

Teaching Taekwon-Do to Children with Special Needs.

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Teaching Taekwon-Do to Children with Special Needs.

Introduction

There are numerous benefits of martial arts training for children with special needs. These include increasing a sense of self-efficacy, self-esteem, emotion control and resilience. Self-efficacy is best promoted through opportunities to master new experiences. Taekwon-Do training provides opportunities for children to make progress in small increments (e.g., learning a simple pattern or kick), thus creating opportunities for small successes. Children with special needs, as outlined in this paper, will find martial arts training beneficial for all aspects of their lives, be it in their school work or home life.

While there are many conditions that Taekwon-Do instructors may work with, this paper will focus on three conditions; attention deficit/hyperactivity disorder (ADHD), autism and Asperger syndrome. It is likely that most instructors will have at least one child with ADHD in their class and this paper aims to provide a better understanding of the condition and how an instructor may best approach the student's condition. Some instructors may have students with more demanding special needs requirements such as autism and Asperger syndrome. While these conditions can be challenging to manage, they are not impossible.

As instructors, we should not be turning away students through our own lack of understanding of a student's condition. It is the aim of this paper to provide a better understanding of attention deficit/hyperactivity disorder, autism and Asperger syndrome so that instructors are better prepared to teach students with these conditions and make a positive difference in their lives.

Attention Deficit/Hyperactivity Disorder (ADHD)

About ADHD

Attention deficit hyperactivity disorder (ADHD) is a common condition that affects children and adolescents and can for some continue into adulthood. Children with ADHD generally have problems paying attention or concentrating. It can be difficult to follow directions and they can be easily bored or frustrated with tasks. They also tend to move constantly and are impulsive, not pausing to think before they act. These behaviors are generally common in children but they can occur more often and are more severe, in a child with ADHD (Attention Deficit Hyperactivity Disorder: What Is ADHD?, 2012, O'Regan, n.d. para 1).

An Australian study in 2000, by Sawer et al, found that 11% of children have some form of ADHD. Of those 11%, 65% will have a secondary condition (Mick, 1993). 30%-50% will have Conduct Disorder, 15%-75% will have Mood Disorders, 25% will have Anxiety Disorders, and 10-92% will have Learning Disorders (Biederman et al, 1991). This represents a significant challenge to the child, parent or instructor, as they could be faced by multiple conditions and issues to address. The ratio of boys to girls diagnosed with ADHD is 5:1. Research and reality demonstrate that children with ADHD usually behave approximately a third less than their chronological age, with a 2-4 year lag in age appropriate development skills and are not ready for the same level of independence and responsibility as their peers, thus requiring support for longer (Douglas, 2003, p57-59).

Symptoms of ADHD tend to be first noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed in children between the ages of six and twelve. The symptoms of ADHD usually

improve with age but many adults who are diagnosed with the condition at a young age will continue to experience problems.

Symptoms

Symptoms of ADHD in children are generally grouped into three categories: inattention, hyperactivity, and impulsiveness. While most children display some of the symptoms outlined below, ADHD children's symptoms will be more severe and obvious.

Inattention - A child with ADHD:

- Is distracted easily
- Does not follow directions or finish tasks
- Does not appear to be listening when someone is speaking
- Does not pay attention and makes careless mistakes
- Is forgetful about daily activities
- Has problems organizing daily tasks
- Avoids or dislikes activities that require sitting still or a sustained effort
- Often loses things, including personal items
- Has a tendency to daydream

Hyperactivity - A child with ADHD:

- Often squirms, fidgets, or bounces when sitting
- Does not stay seated as expected
- Has difficulty playing quietly
- Is always moving, such as running or climbing on things (In teens and adults, this is more commonly described as a sense of restlessness)
- Talks excessively

Impulsivity - A child with ADHD:

- Has difficulty waiting for his or her turn
- Blurts out answers before the question has been completed
- Often interrupts others

(Attention Deficit Hyperactivity Disorder: What Is ADHD, 2012; "NIMH · Attention Deficit Hyperactivity Disorder (ADHD)," n.d.)

