



LANGUAGE TEACHING IN THE WORLD OF AUTISM

Centro Universitario Angloamericano

Research Paper

Living with an autistic person means understanding their world. We have to provide an autistic child a language that allows them to interact with the world and find a meaning in life.

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January, 2012

ABSTRACT

This paper contains a research on the teaching of language to autistic children. This paper involves documenting the significance of language as a whole. Besides, it acknowledges the process of acquiring the first language and meaning of the second language learned by a person who has no cognitive disorders. It is included the theoretical framework of autism, the common traits developed by an autistic child, classifications, diagnosis and treatment process. Also, this report shows the findings of the research on existing methods of teaching of language to autistic children.

INTRODUCTION

This paper deals with the teaching of language in the world of autism. How can we teach any language to an autistic child?

The main objective of this research is to find the method of teaching a language to autistic children.

I am interested in this topic because autistic children face a big problem: living in a world where they feel like strangers, aliens or foreigners. How difficult and how suffering may they live as being misunderstood, because their world is different and they are different.

Perhaps we are not enough aware of it, but we have the ability to practice empathy and help them to develop a relationship with our world.

This study was based on research of teaching methods for autistic children employed in the United States and Spain.

1. LANGUAGE

1.1. Definition.

Language may refer either to the specifically human capacity for acquiring and using **complex systems of communication**, or to a specific instance of such a system of complex communication. The scientific study of language in any of its senses is called linguistics.

The approximately 3000–6000 languages that are spoken by humans today are the most salient examples, but natural languages can also be based on visual rather than auditory stimuli, for example in sign languages and written language. Codes and other kinds of artificially constructed communication systems such as those

used for computer programming can also be called languages. **A language in this sense is a system of signs for encoding and decoding information.** The English word derives ultimately from Latin lingua, "language, tongue", via Old French. When used as a general concept, "language" refers to the **cognitive faculty that enables humans to learn and use systems of complex communication.**



"The Tower of Babel" by Pieter Bruegel the Elder. Oil on board, 1563.

The Tower of Babel symbolises the division of mankind by a multitude of tongues provided through divine intervention.

Language as a communication system is thought to be fundamentally different from and of much higher complexity than those of other species as it is based on a complex system of rules relating symbols to their meanings, resulting in an indefinite number of possible innovative utterances from a finite number of elements.

The word "language" has at least two basic meanings: language as a general concept and "a language" (a specific linguistic system, e.g. "French" or "English"). In French, the language used by Ferdinand de Saussure, who first explicitly formulated the distinction, uses the word *langage* for language as a concept and *langue* as the specific instance of language.

1.2. Language acquisition and learning

All healthy, normally-developing human beings learn to use language.

Children acquire the language or languages used around them – whichever languages they receive sufficient exposure to during childhood. The development is essentially the same for children acquiring signed or spoken languages. This learning process is referred to as first-language acquisition, since unlike many other kinds of learning it requires no direct teaching or specialized study. In *The Descent of Man*, naturalist Charles Darwin called this process, "an instinctive tendency to acquire an art."

Language acquisition is the process by which humans acquire the capacity to perceive and comprehend language, as well as to produce and use words to communicate. The capacity to successfully use language requires one to pick up a range of tools including syntax, phonetics, and an extensive vocabulary. This language might be vocalized as with speech or manual as in sign. Language acquisition, as it is mentioned above, usually refers to first language acquisition, which studies infants' acquisition of their native language. This is distinguished from second language acquisition and foreign language learning, which deals with the acquisition and learning (in both children and adults) of additional languages.

The capacity to acquire and use language is a key aspect that distinguishes humans from other organisms. Although it is difficult to pin down what

aspects of language are uniquely human, there are a few design features that can be found in all known forms of human language, but that are missing from forms of animal communication.

It is crucial to the understanding of human language acquisition that we are not limited to a finite set of words, but rather must be able to understand and utilize a complex system that allows for an infinite number of possible messages. So, while many forms of animal communication exist, they differ from human languages in that they have a limited range of non-syntactically structured vocabulary tokens that lack cross cultural variation between groups.

