

# Parent Perceptions: Communication, Interaction, and Behavior in Autism

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# Parent Perceptions: Communication, Interaction, and Behavior in Autism

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## Abstract

This article presents interview information from parents to educators on the importance of teaching communication to students with autism spectrum disorder. The perspectives of three mothers of children with autism are presented to gain insight to strategies they felt helped their child to improve in the areas of interaction, communication, and behavior. A high school special education teacher/interviewer acted as a participant and includes many observations about these three students. Although this is a small representative sample, several similarities for special needs across parents emerged. In order to preserve the essence of the mothers' perspectives, direct quotes are used throughout this paper.

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## Introduction

There are several aspects of autism that make the disorder complex and challenging for parents and professionals. Social interaction impairments make it difficult for individuals with autism to be involved in appropriate ways with their family, peers, and significant others. Behavior may be inappropriate or abusive because the individual lacks appropriate communication and may interact inappropriately. Individuals with autism may

*If you can imagine being like a child with autism, it's like being in a coma. You can hear people, but you cannot interact and do things with them; but you know what's going on. That's how children with autism function in the world.*

The lack of appropriate communication development constitutes a very serious deficit for a child because communication is important for psychological development and affects the total development of the child. Many individuals with autism may respond to their environment in a limited way but may not be able to initiate social interactions that are necessary to carry out spontaneous communication with others. The individual's preferences, desires, or need to communicate to another person are important factors in spontaneous communication. Because language development is usually severely delayed, the child with autism often misses opportunities to explore the communicative environment and grow in social and cognitive skills. The pattern may even continue into adulthood without appropriate interventions to increase communication and social interaction.

Parents may experience changes, positive and negative, as their child grows and enters the public school system. Therefore, the child's needs and the family's needs must be considered together when

have trouble expressing physical and emotion needs which may cause frustration and lead to problematic behavior. They may have trouble making friends and responding in positive ways to their environment (Cafiero, 2001). Having a child with autism represents initial and lifelong interventions for parents, and it is essential to recognize the impact of autism on the family. One parent describes autism:

the child starts school. Entering the school system initiates a new involvement concerning the needs of the child and the parent. Parents and school personnel are closely related in pursuing the most appropriate education for the child, and the Individuals with Disabilities Act (IDEA) mandate the parent/school relationship. Because parent/school partnership is so vital to a child with autism, the perspectives of three mothers of children with autism and one special education teacher were explored. Since the school system represents an important part of a child's social environment, it was chosen as the contextual setting for the investigation. A brief account of separate communication and social interaction interventions used for these three individuals are presented as the basis of the interviews. The special education teacher taught each of the students at different times. The mothers were asked to give their perceptions of previous school experiences that helped their child increase in social interaction and communication. The interviews were informal and were tape-recorded.

## Parents and Children

Three mothers of three male children with autism were interviewed at different times. All three children had been diagnosed with autism based on DSM-IV diagnosis describing three major areas of deficit: social, communicative, and repetitive or stereotypic interests and behaviors. The three students were Bob (age 9), David (age 15), and Brian (age 22), and their level of mental retardation ranged from moderate to severe. The mothers' educational levels ranged from some college to a Master's Degree. All of the mothers had worked with the teacher/interviewer at different times in the same school system, but the parents did not know each other. These students had been placed in self-contained special education classes for students with severe disabilities and multiple disabilities and had little opportunities to interact with students without disabilities. All of the students had received early intervention beginning at age 3 and 4.

## The Interview Process

The data were collected through informal tape-recorded interviews lasting from one to one and one-half hours. The interviews were conducted only with the mother. Verbatim transcriptions of the interviews were prepared and analyzed by the teacher/interviewer and resulted in the

identification of key themes and patterns. Further analysis divided the themes and patterns into categories that contained similar information and concerns across mothers and the teacher/interviewer. Data collected from the teacher/interviewer resulted from actual experience with the students as a high school special education teacher and as a consultant for autism within the school system. Each of the students had participated in an intervention to improve communication and interaction.