These symptoms can cause significant problems in a child's life, such as underachievement at school, poor social interaction with other children and adults, and problems with discipline ("Attention deficit hyperactivity disorder (ADHD) - NHS Choices," n.d.). In a Taekwon-Do setting, symptoms of ADHD will present in various forms, with the most common being an inability to stand still in form up or line work. Students with ADHD may also have trouble learning and remembering new patterns and Taekwon-Do techniques due to their inattention and hyperactivity.

Teaching Children with Attention Deficit/Hyperactivity Disorder

Martial Arts, and in this case, Taekwon-Do, teaches its students impulse control, enhance a child's self-discipline, adds to a child's sense of physical well-being, and, perhaps most importantly, can boost a child's self-esteem as they acquire skills that their peers may not have ("... for the Coach | The ADDvocates," n.d.).

The first obstacle in teaching a child with ADHD will be communication. Firstly, communication with the parents and then communication with the student. Many parents may be reluctant to share their child's ADHD condition with an instructor as it could be a sensitive subject to discuss

and they may not want their child labelled as difficult ("... for the Coach | The ADDvocates," n.d.). Communication with parents will allow an instructor to learn a child's learning preferences and habits, which will allow a better tailored training. The joining application form of International Taekwon-Do, allows parents to advise the instructor of any medical conditions. This is a good first step in communication between parents and the instructor as it allows parents to volunteer any medical conditions the child may have. It is important to be careful when raising the issue of ADHD with parents, some children may present all the correct symptoms of ADHD but for various reasons, may have never been formally diagnosed. When raising the issue with parents, the instructor must tread carefully, some parents may not want to hear that their child could have ADHD. Most parents however will be conscious of their child's condition and will be able to provide guidance on what teaching methods work for their child.

Communication with the student is critical. In a group setting such as the Taekwon-Do class. Instructions by the instructor may get lost in the "noise" of the class, i.e. other children talking and movement inside the class. To help communication, keep instructions brief and clear. This can be a challenge when trying to teach the intricacies of a Taekwon-Do pattern or movement, but by breaking the movements and patterns down in to smaller more simple steps, the student will be able to repeat and practice the movements and retain the information. When the student is distracted or not listening to instructions say the student's name or tap them on the shoulder to make and keep eye contact when giving important information. Then, ask the student to repeat the instruction to make sure they have taken it in and understood. Get them to demonstrate the technique you have instructed them on, and provide encouragement. Students with ADHD may need prompting, monitoring and encouragement to keep them focused on tasks ("Kids Health Info: ADHD - ways to help children with ADHD," n.d.).

When giving feedback to a student with ADHD, positive feedback can be given in front of the class. However, corrective feedback directed at an individual student should be given privately. No student wants to be embarrassed in front of their peers, and ADHD students will not respond positively to negative feedback in front of the class (Giler, 2011). Always make direct eye contact when speaking to the students and ask students to repeat back your instructions to be sure they understand what you are asking for. The same applies when giving corrective feedback – ensure the student is making eye contact and understands what you are saying and how they can improve ("... for the Coach | The ADDvocates," n.d.).

Children with ADHD have a short attention span, requiring a break or a change in activity every so often. Dividing the class into different segments will help keep the attention of all students, but will be particularly effective with ADHD students. ADHD children can often control their behaviour for a set amount of time if they know what that time is, and the time is clearly visible to them. Do this by ensuring that a clock is visible, giving audio cues on how much time is left will also assist the student in maintaining attention. Short segments of activity punctuated with breaks and changes in activity, can help keep a student with ADHD interested and attentive. Below is an example of structuring a one hour class to ensure maximum attention of an ADHD student.

0000 – 0010	Warm up.
0010 – 0020:	Line work / Technique Training.
0020:	Short Break.
0020 – 0035:	Patterns / Step Sparring.
0035:	Short Break.
0035 – 0045:	Patterns / Step Sparring.
0045 – 0055:	Sparring / Self Defence.
0055 – 0060:	Warm Down / Game.

Dealing with a student's hyperactivity and inattention can be a challenge for an instructor.

Whether it is controlling their body or their mind, some children appear to fidget or move about.