A major concern in understanding language acquisition is: how these capacities are picked up by infants from what appears to be very little input. Input in the linguistic context is defined as "All words, contexts, and other forms of language to which a learner is exposed, relative to acquired proficiency in first or second languages" It is difficult to believe, considering the hugely complex nature of human languages, and the relatively limited cognitive abilities of an infant, that infants are able to acquire most aspects of language without being explicitly taught. Children within a few years of birth understand the grammatical rules of their native language without being explicitly taught, as one learns grammar in school. A range of theories of language acquisition have been proposed in order to explain this apparent problem. These theories include innatism, relational frame theory, functionalist linguistics, social interactionist theory, usage-based language acquisition, behaviorism, emergentism, generativism, empiricism, statistical learning, chunking.

1.3. Language development

According to several linguists, neurocognitive research has confirmed many standards of language learning, such as: "learning engages the entire person (cognitive, affective, and psychomotor domains), the human brain seeks patterns in its searching for meaning, emotions affect all aspects of learning, retention and recall, past experience always affects new learning, the brain's working memory has a limited capacity, lecture usually results in the lowest degree of retention, rehearsal is essential for retention, practice [alone] does not make perfect, and each brain is unique" (Sousa, 2006, p. 274).

Recent advances in functional neuroimaging technology have allowed for a better understanding of how language acquisition is manifested physically in the brain. Language acquisition almost always occurs in children during a period of rapid increase in brain volume. At this point in development, a child has much more neural connections than he or she will have as an adult, allowing for the child to be more able to learn new things than he or she would be as an adult.

First language acquisition proceeds in a fairly regular sequence, though there is a wide degree of variation in the timing of particular stages among normally-developing infants:

Average Age	Language Development
6 months	Cooing, changes to distinct babbling by introduction of consonants.
1 year	Beginning of language understanding; one-word utterances.
12–18 months	Single word use; repertoire of 30-50 words (simple nouns, adjectives, and action words), which cannot as yet be joined in phrases but are used one at a time, does not use functors (the, and, can, be) necessary for syntax, but makes good progress in understanding.
18–24 months	Two-word (telegraphic) phrases ordered according to syntactic rules; vocabulary of 50 to several hundred words; understands propositional rules.
2 years	New words every day; three or more words in many combinations; functors begin to appear; many grammatical errors and idiosyncratic expressions; good understanding of language.
3 years	Full sentences; few errors; vocabulary of around 1,000 words.
4 years	Close to adult speech competence.

2. THE WORLD OF AUTISM

2.1. Meaning of Autism

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, **communication difficulties**, and restricted, repetitive, and stereotyped patterns of behavior. Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, and childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS). Although ASD varies significantly in



character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group. Experts estimate that six children out of every 1,000 will have an ASD. Males are four times more likely to have an ASD than females.

Autism causes kids to experience the world differently from the way most other kids do. It's hard for kids with autism to talk with other people and express themselves using words. Kids who have autism usually keep to themselves and many can't communicate without special help.

They also may react to what's going on around them in unusual ways. Normal sounds may really bother someone with autism — so much so that

the person covers his or her ears. Being touched, even in a gentle way, may feel uncomfortable.

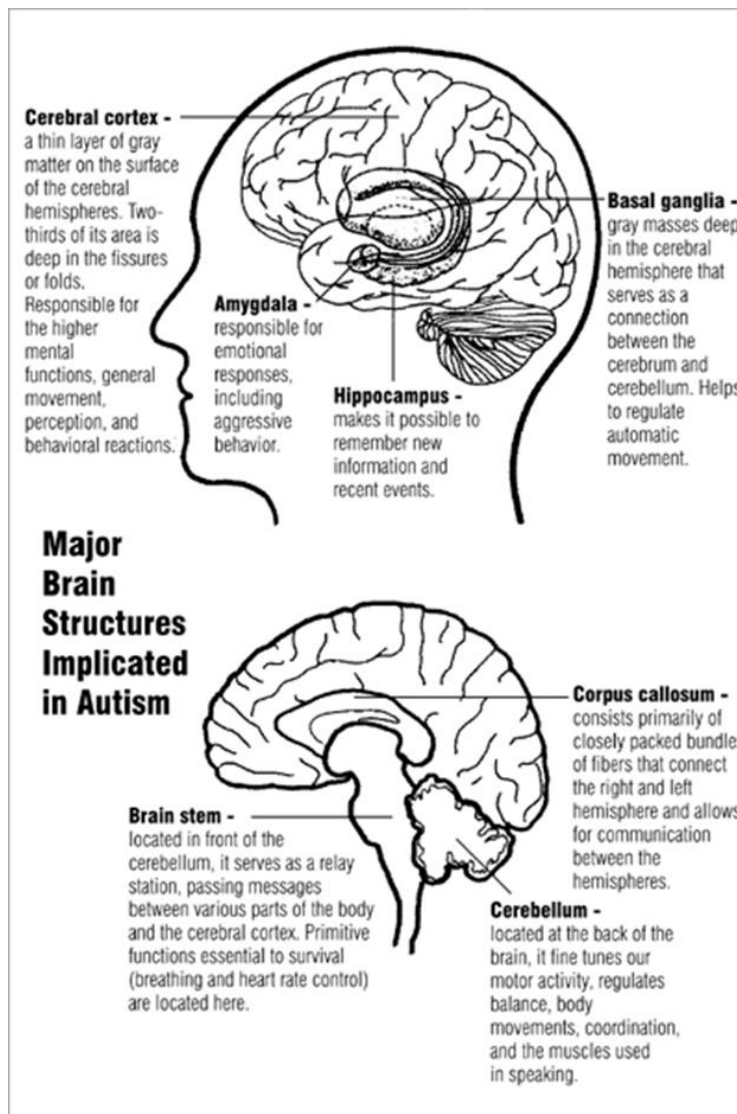
Kids with autism often can't make connections that other kids make easily. For example, when someone smiles, you know the smiling person is happy or being friendly. But a kid with autism may have trouble connecting that smile with the person's happy feelings.

