

AN OVERVIEW OF THE COMPREHENSIVE AUTISM AND RELATED DISABILITIES EDUCATION AND TRAINING ACADEMY, NIGERIA

INTRODUCTION

My name is Lola Aneke. I'm a special education consultant and the Executive Director at the Comprehensive Autism and related Disabilities Education and Training (C.A.D.E.T.) Academy, a special needs education program located in Abuja, Nigeria, but serving a global community.

Our vision at the C.A.D.E.T. Academy® is to become a world class provider of high quality special education training solutions for children with Autism Spectrum Disorders or related special needs, and their families in Africa, at par with international best practices. We believe that every child in Africa deserves a world class education despite their ability. Our mission therefore, is to ensure that no child is left behind in terms of quality education.

For this reason, our goal is to educate, inspire, train and support exceptional children and their families, professionals and caregivers in Nigeria and in Africa with the right information and resources needed to excel in the 21st Century.

BACKGROUND

A child is an important source of joy to families. Children have the potential to grow into adults who could make meaningful contributions to the human society. For this reason, education forms a basic foundation for shaping the future of children. Some children have however, been noted to imbibe knowledge and skills taught to them at much slower pace compared to other children of the same age bracket. Children or adults who fall into this category are known as persons with special needs.

Individuals with special needs include those who are mentally or physically challenged in one form or the other. The educational needs of these individuals cannot be met in an ordinary classroom with regular teaching methods. Their educational needs would require specialized approaches and sometimes specialized equipment in a special education setting (schools/classrooms). Special education settings are designed to accommodate each student's individual differences and needs.

WHO ARE SPECIAL NEEDS STUDENTS?

The term Special Needs is a short form of Special Education Needs and is a way to refer to persons with disabilities. Special needs in the educational setting comes into play whenever a child's educational program is officially altered from what would normally be provided to students through an Individual Education Plan (IEP) which is sometimes known as an Individual Program plan.

Special education is designed to address the students' individual differences and needs. Ideally, this process involves assessments, individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, accessible settings, and other interventions. This is aimed at helping learners with special needs achieve a higher level of personal self-sufficiency and success in school and in the society.

In Nigeria, the National Policy on Education (2004) defines special education as:

The education of children and adults who have learning difficulties because of different kinds of disabilities such as blindness, partial sightedness, deafness, hardness of hearing, mental retardation, social maladjustment and limb deformity or malformation, due to

*circumstances of birth, inheritance, social position,
and physical health patterns, or accident in latter life.*
(National Policy on Education, 2004)

This definition is similar to the United States Individuals with Disabilities Education Act (IDEA) which states that special education is education which involves specially designed instructions to meet the unique needs of people with disabilities. Although there are various forms of special needs in children and adults, one of the most popular is Autism.

WHAT IS AUTISM?

Autism or Autism Spectrum Disorder (ASD) refers to a spectrum of disorders which include Pervasive Developmental Disorder not otherwise specified (PDD-NOS), Autism Disorder, and Asperger's Syndrome. This spectrum of disorders is characterized by severe and pervasive impairments in several areas of development such as reciprocal social interaction skills, communication skills, or the presence of stereotyped behaviour, interests and activities.

Autism is a complex developmental disability that typically appears during the first three years of life. This disability has the potential to delay normal development in children. Studies have shown that boys are 3-4 times more likely to be affected with autism than girls, and one child in every 500 may have some form of ASD. In addition, children with autism could have other disabilities such as mental retardation, fine motor delays, seizure disorders, attention deficit hyperactivity disorder (ADHD) and learning disabilities (LD). Individuals with autism may also experience sensitivities in the five senses of sight, hearing, touch, taste and smell.

Although there is no known single cause for autism, it is generally accepted that the condition is caused by some unusual structure or function in the

human brain. Brain scans have shown differences in the shape and structure of the brain of children with autism versus children without autism. In addition, researchers are investigating a number of theories, including the link between heredity, genetics and medical problems. Research has shown that in some families, there may appear to be a pattern of autism or related disabilities. This supports a genetic basis to the disorder, however, no single gene has been identified as causing autism.

In a similar vein, there is no known cure yet for autism. Meanwhile, therapies and behavioural interventions have been designed to remedy specific symptoms and are known to bring about substantial improvement. Thus, a typical treatment plan would involve medication, therapies, educational and behavioural interventions that meet the specific needs of individual children. Most professionals agree that the earlier the intervention for a child, the better the treatment.