It may seem as if they are unable to switch their motion on and off in a controlled way, as other children do. Teaching them can be a difficult process but strategies are available that can be both effective and fun and will be essential in keeping an ADHD child focused on the task. One technique for younger children to help them be still is called “playing statues” (O’Regan, n.d. para 1). The child is asked to sit like a statue for a certain time. This can be adapted for Taekwon-Do by asking the child to perform a stance and hold it for a certain time. Given a task and an achievable goal will challenge the child to improve and concentrate. The time can be increased in stages as the child develops. This strategy helps the child to focus and control their bodies.

Key Things to Remember

- Understand the struggle a student has with ADHD and provide an ordered, safe and predictable classroom environment.
- Communicate with the student’s parents. Learn about their child’s strengths and weaknesses. Ask what teaching methods have been most effective with their child in school and at home.
- Make time to speak to the student individually. Provide negative feedback in private, and praise them when they perform techniques correctly.
- Simplify instructions, techniques and movements. Have the child successfully complete one step before introducing the second step.
- Divide lessons into relatively short segments and ensure variety.

Autism and Asperger syndrome

Definition

Autism

Autism is not a single disorder but a spectrum of closely-related disorders with a shared core of symptoms. Every individual on the autism spectrum has problems to some degree with social skills, empathy, communication and flexible behaviour. The level of disability and the combination of symptoms varies from person to person ("Autism Spectrum Disorders: A Parent's Guide to Symptoms and Diagnosis on the Autism Spectrum," n.d.). Autism Spectrum Disorder is a life-long developmental disability affecting social and communication skills. People with this disability can also have accompanying learning disabilities; but, whatever the general level of intelligence, children and adults with the condition share a difficulty in making sense of the world. Because of the differing degrees of severity and variety of manifestations, the term Autism Spectrum Disorder is often used to describe the whole range. Autism is the most common condition in a group of developmental disorders known as autism spectrum disorders (ASDs). Autism is characterized by impairments in three distinctive areas; verbal and non-verbal communication, social interactions and repetitive behaviours ("what-is-autism," n.d.).

A 2008 New Zealand Ministry of Health guideline on autism spectrum disorders stated that a 2006 study from the United Kingdom reported a total prevalence of all autism spectrum disorders of 116.1 per 10,000 children, with a prevalence of autism of 38.9 per 10,000 children with boys being affected about four times more frequently than girls (Ministries of Health and Education, 2008).

Asperger syndrome

The term Autism Spectrum Disorder includes Asperger syndrome, which is a form of autism at the higher functioning end of the autism spectrum. Asperger syndrome is defined as a pervasive developmental disorder characterized by reciprocal social deficits and idiosyncratic interest in the absence of mental retardation and language delay (Ghaziuddin, n.d). People with Asperger syndrome are of average (or higher) intelligence and generally have fewer problems with language, often speaking fluently, though their words can sometimes sound formal and ideas which are abstract, metaphorical or idiomatic may cause confusion and be taken literally. ("Autism New Zealand Inc. - About Autism," n.d., "What is Asperger syndrome? - | autism | Asperger syndrome |," n.d.).

Symptoms

Autism

As children get older, indicators for autism become more diverse. There are many warning signs and symptoms, but they typically revolve around impaired social skills, speech and language difficulties, non-verbal communication difficulties, and inflexible behaviour ("Autism Symptoms & Early Signs: What to Look for in Babies, Toddlers & Children," 2014).

Signs and symptoms of social difficulties in autism

Basic social interaction can be difficult for children with autism spectrum disorders. Many children on the autism spectrum seem to prefer to live in their own world, aloof and detached from others. In a Taekwon-Do setting, this may manifest as unwillingness to engage in games, and group exercises. Some indicators of social difficulties are;

- Appearing disinterested

- Inability to connect with others
- Preferring not to be touched
- Not appearing to hear when others talk to them

("Autism Symptoms in Children & Adults - WebMD," n.d.).

