactions:**
  - reduced or lacking social interest;
  - preference for staying alone;
  - a disability of imitative abilities in relation to others;
  - a disability of playing with others;
  - a disability of eye-to-eye contact
  - a disability of emotional reaction when meeting with acquaintances;
  - do not account the presence of others;
  - do not differentiate their attitude towards relatives, familiar and unfamiliar people – it is the same;

- **communication:**
  - cannot maintain dialogue;
  - serious violations of language use;
  - do not use personal pronoun in 1 person, singular;
  - echolalia speech;
  - a disability of imagination and secondary notions;
  - a disability of symbolic gestures;
- distorted nonverbal communication

- behavioural disorders:
  - motor stereotypes;
  - a disability of initiative and spontaneity;
  - a disability of response at the request of others;
  - special eating habits;
  - inadequate emotional reactions;
  - aggressive and self-aggressive behaviour.

**CONCLUSION:**

After all that has been said so far, we think it is extremely important when dealing with children with autism spectrum disorder and intellectual disabilities to focus our efforts on solving the underlying problem, namely the fact that for one reason or another they refuse to spend enough time in our interactive world. This is the first thing we have to change.
2. Vision

the way you look at the subject: broad lines and long-term policy

Many of the children with Autism Spectrum Disorders and Intellectual Disabilities may have the real opportunities to lead an adequate and fairly independent life as long as they are supported in good time and given this opportunity. The other children who cannot do so well can live and cope with the help of adults. The Belgian school monitors three main aspects: "well-being", "learning" and "learning career".
3. Target group

definition of the target group of the pupils.

OBJECTIVE TARGET GROUP

The purpose of this guide is to provide non-experienced teachers and parents with information and workflows derived from our experience and a thorough review of literature on work with children with autism spectrum disorder and intellectual disabilities who cannot communicate verbally or can, but to a limited extent. It can also be used for people with other communicative disorders or intellectual disabilities.

TARGET GROUP

The lower threshold corresponds to the stage of development around the 12-month age (psychomotor stage), the upper limit corresponds to the stage of development up to 60 months of age. Suitable for children and adults.

In Bulgaria: The education of children with autism spectrum disorder and intellectual disabilities starts at the age of 7, and depending on the decision of the Regional Support Center for the process of inclusive education they are directed either to integration in mainstream school where they work with a resource teacher or are directed to the Center for Educational Support (former support(special) schools), where they work in classes with children with intellectual disabilities. There are no special classes or schools for children with autism. Some NGO Centers perform this service to work with children with autism spectrum disorder, but they have no educational status.

In a general education mainstream school, children usually come of a higher-functionality autistic spectrum. There, however, they are deprived of the conditions of work that are so important to them, such as cleanliness from incentives and structuring. They do not have the permanent support of the special pedagogue. In this environment, the child has many role models, but there is always a danger of getting a bad example, and unfortunately the children with autism spectrum disorder cannot filter right from wrong, good from evil. Here the program is not specifically adapted for children with autism and it is necessary to work on an Individual Plan and Program, which is difficult, especially if the class is with one teacher. Academic knowledge is a priority, and it should not be until the child with Autism Spectrum Disorder (ASD) has been taught to communicate.

There are almost the same things we have listed for the general education class in the Education Center / current Suport(Special) Schools. The difference here is that the child works with specialists who apply different techniques and there are always results (smaller or larger). The child has its own environment of autonomy and lacks the sensory stimulus of the general classroom.

In Special school “Stefan Karadja” the focus is on students with ASD and moderate to severe intellectual disabilities from 7 till 20 ages.

In Belgium: In BuBao Sint –Franciscus focuses on children and youngsters with ASD and moderate to serious intellectual disabilities. Also children with an additional motorial problem and/or ASD. Children diagnosed with Autism Spectrum Disorders (ASD) start their education at the age of 2.5 in special preparatory classes where they are being adapted to school. They are then divided into two classes for autistic children - Auti-classes - vertical
classes (the children in these classes are aged between 7 and 14) and "Structure Classes" having first and final grade.