A kid who has autism also has trouble linking words to their meanings. Imagine trying to understand what your mom is saying if you didn't know what her words really mean. It is doubly frustrating then if a kid can't come up with the right words to express his or her own thoughts.

Autism causes kids to act in unusual ways. They might flap their hands, say certain words over and over, have temper tantrums, or play only with one particular toy. Most kids with autism don't like changes in routines. They like to stay on a schedule that is always the same. They also may insist that their toys or other objects be arranged a certain way and get upset if these items are moved or disturbed.

If someone has autism, his or her brain has trouble with an important job: **making sense of the world**. Every day, your brain interprets the sights, sounds, smells, and other sensations that you experience. If your brain couldn't help you understand these things, you would have trouble functioning, talking, going to school, and doing other everyday stuff. Kids can be mildly affected by autism, so that they only have a little trouble in life, or they can be very affected, so that they need a lot of help.

2.2. Causes



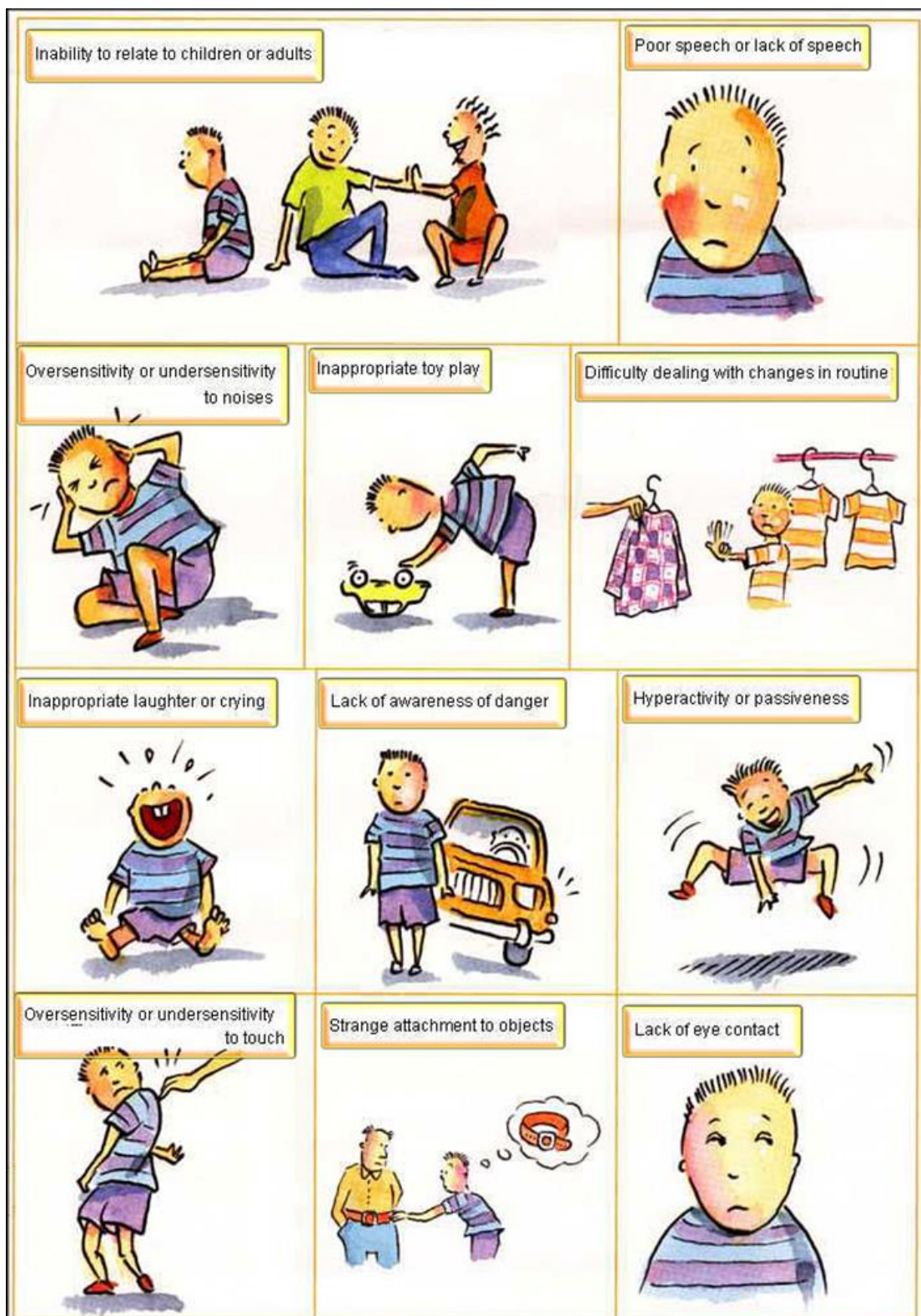
Autism affects about 1 in every 150 kids, but no one knows what causes it. Some scientists think that some kids might be more likely to get autism because it or similar disorders run in their families. Knowing the exact cause of autism is hard because the human brain is very complicated.

The brain contains over 100 billion nerve cells called neurons. Each neuron may

have hundreds or thousands of connections that carry messages to other nerve cells in the brain and body. The connections and the chemical messengers they send (called neurotransmitters) let the neurons that help you see, feel, move, remember, and work together as they should.

For some reason, some of the cells and connections in the brain of a kid with autism -especially those that affect communication, emotions, and senses- don't develop properly or get damaged. Scientists are still trying to understand how and why this happens.

2.3. Common traits



