

joining in
making friends
understanding others
communicating effectively
learning together
feeling at ease

The Derbyshire File for Autism Friendly Schools



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Thanks

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Acknowledgement to EQUALS

The authors of this file also wrote a training module on working with pupils with autism for EQUALS. This is due to be published in 2004. A few sections in the Autism Friendly File are closely related to that module. EQUALS' copyright is acknowledged wherever there is a direct overlap of content.

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We have referred throughout to people “with autism”. We apologise to the many people who would rather be called “an autistic person”. The choice was made in the interests of a consistent style. We think that, if in doubt, professionals should ask the person concerned what they prefer.

DERBYSHIRE AUTISM SUPPORT GROUP

Please note that references to this group are for parents and people who work with children with ASD in Derbyshire. You may have purchased the file, but live or work outside Derbyshire. If you are in another area of the UK, there is likely to be a similar group in your local area, which you will probably find most easily through the Internet.

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SECTION ONE

What is autism spectrum disorder?

Part 1 General introduction

- ▽ What is ASD?
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Section 1, Part 1 – General introduction

What is autism spectrum disorder (ASD)?

ASD is a term increasingly used to describe individuals who have certain features in common.

△ The characteristics are often referred to as **‘The Triad of Impairment’** and these are:

- ▽ Problems in the understanding and use of non-verbal and verbal communication.
- ▽ Difficulties in interpreting social behaviour, which then has an impact on their interactions with others.
- ▽ A tendency to think and behave in a more rigid manner than others.

Many individuals with ASD also have other traits including differences in sensory processing.

All of these affect children and pupils in schools and early years settings. Each person with ASD is an individual both in abilities and areas of strength and weakness.

Many people with ASD are fed up with always being described in terms of three areas where they are lacking.



They point out that they have strengths as well. There are things that people who are not autistic – “neurotypicals” – are bad at, too.

The neurotypical cave dwellers may have enjoyed partying in the cave mouth, but we also owe something to the person who persisted in banging the stones together at the back of the cave.

What are the strengths of pupils with ASD?

Despite all the differences outlined above, pupils with ASD also have considerable strengths which can be developed and used positively within the classroom. Some of these may be:

- ▽ An unusually good memory for facts.
- ▽ A focus on a narrow range of interests, meaning they are well informed on some topics.
- ▽ Skills in ICT, science, maths, technology.
- ▽ A determination to complete tasks to a high standard.
- ▽ Complying with rules, e.g. punctuality, following routines.
- ▽ Honesty, even at the cost of social popularity.

- ▽ High-level language skills, good vocabulary.
- ▽ Highly original thinking skills.
- ▽ Reliability.
- ▽ Lack of embarrassment in social situations.

How common are ASDs?

The figures for the numbers of pupils with an ASD vary, but the minimum is 10-30 for every 10,000 under 8 years (MRC2001). The most recent report suggests that a more realistic figure would be as many as 66 for 10,000 (NAS Autism in Schools – Crisis or Challenge?). This means the majority of mainstream schools will have at least one pupil with ASD. In a secondary school of 1000 pupils there are likely to be more than 6 pupils. Therefore, all school staff will encounter a pupil with ASD during their career.

What you may notice at school

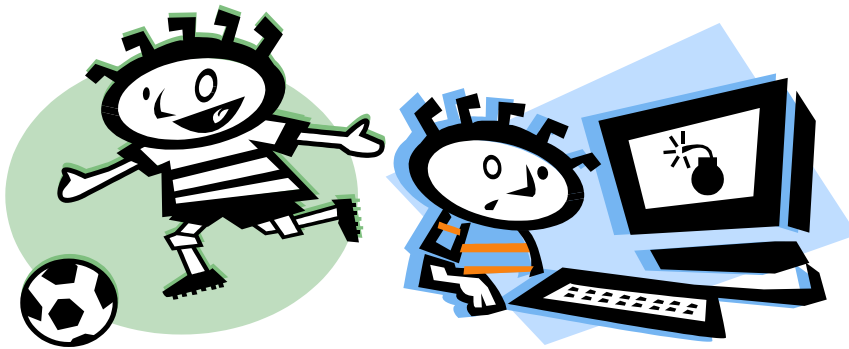
Nursery	Key Stage 1 and 2	Key Stage 3 and 4
Play isolated, repetitive, superficial, limited	Isolation – at work and play	Poor social skills – not 'with it'
Attention – 'flitty' or fixed for a long time on one activity	Inappropriate play – too rough	Doing things to 'make friends'
Tactile defensive – avoids messy activities	Lack of imagination, or in a fantasy world	Bullying and scapegoating
Prefers mechanical toys – trains, cars	Very emotional	Over-emotional
Social – lack of awareness of others	Lacking motivation	Lacking motivation
Unaware of personal space of others, demands own personal space	Socially immature – left behind by peers	Inappropriate behaviour towards staff or pupils of different gender, over familiar with teaching assistants
No motivation to please adults	Copies other children's work – sees no problem	Special interest can be sole conversation
Turn taking and sharing skills poor	Copies inappropriate behaviour	Puberty – lack of understanding
Language – receptive – lack of understanding, limited concentration	Turn-taking and sharing hard – group work, working with a partner, waiting to answer a question	Organisation of self, equipment, timetable, work, homework
Language – expressive – general difficulties	Behaviour with staff – over-familiar, 'cheeky'	Depression and anxiety
Has difficulty following adult instructions	Understanding instructions hard	Difficulty with complex instructions

Problems with sleep, toilet, food, dressing and undressing	Answering the right question	Problems with breaks, bus journeys, lunch money, ordering food
Rigid routines	Poor expressive language skills	Recording difficulties
Behaviour – screams, tantrums, anxious, withdrawn, hand flapping	May need assistance with personal care – toilet, dinners, hand washing	Sensory overload – dining room, corridors
Doesn't report accidents and pain	No sense of danger – main road, yard	
No sense of danger	Recording problems	
Lack of generalisation – knows figures 1-5, but no meaning	Literacy and numeracy difficulties – lack of generalisation	
Clumsiness – gross and fine	Clumsiness – not picked for partner or team	
Sensory reactions	Sensory intolerance – fire alarm, assembly	

Is this autism spectrum disorder?

It is important to remember that all children have family characteristics, individual personalities and past experiences. This means that every child is different. No two children with autism spectrum disorder are identical.

Joel and Anthony are brothers. Each has a diagnosis of ASD, but they are also individuals – and, like other pairs of brothers, very different individuals, too.



Joel is the older one. He was Jim and Mary's first child. From the outset he was irritable, slept very little and had poor feeding patterns. From an early stage his parents felt there was a problem and it was no surprise when at the age of 2 he was diagnosed with autism.

He is now 8 years old, has no spoken language, is not toilet trained and has a very limited diet. His interests include playing on the computer and jigsaws. He is educated in a specialist setting and has many learning difficulties.

Anthony is Mary and Jim's second child. He is 2 years younger than Joel. As a baby he was very different from Joel. He ate well, slept all night and was very passive. Although slower in developing spoken language than others of his age, his mum did not have concerns until he started at nursery, where members of staff were immediately concerned about his lack of social interaction and unusual play patterns. At first they wondered if he lacked social experiences because of his older brother. However, these skills did not develop and, before he was due to move into school, further advice was sought. Eventually, he was also diagnosed with ASD.

Jim and Mary found this hard to come to terms with, because he was so different from his brother.

Anthony continues to attend a mainstream school, with support focused particularly on his social skills and access to the curriculum. He has many strengths, in particular, an immense knowledge of garden insects and other "creepy crawlies".

Why are students with ASD in mainstream schools?

Throughout education, there is a move towards much greater levels of inclusion.

Removing barriers to achievement summarises recent Government statements about inclusion.

*“The 1997 Green Paper **Excellence for all children** signalled our commitment to the principle of inclusion and the need to rethink the role of special schools within this context. The SEN and Disability Act 2001 delivered a stronger right to mainstream education, making it clear that where parents want a mainstream place for their child, everything possible should be done to provide it.”*

Children with autism spectrum disorder need schools to work to remove barriers to their learning. Practical experience shows that this can be done for many children within reasonable expectations for effective mainstream schools.

Who is going to help schools work with students with ASD?

- ▽ Derbyshire LEA is working in a number of ways to support schools in addressing the needs of this group of pupils. Similar arrangements will be found in most LEA areas.
- ▽ Courses are regularly held and advertised in the Course and Conference literature and on the Derbyshire Extranet.
- ▽ There are also services available to individual Derbyshire schools from the autism outreach teachers, educational psychologists and support service for special educational needs. These can include INSET, training, advice and support with individuals and information leaflets.
- ▽ There are locally run support groups in areas of the County.
- ▽ The voluntary sector can also be helpful.