<table>
<thead>
<tr>
<th>Structure class</th>
<th>Auti-class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children can cope with some social interactions</td>
<td>Children have difficulties with social interaction</td>
</tr>
<tr>
<td>Children reach some form of self-reliance by themselves</td>
<td>Children experience lots of difficulties to reach self-reliance or are very decisive on the other hand. That's why they can't regard fellow pupils or educators.</td>
</tr>
<tr>
<td>Most students can deal with some form of group activity</td>
<td>Group activities are very difficult (that shows in very dominant behaviour or on the contrary in shutting down from the group.) The inner rest and well-being of the child is central A lot of effort is put into individual mentoring of children both by: approaching children (addressing them, using pictograms ...), or offering them their personal learning programs. We try to compile a class program out of the different child schemes.</td>
</tr>
<tr>
<td>Attention to a low stimulus class environment, only few stimulus in the class interior.</td>
<td>The class interior should have the least possible stimulants.</td>
</tr>
<tr>
<td>Recognition, predictability and visualization are also a priority - the fixed structure in day and week schemes is essential, but can be changed if necessary (dealing with changes does not arouse feelings of unsafety or resistance).</td>
<td>Great need for clarity and predictability, changes in day schemes are discussed in advance with each child and visualized. Day scheme, time timers, work scheme, action.</td>
</tr>
<tr>
<td>Day schemes: individual or classical, depending on the pupils needs or capacities.</td>
<td>Individual scheme for each child</td>
</tr>
<tr>
<td>No transition cards.</td>
<td>Each child has its own transition card;</td>
</tr>
<tr>
<td>Activity/Description</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>After each activity, it has to look at its own day scheme to know what the following activity will be.</td>
<td>After each activity, it has to look at its own day scheme to know what the following activity will be.</td>
</tr>
<tr>
<td>No learning table.</td>
<td>No learning table. Learning table: every new action or learning material is first taught at the learning table; afterwards the transfer is made to the work corner or group table.</td>
</tr>
<tr>
<td>Mainly individual guides (own work corner, work baskets) but as well group activities (writing dances, tell time, play lotto or memory). Concentrating on self-relying action with supportive visualization. -&gt; For the strongest: task files with adjoining pictograms, comparable with the system if a corner board. -&gt;pictograms on the work table = support what pupils do (cutting, colouring, puzzling, work baskets...) -&gt;waiting basket with books, playing cards, colour file, ... simple activities to fill up waiting time.</td>
<td>Each learning activity is alternated with a moment of rest or recreation. Several low stimulus child corners poor of stimuli. Work corners with Work Schemes Playing and relaxing corners that can physically be blocked to create an area low on stimulus, listening to music, playing on a computer.....</td>
</tr>
<tr>
<td>Formation of groups by separating the tables</td>
<td>Joint class unit for those children who can cope with it; Short moments together to learn and practice social interaction.</td>
</tr>
<tr>
<td>Develop social skills</td>
<td>Develop social skills During the school year or several school years, social skills are practiced; Children very slowly learn to cooperate in a group. Social skills are taught via social scripts.</td>
</tr>
<tr>
<td>-&gt;work in group, learn to accept verbal instructions</td>
<td>-&gt;work in group, learn to accept verbal instructions</td>
</tr>
</tbody>
</table>

In the opinion of Belgian colleagues, this is a working option, and children with autism feel good.
We believe that children with a diagnosis of ASD should work with their well-trained parents and specialists to overcome the underlying problem - lack of interest in others or inability / reluctance / for inclusion into the outside world - from an early age. It is only afterwards that the child should be included in the life of the community / general education school, educational centre, autism class, structural class / where, in cooperation between the general teacher, the resource teacher, the special pedagogue and other specialists, equipped with the support of the technologies, it can be responded to the most specific needs of these children, without harming the needs of the majority of other children.

The decisive factor for developing and implementing the most adapted and socially useful learning program is the individual needs of each student and each one’s need of his or her environment.
4. Chapters or/and (sub)sections

In which parts is the theme divided. Which (sub)sections are taught in the lessons?

THE ROUTE FROM DETERMINING THE DIAGNOSIS TO THE START OF THE TRAINING PROCESS.

4.1. CHILD SURVEY AND ASSESSMENT

In Bulgaria: The process starts with determining the medical diagnosis from an authorized person and referring to a Regional Centre for Inclusive Education for Comprehensive Child Assessment and defining his/her Adaptive Skills. Then, the child is referred to a general school or Centre for Educational Support.

Once enrolled in the appropriate school or centre, a team of specialists evaluates the student’s performance by indicators and determines the adaptive skills of the child with autism through standardized tests. The general product of the integrated assessment is the developed Individual Curriculum and the corresponding Support Plan and Individual Educational Programs for subjects adapted to the maximum extent possible to the needs of the child and his/her family.

At the end of the first term, the developmental dynamics of the child and, respectively, the implementation of the objectives set in the Support Plan are monitored. If the goals are not met, a correction is made by the Team for Supporting Personal Development at a School / Centre / whose Chair is the teacher of the class.

At the end of the first term and the school year, the teacher, who is the chair of the Team for Supporting Personal Development at School, together with his colleagues, a speech therapist and psychologist, observes: the activities performed by the child (per part) the daily routine activities (behaviour), and planned activities. This creates a "portrait" of the child’s functional development. If necessary, they adjust, evaluate, set a new target, or change the strategy.

At the end of the school year, teachers are also evaluated on the basis of criteria related to their direct work with students and the performance of other work responsibilities.

In Belgium: Each class has a team that at the beginning of the school year - from September to October, develops a Group Work Plan based on observations. In January, the adaptation of the child is monitored, while the last assessment is done in June.

