

Communication Skills of a Child with Autism Spectrum Disorder: A Case Study

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Abstract

As social beings, communication is imperative; thus, its study must be related to theories of social structure, social behavior, and human interaction. Successful communication can deepen and enrich relationships. This will be of great help to understand better the people and circumstances day by day. However, communication is quite challenging for those individuals who are affected by cognitive communicative disorders including people with autism spectrum disorders. This study aims to describe the communication skills of the child with ASD at home and in school and identify the different communication strategies and interventions employed to help the child improve his communication skills. The current research is a case study of an eight-year-old child with ASD, in addition to the participants involved; his caregivers such as his parents, special education teacher, and occupational therapist. The study shows that the child has difficulty articulating phrases and sentences that are common in autistic children's verbal repertoire: lexical, grammatical, morphological, and syntactic impairments that lead to a failure in the communicative task. The analysis of the data indicates that patients with ASD suffer also from different extra-linguistic problems which can be diminished through successful social interaction and effective therapeutic interventions.

Keywords: Autism; communication; caregivers (parents, SpEd teacher and therapist); strategies

INTRODUCTION

Autism Spectrum Disorder or also known as ASD is a neurodevelopmental condition characterized by marked deficits in social interaction and communication, and repetitive and rigid patterns of behavior and interests (DSM-5, 2013). It's long described as a pervasive developmental disorder that becomes apparent in early childhood and affects all aspects of a child's development in verbal and nonverbal communication skills. Some characteristics of Autism are repetitive or rigid language and conventional movements like clapping and tapping of fingers.

It is very common for children with ASD to have speech and language delays. It is usually one of the signs that a child has Autism and it manifests at the age of 3. When a child is having delays, he/she cannot or will have difficulty uttering words or even expressing his/her own emotions. Thus, they usually have tantrums or some sort of behavior as they cannot properly express themselves or address their emotions. As stipulated

in the American Psychological Association, atypical communication and social behaviors are typically the first warning signs of autism. These disturbances can be severe, with between 30 to 50% of people with ASD failing to develop speech and language skills that are adequate for normal communication. Research consistently indicates that children with autism express significant identifiable delays in language and communication development compared to other neurotypical children (Weismer et al., 2010).

In other words, the communication difficulties associated with Autism Spectrum Disorder are serious concerns that may pose a great challenge to the patients and caregivers such as parents, special education teachers, and therapists. Consequently, the communication challenges with individuals affected by ASD could be increasingly more complicated when there is a lack of appropriate and effective intervention strategies both in school and at home. According to Schopler (1971), children with ASD have unusual ways of processing information. He proposed that parents can and should provide therapy directly to their children at home.

It is for this purpose that this study aimed to describe the communication skills of the child with ASD in the classroom and at home. Furthermore, to identify different communication strategies that are reinforced in school, at home, and in clinics, if there are, that will help the child improve significantly in his/her communication skills. And finally, to provide opportunities that will encourage the child to practice expressive communication as he/she engages in social interactions with peers and family members. However, children diagnosed with ASD encounter difficulties and challenges in using language for communication, Neupane KG, 2020. ASD is a heterogeneous range of neurodevelopmental disorders that are characterized, as well as his parents, and communicative abilities and by restricted repetitive behaviors, Lai MC, Lombardo MV, Baron-Cohen S. Autism. Lancet. 2014.

Research Objectives

The purpose of this study is to allow the researchers to:

- describe the communication skills of the child with ASD at home and in school;
- identify the different communication strategies to help the child improve his communication skills; and
- encourage the child to practice expressive communication by engaging in social interactions with his peer/s and family members.

Theoretical Lens

This study is guided by the principles of Communication Accommodation Theory (CAT), a theory that focuses mainly on speech but then adapted to involve verbal and nonverbal communication (Hordila-Vatamanescu, 2010). Communication accommodation theory (CAT) is a general theoretical framework for both interpersonal and intergroup communication. It seeks to explain and predict why, when, and how people adjust their communicative behavior during social interaction (including mediated contact), and what social consequences might result from such adjustments Giles, (2016). The theory is about convergence and divergence in accommodation and says that communicators are likely to accommodate the person they are speaking with by adopting their mode of communication. This theory is observed in different contexts, particularly as in communication between parents and children. References must be listed at the end of the paper.

