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Abstract :

We consider that autistic children are ignored in the Algerian society. There is even a lack of statistical data on autistic children in Algeria. In this article, we highlight the importance of integrating the education of children with autism into the school community. We first present the characteristics of autistic children, then discuss the importance of integrating these children into the general education system and subsequently, we present a model that can be used to promote the school integration of these children.

Key words: Autism, school integration, early care, parents, teachers, therapists.

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INTRODUCTION

The schooling of learners with pervasive developmental disorders in mainstream schools, the most common of which, autistic disorder, is controversial for both researchers and practitioners, while parents of children with autism are demanding the integration of children into the "mainstream" classroom. School authorities are not always in favour of such an orientation. Studies on the effectiveness of inclusive education in terms of contributions to development, regardless of the type of disability, are numerous and their results, despite disparation, nevertheless remain generally positive. Thus, it has been shown that in many cases, school integration allows individuals to integrate into the community more adequately (Brown et al., 1986).

This article analyses the question of the school integration of autistic children in "ordinary" settings. The order of instruction targeted is preschool and primary school, from 4 to 12 years of age, we use our experience to show that the autistic child is adequately cared for and that this is for a simple and lasting integration.

I. Characteristics of Autistic Children

Autistic disorder is the best known and most common pervasive developmental disorder, the others are Rett syndrome (very mortgaging from an academic point of view), childhood disintegrative disorder (very rare), Asperger's syndrome (very different) and pervasive developmental disorder (including atypical autism), a frequently used but often temporary nosological term, especially at an early age. Current diagnostic systems, particularly (DSM-IV) and (ICD-10), offer similar criteria for the diagnosis of autistic disorder. The DSM-IV (American Psychiatric Association, 1996) requires for its recognition a minimum sixout of twelve events, grouped into three categories: (a) a qualitative alteration of social interaction; (b) an alteration of communication skills; (c) restricted and stereotyped interests and activities. There must also be a delay or abnormality in functioning, beginning before the age of three, in at least one of the areas of social interaction, language, and symbolic or imaginative play. A recent

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revision of the DSM-IV provides clarification on diagnostic characteristics, particularly with regard to pragmatic language difficulties, which are more important among high-level individuals. The revised text also adds that in 20% of cases, parents observed normal development during the first or two years of life.

Autistic disorder results from a complex disability and a major impediment to development that occurs in the first three years of life. In addition, the autistic range, by materializing, varies infinitely. Each child is a different case and his or her integration is a case in point. The prevalence of autism is not known with certainty, but it is

estimated that all PDDs could reach 60 cases out of 10,000 (Forborne, 2003). In the United States, according to the USD department of Education, the ten-year increase (1992-93 to 2002-03) was 870% (Gallup, 2003). In Quebec, the alarm is also sounded (Yazbak, 2004) and it should be noted that autism affects four times more boys than girls and knows no ethnic, social or economic barriers (Autism Society of America, 2000).

II. INTEGRATION, INCLUSION, INSERTION

Three related terms are used to identify the process of school: insertion integration and inclusion. It is important to make the necessary distinctions because, despite their similarity, they convey different perspectives. The insertion refers to the placement and maintenance of the disabled children in a non-restrictive school environment, ideally in the class of his or her peers in his or her local school. In fact, the term refers to an ideology according to which the children must be placed in a standardized environment while receiving the specialized services necessary to maintain him or her in that environment (Gélinas, 1981).

Compared to such a perspective, integration is concept and model of services derived from an ideology of reparation. It calls for a change in the living conditions of people who were previously segregated, such as autistic children placed in institutions (Forget, 1995). Beaupré (1989) identifies four components of integration: physical, temporal, social and

educational. According to this concept, physical integration means that the disabled child is placed in a special class, but in the same school as other children. This type of arrangement can be considered as cohabitation. The time component refers to the time spent in the regular classroom. This involves assigning the disabled schoolchild to an ordinary class for certain activities and a certain number of hours. Social integration refers to non-school activities such as meals, transportation and recreation that children with disabilities share with their peers. The educational component refers to all the actual school activities that children with disabilities share in the classroom with other children. Although some children with autism receive their education in regular, group classes, integration does not mean that all personalized supports can be eliminated (Schultz, Carpentier and Turnbull, 1991).

the notion of inclusion is equivalent to that of Integration. However, in the disciplines in which it is used (geology, mathematics, etc.) the term inclusion applies to something that is incorporated into something else, but which remains differentiated from it. This restriction seems to us valid notwithstanding the quality of what is implemented to achieve this "integration". Linguistically, the term inclusion certainly has an advantage over integration.

Finally, it should be remembered that UNESCO (1994) also favours the term "inclusion".

III. RESEARCH OBJECTIVE

During our work as a speech-language pathologist in a liberal practice, we noticed not only the concerns of autistic parents about their children's schooling but also the abilities of some.

I have often encouraged these parents to fight and not to give up this daily struggle.