ASD varies widely in severity and symptoms and may go unrecognized, especially in mildly affected children or when it is masked by more debilitating handicaps. Very early indicators that require evaluation by an expert include:

- no babbling or pointing by age 1
- no single words by 16 months or two-word phrases by age 2
- no response to name
- loss of language or social skills
- poor eye contact
- excessive lining up of toys or objects
- no smiling or social responsiveness.

Later indicators include:

- impaired ability to make friends with peers
- impaired ability to initiate or sustain a conversation with others
- absence or impairment of imaginative and social play
- stereotyped, repetitive, or unusual use of language
- restricted patterns of interest that are abnormal in intensity or focus
- preoccupation with certain objects or subjects
- inflexible adherence to specific routines or rituals.

2.4. How is autism diagnosed?

Figuring out if a kid has autism can be difficult. A parent is usually the first to suspect that something is wrong. Maybe the kid is old enough to speak but doesn't, doesn't seem interested in people, or behaves in other unusual ways. But autism isn't the only problem that can cause these kinds of symptoms. For example, kids who have hearing problems might have trouble speaking, too.

Usually, the results of lab tests and other medical tests are normal in kids with autism, but doctors may do them to make sure the kid doesn't have other problems. These medical tests can include blood and urine tests, a hearing exam, an EEG (a test to measure brain waves), and an MRI (a picture that shows the structure of the brain). Intelligence (IQ) tests also might be done.

Often, specialists work together as a team to figure out what is wrong. The team might include a pediatrician, a pediatric neurologist, a pediatric developmentalist, a child psychiatrist, a child psychologist, speech and language therapists, and others. The team members study how the child plays, learns, communicates, and behaves. The team listens carefully to what parents have noticed, too. Using the information they've gathered, doctors can decide whether a child has autism or another problem.