METHODOLOGY

This section presents the research design, participants, instrument, data measures and data analysis, and ethical considerations in conducting this research.

Research Design

This study is qualitative in nature, a case study. This is a case study that wanted to have an in-depth description and exploration of the real-life experiences of a child with autism, the conditions of the needs of the child in his communication through the eyes of parents, teacher, and therapist. According to Yin (2003) as cited by Baxter and Jack (2008) a case study design should be considered when: (a) the focus of the study is to answer “how” and “why” questions; (b) the researchers cannot manipulate the behaviour of those involved in the study; (c) researchers want to cover contextual conditions because it is believed they are relevant to the phenomenon under study; or (d) the boundaries are not clear between the phenomenon and context. This method satisfies the study’s objective which is to describe the communication skills to be able to address the needs of the child by identifying strategies to promote the development of his communication.

Participants

The primary participant of this study is an 8-year-old child with mild autism; with no cognitive and language impairment but with delays in expressive and receptive language. Hence, the inclusion of other participants - caregivers (the parents, the special needs teacher, and the occupational therapist). Including the participant’s caregivers, the researchers gained a broader scope of the real conditions of the communication skills of the child as they have immediate and direct interactions with the child. Their interviews provided in-depth descriptive information that the researchers cannot obtain from the limited time of observation of the child in different settings.

Data Analysis

This study used thematic analysis. It is a type of qualitative data analysis used in qualitative research methods to identify and analyze patterns, themes, and meanings within a dataset. It comprises systematic organizing and interpretation of data to uncover underlying themes and concepts. It is commonly used in social sciences, psychology, education, and other fields where researchers aim to gain insights into the subjective experiences, perceptions, and interpretations of individuals.

The process of thematic data analysis by Braun and Clarke (2006) mostly involves the following steps: (1) Familiarization with the data; (2) Coding; (3) Theme generation; (4) Reviewing and refining themes; (5) Defining and naming themes; (6) Data exploration and analysis; and (7) Interpretation and reporting.

Trustworthiness of the Study

Integrity and Transparency. Integrity and transparency are essential in the research, so any research-related communication was done with honesty and transparency. Any data and information obtained are strictly kept as is, and the researchers did not use any form of exaggeration or manipulation to their advantage. Furthermore, offensive, discriminatory, or other unacceptable languages were avoided in the formulation of the interview questions to ensure propriety and integrate respect for the research and participants.

Credibility. To assure that the data gathered are valid and reliable, pertinent information was gathered from interviews, observations are appropriate and properly documented.

Confirmability: The researchers assure that all data collected are checked and rechecked and documented accurately. Manual verification was observed to assure that there was no participant researcher bias.

Ethical Considerations

The participants' well-being and protection are imperative for this study. With this, the researchers imposed these ethical considerations:

Anonymity and Confidentiality. The participants' profiles and privacy are considered of great significance by the researchers. These identifying details remained anonymous to guarantee the protection of the participants in accordance with the Data Privacy Act of 2012. The participants are granted permission to attain a copy of their individual responses from the interview but are restricted from accessing other participants' survey results.

Informed Consent. The awareness of the safety and rights of the participants is the primary concern of this study. The participants were provided with full consent to certify that there was no involuntary participation. Moreover, they were informed about the purpose of their involvement through letters and orientations.

Risk and Benefits. Should there be unusual changes in the participant's behavior and/or emotions, the researchers should provide assistance as they remain updated on their conditions. The participants had the choice to withdraw from the interview at any time and would be assisted to have a post-interview debriefing to ensure their welfare.

Storage and Disposal of the Data. All data collected were stored in a google drive with access given only to the researcher/s and the adviser. To ensure that the information will not be exposed to third-party websites or software, the researchers will deactivate the drive account. Once the research study is complete, the recordings and/or notes taken from the interviews will be permanently deleted, that is after completion of the study.