This file also contributes to the overall LEA strategy for supporting schools by ensuring that detailed information is available within each school.

How will this file support my school?

The information available within this file is practical, up-to-date and clear. The organisation of the file should enable all school staff to have easy access to the information that they need. It provides information on dealing with specific problems and how to develop a broader understanding of the needs of pupils with ASD.

Section 1, Part 2 – Misunderstandings, and some current areas of debate

Myths and misunderstandings

For many years, ASD has been the subject of myths and misunderstandings. These include:

“Children with autism all have an area of exceptional ability.”

Some can have an excellent memory for facts on a subject they are interested in. Some have genuinely savant abilities, usually music, art or calculation, but they are in the minority. Novels and films often use people with autism who have an exceptional area of ability. Remember that novels and films often concentrate on exceptional people – but we are not all Miss Marple, Harry Potter or Mr Darcy. Recognise and use exceptional talents in children where they exist – but do not burden them with an expectation.

“Autism can be caused by poor parenting.”

Bruno Bettelheim was one of the first to describe autism in children. He saw resemblances to the trait of autism seen in people with schizophrenia – but we know now that childhood autism is not closely related to schizophrenia. He thought that children with autism behaved similarly to some people who retreated into themselves in the awful deprivation of concentration camps, and that childhood autism might be a reaction to parental behaviour, especially a cold and detached style of mothering. This was soon found to be incorrect. There is no clinical or research evidence that parents of children with ASD are more rejecting than others. Any difficulties are usually the result of having a non-responsive child.

“Autism can be cured.”

Autism is a lifelong condition, but children with ASD can make considerable gains, especially with appropriate education. Many able adults do learn to manage their difficulties.

“There is a ‘normal’ child hiding inside the autism.”

This stemmed from ideas that autism was a disorder of psychological origin, perhaps stemming from parenting style.

Some teachers still feel this when they are working with children, particularly the very

young. However, autism is a severe, physically based disorder which involves a different way of processing information and seeing the world, and is a lifelong condition.

☹️ **“All children with autism show the same specific behaviours, e.g. they refuse to give eye contact, they dislike being touched, and they line up cars.”**

Each child is an individual with their own interests, patterns of behaviour and experiences. There may be some common elements but not all children who have ASD will show any one specific behaviour. Though we have set out issues which affect many children, real children with ASD vary widely, like any other group.

☹️ **“There is only one way to teach children with autism.”**

Many different strategies have been developed which have proved successful with children with ASD. As with any child, it is important to choose strategies that suit the child. In this file we set out approaches and strategies which many teachers have found effective. When teachers who are effective with autism have been observed, they do some things in common. Their strategies include concentrating on communication and understanding, taking steps to help the child avoid their emotions interfering with learning, and giving extra structure. Even where people say they use a very fixed approach, observation shows that, they mix and match approaches. Teaching children with autism needs skills that are similar to those of all effective teaching, but some approaches and principles work better for this group than others.

☹️ **“Children with autism don’t want to have any social contact.”**

Children with Asperger Syndrome often want to interact with their peers, but lack the strategies to do so, and need help to develop them.

Current areas of debate



Many LEAs report a steady increase in the number of pupils with special needs as a result of ASD. The growth in ASD is reported throughout the developed world.

There is much debate as to whether this is a real increase or a result of better diagnosis and other factors which include:

- ▽ Greater public and professional awareness.
- ▽ Parents’ concern about the impact of interventions, such as the MMR vaccine, the use of antibiotics and extensive use of pre-natal scanning.
- ▽ Environmental factors including industrial pollution, insecticides and other pest controls.
- ▽ Changing diagnostic thresholds.

There is also a debate about 'treatment and cure':

Can diet help?



Casein and gluten free diets have been tried, but, as yet, there have been no properly controlled studies and more research is needed. You may meet a child in school who is following a specialist diet.

Can medication help?



There is no specific medication currently recommended for the treatment of autism as a disorder in itself.

Doctors use a range of medications for particular problems or attention difficulties. These are usually drugs that are used with a range of children, not just those with ASD. All of these may alleviate a particular symptom, but will not "cure" autism. A significant number of children with ASD have epilepsy and are prescribed medicine for this.

If a child in your school who has ASD receives medication, it can be useful to the prescriber to know what is happening. With the parent's permission, direct contact with the school can be very helpful to the prescribing doctor in knowing what is happening. If a child shows sudden changes when a medicine is introduced, whether for better or worse, let their parent know and ask their permission to contact the prescribing doctor and let him or her know what you have seen in school.

There are some medicines that have been claimed to affect the condition of autism itself. There is no medicine that has yet been shown in well-conducted trials to be unequivocally beneficial.

It is, of course, possible that a medicine will be found which influences the underlying processes, but at present, there is no medicine of general applicability. Where a child is receiving a medication thought to affect the course of autism, schools should carry on using good practice for children with ASD and report any changes in the pupil to their parent and, if possible, the prescriber.



Many parents have tried aromatherapy and homeopathic remedies. Some people think they have had beneficial effects, although they have not been scientifically proven to be of benefit. (See Section Three for further information).

Specific programmes and approaches

There are very many approaches for children with autism which have strong advocates. In some cases, the advocacy includes suggestions of cure.

There is no approach that has been demonstrated to cure autism by the standards of experimental quality needed, for instance, in drug tests.

Some approaches have claimed to help children with autism to the point where their autism can no longer be detected, but there is no approach where this is an established fact.

As evidence grows that autism is a biologically based condition, it seems reasonable to conclude that it is unlikely that cures will be found. There are also many physically based developmental disorders where education is a major part of intervention, despite cause often being quite well understood.

Section 1, Part 3 – Diagnosis and Assessment

Is diagnosis important?



Yes – it gives access to relevant literature, support from other parents, information on the Internet, resources and teaching strategies.

Most importantly, understanding an individual's behaviour is crucial to helping him or her.

Diagnosis of ASD needs to be seen as just one of the factors that make up the individual. A child has his or her own personality, family characteristics, experiences and relationships which all influence the way in which he or she behaves.

It is common for a child with ASD to have other conditions. Frequent ones are Attention Deficit Hyperactive Disorder (ADHD), dyspraxia and epilepsy.

ASD is much more common in boys than girls, particularly at the high ability end of the spectrum. The Scottish Needs Assessment Programme Publication refers to a "generally accepted ratio of 4:1".

Frequently used terms

Different sub-groups within the spectrum have been identified, for example:

- Classical autism or Kanner syndrome
- Atypical autism
- Infantile/childhood autism
- Autistic tendencies/characteristics
- High functioning autism

It is now considered more useful to use the term autism spectrum disorder, as all individuals within these sub-groups experience difficulties that are linked to 'The Triad of Impairment'. In American practice it is common to refer to autism as one of a group of "pervasive developmental disorders" and you may come across this term.

Asperger Syndrome is a variant of autism that has its own diagnostic criteria. It is far more common than classic autism and may be diagnosed in children who would not previously have been thought to be autistic. There is a great deal of literature specifically about Asperger Syndrome (see book list). There is still a good deal of debate about whether it makes more sense to separate Asperger disorder into a distinct category.

You may encounter a pupil with a diagnosis of *Pathological Demand Avoidance* (PDA). Elizabeth Newson has identified and named this cluster of difficulties which she considers makes up a distinctive syndrome, separate from autism or Asperger syndrome, for example.

A description of different syndromes within “pervasive development disorder” together with a good deal of other medical and scientific information on ASD can be found in Tom Berney’s 2000 article in the British Journal of Psychiatry, at the time of writing at <http://bjp.rcpsych.org/cgi/content/full/176/1/20>.

- The features that make up PDA include an obsessional resistance to demands to a pathological degree. (Not just “terrible two” behaviour or angry oppositional behaviour seen in children with limited or inappropriate opportunities for social learning.)
- The pupil often resists these demands by social manipulation and control strategies, such as talking about other things that they are interested in, leading the conversation on to other topics and generally doing anything, rather than comply with the demands placed upon them.
- They usually have mood swings and are highly impetuous.
- They may have severe panic attacks, which can lead to violence.
- Unlike pupils with autism, they usually have good language abilities with few pragmatic problems, but the content of their conversation can be bizarre.
- They appear to be sociable, but can lack a sense of responsibility. (Nothing is ever their fault!)
- They may be socially obsessed with another pupil.
- They are usually comfortable in role-play and pretending, in fact some of them ‘become’ other people in order to avoid demands.
- They usually have a history of being passive.

If you have a pupil in your school with this diagnosis, contact your educational psychologist or autism outreach teacher for further advice. These pupils do not necessarily respond to the strategies that we recommend for pupils with a diagnosis of autism spectrum disorder. Elizabeth Newson and her co-workers have identified additional and different strategies for this group. However, some pupils identified as having PDA do, in practice, respond in school to frequently used strategies for autism. Children should not be diagnosed as having PDA on the basis of “normal autistic” resistance to change.