2.5. Treatment

There is no cure for ASDs. Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that meet the specific needs of individual children. Most health care professionals agree that the earlier the intervention, the better.

- Educational/behavioral interventions: Therapists use highly structured and intensive skill-oriented training sessions to help children develop social and language skills, such as Applied Behavioral Analysis. Family counseling for the parents and siblings of children with an ASD often helps families cope with the particular challenges of living with a child with an ASD.

- Medications: Doctors may prescribe medications for treatment of specific autism-related symptoms, such as anxiety, depression, or obsessive-compulsive disorder. Antipsychotic medications are used to treat severe behavioral problems. Seizures can be treated with one or more anticonvulsant drugs. Medication used to treat people with attention deficit disorder can be used effectively to help decrease impulsivity and hyperactivity.
- Other therapies: There are a number of controversial therapies or interventions available, but few, if any, are supported by scientific studies. Parents should use caution before adopting any unproven treatments. Although dietary interventions have been helpful in some children, parents should be careful that their child's nutritional status is carefully followed.

3. EDUCATION FOR AUTISM

3.1. Classification of Autism for education

The manifestations of autism cover a wide spectrum, ranging from individuals with severe impairments—who may be silent, mentally disabled, and locked into hand flapping and rocking—to high functioning individuals who may have active but distinctly odd social approaches, narrowly focused



interests, and verbose, pedantic communication. In terms of both classification and therapy, autistic individuals are often divided into those with an $IQ < 80$ referred to as having "**low-functioning autism**" (LFA), while those with $IQ > 80$ are referred to as having "**high-functioning autism**" (HFA). Low and high functioning are more commonly applied to how well an individual can accomplish activities of daily living, rather than to IQ. The terms low and high functioning in autism are controversial and not all people living with autism accept these labels. Because the behavior spectrum is continuous, boundaries between diagnostic categories are necessarily somewhat arbitrary. Sometimes the syndrome is also divided into three: **low-, medium- or high-functioning autism (LFA, MFA, and HFA)**, these subdivisions are not standardized and are also controversial.

Limited grammar and an impulsive sensitivity to stimulus are often thought to be typical of low-functioning autism, as is a strong visual processing preference. When designing educational programs for students with autism labeled as severely disabled, professionals and family members are

advised to consider that programs for a particular student is to be specifically determined through the individualized education program (IEP) process. There is no IEP for people who are low-functioning versus people who are high-functioning. There are only IEPs for each individual student. Individualized programs must explain approaches for providing the student with acceptable and understandable ways of communication, teaching situation-appropriate social behaviors, and providing experiences that satisfy sensory needs by promoting desensitization or reducing sensory overload in specific settings and situations:

Behavior & emotional problems - Children with mental challenges are more likely to exhibit behavior and emotional problems than their peers. Rejection often results from peers' perception of the inappropriate nature of explicit behavior rather than academic incompetence. Therefore, the teachers should emphasize integration efforts and focus on the need for instruction in social skills and social competence. Cooperative learning strategies can be very effective.

Concrete concepts - Students with mild mental disabilities work better with physical concepts rather than with thinking, have difficulty with short-term memory and in organizing information for later recall, and find it difficult to simplify to a variety of situations.

Achievement - Academically, low functioning children lag behind in achievement for their age expectations. Typically, students with mental challenges are three to four years behind their peers without disabilities and may manage from a second to a sixth-grade level of achievement upon completion of formal education.

Locus of control theory - is a concept in between psychology and sociology, related to where individuals approach responsibility, choice, and

control for events in their lives. It distinguishes between two common paths which place the actual control either internal or external to the person themselves. This decision, which is not usually within conscious awareness, strongly influences motivation and a sense of self direction and psychological integrity on the one hand (if seen as something outside the control of the person themselves), and supports notions of helplessness, blame, and lack of psychological potency. Train children with autism to be aware of the importance of attention and to learn how to actively monitor its occurrence in his or her own learning efforts. The concept of attention can be broken down into attention span (length of time on task); focus (to restrain from distracting or unforeseen stimuli); and selective attention (the discrimination of important stimulus characteristics).

Physical problems - Physically, some children with mild mental disabilities are below average in height, weight, and skeletal maturity. Many of these children display coinciding physical problems.