Three basic needs for instruction emerged from the parents' perspective:

Learning to communicate

Interacting with others

Controlling inappropriate behavior

All of the parents interviewed felt like communication affected every other area of their child's life. The parents interviewed felt the lack of communication inhibited everything their child tried to accomplish. It was felt by the parents that the inability to interact was connected to the lack of communication, making these two areas contingent upon one another. The parents also felt communication inadequacy led to frustration which then led to inappropriate or challenging behavior.

Bob's mother first notes the importance of the school experience and early intervention:

*We have always been satisfied with this school system. When he first started to school, you could tell such a difference. He started when he was 3. We notice that something was wrong when he wasn't talking. He was diagnosed autistic, or I think PDD, so they put him in the special program. It was a long process and lots of paper work but there was really a big difference. He only went half a day when he first started. He was learning just basic table manners, sitting, and coloring with the other children, just basic preschool stuff like toilet training needs, dressing, and going to the lunchroom.*

David's mother comments on her first school experience:

*The first three or four years, I think those were really good years for him. Of course they found out what he had, and the sensory integration was used. The program was individualized, and I felt that it fit him and his needs*

Brian's mother relates early school experiences:

*His first teacher, she really didn't know. At that time he was not called autistic; he was just considered mentally retarded. She really had no idea, but she consulted a specialists. Basically, there was no interaction. He did puzzles. In fact, the psychologist that came to see him said he was deaf (parent laughed). I guess those things happen.*

### **Intervention Phase**

Interventions involving each of these students were conducted at different times with the high school special education teacher implementing the strategies. The interventions were approximately one hour in length, two times a week. The interventions involved several strategies to improve communication and interaction. Methods of instruction were not used in isolation during the interventions but rather incorporated as a whole. The strategies included first arranging an environment where the student had to communicate (anyway they could be understood) to obtain things that interested them. Visual schedules were used to define activities. The students used the visual schedules in-group settings throughout the day. In order to accept change,

the students were exposed to changes in schedules (such as assemblies, etc.) by inserting a "surprise" picture into their schedules. Usually, a change in schedule was accepted favorably if the student was prepared for the change. The daily environment was busy and motivating. Fostering communication was the first priority of all other goals and objectives. The mothers felt their children experienced success during the intervention because these strategies had been built into the child's program. The mothers participated during most of the time during the interventions in order to learn the strategies. They were used at home also. This was evident by Brian's mother's comments about the behavior and interactive ability he displayed at home.

*I was more please with his education when he started going to the high school. He learned to interact. He began to get involved in it. With autistic children you have to go inside and get them and pull them out. There have been people that worked with him that didn't go in and get him. But there are times when he goes away, goes into himself, and he is no longer anything but this shell. For a long time he wouldn't come out into the living room when we had people over. After he had you for a teacher, he would come into visit with them. There was a major change when you started working with him because*

*you brought him out into the world. He had never really interacted much with anyone like he did with you.*

*His behavior has greatly improved. We would get into stores, and he would throw horrendous fits. We had got to the point that we couldn't take him anywhere, Now we can go places, only recently, like this year. Before it took both of us. When he went into a store and he wanted something and he couldn't have it, he would throw a fit. To get across to him we started asking him his likes in food, and we let him pick things he liked. He got to choose his clothes to put on. We gave him choices. He made those choices daily, and that is what we built on. If he really wanted something, he had to tell us verbally before he would get it.*

*There is a time when you have to make some demands. I think that is why he did so well at high school. Demands were made on him, and he learned to deal with that. Otherwise, they would do whatever they pleased, and they would stay in the autistic world, the little world of "me" and not come out. You have to have a balance. They need time to be by themselves and time to come out and be with others. After a while, they will get to where they like to interact, and they actually enjoy it.*

Brian was only at the high school for one year. During that time, he communicated with pictures and sometimes his voice. He used a time-out room for aggressive behavior. He progressed from wanting to be isolated from the others in the class, to wanting to sit and participate in the group. David became involved with the intervention at the high school because his

school hours at an elementary grade center had been reduced to two hours a day. The teacher at the school he attended felt that school was too much of an overload for him. Challenging behaviors such as spitting, hitting, and kicking were increasing. His mother reported the following observations during this period:

*He would show protest getting on and off the school bus by screaming and hollering, like he was trying to say, "I don't want to go." He would try to hit or kick and had to be dragged into the classroom.*

She said it was a terrible time for him and also for her. She had to go to the school a lot and pick him up. She felt the intervention of coming to the high school was very effective and relived her son's frustration.