CHARACTERISTICS OF AUTISM

Some of the known characteristics of autism are impairment in social interaction, which includes difficulty in staying focused, difficulty with social reciprocity and sensory processing. Others are impairment in communication which includes delayed or absence of language and communication skills and difficulty understanding abstract concepts. Additionally, individuals with autism may display restrictive, repetitive and stereotypic patterns of behaviour such as limited interest and inability to see the large picture while focusing on irrelevant details.

Furthermore, some persons with autism could display what is known as Autism Savant Syndrome. This is a condition which could lead to a demonstration of exceptional skills or brilliance in specific areas, such as rapid calculation, art, memory, or musical ability.

WHAT CAN THE GOVERNMENT DO?

As earlier mentioned, Nigeria has a National Policy on Education which outlines its policy guidelines for students with disabilities. However, it would be necessary for the Federal Government to implement these policies. Such policies could give special consideration to the development of inclusive classrooms and teaching aids to enhance the teaching and learning process of individuals with special needs. It would also encourage more people to train as special education professionals. This would ensure that students with disabilities are encouraged and motivated towards education. Also, special bursary and scholarships from the Education Trust Fund (ETF) could be allocated to cater for these category of students.

A SPECIAL NOTE TO PARENTS

For some parents, receiving a diagnosis of autism in their child could be quite devastating, but for some others it can be a relief to have a name for their child's unusual behaviour. Some parents may even become overwhelmed by fear and grief for the loss of the future they had hoped for their child. However, more often than not, these strong emotions could also motivate parents to find effective help for their children. Deciding to form or join a parent support and advocacy group, and talking to other parents may prove helpful. In any case, the diagnosis is important because it can open the doors to many services, and help parents learn about treatments that have benefited children with similar traits.

Parents are their children's first, best teachers. It is therefore advisable for them to be integral parts of the assessment and planning team for their children. The parent is in a position to know the child much better than the special education professional. Therefore, no one can better explain what

motivates, interests and comforts a child than his or her parents. This information is key to planning intervention for children with autism.

Furthermore, the role of parents is vital to the implementation of educational and developmental interventions in the home environment. The level of involvement and commitment of parents would enhance the probability of generalising the skills which the child learns at school or during intervention at home and other environments.

As a special education practitioner, an important point I want to make is that individuals with autism and related disabilities have the potential to grow and improve. Contrary to what some of people may have heard from various sources, autism can be managed effectively. However, it is important to find effective services, treatments, and education for children with autism as soon as possible.

It is encouraging to note that it is never too late to improve the overall quality of life for a child with autism. However, the earlier such children receive appropriate interventions, the better their chances of a normal adult life. In some cases, their progress through life may be slower than others, nevertheless they can still live happy and productive lives when given appropriate support and the right mix of interventions.

OUR STRATEGY

Special Education (Developing and Implementing Inclusive Teaching Practices). At the C.A.D.E.T. Academy®, we adopt a variety of research-based procedures for educating exceptional learners. These range from accommodating the students in a general education classroom, to carrying out intensive one-on-one homeschooling sessions. Our provision of special

education services depends on the extent of differences between the exceptional student and other typical students. It also depends on the resources available in the school, and most importantly, the choice of the parents.

We advise that for inclusion to be effective, the general education teacher needs to work in agreement as a co-teacher with a qualified special educator. This is in addition to acquiring special materials, equipment and methods. Co-teaching involves the collaborative planning, classroom support and consultation between the general educator and a special education teacher. This type of support may be reduced at the early primary school level because teaching strategies are still concrete, visual and rote. At the later primary school age, students with special needs would require more support because their instruction becomes more abstract and conceptual. At this point, some students may require more time in a pull-out resource situation, instead of more support in a regular education program.

Furthermore, in situations where three or more students are pulled-out for special education services, we recommend their placement in a self-contained classroom. There they would receive more intensive instruction to meet their specific educational and therapeutic needs in a small group. They could also be involved in selected mainstream activities and participate with other children in less restrictive settings. In all these, our primary consideration is how to best individualize the instructional program to meet each child's needs.

In any case, our special education teachers are trained to work with general education teachers to help identify alternative education strategies for the student before making a referral for special education evaluation.