Functional skills - Students with mild mental challenges can reach academic goals, even though it may take them longer than other students to do so. **Children with severe autism can acquire basic communication skills, both oral and written.** The teacher should emphasize functional achievement (adaptive skills) that will help students become financially and socially independent adults. Frequent practice and reinforcement can help students acquire appropriate social response acquisition.

Mediation processes – The use of the mediation processes can help children in problem solving, retention, or recall. Such processes or strategies are verbal.

Children with low-functioning autism do not control their behavior while out in public. They can be violent and for no apparent reason, to the rest of us, attack someone and then passive again a few minutes later. These children do not acquire the communication necessary for holding a conversation with strangers, and the skills therapists provide is very limited. There has been surprisingly little research investigating the causes for the language and learning difficulties in low functioning autism. About half of all autistic children are mute, and those who speak often only repeat what they have heard. It is estimated that fifty percent of individuals with autism develop purposeful communicative language.

3.2 Speech and language problems in Autism Spectrum Disorders

Problems with speech and language are one of the defining characteristics of the Autism Spectrum Disorders. However, the difficulties that individuals with autism have with speech and language are very heterogenous and probably have a number of different causes or contributing factors, even in the same individual. Any actual assessment and treatment plan of any particular individual needs to be enough detailed and follow much more detailed logic.

RESULTS

1. Individualized maps of abilities and disabilities

It was founded that in John Hopkins Medical Institution, in Baltimore Maryland, Barry Gordon, Md., PhD., and his colleagues have been trying for some time both to investigate the speech and language problems that can occur in autism and to develop possible treatments for them. In addition, he is the father of a nonverbal 14 year old with autism. What follows is a general overview of his perspective, as Neurologist, on these problems and how they can be assessed and approached for what treatment is possible:

Normal Speech and Language

The fullest expression of normal human speech and language requires the desire or intent to communicate something. Also, in its fullest form, it also requires an appreciation of what the other individual understands about a situation and how they are supposed to react to what is being communicated. As the next stage beyond the formulation of an intent or goal in communication, speech and language normally require a mental representation of the message (semantics), next, a representation of the message in terms of words (mentally), and, finally, an articulation of the mental words as physical sounds (articulation of speech). Other ways of expressing mental words are possible, such as gesture (including sign language) or typing. Messages may also have an emotional component that, in English, is signaled by changes in the volume or pitch. Comprehension of speech and language is normally done through sound. This requires paying attention to the sounds, then being able to decipher the sounds in terms of words, then being able to understand the words in terms of intended meanings, and, finally, appreciating the meanings in terms of intentions, actions, or what have you. Vision (perception of gestures and signs or of

printed words) and touch (Braille) can also be used as alternative or additional routes into the perception of letters and words.

Impairments in Individuals with Autism

Individuals with autism can have problems with any or all of these aspects involved in producing or understanding speech and language. In particular, for example, because of their deficits in appreciating social situations, they may not feel any need to communicate and may very well not have any understanding of how other people might respond to a communicated message. Individuals with autism frequently appear to have deficits in paying attention to auditory information. They frequently have to be trained to pay attention to sounds. Even when they are paying attention, many individuals with autism seem to have difficulty in decoding what sounds mean and in matching them to words or thoughts. In some individuals with autism, this may be because they actually have difficulties with words and thoughts themselves. In others, it may be more because of a mapping problem. Individuals with autism frequently have difficulties with articulation, often as part of a broader problem of difficulty with oral-motor functions (movements of the lips and tongue and associated breath control). On the plus side, however, individuals with autism are frequently very good with paying attention and appreciating visual materials. Therefore, the visual route is often one way of getting access to their minds and giving them a way of expressing themselves, in turn.

Construction of individualized maps of abilities and disabilities

In any given individual, which particular problems they have and which problems are hampering them most in any particular stage of development can only be determined by a careful assessment. Standardized testing can help to some extent, but it requires careful administration and interpretation, in part, because many standardized tests were not developed with a consideration of the kinds of deficits that individuals with autism may have. Therefore, both the administration and the interpretation of such tests may be

problematic because of the unusual pattern of performance. To give just one example, because of their markedly restricted interests, individuals with autism may only rarely show any particular verbal ability and may never show the ability when placed in an unusual testing situation with an unfamiliar examiner. In such a case, the reports of parents and teachers who are more familiar with the child's capabilities can provide an important clue to what is possible for them and what is not.