The group’s work plan regulates the learning content, goals and form of work, and the way in which the group will work.

The evaluation is based on observation on the children and answers to the questions:

1. What’s going well?
2. What’s going less well?
3. What can we improve / adapt?
4. How can we make improvements / adaptations?

Each child is given an Individual Work Plan whose objectives and working approaches are formulated on the basis of the above questions. This plan is regularly evaluated and adjusted as necessary.

At the beginning of each school year each teacher receives a review of the personal presentation. During the interview, goals are set on which the teacher has to work during the school year. The goals must be related to personal functioning, school functioning, communication with colleagues, communication with parents. At the end of the school year, these goals are assessed.
CONCLUSION:

Every autistic child is different, and all investigations and documents that are subsequently drawn must be consistent with these differences. We do not need any therapeutic program which we know to be applied to every child. Some children will need some programs, others will need many other additional programs. It has to be flexible, to learn from the child and to produce really individual documents for it.

4.2. SETTING OBJECTIVES AND STRATEGIES TO IMPLEMENT THE OBJECTIVES

The "SMART" rule is used when preparing objectives and tasks. The objectives must be specific / concrete, measurable, achievable, adequate, with a deadline.

The educational target set for children with autism should be teacher-directed learning that provides independent work skills / communication, education/

STRATEGIES FOR IMPROVING CHILD TRAINING:

- A tooltip on the part of the teacher - what are the steps to accomplish a task. /If the child with autism is non-verbal, pictorial tips may be used./
- Physical hints - for example, a child to learn to cut with a scissors, his teacher holds his hands.
- Building a model - the teacher shows step-by-step what the child or a picture looks like - "how to behave in the dining room"
- Splitting skills into separate steps
- Formation - for example, to say "mommy", the child first is to say "mm" then "ma" and so on.
- The game - through what the child loves we teach him about other things - for example he likes watching the trees - we make the child count them, say the colours.
- Lateral learning - by looking at the behaviour of others around them, the child learns - for example, how they raise their hand in class or how other children eat in the canteen.

The goals of development: These are the goals we set for social relationships and behaviour. Since social development is an extremely important stage in the development of a child with autism, the social behaviour of the child with both adults and peers should be addressed through intervention. Developed skills need to be preserved and developed, and also generalized (i.e. transferred to other environments). One behaviour becomes functional only if it is generalized. For example, they are participating in a game of rules, group activities, sharing skills, social skills.

In Belgium, as a special primary school, they take into account the specific needs of each individual child.

As a result, they focus on three important aspects: "well-being", "learning style" and "student learning career".

They do not work with a curriculum and educational goals, but with development objectives in special education.

These development objectives cover the following areas of training:

- Social and emotional development
• Communication and language
• Independence and orientation in the surrounding world
• Learn to learn
• Motor development
• Music education
• Functional calculation
• Media

STRATEGIES FOR TEACHING THESE OBJECTIVES:

• Direct instruction - teaching the child to play with an object, skills for imitation
• Social stories - Why and how do I show people that I love them? Who can I say "I love you" ...
• Group therapy to create social skills - role-plays, visual landmarking of conversational points.
• Video recordings - a video is taken of the child himself in a particular situation or of another child in this situation, which we comment.
• Class approaches - for example lunch with class or walk with friends from the class
• Later training - Stella likes to play with the doll. However, it is placed high. Stella comes and asks for the doll. She is encouraged for turning to the teacher for a reward and is given to play with the doll.

4.3. TRAINING APPROACHES - BEHAVIORAL, PSYCHOTHERAPEUTIC AND BIOMEDICAL

BEHAVIORAL APPROACH

Behavioral programs are basically based on the assumption that learning behavior is the result of its consequences. If the consequences are positive, the more likely it is to behave in the future. Conversely, if a behavior implies negative consequences, the less likely it is to repeat it again. For example, if aggression leads to more attention, a reduction in adult frustration to the child, etc. - it is likely to be aggressive in the future. Conversely, if the result is experienced as an unpleasant moment (detachment from a favorite activity), the likelihood of behavior occurring the next time is less.

BEHAVIORAL INTERVENTIONS

They aim at reducing the behavioral problem by not only eliminating destructive behavior but also building or increasing the frequency of appropriate alternative behaviors. This is most effective when learning new behavior generates natural backing - social, gaming and communicative.

PSYCHO THERAPEUTIC APPROACHES

The therapeutic process is adapted to the individual needs and problems of the child. In the interaction, the child is leading, and his development follows his own interests and pace. The main therapeutic goal of these approaches is to create communication skills - shared attention, joint plays, adequately directed communication, willingness to communicate. Each therapeutic objective that is set is tied to the specific working approaches used by the specialist, by the parents, by all the others who communicate with the child with autism. In the treatment plan, it is possible to combine different approaches that need to be specified with parents. When determining the therapeutic objectives, the individual manifestations of the characteristic features of the autism should be considered. Many other factors, such as age, family, social, and educational settings, are important.