Several factors of the intervention may have contributed to David's success and change in behavior. He was placed in a more age-appropriate setting. He had been placed at a 5<sup>th</sup> and 6<sup>th</sup> grade center.

His behavior was brought under control using a tape recorder and listening to music as a positive reinforcer. He was also encouraged to communicate by his mother facilitating in a notebook. She would guide his hand and would write what he wanted to say. Sometimes he would vocalize some words, which she would write in the notebook. He would then read them back to her. He also learned to point to words on a voice out-

put communication device. The only objectives of the intervention were involved with communication and social interaction training in the context in which they

were needed, the natural setting. What was the difference in the two settings? According to his mother:

*He had heard the same things, and maybe he already knew all this stuff. He needed to go on and learn something different and do something different with people his age. At the other school, they started taking some of the things that he was used to away from him. He had been listening to a tape play, and they took that away. They changed the communication sheet that he had been using and used a different type of communication board with pictures. I guess maybe he couldn't adjust to it. He liked the other, just a sheet of paper that he could point to words. I guess maybe it was too much change, too fast. I didn't really know what to do, and we were having a lot of problems. He started spitting, hitting, screaming, kicking, and just throwing things. I guess he did anything he could think of to show his frustration. He loved going to the high school and would always say "high school". He actually looked forward to going there.*

One main difference between the two settings was the high school setting was learner oriented. The intervention strategies also relied on real-world places to interact, natural activities, and age-appropriate peers. The setting provided contexts rich in opportunities to communicate and be included. The teacher acted as a facilitator to increase opportunities for David to respond and understand his environment. He was encouraged to express his opinions and choices, thereby empowering him.

David's mother's comments suggest two major things that were detrimental for this young man and indicted apparent cause for his challenging behaviors. First, his preferred mode to communicate was taken away from him. He was given no choice or empowerment to learn or accept a new way of communicating. Second, his preferred reinforcement (tape recorder) was taken away from him. He reacted in a predictable manner to these attempts.

During the intervention process, in contrast, David used his preferred mode to

communicate (the notebook, his mother writing words). His mother was always present during the sessions because this enabled her to learn the procedure to teach and reinforce communication and social interaction learning to use at home. She also knew David better than anyone else, and it was felt she could be a great asset during the sessions. There were no set guidelines in instruction other than to take advantage of incidental opportunities to interact and communicate with others. The teacher followed David's lead (interests) and reinforced all attempts to communicate by allowing him to listen to his music. Sometimes he would bang or throw his tape recorder (probably to get a reaction). When this happened, the tape recorder was taken from him for a minute or so. When he communicated (through gestures) that he wanted it back, it was given to him on condition that he treat it properly. The process went on until the destructive behavior towards the tape recorder ceased. The tape recorder was the greatest reinforcer for him. He pro-

gressed rapidly with this type of instruction and in this setting.

One day David's mother came in and said they had taken him out to eat at a

restaurant. She comments about this situation and illustrates her confidence in her son's behavior:

*I used to go a lot for take-out food but never inside a restaurant and sit down. Since his behavior is improving, we can now go to restaurants as a family. He now likes to watch the people in the restaurant. I had just figured he would not want to sit there around the other people with all the noise and stuff. After he behaved so well at the high school, I decided to try it. It was really wonderful.*

Bob, age 9, had been placed on home-bound instruction because of violent aggressive acts towards his teacher and other children in the classroom. The goal

of his intervention was to improve his behavior so that he could return to school. Bob's mother comments on the situation:

