

Experience with autistic children from specialised kindergarten

Soňa Navračičová

Psychologický ústav FF MU, Brno

488460@mail.muni.cz

For 6 months I volunteered in a kindergarten for autistic children and in this article, I will present my experiences and two case studies, focusing on sensory alterations connected to Autism Spectrum Disorder.



Key words: autism, ASD, sensory perception

Sensory alterations connected to ASD

“Altered sensory perception is a central clinical finding in patients with autism spectrum disorders. Up to 96% of (pediatric) patients with ASD report hyper- or hyposensitivity regarding visual, auditory, tactile and olfactory stimuli.” (Fründt et al., 2017, p.1183). Most children with Autism Spectrum Disorder (ASD) experience some form of sensory alterations. However, the intensity and variations of the alterations differ in every individual. Most of the children were low functioning with no or very limited ability to speak. The children expressed both hyper- and hyposensitivity regarding vision, hearing, tactility and taste. The children’s age in the class I volunteered in ranged from 4 to 8 years. All names mentioned below are fictional to protect the privacy of the children and their families.

Early intervention is key

The ideal time for autism diagnostics is before the child is 18 months old. Diagnostics at an early age significantly increases the effectiveness of treatment, even helps to reverse some symptoms. Early symptoms of autism often involve the lack of normal behaviour, rather than presence of the abnormal one, which is the reason why it is often difficult for the parents to spot the differences and react to them adequately (Smith, Segal, & Hutman, 2018). Early

intervention is very important in this type of disease, and therefore there are specialised kindergartens and other educational centres that help with children's development.

What is it like in a specialised kindergarten?

The first thing children do when they come to the kindergarten is checking their daily timetable - a set of flashcards hung up on the wall. For them, having daily routine is crucial. Each child has a different method of marking the activities that have already been done. Some of them like to turn the card on the blank side while others prefer to put it in a box placed below the list of activities. The programme for children is different each day and includes many activities such as art therapy, music therapy, sensory play (using tactile bins or snoezelen room¹ which serves for sensory stimulation, relaxation, and anxiety reduction), indoor exercise, and many others.

Case studies

Emma was a 5 years old girl, noticeably different to healthy children of her age. She could not stand still and had a constant need of doing something – swinging on a chair, playing with colourful beads, running around, walking aimlessly. Emma suffered from both hypo- and hypersensitivity of senses. Her taste was normal, with no significant difference to healthy children. However, she could not eat cooked cabbage or similarly textured meals. Similarly, her classmate refused to eat anything with bits, and therefore his parents had to blend each meal for him. Emma was hyposensitive regarding taste, as she enjoyed putting objects in her mouth and eating unusual and inedible items such as play dough, sand, dirt etc. She was often doing it in secret and when someone unexpectedly saw her, she ran away.

Emma had extremely sensitive hearing, so she was wearing noise cancelling headphones during her stay at the kindergarten. Surprisingly, she enjoyed screaming and often did not realise the intensity of her screams. To deal with the situation the teachers decided to remove the headphones while she was screaming. In response to that, she became distressed and demanded back the headphones. As soon as it was explained to her that she cannot scream, she obtained them back. She enjoyed making loud noises and throwing things on the floor, often doing it secretly when no one was looking. Emma was completely mute and communicated with the help of flashcards. Rather than handing me the card which

¹ <https://www.snoezelen.info/>

represented what she was asking for, she always took my hand and pointed at it with my finger.

Her mood was unstable and frequently changed. Sometimes she would run around with a huge smile on her face and other times she would be distressed and visibly anxious. In stressful situations, she would bite her own arms, pull people's hair and sob to express her discomfort. It could have been a result of the lack of sleep over night, as reported by her parents, or simply caused by something from an outside environment. Her vision was hyposensitive, resulting in an interest in colourful and round objects. She used to look at objects closely and her play consisted of touching toys, feeling their texture and putting them in her mouth.

Adam was an 8 years old child who had been advised to postpone the start of elementary school by 2 years. He was completely mute and communicated only through the set of flashcards he was wearing on the neck. He had difficulties completing simple tasks, but I would say it was rather the lack of attention than not knowing the solution. He was very neat and obedient, always waiting patiently when told so. Although he was mute, he had an unusual look on his face that seemed like he was deeply thinking.

Adam had proprioceptive hyposensitivity. His grasps were weak and moves clumsy, however, he very much enjoyed being chased. His fine motor skills lacked coordination, especially when using cutlery or zipping his jacket. Regarding his vision, he was often closing his eyes even in the middle of an activity where vision was required. Adam was the happiest in snoezelen room. The thing he enjoyed the most in the room was moving lights coming from a disco ball at which he was looking in complete fascination. He would chase them around, laughing and smiling while making unclear sounds. He was frequently covering his ears when another child started crying. As a result, he became very distressed and sometimes called for noise cancelling headphones. He was flapping and clapping hands while making repetitive noises.

Sometimes he was hiding in a bathroom, looking outside through a small gap between the door and the wall, waiting for someone to come and get him. In general, Adam was very organised. He greatly enjoyed games in which he was using building blocks to create a perfectly even structure. He liked to play puzzle, even though he chose the same one every day. When he was setting the table for eating, he used to line up every object and would not

sit down until he was satisfied with its placement. This behaviour applied to all regular activities, so that all objects (chair, table, glass etc.) had to be in the exact position he wanted.

A wide spectrum of autism

Each child on the spectrum is completely unique and requires individual care. “We now know that there is not one autism but many subtypes, and each person with autism can have unique strengths and challenges.” (“What Is Autism?” n.d., para. 2). People tend to have a distorted image of autistic children, based on popular films and idealisations, and generalise these assumptions to all ASD patients. One might say that autistic children do not like physical contact, that they do not like to be around people - but I have experienced children who craved hugs and love from adults. They might not express their feelings the same way healthy children do, but they still share the same needs. There are children who can function adequately among their healthy peers but also those who require constant assistance. Therefore, it is important to emphasise that there are many types of autism and each must be approached in a special way.

Zdroje:

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Zdroj obrázku:

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