For more reading on PDA, including links to some of Elizabeth Newson’s papers, visit www.pdaorg.uk.

Pathological Demand Avoidance can easily be confused with other difficulties. As in other types of autism spectrum disorder, assessment should be based on the child’s behaviour in a range of situations. Assessment should also take into account the child’s response to actual teaching strategies.

Who can diagnose and what assessments do they use?



A diagnosis may be made by a paediatrician, a school doctor, an educational psychologist or clinical psychologist, a psychiatrist, a GP, a speech and language therapist or by the Child and Adolescent Mental Health Service (CAMHS).

Other professionals, such as health visitors, the staff in early years settings or school staff, may suspect some difficulties and request further assessment.

There is no one diagnostic test, and therefore professionals may disagree. In some cases, a psychologist or other professional, may wish to confine their own input to saying that a child shows autistic behaviour or features of autism, and suggest that the diagnosis should be made by a doctor. Where this occurs, it is sensible to consider starting straight away on approaches in school suitable to a child or young person with ASD, provided they fit what is seen of that pupil in school.

There are several keys to an accurate diagnosis.

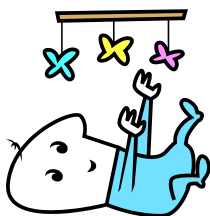
Here are some elements that are often included in a diagnosis. The highlighted actions ought always to contribute to the diagnosis.

- Observation of the child in different settings.
- Detailed information from families.
- Video evidence.
- Assessment of language, social, communication and cognitive skills.
- Checklists as a means of obtaining information covering most of these areas.

Some of the commonly used assessments that you may come across are:

- The Autism Diagnosis Interview (ADI) (Le Couter et al 1989).
- The Autism Diagnostic Observation Schedule (ADOS) (Lord et al 1989).
- The Childhood Rating Scale (CARS) (Schopler et al 1980).
- The Pre Linguistic Autism Diagnostic Observation Schedule (PLADOS).
- The Diagnostic Interview Schedule and Childhood Observation (DISCO).

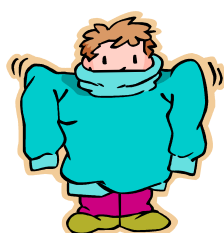
When can a diagnosis be made?



Parents, carers and health professionals may notice signs of an ASD early in the child's life, but diagnosis is rarely made before the age of two. At present, the average age of diagnosis is five. However, diagnosis can be made at any age, even in adult life.

An early diagnosis is beneficial because it helps to focus the support and strategies appropriately. There are national recommendations about how agencies can look at making processes more effective.

Is it possible to misdiagnose?



It is important to take time when considering a diagnosis. Misdiagnosis is very easy. A diagnosis of autism can have a powerful effect on a young person's life. We have already set out the advantages of a diagnosis. Having your needs assessed wrongly can have many disadvantages.

Many children with ***specific language difficulties*** could be identified as being on the spectrum. As their language develops their social interactions increase and their “autistic behaviours” decrease.

Children with ***attention difficulties*** often lack imaginative play and can appear socially aloof and “flitty”.

Undetected hearing problems may make a child appear unsociable or unable to follow instructions. Assessment of hearing should be a part of assessing all learning and behaviour difficulties.

Emotional problems may lead to a lack of attention, motivation and a resistance to change.

Family characteristics, such as shyness, lack of interest or the opportunity for social contact, can lead a child to appear socially isolated.



A word of reassurance for teachers – Many of the approaches that we set out here are appropriate for a wide range of children with special needs. Many teachers have found that introducing visual structure, timetables and work systems helps children with a range of difficulties. Thus you are unlikely to harm a child by introducing these approaches – but if they really have difficulties other than autism, it may be that other approaches should be emphasised. The fact that a visual and time structure works for a

child does not imply that they have ASD – but these structures do work for many children with ASD.

SECTION TWO

Where and how children and young people with autism need help to gain access

Part 1 Language and communication

- ▽ Language and communication
- ▽ Limited language
- ▽ Limited application of language
- ▽ Jokes, sarcasm and irony
- ▽ Body language and intonation
- ▽ Appropriate use of language
- ▽ Alternative communication systems
- ▽ Signs and symbols
- ▽ PECS – Picture Exchange Communication System
- ▽ Some frequently asked questions about language

Part 2 Social understanding and social behaviour

- ▽ Social understanding and social behaviour
- ▽ Doing the right thing in the right place
- ▽ Lack of awareness of others' response
- ▽ Developing and sustaining social situations
- ▽ Simple Social Stories™ for children with ASD and other communication problems
- ▽ Why do we write Social Stories?
- ▽ What is a Social Story?
- ▽ How do you write a Social Story?
- ▽ How do you introduce a Social Story?
- ▽ How do you review the Social Story?
- ▽ How do you fade the Social Story?
- ▽ A common mistake with Social Stories
- ▽ Comic strip conversations
- ▽ Circles of friends

Part 3 Flexibility and resistance to change

- ▽ Reluctance to accept normal levels of change
- ▽ Problems with unexpected change
- ▽ Fixation with their own interests
- ▽ Need for rigid routines and sameness
- ▽ Difficulties in applying knowledge and skills to different areas
- ▽ Display of repetitive actions and behaviours

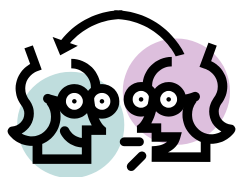
Part 4 Sensory differences

- ▽ Sensory differences
- ▽ Sound sensitivity
- ▽ Visual perceptual differences
- ▽ Smell and taste
- ▽ Touch sensitivity

Part 5 The impact on learning

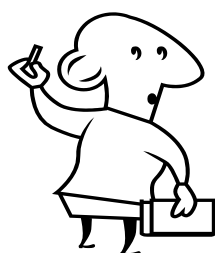
- ▽ Learning
- ▽ Cognitive differences
- ▽ Visual skills
- ▽ Memory
- ▽ Imagination
- ▽ Problem solving and cognitive flexibility
- ▽ Patterns of learning
- ▽ Attention
- ▽ Anxiety and stress
- ▽ Motivation
- ▽ Dependence/independence
- ▽ Recording
- ▽ Homework

Section 2, Part 1 – Language and communication



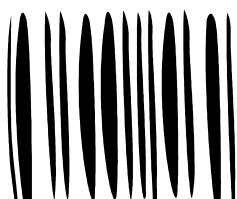
Language is the most distinctive of human characteristics. Most religions see language as a divine gift limited to people. It seems to be one of the most recently evolved human characteristics. Problems in language acquisition and use are among the most frequent results of injury to the brain, or of something going wrong in its development. Language has been thought to give people particular advantages over other creatures. We use it to understand, to predict, to help remember, and to develop the ways in which we tackle things.

Here are some stories that illustrate some difficulties that young people with ASD meet.

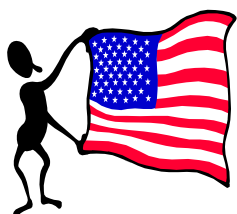


Mrs Lambert, a sturdy woman, had to squeeze through the spaces left between chairs and desks in a year 6 class in an old Victorian building. “I can see that Weight Watchers hasn’t worked very well, Mrs Lambert. Have you tried Slimfast?” said Tony in a nice clear voice!

Donna Williams, an able woman with ASD, wrote in her 1992 book ‘Nobody Nowhere’:



“Sometimes people would have to repeat a particular sentence several times for me as I would hear it in bits and the way in which my mind segmented their sentence into words left me with a strange and sometimes unintelligible message. It was a bit like when someone plays around with the volume on the TV”.



Liam’s parents first became concerned when he didn’t speak. He had his hearing tested and saw the speech and language therapist. He then received a diagnosis of ASD. Now, having developed an interest in American cartoons and videos, he speaks with an American accent, using American vocabulary, volume and intonation.

Language and communication

Language and communication form the first element of the “Triad of Impairment”. The extent of the difficulties varies hugely between children.

- Some children have no spoken language and are reliant on alternative means of communication, such as signing, using pictures or using symbols. Some people with ASD never develop speech, even as adults.
- Some children appear to have adequate language skills, but their application is limited and their understanding is weak.
- Finally, there are those who communicate well until they encounter the more subtle aspects of language such as humour, sarcasm, jokes, intonation, prosody (the tone and lilt of the voice), gesture, facial expression and body language.

Limited language

Some pupils have very little or limited language skills, both expressive and receptive (speaking and understanding).