In our research and educational program, we try to construct for each child an individualized map of their abilities and disabilities. Is the child aware that he or she is being spoken to? Do they ever try to communicate by any means? Are they echolalic (that is, do they repeat sounds or words spoken to them)? Echolalia, for example, is a clue that the child can perceive speech and articulate speech, so any problems that they may be having with speech and language must be beyond those levels.

Treatment

Individuals with autism may have problems impeding their development of speech and language that are well outside the scope of traditional speech and language therapy (such as social deficits) or, at the very least, in the very frontiers of clinical knowledge as to appropriate treatment (developmental articulation disorders). Parents and teachers are confronted by a bewildering range of options and apparent philosophies of treatment of these individuals. However, what really matters most is the empathy, energy, and flexibility of the particular therapist or therapists. In many cases, for example, therapists with seemingly very different philosophies will have surprisingly similar treatment plans because of the realities of the particular individual they deal with.

2. Speech Therapy

It exists also the speech therapy, a type of therapy that focuses on improving vocal communication and speech.

The goal of speech therapy is to improve all aspects of communication. This includes: comprehension, expression, sound production, and social use of language. Speech therapy may include sign language and the use of picture symbols. At its best, a specific speech therapy program is tailored to the specific weaknesses and the environment of the individual child. Unfortunately, it can be difficult to create a child-specific, evolving, long-term speech therapy plan.

The National Research Council describes four aspects of beneficial speech therapy:

1. Speech therapy should begin early in a child's life and be frequent.
2. Therapy should be rooted in practical experience in the child's life.
3. Therapy should encourage spontaneous communication.
4. Any communication skills learned during speech therapy should be generalizable to multiple situations.

Thus, any speech therapy program should include practice in many different places with many different people. In order for speech therapy to be most successful, caregivers should practice speech exercises during normal daily routines in the home, school, and community. Speech therapists can give specific examples of how best to incorporate speech therapy throughout a child's day.

Speech therapy sessions will vary greatly depending upon the child. If the child is younger than three years old, then the speech therapist will most likely come into the home for a one-hour session. If the child is older than three, then

therapy sessions will occur at school or in the therapist's office. If the child is school age, expect that speech therapy will include one-on-one time with the child, classroom-based activities, and consultations between the speech therapist and teachers and parents.

The sessions should be designed to engage the child in communication. The therapist will engage the child using games and toys chosen specifically for the child. Several different speech therapy techniques and approaches can be used in a single session or throughout many sessions

Speech and language therapy may include tools and strategies called augmentative and alternative communication (AAC). These tools can be very helpful for children with little or no verbal communication skills. For example, a picture exchange communication system allows the child to communicate using pictures.

Children with autism not only may have trouble communicating socially, but may also have problems behaving. These behavioral problems are believed to be at least partially caused by the frustration associated with the inability to communicate. Speech therapy is intended to improve social communication skills, and teach the ability to use those communication skills as an alternative to unacceptable behavior.

Many scientific studies demonstrate that speech therapy is able to improve the communication skills of children with autism. Parents reported improvements in social play, confidence, and behavior at home and at school with speech therapy. The most successful approaches to speech therapy include components of early identification, family involvement, and individualized treatment.

There are many different approaches to speech therapy and most of them are effective.

Healing Thresholds is a free website dedicated to healing the lives of families touched by autism. It provides comprehensive therapy fact sheets, daily updates of research and news, and a global directory of autism therapists in Illinois. The table below summarizes some of the different approaches. In most cases a speech therapist will use a combination of approaches in a program:

Type of Speech Therapy	Definition
Augmentative and alternative communication (AAC)	<p>Broad term for forms of communication that supplement or enhance speech, including electronic devices, picture boards, and sign language.</p> <p>Some children with autism do not imitate the sounds of others. For these children, several speech therapy methods may help them learn to speak. AAC is often the first strategy to help them learn enough communication to be able to have some social interactions. There are five other methods that may also help these children: 1) avoid pressuring children to speak, and use puppets and play as encouragement instead; 2) imitate the child and they may start imitating others; 3) use exaggerated sounds and speak slowly; 4) use visual feedback and touch to help teach skills; and 5) add exercises for mouth movements that are specific to speech.</p>
Discrete trial training	<p>Therapy that focuses on behavior and actions. Training that focuses on a single cycle of a behaviorally-based instruction routine, or in other words, one round of trying a behavior.</p>
Facilitated communication	<p>Technique that involves a facilitator who places his hand over the patient's hand, arm or wrist. For example, the facilitator and patient place their hands on a board or keyboard with letters, words, or pictures and communicate the patient's thoughts, some of which can be quite complex.</p>