INTERVENTIONS
Sensory therapy / Brushing / used in Bulgaria, art therapy, work therapy, animal therapy (used by parents in Belgium and Bulgaria), music and dance therapy, sand therapy have not been scientifically proven in their effectiveness, but we use them successfully in our work.

**BIO MEDICAL APPROACHES**

There are various interventions and therapies for children and adults with ASD that can reduce symptoms and increase skills and abilities. Along with conventional therapy, alternative medicine finds supporters in a number of families with a child with autism. Since safety and benefit researches of these approaches are still underresearched, many physicians and specialists find it difficult to recommend such therapies. When discussing alternative and complementary therapies, emphasis should be placed on the fact that they should be used to supplement and assist the treatment rather than to replace proven behavioral therapies against the underlying signs of autism and medications prescribed in conjunction with the concomitant medical conditions and diseases. Some of the more commonly discussed alternative therapies for autism are: vitamins, amino acids, diets and others.

**APPROACHES TO TRAINING**

Every teacher has his own teaching methods. There are no better or worse ones. It is important for the teacher to consider the child’s functional status, the content he / she will teach, the material resources he / she will use, and then choose the most appropriate method of work.

### 4.4. METHODS OF TRAINING

1. Methods of warming up, preparation for work.
2. Methods of individual and group work.
4. Play methods - The pre-created play situation /storyline-role-playing, didactic, mobile, constructive and other types of games / motivates the child to participate by encouraging him / her to comply with the rules and facilitating achievements. Participation in them leads to the improvement of the acquired and the formation of new skills.
   - Didactic games help the formation of cognitive skills and contribute to the formation of communicative, social, motor and adaptive skills.
5. Other:
   - **TEACCH** - therapeutics and training of children with autism and similar communicative disorders. It affects three groups: the family environment, social adaptation and education, and after the clinical diagnosis TEACCH conducts social learning, individualized curriculum, support and training for parents and teachers of the child.
   - **Program SON RISE** / Used in Bulgaria / - This is a US program that relies heavily on communications, visual contact and recurrent actions. This program is very much in line with our understanding of autism, and it continues its training and attempts to apply it. It is very well related to the TEACCH program and the results are positive.

In Belgium, it is used the TEACCH methodology in combination with Dösen's theory because it meets many of the pupils' needs: it provides people with autism spectrum disorder and intellectual disabilities a variety of tools / tools to participate in everyday life. It gives the opportunity to adapt the teacher's approach to the student's stage (level) of development.
Children with intellectual disabilities often show significant discrepancies (differences) between their developmental age and their calendar age.

### 4.4.1. METHODS OF TEACHING IN THE SOCIAL SPHERE – STEREOTYPICAL ACTIVITIES

One of the most important and significant signals that this is a stereotypical activity is a disability of visual contact. It is a way for the child to control things in a world inconceivable for him. Every attempt to break this process makes him shut even more. There are different stereotypical activities, but it is important to pay attention: does the action repeat, is there an eye contact, does the child sink into its own world? The child speak while performing stereotypical actions, look up in the direction of the speaker, but not to notice at all the world around him.

What are the reasons for the stereotypical actions - satisfaction of physical needs / increased - reduced sensitivity /, escape from the provoking world, way to control the things around him/her.

**STRATEGIES**

- The best way to help the child is to join the stereotypical activity.
- Parents and specialists "go down to the level" of the child by playing with him on the floor. The adult follows the interest of the child and seeks to regulate it, encourages an interaction and seeks to motivate the child to express his or her desires.

**CHALLENGING BEHAVIOR**

Almost always behind any challenging behavior there is some reason. First, the educator must try to understand it and to solve it if he can.

**STRATEGIES**

Changing the environment, teaching adaptive communication skills / the child should ask for something rather than pointing it ... /, encouraging other behaviors / the child clapping his hands, but when holding them on his lap, the teacher encourages him /, request for rest when tired, visualizing the language / by card, which means waiting, pause ... /

**EYE CONTACT**

In essence, autism is a disorder that affects a person's ability to interact with the surrounding world. Regardless of the skills that each child with autism has, the common ground among them is that they have great difficulty in getting in touch with other people. The most direct way to communicate fully with each other is visual contact. Through it the children receive a huge amount of information about the world.

**STRATEGIES**

For good eye contact, it is important to be within the child's vision. It means not to stand behind or on the side, but in front of it. It is best when we give them something to put it right in front of our faces. Thus the child will notice the subject, but will look at us as well. And most importantly, when the child looks at us to praise him.