For these pupils it will be necessary to develop other means of communication. Input from a speech and language therapist will often be helpful. There is more good advice in the “Derbyshire File for Language Friendly Schools”.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Explosions of temper when the child is frustrated and unable to communicate. • Rapid changes in mood. • Lack of co-operation with adults and peers. 	<p>For all of these behaviours the solution lies in understanding the child’s problems and providing a means of communication.</p> <p>Refer to sections on PECS (Part Two), TEACCH, visual timetables and work systems (Part Three).</p>

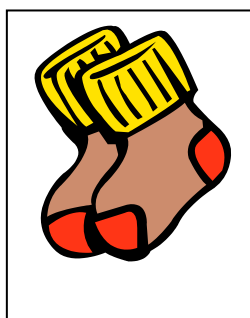
Limited application of language

Following instructions is a particular area of difficulty for pupils with ASD. This is because of their problems with comprehension, short-term memory and because they are often unaware that the instructions given to the class apply to them.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may appear confused, may only respond to part of an instruction. • After an instruction is given, the pupil may appear unresponsive, inappropriate in their response, stuck on a previous task of their 	<ul style="list-style-type: none"> • Keep instructions short, clear, unambiguous and positive. • Break instructions down into steps. • Cue the pupil by saying their name before the instruction, supported by a visual signal.

<p>own choosing.</p> <ul style="list-style-type: none"> • They may copy the response of their peers. • They may not appear to be listening – lack of eye contact, “fiddling”. 	<ul style="list-style-type: none"> • Remind them to listen. • Avoid rephrasing or repetition, as this requires them to process the language from scratch. • Support spoken language with visual cues where possible. • When work is differentiated, bear all this in mind.
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Jokes, sarcasm and irony



Pull 'em up!

These more subtle aspects of language can be difficult for a pupil with ASD. They often have literal understanding and can misinterpret even straightforward information. For example, you may say, “Can you fetch your coat?” The child says “Yes”, but does not fetch it!

Other areas of difficulty are the use of metaphors such as “keep your hair on”, or the use of sarcasm, such as “Brilliant catch”, when the child has actually missed the ball.

In all of these instances, the *literal* interpretation is not what was intended.

Although jokes which rely on language can cause difficulty, many pupils with ASD enjoy slapstick and visual humour.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may become anxious or upset when others are laughing and may hit out. • The pupil may appear confused. • They may display inappropriate reactions, such as laughing too loudly or too long. • The distress may lead to obsessive behaviour. 	<ul style="list-style-type: none"> • Say what you mean and mean what you say. • Do not make an instruction sound like a request. • Avoid the use of “Would you like...?” or “Can you...?” • Avoid the use of sarcasm and irony in general, but particularly with these pupils. • Take time to explain jokes. • Try to find out why a situation has gone wrong and explain. • Take time to give advice about more appropriate responses. • Encourage pupils to ask for clarification when they are not sure.

Difficulties with understanding language do not preclude a sense of humour. Brendan was a very autistic, but able Y4 pupil whose teacher was given to jokes. The teacher continued to joke but made sure Brendan understood what was meant. After a while Brendan became pleased with the jokes, but always signalled he understood something was a joke by saying “you silly man”. Sometimes teachers have to accept much modified forms of communication and language from this group.

Body language and intonation



Many pupils with ASD have poor awareness of the “communication extras”, such as body language, gesture and intonation.

For many pupils this can affect both their use and understanding of language.

This can lead to misunderstanding at all levels of interaction and leaves pupils vulnerable to bullying and teasing.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may not respond to the gesture and meaning of body language and facial expression. • They may misinterpret social signals, both friendly and hostile. • They may interpret others' behaviour as bullying when it is not. • Lack of understanding may lead to anxiety, uncertainty and distress. 	<ul style="list-style-type: none"> • Try to ensure that your body language, facial expression and gesture match your spoken message. • From the earliest stage, set IEP targets specifically to teach the use and interpretation of these additional communication skills. • For older pupils teach them to watch what others do and to try to learn from them. • Try to choose a good role model!

This group of pupils can be very prone to all kinds of social pressure in school, especially bullying and teasing, so check all reported problems carefully. Remember that pupils with ASD will usually interpret and act on what people do, not on their intent.

Appropriate use of language

The pupil's ability to use their language appropriately according to the situation, context and needs of the listener may be impaired.

What you may see	What you can do to help
<ul style="list-style-type: none"> The pupil may sound rude or inappropriate when speaking to staff. This is not usually intentional. They use the wrong language and style in the wrong place, such as swearing in class. Other pupils may laugh and react to the mistakes, giving reinforcement. 	<ul style="list-style-type: none"> Ensure that <i>all</i> staff understand that these problems are not intentional. Ask them to help the pupil speak more appropriately rather than handing out punishments. Ask all staff to be more tolerant. Always teach a better approach, rather than telling them what they ought not to do. Address issues in PSHE and Circle time. Use Social Stories where appropriate. There is guidance about these later in this part of the file.

Alternative communication systems

Signs and symbols

Signs and symbols can support spoken language and help develop communication, language and other skills. They are a more structured form of gesture, which supports the child's understanding of what is happening and what has been said, and avoids miscomprehension.

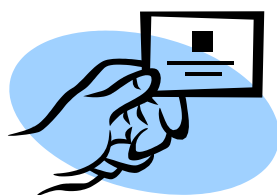


Jake associates standing in line with going to lunch and becomes very upset if it is assembly. His teacher introduced separate symbols for lunchtime and assembly – problem solved!

Even children with good communication systems can be greatly supported by signs and symbols.



PECS – Picture Exchange Communication System



PECS can be used with children with little or no language. It helps them develop more control of their environment. Children are taught to use a picture or symbol card to ask for a motivating object.

Gradually this is extended to using cards to request and comment ("I want..." "I can see...")

Concepts and adjectives can be introduced, e.g. a **big** biscuit, the **yellow** football.

PECS can be used to encourage communication between all peers and so support the development of social interaction.

Some frequently asked questions about language

- ***How do I know that Sam is listening to me? He does not make eye contact, gazes out of the window, and fiddles with his shoelaces.***



Do not insist on eye contact. Many people with ASD find this difficult, and may put so much effort into remembering to make eye contact that they can't listen at the same time.

Check for understanding through subsequent tasks.

Don't worry about "fiddling", if it is not disruptive. Many of us chew pens, doodle, play with a strand of hair – it does not mean we are not listening.

- ***How do I teach Amy to greet staff/peers/the head teacher differently?***

Teach specific scripts for appropriate greetings for adults and children. Check carefully how other children speak to each other. (Most 6 year olds do not say "Good morning" to their friends!)

- ***How do I ensure that Mark has understood class instructions?***

Check for understanding by his responses. If he has not understood, simplify the instructions. Use his name to attract his attention first. Remind him to listen, if necessary.

- ***How can I help Matthew to understand that his personal remarks (although accurate) are hurtful?***

Use illustrated Social Stories™ or Comic Strip Conversations (See Section Two, Part 2).

Section 2, Part 2 - Social understanding and social behaviour

William was always a child who played on his own when young and went to great lengths to avoid other children. As he gets older he appears very aloof. He will participate in a mainstream classroom but this can make him very anxious. Staff have to take care because he becomes very attracted to the badges that staff and visitors wear for identification and will pull them off, tearing clothing.

Stonefield Community
School
VISITOR
*The Secretary of State for
Education and Skills*

The second element of the 'Triad of Impairment' is seen in the difficulties that pupils with ASD encounter in the development of appropriate social behaviours and their understanding of interaction. These problems have a significant impact on the way in which they operate in the very social world of education.

Most of us learn the rules of being together without needing to have them taught to us. We have a desire to please those around us and we want to be seen as 'fitting in'. We want to be active socially, have friends and develop good relationships. Those with an ASD have difficulties with all aspects of social understanding and behaviour as the following examples demonstrate.

Some pupils will want to be socially involved but will be unsure of how to achieve this.

Simon always hangs around the other children watching them and trying to join in but things always go wrong – it seems as if he just can't be accepted as one of the boys.

Others may appear to cope with the classroom but it is the structure which supports this. Lessons that are more unpredictable such as art and technology cause more problems. Break times and lunch are times of stress.

Rachel tended to spend the entire break either in the library or learning support, anywhere rather than in the areas where big groups of pupils gathered.

At the end of the spectrum, there are other pupils who are both unaware and disinterested in others. They are actively resistant to social contact and avoid eye contact.

Sue tended to pace around the perimeter of the playground, looking for snails and so avoiding any contact with others. She would become very annoyed with anyone tried to join her.

Sula Woolff 1995: 'Loners, the life path of unusual children' pg. 7

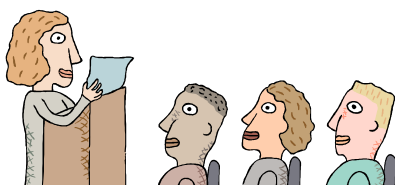
I just can't make friends...I like to be on my own and look at my coin collection...I like to play by myself, I don't need other people.