Type of Speech Therapy	Definition
Functional communication training (FCT)	Use of positive reinforcement to motivate the child to communicate. AAC intervention meant to reduce problem behaviors by teaching a child to use communication symbols or words written on cards to get across their needs and wants. For example, a child holds a card printed with "I don't want to do this."
Generalized imitation	<p>Child is encouraged to mimic the therapists mouth motions before attempting to make the sound.</p> <p>Theory that a young child learns by first imitating behavior of others around them, and then gradually learns to use the behavior on their own. Imitation is usually reinforced when people they are imitating give them praise and smiles for their good behavior.</p>
Mand training	<p>Use of prompts and reinforcements of independent requests for items (referred to as mands).</p> <p>Form of behavioral training that uses prompting and reinforcing requests for items (referred to as mands). For example, teaching someone to clap hands to ask for a glass of milk is mand training.</p>
Motivational techniques	therapy techniques that focus on following the child's lead and capitalize on the child's desire to respond
Peer mentors/circle of friends	<p>Children who are trained to interact with their peers for specific tasks. For example, children may be trained to work with a child with autism.</p> <p>Program designed to include an entire classroom in the process of creating a web of friendships for a child.</p>
Picture exchange communication system (PECS)	A form of alternative and augmentative communication (AAC) that uses pictures instead of words to help children communicate. PECS was designed especially for children with autism who have delays in speech development.

Type of Speech Therapy	Definition
Relationship development intervention (RDI)	Relationship Development Intervention™ is a treatment program that centers on the belief that individuals with autism may participate in authentic emotional relationships if they are exposed to them in a gradual, systematic way.
Sign language/total communication	Language of hand shapes, movements, and facial expressions (especially useful for ages 0 to 3)
Story scripts/social stories	Social stories are used to teach social skills to children with autism. A social story is a simple description of an everyday social situation, written from a child's perspective. Social stories can be used in different situations. For example, social stories can help a child prepare for upcoming changes in routine, or learn appropriate social interactions for situations that they encounter. The idea is that the child rehearses the story ahead of time, with an adult. Then, when the situation actually happens, the child can use the story to help guide his or her behavior.

3. Teaching the first language as a second language acquisition

In order to improve his grammar knowledge, the autistic child can be supported in the first language acquisition by using the same teaching methods and techniques used for an adult when acquires a second language. This program has been developed in Spain.

CONCLUSIONS

Living with an autistic person means understanding their world. We must put aside our expectations of them to respond to our language and way of communicating. To feel understood, the autistic child needs always our empathy. This means entering in their world and interact with them by considering their own abilities.

By means of this research, I realized that all efforts we make to provide an autistic child a language that allows them to interact with the world should help them to find a meaning in life. So, any method, therapy and technique used must be designed in an individualized form.

Fortunately, there are different methods and therapies to help, to support and to educate an autistic child.

BIBLIOGRAPHY

- <http://autism.healingthresholds.com/about-us>. Healing Thresholds. Autism Therapy:Speech Therapy. 2009.
- http://www.brighttots.com/Autism/Low_Functioning_Autism. Bright Tots.
- <http://en.wikipedia.org/wiki/Autism>
- http://en.wikipedia.org/wiki/First_language
- <http://en.wikipedia.org/wiki/Language>
- http://en.wikipedia.org/wiki/Language_acquisition
- http://en.wikipedia.org/wiki/Second_language_acquisition
- <http://www.grin.com/en/e-book/78073/the-acquisition-of-two-mother-tongues-early-childhood-bilingualism>. The acquisition of two mother tongues - Early childhood bilingualism. Scholarly Paper (Seminar), 2003, 22 Pages.
- http://kidshealth.org/kid/health_problems/brain/autism.html#. Kids Health. Reviewed by: Steven Dowshen, MD. Date reviewed: August 2009. Originally reviewed by: Wendelin A. Burdo-Hartman, MD
- <http://www.statcan.gc.ca/concepts/definitions/language-langue01-eng.htm>
- <http://www.worldofautism.com/>. World of Autism. Speech and Language Problems in Autism Spectrum Disorders. Barry Gordon, MD, PhD The Johns Hopkins Medical Institution.