Signs and symptoms of speech and language difficulties in autism

Children with autism spectrum disorders have difficulty with speech and language. Some signs are;

- Speaking in an abnormal tone of voice
- Repeating the same words or phrases
- Referring to themselves in the third person
- Using language incorrectly
- Difficulty communicating needs or desires
- Inability to understand simple directions, statements, or questions
- Taking what is said too literally i.e. missing undertones of humour, irony, and sarcasm

(Tsai, 1997; "Autism spectrum disorder - Symptoms - NHS Choices," n.d.,)

Signs and symptoms of nonverbal communication difficulties in autism

Children with autism spectrum disorders have trouble picking up on subtle nonverbal cues and using body language. Some signs of nonverbal communication difficulties are;

- Avoiding eye contact
- Using facial expressions that don't match what they are saying
- Inability to read other people's facial expressions, tone of voice, and gestures

- Reacts unusually to sights, smells, textures, and sounds. Autistic children can be especially sensitive to loud noises
- Abnormal posture, clumsiness, or eccentric ways of moving, i.e. walking on tiptoes

("Autism Symptoms in Children & Adults - WebMD," n.d.).

Signs and symptoms of inflexibility in autism

Children with autism spectrum disorders often display restricted, inflexible, and even obsessive behaviours, activities, and interests. The inflexibility of autism can be a major obstacle in the teaching of Taekwon-Do. Some signs are;

- Following a rigid routine
- Difficulty adapting to any changes in schedule or environment
- Preoccupation with a narrow topic of interest, often involving numbers or symbols
- Repeating the same actions or movements over and over again, such as flapping hands, rocking, twirling, or repeating words or noises. These actions are known as self-stimulatory behaviour. - Some researchers and clinicians believe that these behaviours may soothe children with autism more than stimulate them.

(Tsai, 1997; "Autism spectrum disorder - Symptoms - NHS Choices," n.d.,)

Asperger syndrome

People with Asperger syndrome suffer from social deficits of the autistic kind. These deficits are of the reciprocal kind in which the normal give and take of human relationships is missing or deficient. It is not clear if these deficits are fundamentally different from those that occur in persons with autism. People with Asperger syndrome tend to be active but odd, compared to those with traditional autism, who are mostly defined as passive or aloof (Ghaziuddin, n.d).

Children with Asperger syndrome may:

- Not pick up on social cues and may lack inborn social skills, such as being able to read others' body language, start or maintain a conversation, and take turns talking
- Dislike any changes in routines.
- Appear to lack empathy.
- Be unable to recognize subtle differences in speech tone, pitch, and accent that alter the meaning of others' speech. The child may not understand a joke or may take a sarcastic comment literally. Their speech may be flat and hard to understand because it lacks tone, pitch, and accent.
- Have a formal style of speaking that is advanced for their age.
- Talk a lot, usually about a favourite subject. One-sided conversations are common.
- Internal thoughts are often verbalized.
- Avoid eye contact or stare at others.
- Have unusual facial expressions or postures.
- Be preoccupied with only one or few interests, which he or she may be very knowledgeable about. Many children with Asperger syndrome are overly interested in parts of a whole or in unusual activities.
- Have delayed motor development.
- Have heightened sensitivity and become overstimulated by loud noises, lights, or strong tastes or textures.

("Asperger syndrome Symptoms in Children, Teens, Adults," n.d)

A child with one or two of these symptoms does not necessarily have Asperger syndrome. To be diagnosed with Asperger syndrome, a child must have a combination of these symptoms and significant trouble with social situations.

Although the condition is in some ways similar to autism, a child with Asperger syndrome typically has normal language and intellectual development. Also, those with Asperger syndrome typically make more of an effort than those with autism to make friends and engage in activities with others. ("Asperger syndrome Fact Sheet: National Institute of Neurological Disorders and Stroke (NINDS)," n.d)

Appendix 1 contains a chart that may help understand the differences between Autism and Asperger syndrome. It is worth noting that there are several disorders on the spectrum. However, for the purposes of this report only, Autism (Classical and High-Functioning) and Asperger syndrome have been studied. The full Autism spectrum contains; Classical Autism, High-Functioning Autism, Asperger syndrome, Pervasive Developmental Disorder – Not Otherwise Specified (P.D.D NOS), and Semantic Pragmatic Language Disorder.