RESULTS

This section provides insight into the data gathered during the interview. This includes the profile of the informant participants. Themes drawn from the answers given are also discussed in this section.

The researchers have gathered 1 participant and 3 key informants, their profiles are as follows: Tommy (pseudonym) is an 8-year-old boy who is diagnosed with Autism Spectrum Disorder without cognitive and language impairment. He undergoes occupational therapy and is enrolled in a self-contained class in one of the special education schools in Davao City. His target competencies are listening, remembering (memory), task completion, and communication and articulation skills.

Dream is the mother of the 8-year-old participant. She is a full-time mother and who is also enrolled in graduate school, studying master's in special needs education. The next informant is Tommy's teacher (Tr. Ed) in a self-contained class. He has been with Tommy for 7 months and they meet twice a week. He is responsible for Tommy's educational development. Lastly, Tommy's occupational therapist (Tr. J) where he undergoes a once-a-week session. She is responsible for Tommy's behavioral and oral development. She has incorporated different strategies during their sessions to address Tommy's needs.

The questions during the interview were based on the interactions of the informants with the participant. From the 3 key informants' responses, we have extracted a total of 171 significant statements. There were 3 themes that emerged from the informants' experiences in handling the participant. They have encountered (1)

communicating through words and gestures, (2) interaction with his classmates and other kids, and (3) readiness to learn in terms of communication. The first 2 themes are descriptions of his communication skills, while the last theme shows his progress as well as his readiness to learn.

Communicative Skills of a Child with Autism Spectrum Disorder

25% of children have a pattern of typical language development which is followed by regression or loss of language. This pattern is somehow distinctive to children with autism and usually manifests in the first 3 years prior to being exposed to words that identify the acquisition of language to children who are regularly developing, S.H. Kim, Paul, Tager-Flusberg, & Lord, 2014. While having the study, S.H. Kim et al., 2014 named six predictors of language acquisition in children with ASD. Among the six predictors are: (1) Gesture use and (2) Nonverbal cognitive ability.

Children who are developing typically are into using gestures for them to indicate things prior to labeling them and that parents use those gestures to translate them into words Dimitrova, 2016. According to Woo, S., and Keatinge, C., 2016, there are different gestures done by a child with autism, and the most common of those who are having social communication and interaction deficits are referred to as Restrictive, Repetitive Behaviors (RRBs). These are hand flapping, twirling, finger flicking, toe walking, rocking, spinning, and finger posturing.

Delays or lack of spoken language is rampant and if language is present, it is usually bizarre in nature, S.H. Kim et al., 2014. Children who develop speech may exhibit immediate or delayed echolalia and strange, idiosyncratic speech with intonation irregularities, which include monotony, Kanner, 1943; S.H. Kim et al., 2014; Tager-Flusberg et al., 2005. Echolalia is a communication strategy used by children who struggle in comprehending the information and cannot produce spontaneous speech, Loveland & Tunali-Kotoski, 2005.

Communicate through words and gestures.

Tommy communicates with his teacher, therapist, and parent through words and gestures. The participant uses a word or a phrase for his verbal communication and uses gestures, such as pointing to objects that he wants to show to them. Most of the time he uses 1-3 words to describe or show something. All of the 3 key informants experienced this from Tommy during their meeting.

“ *Teacher* Oh! No *blue*. ” (while pointing to the object)

As a sample articulation from one of his informants, (T.J), while the other informant (Dream) also claimed that he also communicates with gestures along with a phrase which eventually becomes a sentence.

“ *drink water* ”... “ *I want fish*. ”

This was shared by Dream during their conversation, as Tommy asked for some water. While the other sentence was Tommy requesting for him to have fish for breakfast.

Interaction with his classmates and other kids.

As observed by the therapist, teacher, and parents, Tommy is currently unable to directly communicate with his classmates or other kids. Instead of telling his classmates if he/she is doing something that he thinks is wrong or inappropriate, he or would go to his teacher/therapist:

“Tommy stop! No, no, no, no this is *mine!*”

These were the words of Tommy’s classmate, during their class, as verbalized by his teacher. During this time, his classmate does not want Tommy to have his belongings. While having this conversation, Tommy stopped and listened to what his classmate had told him.