If, necessary we will ask it to look at us before we give it the desired item. If he wants chips - we want a look, we give him a little and again ask him to look at us again for the next dose of chips. So, the child, looking every time, learns to look.
4.4.2. COMMUNICATION

Our lessons should be directed directly to the language rather than using other alternative methods unless the child does not have the chance to speak because of organic or other cause. Children often have problems with both production and understanding verbal signals. Kids may want to say something, but they do not know what words and how to build their speech. Speech may be chaotic, agrammatic, stereotyped, with learned answers, but there may also be hyperverbality - a desire to share information continuously. They do not distinguish the persons in the communicative act and do not use correct pronouns. Children with autism do not understand metalanguage, i.e. cannot read between the lines. There is a wide range of manifestations - from a complete lack of speech to a high level of knowledge of language rules.

CHILDREN WHO CANNOT SPEAK, BUT HAVE POTENTIAL

These are autistic children who do not speak at all, speak a little or utter sounds that are difficult to understand, but there is no other reason not to speak at all.

STRATEGIES

Children learn the words that most directly affect them. These are mostly the words "action" - eat, drink, run, jump, sing, etc. With each of these words you can react immediately – with “eat” you can give favourite food, with “throw” you can throw a ball, and so on. You should not use words such as "it", "this", "that", "more", "again", etc. By using these words, the child’s desire to learn new words is lost.

CHILDREN WHO CANNOT COMMUNICATE CORRECTLY

With these children it is a matter of helping them to hold a normal conversation - to use the pronouns correctly and to be more willing to use the language.

STRATEGIES

One way to help is by talking properly to the child.

The second way is to guide it - when we have some suggestion, we just bend and whisper quietly.

CHILDREN WHO NEED TO BUILD UP THEIR VOCABULARY

These are children who need to enrich the language with new words, definitions, pronouns, and so on.

STRATEGIES

One of the easiest ways to get a child to use definitions is by giving him the right to choose when he wants something. Even if it points to the object, we will still insist to say the word. We encourage every attempt to speak the word we want.

When the child pronounces the words incorrectly, the decision is not to give him the desired item until he / she pronounces it correctly. Of course, it’s important to know that if it cannot do the right thing in a second or third attempt, we have to praise the diligence and give it the desired object.
ECHOLALIA

We talk about echolalia when the child repeats the same phrases or mechanically repeats certain words and whole phrases. However, it should be borne in mind that this is also a form of communication and a transition to the formation of one. Echo-lytic speech is a kind of understanding of the words already heard, such as "voice thinking".

STRATEGIES

When the child echoes our words, the answer is to literally react to his / her "If You want to eat, tell"? It repeats "tell", the teacher says, "What do I have to say?" Another option is to change the end of the sentence - "How about eating tasty food"? Or, "What do you want to eat - soup or meatballs?" We know he does not like soup. So we provoke him to think and talk. This will not happen in the first time, but with many attempts we will succeed. The sentences end up without meaning - "Let's tickle?" / No / "Let's tickle a lot" (yes), If it says "a lot" - ask it - "A lot what?" Or - "do you want milk"? And say "do you want milk" - we say - "I do not want milk."

When the child already has some language skills, we need to decide on what to emphasize - a vocabulary or a sentence length. It is important to know:

- A child with a vocabulary stock of 1 to 50 words forms a sentence of 1 word.
- A child with a vocabulary of 51 to 100 words forms a sentence of 2-3 words.
- A child with a dictionary of 101 to 350 words creates a sentence of 3-5 words.

ALTERNATIVE COMMUNICATIONS FORMS

Work systems - PECS, MAKATON, POINTING / The child indicates the object he wishes or an image with the object or action he / she wants to perform /.

In Belgium people also use SMOG, Smog combines the use of signs and spoken language. Talking computer (device reproducing synthetic speech), a personal file (set) of pictograms. Emphasis on training towards clear naming of feelings and use of directional language in terms of feelings, emotional perception (learning): learning how to cope with change and how to control feelings, to sympathize with other children: through guidance /instructions.

4.4.3. METHODS OF TEACHING IN AREA OF THE MOTOR FUNCTION

SPORT- Educating the child, the pedagogue identifies how it interacts with the environment and determines what needs to be done to become more independent by building self-control skills. For example: attention; transition to new activities; gaming skills; motor skills; how he responds to different incentives; equilibrium and posture, fine motoring, aggression. In the course of the activities, the child could solve a number of social problems related to his / her relationship with others, learn to focus on certain tasks, express his / her feelings and emotions appropriately, and participate in games with other children.
Stimulating motor activity leads to improved understanding, concentration, sustainability and learning skills!

**STRATEGY**

All the tasks the child has to perform at the time of sport are shown on colour cards. So, step by step, the child discovers what’s going to happen and feels happy and relaxed.

Depending on the needs of the child, colour cards are used in gymnastics. All exercises have their own colour and the child match its own card with the correct exercise. All exercises have a clear beginning and end. When an exercise is finished the child returns to its scheme and takes the following colour card.