Special Education Evaluation. The C.A.D.E.T. Academy® special education evaluation is a comprehensive assessment which we conduct to

examine a student's functioning in three primary areas namely, learning aptitude, basic academic skill development and personality/adjustment factors. This evaluation is normally conducted to determine whether a specific learning disability or other condition such as autism may be impacting a student's academic performance, and how the student learns best. This could form the basis for an appropriate intervention for the student.

Response to Intervention (RTI). RTI is a practice we have adopted from the United States for determining whether a child has a specific learning disability. This is a 3-tiered process which involves testing the child for change or lack of change in academic performance or behaviour as a result of instruction. In this process, the student first receives quality instruction in the general education classroom before a formal evaluation for special education services. As a result of the RTI evaluation, an Individualized Education Program (IEP) could then be developed for the student.

Individualized Education Program. On completion of a full special education evaluation, it becomes clear if a child is eligible for special education. Consequently, we develop an IEP for the child. The IEP is the document that describes the educational services a special needs student receives. This document spells out how a school (or a special education teacher) plans to meet the needs of such a student.

The IEP document normally contains a description of the unique characteristics or needs and present level of performance, the special services and modifications, and the annual goals and objectives or benchmarks related to the child's need. In the course of interacting with various schools in Nigeria, we have observed a common error which should be avoided; and this is the practice of basing the IEP of a child on available placement. This is a wrong

approach as the placement should rather be on the basis of a full evaluation/identification and a developed IEP.

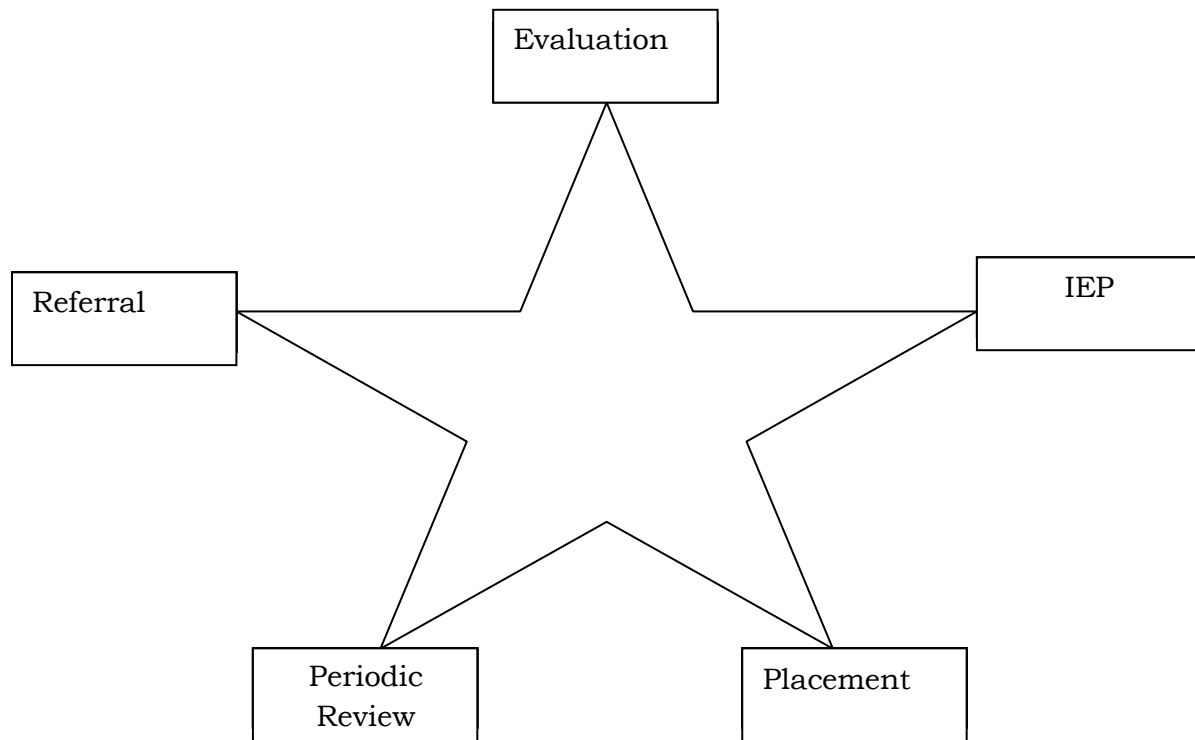
The IEP team normally should consist of the parents or a member of the family, the exceptional child (when required), a minimum of one regular education teacher, one special education teacher and any other supporting staff including providers of related services.