*This year has been very new and hard. We had a difficult time developing a relationship with this teacher. If feel my son has a hard time relating to her. It works well when she is more out of the picture. My son's teachers have all been different, but they all had more desire to communicate with him than she did. I think communication with him is a very big issue. He gets very frustrated, and lot of that stems bad behavior. He is often misread, or they are not understanding what he is trying to communicate, or saying they can't understand it. I think that leads a lot into his antisocial behavior. I've watched him at school and when he is misunderstood, then you see kind of a...yelling. I see sometimes that's why he flares up.*

*Sometimes my son's behavior is like a small child. When he doesn't get his way, he throws a fit. I'm hoping that at some point in time those behaviors will come up to where they need to be; to where he is acting appropriately when he is told no. Sometimes when you divert to a more positive situation, he does ok. I think my son can pick up on things. I think he can have a feeling about people; like I can get away with this. Things like that. He knows who is stronger. He can pick up on who likes him and who doesn't.*

*His teacher is always looking for medication to do the job. She always looked for external things to be the cause of his challenging behavior, like in the light situation. Instead of dealing with why he was turning off the lights (because he was getting frustrated), she wanted to use that. I told her that we needed to teach him. Teach him things like the simple act of walking down the hall. He is oblivious to the other people around him. Occasionally, he will walk around them; but if they walk in front of him, he bumps right into them. She needed to teach him the appropriate things and expose him to them, because he doesn't know. He has to be taught everything. It has worked well with the paraprofessional. She didn't really know what to expect with him. She used basic knowledge of what she had done, just basic teaching stuff from her experience with other children. She had just a basic kind of common sense. She didn't crowd his space, but she didn't let him run over her.*



The intervention necessary to bring Bob's behavior under control involved several different strategies. A time-out room was used for 1-2 seconds only when he exhibited aggression towards another person. Time-out had to be used approximately 3 or 4 times. He was given choices to select his activities (sharing control helped with behavior) and was positively reinforced for good behavior. Usually the reward was time on the computer or playing outside. He responded rapidly to this method of treatment. He was expected to have positive sessions, and they were set up for him to experience success. He had a very difficult time waiting. Through a communication board with pictures and verbal prompting, he was shown what would happen before and after an activity and was encouraged to learn to wait for some things. His daily schedule was very active, fast-paced, and included lots of mental stimulation. His schedule was always balanced with things he liked and things he didn't like so he could learn tolerance. His mother watched all of sessions from outside the room. This child returned to his classroom shortly after the intervention (3 weeks) and is actively learning.

### **Final Thoughts**

Interaction is a simple phenomenon that many people make complicated. It begins with understanding nonverbal behavior, facial expressions, and unspoken feelings. The nonverbal behavior is then associated with words and meanings in context. The intervention for these three students provided proper social experiences to experience interaction. When the experiences were provided and the motivation and need were present, interaction seemed to develop quite naturally. Therefore,

communication ability increased as time passed.

The first priority of the interventions was to make communication meaningful and pleasing, allowing unplanned activities to become teachable moments. The natural language teaching paradigm (Koegel, Koegel, & Carter, 1999) was used as a procedure during interventions because it focuses on the important of incorporating motivational variables into the teaching context. This paradigm proposes that the use of this paradigm results in accelerated, functional, and generalized language learning. Pivotal behaviors (e.g. motivation, joint attention, self-initiation of social interactions, response to multiple cues) are considered to be central to wide areas of functioning, and a change in a pivotal behavior will result in positive effects across many other behaviors leading to generalized improvements (Koegel, Koegel, & McNeerney, 2001; Koegel, Koegel, Shosha, & McNeerney, 1999). The main rationale behind the natural language teaching paradigm contends that addressing pivotal behaviors can allow a child to make widespread gains whereas individualized treatments for each behavior would be lengthy, impractical, and unrealistic. A shift in control is also a major difference in this paradigm. Trainers usually use child-selected training materials and follow the child's lead in training, resulting in a more loosely structured intervention (Cafiero, 2001; Koegel et. al, 2001). The paradigm focuses on enhancing spontaneous social communication by using varied and motivating activities. Multi-modal communication processes (speech, gesture, augmentative and alternative communication) are used to learn language in meaningful contexts).