**WORK THERAPY**

The aim is to help the child live as independently as possible in all aspects of existence. Occupational therapy can promote and improve day-to-day activities such as: toilet use, tooth brushing, dressing, combing, fastening, tying up, scissor handling, stair climbing, cycling and much more. The emphasis is on expanding the abilities in the normal environment for the child.

**STRATEGIES**

Work therapists plan and combine carefully organized and relaxing techniques to stimulate tactile, vestibular and proprioceptive sensations. The most important aspect is the child’s motivation for choosing activities. With appropriately selected sensor experiences, all children begin to better process sensory information, which makes the child calm, focused and organized. All sensory difficulties of the child are considered, whether they need relaxation because they are over-excited or need to be stimulated.

**4.4.4. METHODS OF TEACHING IN THE FIELD OF ART THERAPY**

Art therapy is a creative process that involves a variety of artistic activities: music, pictorial work, theatre, dancing. It encourages the child to express his experiences and problems. With the help of creativity, passing through the process itself overcomes the accumulated stress. The art therapist's goal is to help the child make change and develop their personal potential through the use of artistic materials and techniques in a secure and secure environment.

**STRATEGIES**

**DANCE THERAPY, ANIMAL THERAPY, CLAY AND PLASTICINE GAMES, MUSIC THERAPY**

**MUSIC THERAPY**

Music therapy for people with autism is targeted primarily to improve communication. The music contains a variety of expressive tools, dynamic forms and opportunities for dialogue, and thus supports the development of abilities to maintain a shared attention. They are applied as an effective approach for corrective and therapeutic impact in children with ASD.
4.4.5. METHODS OF TEACHING FOR STUDY

The goal is to maximize the children's competences in different educational areas and to automate them so that they can apply them in their everyday lives.

STRATEGIES

It is important for the child to be taught to seek help in the event of a problem he cannot solve on his own. The training is done by placing working baskets marked with colors or pictures (depending on the way of the child's perception). Each new task is taught individually in steps. Only after it has been mastered it is automated at another workplace. Typically, sessions are run, with each session lasting a certain amount of time. There is a frequent change of activities so that the child is not tired and his concentration is maximized.

There is, of course, also a group work, but it relates to activities that are already well-absorbed or do not require full concentration.

In fact, the most important thing is to teach content (math - language - understanding, counting, quantity, arithmetic, measuring skills) to be practical for children - reading a calendar, knowing a clock, shopping, reading labels ...

OTHER METHODS AND STRATEGIES FOR STUDY

The approach is holistic. Through a variety of recreational activities, basic confidence is built up, sensory integration is improved, in general, in order to achieve health and balance, we are working for the child's overall well-being in all its dimensions.

SOAP BUBBLES AND WATER, GRAIN GAMES, SAND THERAPY, BRUSHING METHOD

Uses a special brush whose hair should neither be too soft nor too hard. It stimulates the external parts of the child's body - arms, legs and backs /

PHOTOGRAPHY, BREAD BAKING THERAPY

It is important that every action on the part of the therapist / pedagogue is accompanied by an explanation.

4.5. BEHAVIOUR OF THE TEACHER IN WORKING WITH CHILDREN WITH AUTISM SPECTRUM DISORDER AND INTELLECTUAL DISABILITIES:

It is important for the teacher: not to speak loud; not to make sudden movements; not to look at the child fixedly in the eye; Uses clear and unambiguous language, avoids humour, irony, sarcasm, diminutive names and aliases. He has to be short and specific in his wording; He presents the individual tasks in the form of instructions and schemes. For example, tooth brushing is done step by step - opening a drawer and finding a toothbrush will be the first step. Get the toothpaste - the second and so to the end. Instructions are repeated and displayed as the child grasps the idea and forms skills. The teacher should focus on what the child can do better than what he cannot do. He has to look for his strengths and find them. There is no need to discipline when children are confused and alarmed because they will not be able to interact emotionally with the teacher. The child must
be rewarded permanently to show appropriate behaviour. Something like a picture or a flagship, or a
ergal praise "You're doing fine."

It is important for the teacher to be dynamically changing - meaning changing your behaviour often
enough to be interesting to the child.

There are three things the teacher can do to express his enthusiasm:

change of tone
changing the facial expression
changing body movements

4.6. CREATING A STRUCTURED ENVIRONMENT IN THE CLASSROOM

The physical structure of the classroom refers to how the furniture and materials are arranged to
give meaning and context to an area or environment. The degree of room structure depends on the
level of performance of the individual student. Students with a lower level of functioning and weak
self-control need a more structured environment, more boundaries, more visual reference. The room
is advisable to have:

- Clear physical and visual borders / shelves, rugs as separators ...
- Minimize all visual and audible stimuli
- Creation of teaching areas - play area, learning area, individual work area
- A general class program and program for the student with autism
- The program of children with autism is clear - with recognizable pictures, words or combined.
- Work systems - from left to right and from top to bottom.
- Visual organization of space that explains to the autistic child where, what and how to do, to
  enable the child to anticipate events, which in turn reduces anxiety and allows concentration
  on learning
- It is good to have a small holiday area within the classroom.