Doing the right thing in the right place

All of our behaviour is controlled by the situation we are in. We learn that what you do and say at home is not necessarily the same as what you do and say at school. We also operate in the way that is appropriate according to our age and the expectations of our peer group. Pupils with ASD have problems following these social rules.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may invade the personal space of others. They may touch, stroke, sniff, and fiddle with clothes or jewellery. • They may make personal comments. • They may be over-familiar with strangers, treating them all as friends. • They may have difficulty differentiating between their own and others' possessions. • They may not show any signs of embarrassment. 	<ul style="list-style-type: none"> • Be explicit about personal space. Say, 'You're standing too close.' • Use strategies such as social stories, PSHE and circle time to work on social skills. • As adults, be aware of the need for children to develop their behaviour in an age appropriate way. THINK AHEAD! What looks 'sweet' at five may not be so appealing at fifteen. • Be explicit about social rules concerning what we say and do with other people.

Lack of awareness of others' response



Some pupils with ASD find it hard to understand the concept of 'an audience.'

Others may have difficulty with initiating and maintaining conversations and listening as well as speaking.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may talk to themselves, without being aware or concerned about others. • They may not monitor the response to what they are saying. They keep on talking because they want to. • They don't look at the non-verbal cues that tell them that others are losing interest. • They ignore the verbal pointers such as someone trying to interrupt or change the subject. 	<ul style="list-style-type: none"> • Give explicit feedback when the pupil has been speaking. • In lessons where the pupil has a lot of knowledge, agree a specific response. For example, 'You can give us two facts about dinosaurs.' • Explicitly teach social signals and responses. • It may be necessary to use discreet visual cues. • Comic Strip Conversations can help.

Developing and sustaining social situations

Pupils with ASD are at a disadvantage because they do not pick up the hidden, unspoken social rules. They inadvertently break the rules and then get into trouble or are ostracised by their peers.

There are hidden rules about how to dress, act, who to talk to and who to ignore.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may not be able to access a group of peers. • They may be unaware of fashion trends. • They may be perceived as different. • They can be 'set up' by peers. • They may avoid social contact because it is difficult. • They may want to be alone and feel distressed if forced to participate. 	<ul style="list-style-type: none"> • Make use of buddy systems, especially at breaks. • Use videos of TV soaps to help the pupil understand and predict verbal and non-verbal behaviours. • Use pupils' strengths to improve their relationships with their peers. They may be good with computers and able to help others. • Choose partners and teams for the class. Don't rely on peer choice.

Simple **Social Stories™** for children with ASD and other communication problems

Why do we write Social Stories?

Many children with ASD have problems in understanding that other people have thoughts, intentions, and so on, separate from their own. This is sometimes labelled “mind blindness”. They may have difficulty with understanding the more complicated signs that most children pick up from other people’s language and from their understanding of the meaning of everyday situations.

An American teacher, Carol Gray, has developed an approach called “Social Stories™” to help such children understand social situations. The references include books about her techniques. You can find her website at www.thegraycenter.org or search on “Carol Gray+Social Stories”. The website gives Carol Gray’s definitive guidelines on writing Social Stories. Here we share our experience of using her techniques.

What is a Social Story?

Social Stories can be used to help in some situations that are difficult for the child. These might be in the classroom, or they may be at lunch times or breaks. They can also be used to help the child prepare for a special event that breaks up the daily or weekly routine, or to celebrate a child’s achievements.

Each child is different, but Social Stories can be used in a range of situations.

1. A Social Story explains a situation to an individual child in order to support a more effective response.
2. A Social Story has an introduction about the main topic, a main part of the story to add detail and explanation, and a conclusion to summarise the information.
3. A Social Story answers questions for the child. A child with ASD may not see the point of putting up their hand to answer a question, lining up when the whistle goes at the end of break, or getting into the minibus to go to the swimming baths.
4. A Social Story is written from the first or third person as if children themselves are describing the situation.
5. A Social Story uses positive language, especially to describe behaviours in a situation, e.g. “I will try to put my hand up when Mrs Smith asks a question”. rather than “I will not shout out in class”.

How do you write a Social Story?

A Social Story always contains **descriptive** sentences, and may contain any one or more of these other types of sentences

-  **Prescriptive**
-  **Co-operative**
-  **Directive**
-  **Affirmative**
-  **Control**

Descriptive sentences

These describe relevant facts about the situation.

“In the Literacy Hour we usually sit on the carpet together”.

“At break we normally go out in the yard”.

“Sometimes my mum takes me to the shops after school”.

Situations are never exactly the same, so it is best to avoid “always” and use “usually” and “sometimes” instead.

Perspective sentences

These normally describe the reactions and feelings of other people in the situation.

“Miss Jones is pleased when we sit quietly on the carpet at Circle Time”.

“Some children like to get team points for good work”.

Cooperative sentences

These describe what other people can do to help.

“Mr Brown can help me to choose a new book in the library”.

“Mrs Green will show me which foot to put my shoes on after PE”.

Directive sentences

These guide the behaviour of the child. They usually begin with “I will try...” “I may...”

“I will try to sit quietly on the carpet when Ms Jacobs is talking”.

“I may decide to play football at break”.

Affirmative sentences

These can stress an important point, or reassure the child.

“This is all right”.

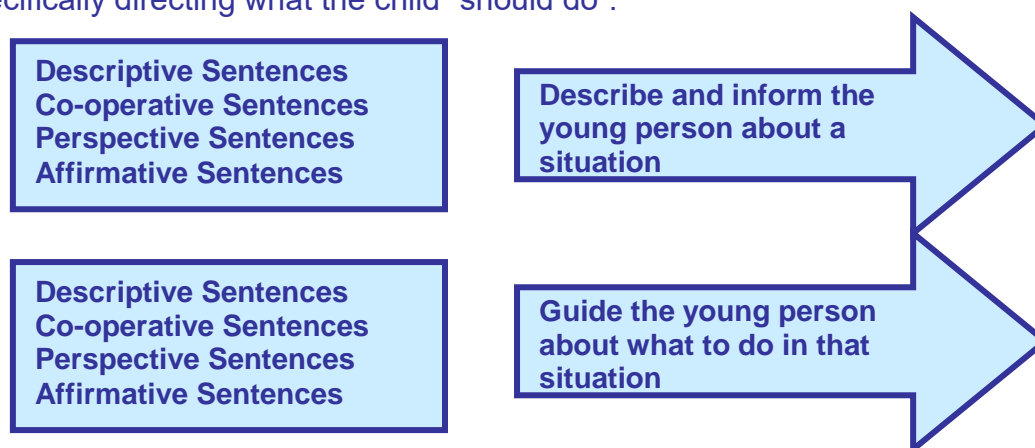
“This is the safe thing to do”.

Control sentences

These are written by the child with ASD after they have reviewed the Social Story, and often reflect the child’s own interests.

“If I sit quietly for a story, I can play with my train set for five minutes”.

A Social Story describes what happens and shares information, rather than specifically directing what the child “should do”.



There should be at least as many describing sentences as directing sentences.

A Social Story is written in sentences the child can read or understand, or language the child can understand as you read it through with them. The story should be kept brief. If a topic requires more explanation, it is better to write two Social Stories.

A Social Story can be illustrated using simple line drawings or clip art. Some children enjoy adding their own drawings. Symbols from the child’s visual timetable can be used, if appropriate.

A Social Story should have a title to show what it is going to be about.

How do you introduce a Social Story?

The traditional way of introducing a Social Story is to find a quiet place with minimal distraction, and go through it with the child one to one.

Some teachers have also found it useful to discuss in the whole class, in circle time or PSHE lessons, then to take the child with ASD separately to go through it in more detail and introduce their own book about it. They have found this makes the whole class more responsive to the aims for the child with ASD (for example, learning to play with different groups of children in the playground).

All the adults working with the child need to be aware of the particular task being addressed by the Social Story (for example, other staff who may be on playground duty).

Sometimes a Social Story can be written about something a child is good at doing. It will not need a directive sentence, but will just be a positive story to build self-esteem.

How do you review a Social Story?

Monitor and review the progress of the Social Story, if necessary, simplifying it or changing it.

After the child has gained success in one situation, keep that Social Story for future reference or in case their behaviour goes backwards, and move on to another area of skill development.

How do you fade a Social Story?