Progress Monitoring. In teaching children with ASD and related disabilities, we ensure that data is collected regularly and methodically for review so that appropriate intensity of services can be determined and progress of the child is monitored.

Parents/Family Involvement. At the C.A.D.E.T. Academy®, we believe that when parents become involved, children do better in school. This holds true with regard to parents and families who have children living with ASD and related exceptionalities. Therefore, we strongly recommend that parents should form an integral part of the assessment and planning team for their exceptional children.

We emphasize that parents are best positioned to provide very useful information about their child that may not otherwise be observed or known. They understand what motivates, interests and comforts their child more than any other person, and this information is crucial to our teacher's planning for the child. We also strive to create partnerships with parents in our educational process. Thus, we encourage the active involvement of parents in order to enhance the probability that the skills their child learned at school would be generalized to home and other out of school environments.

C.A.D.E.T. Academy® special education consists of a 5-step process:



1. **Referral** - The first step is the referral. You may already know or suspect that your child needs special education services. A referral may come from parents or guardians, medical professionals or teachers. At the C.A.D.E.T. Academy® we encourage parents, medical professionals or school teachers to make a referral for a child's special education to us by simply sending us an email. The email should include the "date", the specific phrase, "This is a referral for special education", the child's first and last name, the birth date, and a brief explanation of why you believe that the special education may be needed for the child.

2. **Evaluation** - The second step is evaluating whether the child qualifies for special education. Existing information may be enough for the parent(s) and the school to make that determination. We may ask you to share information about your child. Tests may be conducted or the child may be observed to get a

complete picture. Parent(s) will be notified about any test in writing, and their permission must be given before they are done.

3. **IEP Team Meeting** - The third step is the IEP team meeting, or series of meetings, to discuss the evaluation and make recommendations for placement. You the parent(s) is an important team member, and your attendance is crucial because you are an expert about your child. You have the right to ask that the meeting be held at a time that you will be able to attend. As an equal partner on the team, you are encouraged to actively participate, voice concerns and ask questions.

At the IEP meeting, any results of tests will be shared, and your child's strengths and needs will be discussed. It is decided that your child is eligible for special education, the team will provide an evaluation report, and prepare a written plan. You may need more time to read the reports and talk with others before you feel comfortable with your child's evaluation. Or write an education plan called the IEP. This is normal. You may also ask the school personnel to wait or set up another meeting until you are ready for the next step.

4. **Placement** - Placement is the 4th step in the process. Placement is done based on your child's IEP and taking into account what your child should be learning, that is the curriculum needs. The setting with the most appropriate special education and related services is called the Least Restrictive Environment (LRE). A child with a disability will ideally attend the same school as children without disabilities. Sometimes this is inappropriate, but the team will strive for the LRE as close as possible to home.

After the IEP meeting, the parents will be asked to sign a consent form before the child begins to receive special education for the first time. All school staff must follow the IEP. Throughout the year you should receive reports from the school about your child's progress towards his or her IEP goals. However, your child's teachers will also have to communicate with you along the way. Be

available and stay involved. This is a good way to share daily concerns, stay informed and build positive relationships with the people who care for your child every day.

5. **Periodic Review** - This is the final step. However, it is an ongoing step. Your child's IEP will be reviewed periodically to determine if services are appropriate, if the goals are being reached, or should be changed, and if any additional needs have occurred. This ensures that your child is receiving a combination of the best possible services to help him or her achieve their personal best. In addition, each special education student is re-evaluated for eligibility at least once every 3 years. Unless you and the school agree not to hold an evaluation.

Trainings and Workshops. The C.A.D.E.T. Academy® provides training seminars and workshops on various special education topics to teachers, school administrators, families and other caregivers. This is aimed at providing professional development for teachers and creating awareness in families. Our training topics underscore inclusion strategies for teaching special education in regular schools.

CONCLUSION

In the end, we hope that the C.A.D.E.T. Academy® emphasis on the inclusive approach will go a long way in curbing stigmatisation against people with autism and related disabilities. We believe that this approach will also enhance their chances of leading normal, inclusive and productive adult lives.

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