Factors that need to be considered when looking for an optimal environment for the child with
autism

- Distraction level - an environment where there are fewer irritants or even absent.
- Control level - to provide the child with the greatest possible control over the things around
  him.
- Management of other people around the child

4.7. PARENTS

Inclusion of the family is an essential part of the learning process. No one knows the child better than
parents and they are definitely the most concerned and most affected by the child's deficits. They
spend a lot of time with him and can use this time to generalize the achievements of the learned in
the usual everyday life.

Parents can use the child's time outside the intensive program at school to develop game and social
skills and self-service skills. Walking in the park, shopping, using various services, and visiting with
relatives enables generalization of skills and work to improve behaviour. Bathing time, dinner,
dressing are also examples of routine activities and learning opportunities. In this way, the child’s daily life becomes part of the therapy and the parents integrate into the treatment team. It is important to include the child in the routine of everyday life, moreover, it is a barrier against potential future isolation.

In Belgium the participation of parents in the process of training their children is as follows:

- Visiting the school and how to work in specific classes.
- Contacts with the parents: moments of ice breaking (class visit with the child), an informative evening explaining how to work in class.
- Individual Action Plan talks (IHP): Discussing with parents what targets will be given priority in working with their child.
- Conversations for evaluation: discussing with parents the evaluation of their children and sharing together how the children will be oriented to work in school further
- Thematic information evenings for parents are sometimes organized, for example on the topic of participation
- Every student has his own feedback notebook that he brings home every day. It is used for communication between teachers and parents.
  - Announces what the classwork will be
  - Communication related to the child’s behaviour in class.

Auticlasses have a class blog where parents can read what’s going on in class.

In Bulgaria

- At the beginning of the school year, parents fill out questionnaires about their child’s day-to-day regime and what are their expectations from the school for their child’s education. If there is a discrepancy between reality and expectations, individual meetings between a psychologist, a form-master and a parent are held.
- Periodically the parent is invited to individual talks to track the developmental dynamics of his child.
- The school offers a “School for Parents”, where specialists work with parents practically to teach them how to work with their children.
- The school has a website where stakeholders are informed about what events are taking place with students.

4.8. Eating

Changes in diet should be carefully considered and be discussed with a nutritionist and a gastroenterologist. Some of the children with ASD have a habit of consuming one type of food and not wanting to eat another. The easiest way to get rid of all the harmful foods is to throw them out and show the child that they will not come back. Probably, at first the child will experience a crisis, refuse to eat, express its protest in some way, but it is important not to give up. After a few days, offering the new food appropriately, it will start trying and then accept it.

Some parents report improvement by removing only casein from the diet and others report improvements with a gluten-free diet. In fact, changes in behaviour may not be due solely to
removing these ingredients from food. There is no direct evidence of this. It is important for the child to approach complex pedagogical impact, socialization, diet. Material

5. Materials

Teaching materials for pupils and teachers

Bulgaria

- Colour rings, cubes, claws, beads, cups / bucket tower, arranging cubes /
- Russian Dolls- "Matryoshki"
- Segen’s figures for nesting
- Rustling toys- for the development of sensomotorics, tactile sensitivity of the fingers
- Threading beads
- Putting coins and other items in a money-box
- Sorting balls and other objects by colour into colour cups
- Games with rotating toys- toppers, beads
- Arranging lotto games, puzzles
- Arranging letters with coloured sticks, drawing patterns and cutting with scissors
- Boxes
- Boxes with sand
- CD with classical music
- PECS-paintings
- MAKATON symbols

Belgium

Didactic materials:

- Mind Express Pictograms.
- SCLERA Pictograms
- Specific materials
- Playing material (adapted)
- Own materials

Means

- Portable Communication Systems (PECS).
- Pictograms
- Voice computers
- Auxiliary materials for marking physical boundaries.
- Headphones
- Silent and matt cabins (corners)
- Sensorial Profile

Communication

- Individual guidance sheet (LVS)
- Individual action plan (IHP)
- Example of a Communication Passport
- Profile of the teacher / educator of students with autism: It is required to have the qualities according to the Steven Degrieck's B - Kwadrat questionnaire: Be critical of your own communication.
6. Training of the pedagogical staff

Are there internal and external trainings?

In Belgium:

- Practical trainings (ASS)
- Training from Autisme Centraal
- Observations of the classes in BuSO Sint-Franciscus
- Internal training according to RAS (I.C. ASD: Internal coaching ASD). It aims to optimize the work with the students with autism in the school.