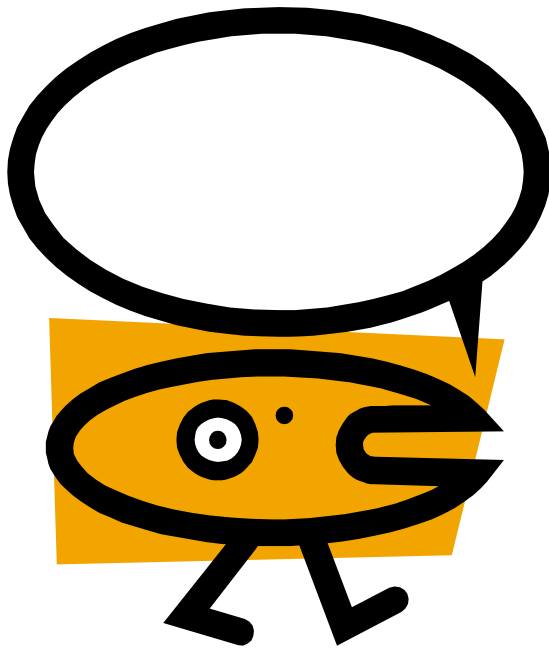
The story could be rewritten, changing it slightly. Or partial sentences can be used where the child has to fill in the gaps. Or the length of time between looking at the story can be increased until it is gradually faded together.

A common mistake with Social Stories

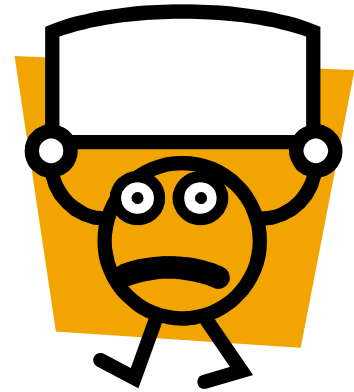
Adults sometimes try to use Social Stories to coerce children. This results in writing stories with too many directive sentences, or stories which give information to the child in a cursory way, then get to the writer's real point of making the child do what they want.

Social Stories will not work in this way. Social Stories serve to inform the young person about the way the world works, how people think, and so on. The aim is to help them fit in and enjoy the world with the rest of us, not issue orders more effectively.

Comic strip conversations



A comic strip conversation is a conversation between two or more people that incorporates the use of simple line drawings. The drawings help to explain the words, thoughts and feelings of people in a situation. They can be used to explain a past event that has gone wrong, describe the present or plan for the future. They are another technique which Carol Gray devised in her work for young people with ASD. Comic strip conversations and Social Stories can be used together.



The people who are participating in a comic strip conversation draw as they talk.

They can write their stories on a whiteboard, chalkboard, or with pencil and paper.



The student is encouraged to write/draw/talk. It is best to start with a topic that the student is interested in and does not have any problems with. In this way they are introduced to the skill of drawing the conversations in a relaxed manner.

You can invent the symbols that you need, but in Carol Gray's book on Comic Strip Conversations, there is a Conversation Dictionary for basic activities, such as:

- Listening
- Interrupting
- Loud and quiet words
- Talk
- Thoughts

In a normal conversation people face each other. In a comic strip conversation people usually sit next to each other and focus on the drawings.

The conversations can start with small talk, e.g. the weather or what you did at the weekend. The weather is an easy one to start with because weather symbols are simple to draw.

After this small talk, a topic of conversation is introduced. The adult gathers information by asking questions and the pupil draws the illustrations to accompany the answers, drawing the people who were in the situation, any relevant items and talk and thought symbols.

If the pupil has difficulty answering any of the questions, then the adult can offer guidance or provide a picture to illustrate the perspective of the adult. The pupil will often have problems identifying what other people were thinking in the situation. In this case the adult can supply some suggestions.

If the pupil reports an incident in a random manner, it may be helpful to provide comic strip boxes. The boxes can be numbered or put in order by cutting up and re-sequencing them.

The pupil will normally be able to repeat back the conversation by using the illustrations as a guide.

The conversation is then summarised and new solutions to the situation that has been illustrated can be discussed. These discussions can also be illustrated with drawings on a separate piece of paper. These solutions become the pupil's plan for addressing the situation the next time it arises.

Colour can be used to identify the feelings of people in the conversation. Some pupils will be able to identify colours for themselves, e.g. red for anger or blue for sad.

Comic strip conversations can be used to describe a future event. They can provide information about what will happen, who will be there, what time the event will start and finish and what will be expected of the pupil. As with Social Stories, it is important not to be too specific as things can change. For example:

“There will be about twenty people at the party”.

“There may be balloons or other decorations”.

Comic strip conversations are designed to help pupils with ASD to understand what other people may be thinking or feeling in a situation to help them understand why something went wrong and how to approach a similar situation in future.

For further information refer to Carol Gray's book “Comic Strip Conversations”, which is listed in the references.

Circles of friends

Many people with autism have difficulties with the concept of “friendship”.

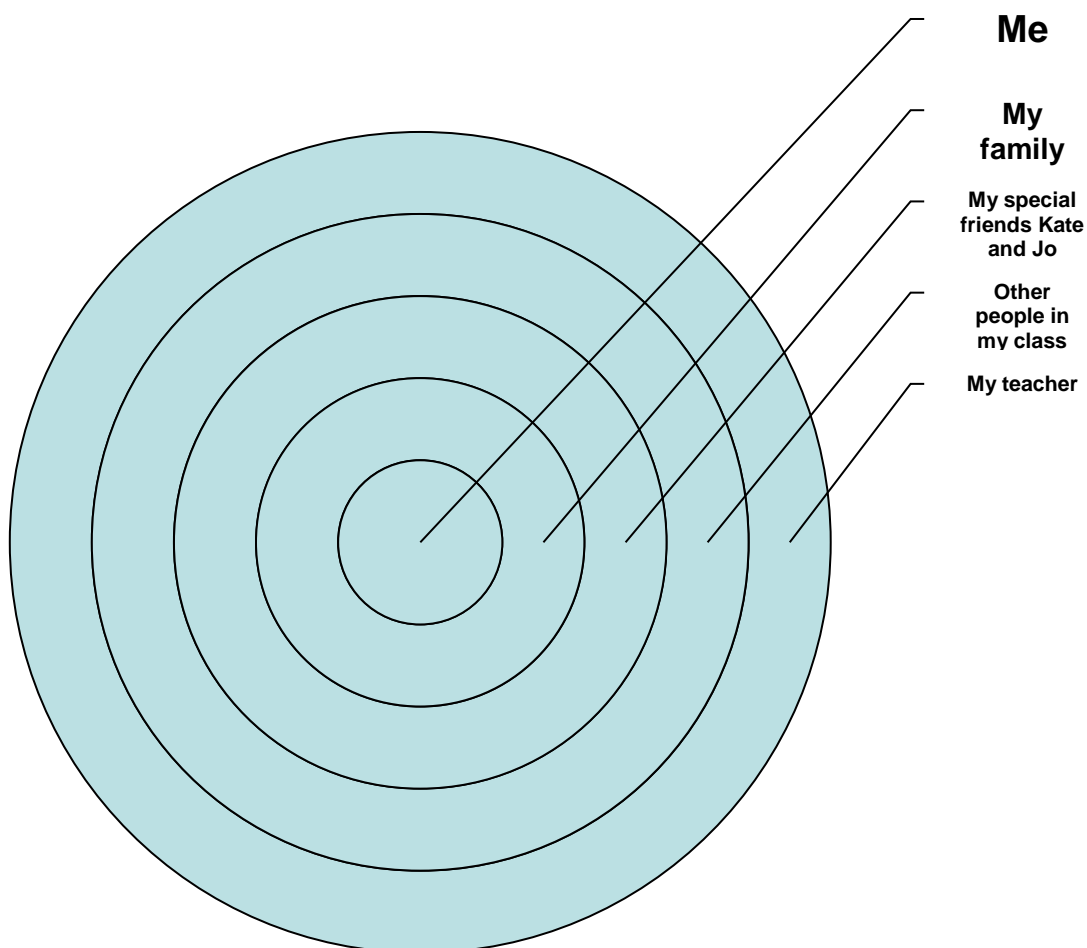
They may regard everybody as a friend, including people with whom they have no real acquaintance. This can lead to difficulties.

A classmate took Zeb under her wing, but now he regards her as his property, and will not tolerate other children receiving any attention from her. This leads to conflicts.

Brooklyn, on entering a new school, identified everyone as his friends on the first day of being there. Very soon, he had moved to identifying everyone as enemies because he had no idea of graduations of friendship and acquaintance.

We all have different kinds of friends, acquaintances and relations. The strengths of the relationships differ, and we work to different rules for associating with each group. We all have friends we share secrets with and the rules may differ for different kinds of secret. Life can be difficult if you have problems learning complex rules for differentiating people and situations.

A visual idea that can help children with this is that of “circles of friends”. We can draw different degrees of closeness to our family and friends.



Drawing a diagram helps a child to understand the gradations in friendship and closeness and appropriate behaviours with people at different distances.

The “Circles of friends” technique

Marsha Forest, John O’Brien and others working in North America developed the idea of circles of friends into a helping technique.