The interventions involved direct stimulation and cause/effect sensory experiences with age-appropriate peer groups. This appeared to encourage functional and spontaneous communication and interaction. As the experiences increased, the desire to interact and communicate (verbal, visual, gestures, or alternative communication systems) increased. Parents reported behavior became more appropriate and enjoyable at home, school, and in the community.

Effective communication often depends on another's understanding of an individual's communicative acts as communication. How people in these students' environment invited, accepted, and responded to the communicative acts of

these individuals reinforced (positively or negatively) the interaction and communication provided. These students were exposed to many opportunities to communicate and be understood. They often initiated the interaction and were active participants in the communicative exchanges. The involvement of the mothers in the learning process also contributed to the success of the interventions for Bob, David, and Brian. Parents are a great resource for teachers. Their concerns, needs, and suggestions are important to consider when working with their children. Open and honest communication between parent and teacher is vital.

### **Guidelines for Educators**

The perceptions (See Figure 1) of these three mothers are powerful and emphasize the needs of their children in areas of behavior, communication, and behavior (social skills). The following guidelines were developed for use when working with children with autism:

- Consider what is appropriate behavior for individuals without autism. Establish goals and objectives that progress towards age-appropriate behavior, adapt, and shape.
  - Teach compliance at an early age.
  - Behavior and communication need to be taught simultaneously.
  - Control can be established by sharing control with the child by allowing choices.
  - Apply skills taught with purposeful practice in natural situations and teachable moments.
  - Teach tolerance for change by occasionally changing routines. Be consistent and structured but also be flexible. Remember, life is not always predictable.
  - Use time-out for aggression towards others.
  - Deal with learned behaviors and learned helplessness. Don't make them worse.
  - Teach the child nonverbal behavior as well as verbal behavior.
  - Use positive reinforcers to reward appropriate behavior (even if it is only an approximation). Reinforce immediately at first, shaping to intermittent reinforcement. The ultimate goal is for behavior to reinforce itself intrinsically.
- ! Use physical and verbal prompting along with visual prompting.
- ! Have clear expectations for the student to understand. Have fun and build trust.

**Fig. 1: Summary of parents perceptions of student instructional needs**

**Instructional Needs**

<b>Interaction</b>	<b>Behavior</b>	<b>Communication</b>
<ul style="list-style-type: none"> <li>• Affects ability to communicate</li> <li>• Important to learn to interact early</li> <li>• Involves a sense of belonging</li> <li>• Child can learn to like to interact</li> <li>• Child needs to belong to a group</li> <li>• Should be age-appropriate</li> <li>• Base on real-world situations, meaningful</li> <li>• Take advantage of incidental opportunities</li> <li>• Provide social experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of communication causes frustration</li> <li>• Difficult to learn to wait &amp; adjust to change</li> <li>• Behavior improves as communication improves</li> <li>• Empowerment / choices lead to improved behavior</li> <li>• Child needs demands and expectations</li> <li>• Child needs to learn to accept “no”</li> <li>• Time-out improved aggressive behavior</li> <li>• Child participated in family group</li> <li>• Being misunderstood leads to challenging behavior</li> <li>• Positive reinforcement beneficial</li> </ul>	<ul style="list-style-type: none"> <li>• Affects all other areas of life</li> <li>• Lack of it inhibits accomplishments</li> <li>• Needs to be taught with interaction and behavior</li> <li>• Taught for practical reasons</li> <li>• Accept all modes of communication</li> <li>• Provide opportunities to communicate with others</li> <li>• Facilitate child to communicate with others</li> <li>• Teach nonverbal behavior as well as words or ideas</li> <li>• Make it meaningful</li> <li>• Responding appropriately to the communication partner</li> </ul>

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