On the other hand, Tommy is able to work and can somehow try to interact with other kids or his classmates. However, these are more on gestures. He is also not aware if other kids like or do not like him to play with them.

This experience happened when they were at the pool, there were other kids who were swimming in the pool too. Tommy joined them and played with them along with their floater. However, Tommy’s parent noticed that the kids did not want to play with him. Tommy is unaware, but one of his parents noticed that the kids are trying to remove Tommy’s hands from the floater. The Parents waited some time to observe Tommy’s behavior towards the situation with the intention of exposing Tommy to this type of situation that really happens in real life, they even called Tommy first and explained to him the situation. However, the other kids still avoided Tommy and still removed his hands from the floater. That was the time they decided to call on Tommy and separate him from the rest of the kids.

“It seems like they don’t want to play with him.”

Tammet, 2023 suggests that people on the autism spectrum may find social interaction difficult, which can impact their ability to: Start or hold a conversation. Understand non-verbal communication cues including body language and facial expressions that give context to what is being said. Thus it is highly suggested for people to make and maintain eye contact.

Readiness to learn in terms of communication

The teacher, therapist, and the parent were able to assess Tommy’s ability to learn new words to communicate. They all have agreed that Tommy has improved his work behavior over the period of time. He showed improvements in his attention, patience, and focus as well as he was able to sit down for a long period of time. These aspects were first and foremost developed by his therapist, teacher, and parents in order to prepare Tommy for learning. They believe that Tommy or any child with ASD will not be able to absorb any learning if his work behavior is not being addressed.

“He does follow instructions. He can finish his task as early as possible.”

Coming from one of the informants (T.Ed), during their task.

As of now, his therapist, teacher, and parents can say Tommy is improving his work behavior and is ready to learn new words to communicate. They all agreed that Tommy must still continue to attend therapy sessions, and formal school learning (SPED School) and continue to do the activities at home to maintain Tommy’s Behavior Improvement. They also see that Tommy was able to Self Regulate (calm himself down) in times that he is frustrated, which is a manifestation of being self-aware and that he can be controlled. Therefore tantrums or misbehavior are minimized and he most of the time complies with what he is instructed to do.

In summary, the communication skills of the participant are gradually developing. From having only a word or a phrase, he can now complete a simple sentence. When it comes to his social action skills, he is learning

how to deal with his peers with the use of prompts and verbal communication. Lastly, with his parents, teacher, and therapist's guidance, he will soon communicate with children and with other people properly.

DISCUSSIONS

Upon conducting the study, the researchers have gathered the below findings and analysis.

The communication skills of a child with ASD are related to gestures accompanied by a word or a phrase. When at home, the child uses a word or a phrase followed by gestures to communicate with his parents. The parents will then teach the child how to express the child's ideas in a manner that everyone would understand. When the child utters a word or a phrase, the parent will then guide the child by completing the phrase and making it into a sentence. The same is done in school and in the therapy center. The teacher as well as the therapist will make sure that the child with ASD gets to express his ideas by guiding him in a way that he is understood. Marchena & Eigsti, 2010 cited that conversational or "co-speech" gestures has a significant role in information, providing visuospatial, communication, facilitating turntaking, clarifying subtleties of emphasis, and other pragmatic cues. Furthermore, coherent with other pragmatic language deficits, it has been studied that people with autism spectrum disorders (ASD) are said to assemble fewer conversational gestures, as specified in many clinical tests.

There are hundreds of strategies that can be utilized to help the child improve his communication skills. Among the strategies that were implemented by the teacher and the therapist were prompting, visual cues, and self-regulation.

Prompting is done when Tommy speaks using just a word or a phrase. His teacher and therapist would then give prompts so he could create a sentence. The same is done at home with his parents when Tommy would ask for some food, his parents would then give prompts so that he is better understood what he really wants or needs.

Visual cues were given to Tommy to show him how things are done. As the therapist (T. J) has done to him in their therapy sessions, she would show Tommy first what he has to do so that Tommy would understand better rather than just give him verbal instructions. It is more effective for him to learn in this way. This method would also have Tommy acquire additional vocabulary as the therapist as well as his parents would introduce new words for him to be familiar with.