It involves enlisting the help of classmates. A whole class meeting leads to the setting up of a special group or “circle” of friends who help to set, monitor and review weekly targets in a meeting which an adult facilitates. The circle supports the child experiencing problems and helps him or her to achieve targets. Rather confusingly, the idea of circles of friends at increasing distance from the child is used to help identify who should be in the group, and the resulting group is often called a “circle”.

Circles of friends, in this meaning, constitute a specific set of techniques that need learning, and call for some investment to apply. Primary teachers should note that circles of friends is not just another circle time activity. Different approaches have been used, and more work is needed to show how and where the approach succeeds. It may be that an important effect is to change other children’s attitudes, not the behaviour or capabilities of the young person with ASD. For a fuller description of the process, see websites, and Colin Newton and Derek Wilson’s book in the references.

We suggest careful thought and discussion before using group techniques involving circles of friends. Talk with another teacher or an educational psychologist with previous practical experience of setting up a circle. Make sure that the young person with ASD understands the idea of what is happening and the details of what will happen. Entering a circle of friends process exposes a young person to a substantial degree. It is possible for this potentially helpful technique to be exploited by bullies and others.

If you want to consider using the technique:

- ⊙ We suggest that you read round, searching on websites to find practical examples, especially of use in UK schools. The references will take you to an article by Norah Frederickson which is helpful.
- ⊙ If this is your first circle of friends, you might want to seek a mentor who has done this type of work already, in the form of another teacher or an educational psychologist. There are some modified techniques, for example, the one you can find on a Kent County Council website. These still carry some risks, but may give some additional control of the process.
- ⊙ It will be useful to be clear about why you want to use circles of friends, and what the intended outcome is. Use your reading to guide you about whether this is likely to be achieved.
- ⊙ Do not over-sell the process to the child with ASD. Explanations need to be careful. Remember all the children in a circles process have their own point of view. Not all children will want to be a friend of any given child. Children with ASD often find the concept of friendship and who is and is not a friend hard to understand. Circles should not be understood or sold as leading quickly to a network of real friends for the pupil with ASD.

- © Consider other ways of helping, too. For example, if you want to inform the pupil about social situations, or help them to new social solutions, Social Stories may be more cost-effective.
- © Start a circle of friends only with parental consent and the informed consent of the young person. Remember that the circle of friends process may involve the child in disclosing quite a lot about who they are, how they see things, and what they find difficult. You need to be fairly sure about the control of this information, and there are examples where material from a group process has got away from the group and been used in bullying.
- © Remember that all the members of the circle may meet some difficulties. One Y8 girl who joined a circle with real intentions of helping found that she was identified by a young man with ASD as his girlfriend because she had been accepted within the circle. This was not acceptable to her, but she also did not want to hurt the person with ASD. Therapeutic group work of any sort may call for a high degree of support and intervention.

Section 2, Part 3 – Flexibility and resistance to change

Joel only wears one set of clothes. He will, with obvious disgust, tolerate clean underpants, but he has to have the same shirt and trousers. He will not keep other clothes on. He has to have his outfit washed out every night.



Beverley has moved through many interests. Currently she acts as if she is a cat. She crawls on the floor, curls up in a ball on a cushion, meows a lot and will only respond to the name “Holly” and drink her milk from a saucer. In another couple of weeks, this could change to something completely different. She has already been Po from the Teletubbies and Rosie from Rosie and Jim. Beverley’s role changes, but while she is in it, she is stuck, and not amenable to leaving it



Inflexibility and resistance to change form the third element of “The Triad of Impairment”. The extent of these difficulties can vary hugely between children.

Most of us can cope with changes in our daily lives, and many people thrive on challenge and novelty.

Children with ASD find it difficult to adapt to new and different situations.

They prefer routine to change.

This can be seen in:

- Play with toys. Their play can be unconventional; they can focus on elements, e.g. wheels on a car or train, rather than the car itself.
- Play that can be stereotypical, copied from videos, and repetitive. They can resist attempts to extend their play.
- A special interest in a topic or activity that becomes all absorbing.
- Poor generalisation of skills. They may learn to perform a task at school, which they cannot replicate at home, and vice versa.
- Routines and rituals which they need to adhere to.
- Imagination. It used to be thought that a failure in imagination was an aspect of ASD. Now it is believed that individuals with ASD may have a vivid imagination, but have difficulty distinguishing between fact and fantasy.

This insistence on routines, as a means of reducing anxiety, as novelty or uncertainty, can be very stressful.

Often a small change is as distressing as a major one, or even causes more distress. Attention shifting is difficult for the student (e.g. moving from completing a written task to listening to the teacher for further direction).

Reluctance to accept normal levels of change

Changes are happening all the time in school – changes of topic, activity and noise level, pace, and of the adult with whom the child is working. One of the most important factors to a successful inclusion of a pupil with ASD is to help them to understand and cope with the demands that this places upon them.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Reluctance/inability to change between tasks/lessons/areas. • Tears and lashing out when instructions are given. • The pupil ignores requests to change and carries on with task in hand. • Deliberately naughty/attention seeking behaviour. • Regression to behaviours that had previously ceased. 	<ul style="list-style-type: none"> • Use visual support systems – timetables, lists, schedules. • Give prior warning about change. • At the start of the day/session ensure that the child is clear about the sequence of events. • Be explicit. Set time or work limits. (Use a timer if appropriate).

Problems with unexpected change

The pupil copes with the established routines and changes, but has difficulty with the more unexpected, such as supply teachers, fire practice, trips, and wet playtimes.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Similar behaviours to those above. 	<ul style="list-style-type: none"> • Give prior warning, supported by a visual cue, if possible. • Use a laminated timetable so that changes can be highlighted. • Provide constant reassurance. • Allow the use of a comfort object. • Inform parents of any changes so that they can prepare the child.

Fixation with their own interests



Pupils with ASD often have an overwhelming interest in a topic. This can act as a barrier to learning. The obsession may become more apparent when the pupil is anxious or upset. The interest will change over time, sometimes unexpectedly. The range of interests can be immense and can be anything from Alarms to Zoo animals.



What you may see	What you can do to help
<ul style="list-style-type: none"> • Constant talk about their interest. • The pupil may try to bring their own interest into every piece of work. • The pupil remains oblivious to the fact that others are not interested. • The pupil may become distressed when prevented from pursuing their obsession. 	<ul style="list-style-type: none"> • Use the interest in a positive way to motivate the child to work. • Celebrate their knowledge and strength in this area. • Give clear signals when they are becoming boring. • Make sure that the pupil has some time to pursue their own interest. • Make an agreement about this.

See previous sections on language and social for further ideas.

Need for rigid routines and “sameness”

Sometimes children will accept the demands for change that we make of them. They may, however, develop their own very rigid patterns of behaviour.

What you may see	What you can do to help
<ul style="list-style-type: none"> • They may appear to: <ul style="list-style-type: none"> - Sit in the same place. - Use the same pencil, plate or fork. - Engage in repetitive routines, e.g. sharpening every pencil in the pot before they begin. • They always use the same door, follow the same route to school and become distressed by changes to these factors. 	<ul style="list-style-type: none"> • If it is not a problem, don't fix it. • Try to introduce some change gradually. • Prepare for change with visual cues if possible. • Limit repetitive behaviour, e.g. they are allowed to sharpen three pencils only.

Difficulties in applying knowledge and skills to different areas

The pupil may be able to learn a skill in one situation, but have difficulty in generalising and applying this skill, e.g. can get undressed and dressed for PE at school, but can't get undressed at bedtime independently.

The pupil may be affected by time, place, people or mood.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil can list the school rules, but not apply them. • They can read a library book, but not the instructions on a worksheet. • They can only use the toilet at home and not at school. 	<ul style="list-style-type: none"> • Be explicit about the links between tasks. • Provide as much “sameness” as possible in different situations. • Liaise with home and discuss techniques for achieving success.

Display of repetitive actions and behaviours

These tend to serve a purpose for the child. They are relaxing, relieve stress or are just fun. They can be used to block other demands. They can be stimulating to the senses.

What you may see	What you can do to help
<ul style="list-style-type: none">• Repetitive physical actions, such as flicking fingers or flapping.• Repetitive verbal behaviour, such as echolalia or repeating the words from a favourite video.	<ul style="list-style-type: none">• Allow the pupil to perform these at an appropriate place or time.• Do nothing unless it is a problem.• Reward behaviour you want that competes with the behaviour you don't want, for example, holding hands together instead of flapping.

Section 2, Part 4 – Sensory differences

In addition to “The Triad of Impairment”, pupils with ASD often experience sensory differences.

Ruth was a special needs support teacher. She had worked successfully with David every week. Suddenly he was unable to work with her or tolerate her being at his workstation. Ruth finally realised that her new smart jacket with hounds tooth checks was making it impossible for David to concentrate and hear what she was saying.