Teaching Children with Autism and Asperger syndrome

The teaching methods for autism and Asperger syndrome in a Taekwon-Do environment are largely similar. While there is a need for specialist teaching strategies in a school or education environment, the overall principles can be applied in a Taekwon-Do setting to both autism and Asperger syndrome.

Teaching methods will need to be individualised between children who have autism and Asperger syndrome as there is no one size fits all solution with any child. As with all special needs conditions, communication with parents is the first step in being able to identify a teaching method that works for the individual. Parents will be able to guide an instructor towards the best methods and strategies that work for the student. Parents will be able to inform the instructor of specific 'triggers' of the student, i.e. sensitivity to loud noises, and be able to work

with the instructor to create a facilitative learning environment. In the example of sensitivity to loud noises, an instructor may decide to limit or remove the use of “kihaps” from trainings.

Many people with autism and Asperger syndrome are visual thinkers and will respond better to visual directions rather than verbal directions ("Teaching Tips for Children and Adults with Autism," 2002). Instructors should demonstrate techniques and instructions, and associate them with the correct terminology, i.e. instruct the student to perform a front snap kick and demonstrate it at the same time, this will assist in the association of a front snap kick and the movement (Yanardağ, Yılmaz, & Aras, 2010). This is a standard Taekwon-Do teaching method, but it is usually directed at beginners. Students with autism and Asperger syndrome, will need regular reinforcement to perform the correct technique with the instruction.

Students with autism and Asperger syndrome perform best when their routine is predictable, with clear expectations. Establishing and following a visual schedule eliminates the unexpected and assists students in anticipating and preparing for transitions ("Effective strategies for teaching children with autism spectrum disorders - Autism-World," 2007). Schedules should be visual and kept in the same location. For a Taekwon-Do class, providing the student with a clear outline of the class will allow them to prepare for transitions between exercises. A written program placed somewhere in the do-jang will allow the student to visualize what the lesson plan is for the session, when each exercise will commence and finish, and also when the class will end. Autistic and Asperger syndrome students do best when the program remains consistent and there are clear expectations.

Instructors should ensure and encourage eye contact during training, as children with autism and Asperger syndrome have difficulty in maintaining eye contact. Poor eye contact influences poor participation in physical activity and sports, and social integration. The instructor

should get on the same eye level as the student to provide eye contact during training. By also touching of the student, and then providing a verbal stimulant, the message to the student will be reinforced and hopefully absorbed. The instructor should give task direction such as “front snap kick” to the student at the beginning the activity while maintaining eye contact. Task direction should not be given when eye contact is lost (Yanardağ *et al*, 2010). Eye contact during instruction with a student will help communication and trust develop between the student and the instructor and will facilitate learning.

Key Things to Remember

- Communication with the student and the students’ parents is the first step to understanding the individual and what their specific needs are.
- Keep lessons consistent, change may unsettle a student with autism or Asperger syndrome.
- Identify the student’s negative ‘triggers’ and work to minimise or eliminate them from the lesson, i.e. loud noises.
- Establish eye contact with the student before providing instructions or feedback.
- Be patient.

Appendix 1

The Autistic Spectrum Disorders

Adapted from Asperger syndrome and High-Functioning Autism: Same or Different by M Ghaziuddin.

	Social Interaction	Language/Communication	Range of Play/ Activities/Interests	Cognitive Impairment
Classical Autism	Markedly aloof Very little interaction Only to obtain own needs Poor eye contact Uses people as objects In own world	No speech Occasional words/jargon Echolalia (automatic repetition of vocalizations made by another person) No gesture.	Repetitive Sterotypics No Functional use of toys Rigid Routines	Impairment usual: Mild/Moderate Severe
High- Functioning Autism	Relates to family Poor interaction with peers A "loner"	Some speech Echolalia Ritualistic or formulaic use of speech	Repetitive Over-focused on one aspect of play or toys	Normal to Mild impairment May have some isolated skills
Asperger syndrome	Detached Socially isolated Indifferent or unaware of others' feelings	Speech present but odd syntax and idiosyncratic use Not used in reciprocal conversation	Obsessions with certain topics objects May have routines or rituals	Borderline to Normal May have some isolated good skills e.g. Reading, computer skills.

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