Lastly is self-regulation, this strategy is applied when Tommy is having a meltdown and he has to regulate himself first before he does anything. This is applied so that he can set his mood in a working condition. It has also been observed by his therapist that when he is in his "OK" mood, he gets to finish his tasks. This strategy also works on his attention, patience, and focus along with his social behavior. According to Diamond et al., 2007; Yerkes & Dodson, 1908, self-regulation is a skill in which the child learns to control their overflowing/overwhelming emotional feelings in a certain situation in order to learn and focus as much as possible on the learning material. As cited by Jahromi, 2017 in his study, that a child with Autism Spectrum Disorder or ASD will face many challenges if self-regulation is not developed as early as possible. He also added that self-regulated children will later on develop social adjustments.

Conclusion

As social beings, language and communication complement in an integrated interaction. These helps build relationships through sharing of experiences, feelings, and information.

This study opened more insights into the different experiences of a child with autism. The way they communicate and how the people close to them should adjust in order to understand and respond to them. Relatively, being able to know the manner of communication of the child has proved that parents, adults, and professionals have to be patient and persevering in devising strategies that would assist the child in developing his skills in communication. During the process, the researchers have come to learn that indeed the saying that says “It takes a whole village to raise a child” most especially if the child has special needs is one of the best strategies that will help to develop their communication skills. The strategies to help the child with autism develop in communication are diverse and still continue to be developed by professionals, advocates, teachers, and parents, let us not limit our interventions and strategies, because communication is something that must be learned in many ways by children with or without autism by continuous interactions and socialization with people around them, we should always be proactive and encourage them to learn communicating and interaction. However, identifying a strategy that best works in a child with ASD is also ideal. Individualized approaches and strategies can provide a learning experience and growth to the child. Milestones achieved with the aid of assistive instructional materials also supplement the learning of the child. Also, identifying the strengths and weaknesses, the preferences of the child is vital to the strategies that will be implemented in the different settings where the child is - classroom, home, or in any occasions.

At present, Tommy is showing good development in expressing himself, like telling what he wants to do, eat or go. Although there is still a need to develop his social awareness for him to be able to relate with others and then followed by communication. But since his work behavior and readiness to learn shows improvement, as observed by his therapist, teacher and parents, Tommy is showing developments in receptivity when given instructions, and his development will continue for as long as it is consistent, what is taught in the therapy center and in school will be continued also at home by his parents. Good thing that Tommy’s parents are very dedicated to do anything to help Tommy improve his behavioral and communication skills. Having been diagnosed as early as 3 years old and had received early interventions since then really helped a lot in his overall development. The interventions that the therapist and teacher are implementing to develop Tommy’s communication skills are proof that any child with ASD with delayed speech can be developed.

Recommendations

Children with ASD need the support of all the people around them. Acceptance is the key to open doors and opportunities for early interventions. It is very needed that they receive early interventions, educational supports and learning strategies in order to achieve success may it be in school and in life. If there is a delay in the child’s milestone of development based on their age, the child will be referred to undergo Occupational Therapy. OT will help develop the child’s behavior through sensory and behavioral activities.

If there is speech delay, the child will be referred to a speech pathologist. It is recommended that the child attend speech therapy aside from attending occupational therapy, for speech therapy directly addresses to develop the child’s communication skills. Parents can seek advice from the occupational therapist if the child is ready to attend Speech therapy first.

It is recommended that instructional materials should be planned and personalized tailored to the benefit of the learner. Also, instructions should enhance the skills and milestones the child has displayed in his progress. Monitoring would be the best way to track the progress of the child.

Another recommendation is that learning activities may be varied to encourage the learner to engage in communicating. The teacher should continue the coordination with the parents to demonstrate continuous activities that would encourage the child to express. As it is evident that parents' interactions and interventions are key mediator of child's developmental outcomes in autism.

It is also recommended that the future studies that may explore the different natures of situations and people that may cause other different responses that a child may display when given new or different material or environment.

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