Although autistic children differ in many ways from typical developing children, this does not mean that these differences are "false" and these children must be excluded from the general education system and

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placed in special institutions. School is an essential institution for the development of any child, including a child with autism. Even if autistic children are different from developing children, we should learn how to value differences in order to integrate these children into our society and community. As Smith (2006, p. 435) stated: "It is imperative that students with autism experience normative, programmed and assisted interactions with typical developing peers. Such inclusion provides these young people with appropriate role models, in which they can observe how others behave and interact with each other."

We would like to emphasize that, although observing the behaviour of other children is beneficial for children with autism, the educational process of these children must be structured as possible as it can be.

Baggs Amanda (2007), an autistic person, stated that her language is not about designing verbal or visual symbols for others to interpret, but about having a constant conversation with all aspects of her environment.

Thus, we can consider autism as a foreign culture that seem strange and deficient only to those who do not understand its norms and do not want to learn from it.

IV. ACTION RESEARCH

I do not wish to plead for or against the integration of the autistic child in a normal school, I would like to tell my own method to transform a painful or unpleasant task for teachers, parents and therapists into a simple pleasant learning, for this I propose the best conditions for a good schooling in the form of a diagram (figure 1)

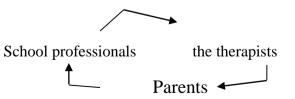


Figure 1: multidisciplinary team

1. Early intervention: individual care

Children with disabilities have the right to receive an education that is appropriate and adapted to their particularities, regardless of the degree of disability, and also the right to obtain a non-discriminatory assessment in order to guide the child into an appropriate environment.

The program given below was followed for each child, it varies from one child to another according to abilities and especially at an early age:

-From the age of 2 to 3 years: our intervention was mainly based on sensory and motor stimulation, it consists in helping the child to use his senses through into the touch, listening, taste.

- 3 years and a half: at this age, we privilege the basic notions (initiation to preschool) by working on the colors, shapes, coloring, next to that there is psychomotricity (fine and global).

-5 years: after having worked on the basic concepts, we start learning the written language as well as logic-mathe.

2. The involvement of parents:

According to the HALDE report, in March 2012, parents are partners in their child's therapeutic project. Parental involvement is also an essential variable in school integration and the education of children with autism. However, they are not very active in general.

In short, it is known that in autism, the family precedes, extends and complements the school; it is known, but how difficult it is to achieve on a daily basis! for this reason, we used a carefully completed communication booklet, indicating our work in the office in detail, and what parents must also do, so that the child generalizes what he learns in the session ofmatical learning.

3. The teacher (the school)

The school: first of all, the school must understand the pathology itself (autism) to better accommodate the child.

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The teacher: In this regard, today's teachers, trained as they are in social-constructivist teaching and inclined to discovery pedagogy (Giroux and Forget et al., 2001), are not initially good candidates to welcome autistic students into their classes and integrate them, we must train them, help them with task planning, organize the work space. We have moved to our patients' institutions and we have encouraged teachers to accept the slow pace of execution of our patients, and to avoid the "mothering" and consider the autistic child first and foremost as a student. As with the parents, a notebook was put between the therapist and the teacher to control the evolution of the autistic child, In their educational effort, Parents are too isolated. The family and the school must be one: there cannot be two educational projects, but one, integrated, unified, consolidated.

4. Social auxiliary

Accompaniment by an educator, in short an accompaniment modulated according to each child, is a necessary measure for a sustainable integration, because the teacher cannot manage the children alone, the role of the educator with this category of children is to adapt the work to the child and for example by reformulating the instruction, his role is also to guide the child in class (verbal accompaniment, accompaniment of the gesture), but especially it is necessary to channel visual/auditive attention, To understand the instruction, and to complete the exercise.

All work must be done with a multidisciplinary team to ensure successful academic support.

A final point is that of a certain paradox inherent in the notion of the inclusion of disabled students in regular classes. It is not certain that an ordinary class that integrates all the educational and behavioral strategies necessary for this inclusion can be called an "ordinary" class. It will appear rather extraordinary For having been able to modulate its pedagogical practices and accommodate all these children, and their differences.

V. INVOLVEMENT OF PRACTICE

Through this research, it is interesting to note that this method has been very effective for my patients, and it has allowed a good integration for the autistic child.

By using this methodology, we ensure a lasting integration, Thus, we can observe a relative satisfaction that parents have. They observe several improvements in their child, especially in academic skills, in reading. They strongly emphasize the competence of teachers and the relationships they have had with them, as well as with the school principal.

With this, we can suggest, our work plan for all practitioners is more of a guidance for parents, and for the autistic child. The young age plays a crucial role in the child's learning.

VI. CONCLUSION

As we have seen in this article, autism is a neurodevelopmental disorder that affects an individual's life span. But the fact that autism is an incurable disorder is not synonymous with the exclusion of autistic children from the general education system, especially when these children could benefit from inclusive education, education alongside their developing peers. In this process of school integration of autistic children, teachers undoubtedly play an important role and can improve the understanding of the "autistic culture", as some researchers call it, among typically developing children and their families.

The global aspect of autism requires a comprehensive educational program of a very special kind; it requires the partnership between the educational team and the therapeutic team for a school integration adapted to the particular needs of each child.

In addition, children with autism can in turn experience feelings of acceptance and belonging and overcome the difficulties of autism. Children with autism can develop many skills if they receive the support they need.

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