In Bulgaria

- "Therapeutic Approaches in Children with Autistic Syndrome" -2012.
- "Sensory therapy" -2012.
- "Working with an alternative communication system - PECS-2013.
- "TEACHH therapy and education of children from the autistic spectrum" -2013.
- "TEACHH-practical applications program" - 2016.
7. Evaluation tools

Evaluation of the manual: Is the manual useful for upgrading your skills to give specific education about this theme for the target group of pupils?

7.1. Evaluation tools of the formal lessons

After each lesson, the teacher or Methodist make an evaluation based on the following questions:

- What went well?
- What went less well?
- What can be improved/changed?
- How can we improve/change?

Another assessment tool is the opinion of parents.

7.2. Evaluation of the manual

We allow the manual to be read by a starting teacher and ask for feedback based on these questions:

- What is useful?
- What is less useful?
- What can we improve/change?
- How can we improve/change?

Each time the manual is used (by a starter or colleague), we ask for feedback based on these questions.
8. Keypersons

The descriptions in order of importance of the people whom you can ask for information. This can be one person or for example a workgroup of this theme.

In Bulgaria

- Ms. Ganka Slavkova - special pedagogue at the Stefan Karadja Support school
- Reneta Veneva-RAABE-Bulgaria
- Karin Dom Foundation - Varna

In Belgium

- Main Team ASD: consists of five members (Dokter G., MPC, BuSO en BuLO): structure and discussion of cases with ASD
- Contact persons of the main ASD team
- BuBaO en BuSO: Kristien Inghelbrecht, Hilde Pelleriaux, Nathalie Van Melckebeke
- BuLO: Anja Garcet (Iris Van den Bossche en Els De Bleser)
- MFC: Sofia Deconinck, Dokter A. Geusens
- Contact person IB ASS Hilde Pelleriaux
- I.B. ASD: Internal Coaching ASD. The goal is to optimize the work with children with autism in our school. Hilde Pelleriaux is the head.
- Structural pillars: responsible person: Veerle Guldemont
9. Documents

Which documents are used. For example: letters for parents, request documents, application forms,...

In Bulgaria

- A parent's questionnaire
- Student support plan
- Overview of the Son Rise theory
- Examples of good practices

In Belgium

- Appendix 1: explanation of kangaroo-autiworking of BuBaO
- Appendix 2: examples of good practice in classes
- Appendix 3: Daily Schedules (Programs)
10. Explanation of terms and abbreviations

We have to use a common ‘theme’ language. Give the explanation of the abbreviations and/or specific terms about this theme.

ASD  Autistic Spectrum Disorder
TEACHH  treatment & education of autistic & related communication disabled children
          Attitude and training of children with autism and similar to autistic communication disorders
PECS  picture exchange communication system - Picture sharing communication system
SWOT analysis  strengths, weaknesses, opportunities and threats.
AVZ-R score  screenings instrument for autism spectrum disorder - screening tool for ASD
ComVoor  A monitoring tool tailored to the perception problems of people with ASD. It specifically measures the attaching of meaning to the unchanging forms of communication at the presentation and representation levels.
          a. What tools are suitable to support communication?
          b. For which level (level) of attaching a meaning can the selected tool be used?
Smartschool  online communication system, students information maps and intradesk/schoolworkplan for the teachers
Intradesk  part of Smartschool in which all school-related documents are collected online
LVS  Leerling Volg Systeem (individual student mentoring card)
IHP  Individueel Handelings Plan (Individual work plan) (the objectives for the child + evaluation)
Social scenario (social history)  a description of a social situation, both to give an idea of social signals and also to identify the appropriate responses to this situation. It is important that history is directly related to a particular situation for the person with autism. See more at: http://www.participate-autisme.be/go/nl/mijn-kind-helpen-in-zijn-ontwikkeling/mijn-kind-helpen/sociale-relaties-bevorderen/meer-lezen/social-Stories-gebruiken.cfm # sthash.OSkLTfis.dpuf
11. Conclusion

Life is evolving, along with science and medicine. There are highly qualified doctors and pedagogues who do the best for children with ASD.

Although there are still many unknown facts in our work, the knowledge of effective intervention and training techniques that we accumulate through our experience and the use of foreign experience are truly impressive. We build on the work of others by adding our style. We take advantage of the innovations of the most talented teachers in the world, hoping that our work will help the well-being of autistic children.
12. Sources

Where do you get your information from?


2. BMA, Differences between Canner and Asperger Syndromes, 2005


6. Kostin, I., Work on development of social and household skills of autistic teenagers and young people, magazine Defectology no. 3, 1997

7. Tsokova, D., Autism, University K.Ohridski 2004


17. www.lechenieautizma.org

18. www.autismwebsite.ru

BELGIUM

- https://scholensf.smartschool.be:
- www.stijn.be/adm/wwwdocs/docs/2/Wat%20is%20autisme.pdf
- https://www.participate-autisme.be/