Sensory Differences

Individuals with ASD often process sensory information differently. For most this means an *over-sensitivity* to stimulation, primarily with sound and visual information, but also to smell, taste and touch.

The effect of these can result in sensations so intense that the mere anticipation can lead to anxiety or panic. Sensory problems are often the cause of behaviours that to others may appear to be inexplicable.

Sometimes it is the *lack of sensitivity* that causes problems, particularly if this means there is no reaction to levels of pain that others would consider to be high.

Finally, there could be difficulties with *sensory integration*. This means that the links are not made between the information that comes from different sensory channels. Sometimes there can be too many links. Some people with ASD report synaesthesia, so that sounds give them the experience of colours, some colours very strongly bring on tastes, and so on.

This may result in behaviour which, when understood, can be seen as:

- Helping to keep stimulation at a level the person can bear.
- Control the number of channels of sensory stimulation they are coping with.
- In some cases increasing the level of sensory stimulation so that they can stay “switched on”.



Sound sensitivity

Pupils with ASD may show sensitivity to certain sounds and pitches. People report that some sounds are very distasteful, or actually painful to them. (Like the way that many people feel about nails on a chalkboard, but generalised to a wider range of sounds, and/or felt more extremely.)

Three types of noise are particularly prone to cause distress:



Sudden and unexpected.



High pitched.



Confusing, multiple and complex.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Pupils may cover their ears. • They may appear in pain, grimacing or flinching at some sounds. • They may avoid noisy situations or those with unpredictable changes in sound. • They may anticipate a sound they know is going to be painful, and show signs of distress. • They may have difficulty in concentrating on the task in hand because of the distraction of other sounds. • Ambient noise, even though it does not appear to be loud, may make it hard to distinguish and concentrate on the teacher's voice. 	<ul style="list-style-type: none"> • Be aware that school halls, toilet areas and corridors, can be loud and confusing places. Let pupils with ASD move around school at somewhat quieter times; sit at the side in assembly if this is quieter, or away from the serving hatch in the dining hall. • Provide a place they can go to when distressed that is quiet or has <i>predictable</i> sound levels. • Music is helpful to some pupils, but should be low-stimulation. Some music sold for relaxation and so on has a low rate of change and can be helpful. Some pupils with ASD find music with a strong repetitive beat relaxing. The reason is probably again that it has high predictability from moment to moment – so it provides an unchanging focus of attention.

- Warn of loud noises, such as fire alarms, if possible.
- Let them work in the quietest part of the classroom, away from “traffic”.



Visual perceptual differences

People with ASD report a number of visual differences.

Some have difficulties with depth perception. This may relate to clumsiness and other spatial problems common in this group. There may also be differences in working out what is relevant in crowded items, e.g. pictures, diagrams or maps.

Some say they find peripheral vision more reliable than looking at something straight on, and may prefer to use this method.

Some visual stimuli (brightness and pattern) may be over-stimulating and disrupt concentration and attention. For example, sunlight may be too bright, perception of colours can be too intense, and patterns may appear to move.

Some people with ASD report visual disturbance when reading.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Students may have difficulty walking downstairs, or using climbing apparatus, as part of a general physical timidity. • They may have problems in technology, because of spatial perception difficulties, or in handwriting. • Young people may look at things out of the corner of their eye. (This may have to do with controlling the level of stimulation they get.) • They may find visually “busy” classrooms harder to cope with. • Pupils need good classroom lighting. They may find the flicker of fluorescent lighting disturbing and may be affected in classrooms where the light level varies greatly from area to area. • They may complain that print is hard to see or “dances”. 	<ul style="list-style-type: none"> • Let students walk downstairs at a less busy time. Give them more time to do this and a situation where they can hold the rail if necessary. • Do not insist on them looking at something straight on if they are more comfortable with peripheral vision. • Let them work at a table not surrounded by displays or artwork. • Encourage working in a part of the room where they find the lighting comfortable. • Using a lower contrast paper, for instance, buff rather than white, helps some pupils. Using a coloured filter over reading material helps some pupils.

If *any* pupil (whether they have ASD or not) holds materials too close or too far away, looks sideways at work, screws their eyes up to work, or complains of eye strain, advise parents to take them for an eye test.

Smell and taste



Some pupils are very sensitive to certain tastes and smells. Some young people find particular tastes or textures of food repellent. On the other hand, some may eat or chew things others would find unpalatable.

What you may see	What you can do to help
<ul style="list-style-type: none"> • A smell may distract them from concentrating on work. • The student may choose a very limited diet. • They may go through a period where they eat the same things for weeks at a time. • Inappropriate items may be chewed or actually eaten. • There may be a tendency to be overly interested in smells, resulting in behaviours such as sniffing objects or people. • Difficulty in concentrating when certain smells are present, such as perfume or disinfectant. 	<ul style="list-style-type: none"> • Be aware of smell as a factor in the classroom environment. Some work areas are smellier than others. Many people with ASD function best in a rather bland environment (see examples above about vision). • Remember that many students have an unvarying diet in any event. Discuss concerns with parents or carers, and seek advice from the school nurse or school medical officer if necessary.

Touch sensitivity



Pupils with ASD may have difficulty in dealing with feedback from their own senses. This can affect touch just as much as the other senses. They may find certain textures intolerable. They may find it hard to identify a feeling such as whether they are hot or cold. They may react badly if another pupil touches them, deliberately or accidentally. Some people with ASD or some other problems have poor body image. They find it hard to process sensory inputs, which show where the parts of their body are, in terms of position, or in relation to other objects and people. Some people with ASD find the feedback from the touch of their clothing uncomfortable all the time.

Quite a lot of people with ASD have difficulty in maintaining posture or features in common with people with dyspraxia.

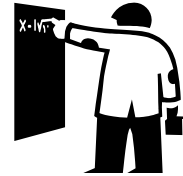
What you may see	What you can do to help
<ul style="list-style-type: none"> • They may not like to change into different clothes, which feel different, for PE. • They may hang on to outdoor clothing inside, or put on too much or too little clothing to go outside. • They may hit out at, or be “disproportionately” concerned about another pupil who has touched them. • They may find it difficult to take part in any messy CDT activities. • They may get into trouble for being “fidgety”. • Many people with dyspraxia, including some people with Asperger Syndrome, often get into trouble by infringing other people’s space, because of poor body image. • They may need to lean or appear “sloppy” in an attempt to achieve a stable posture. 	<ul style="list-style-type: none"> • Change only the essential clothing for PE and gradually build up to a full change. • If there is a very serious problem with changing, try very hard to make opportunities for physical activity available which do not necessitate this. (However, some students with ASD love PE, although very few become “team players”. • Remember that the problems about changing for pupils with ASD are essentially <i>physical</i> – about staying comfortable when change is very uncomfortable or about changing being slow and awkward. • Ensure there is sufficient space for the pupil when the group is gathered together. • Let them avoid jostling by standing at the back or front of lines. • Ensure there is sufficient working room at a table. • Encourage use of tools for messy tasks and do not insist on “getting stuck in” if it is not necessary. • Many students with ASD will need continuing help with handwriting into KS3 and KS4. • Provide alternatives to handwriting for recording if speed and accuracy are an issue.

Section 2, Part 5 - The impact on learning

Learning

Pupils with ASD have the full range of learning ability. This can range from severe learning difficulties to extremely high levels of ability. Some may succeed well at school academically and progress to university and a successful career. Others will have a dual diagnosis of learning difficulties and ASD.

In his 1998 book on Asperger Syndrome, Tony Attwood noted that *“The comment has been made that universities are sheltered workshops for the socially challenged!”*



Cognitive differences

As well as the level of learning ability, there are *differences* in cognitive skills, which we need to be aware of when teaching a pupil with ASD in order to help the pupil learn effectively.

Visual skills



People with ASD tend to be visual learners. This can be an advantage as they often learn lists, spellings and facts easily. However, much of the teaching in school, especially from Key Stage 2 onwards, depends heavily on verbal input. This means that it is more challenging for a pupil with ASD to pay attention and to be motivated.

Many famous people and creative thinkers, such as Vincent Van Gogh, Albert Einstein and Leonardo da Vinci, are thought to have been visual learners.

Remember that the use of visual cues will benefit all learners. In any classroom there are always pupils who will be predominantly visual learners.

Memory

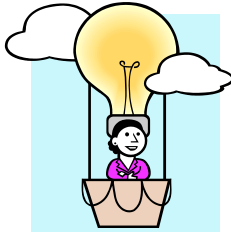


Many people with ASD have a good rote and longer-term memories. Some may have almost photographic memories for facts, especially about subjects they are interested in.

They may have problems with short-term memory and forget facts they have just been taught or have learnt in a previous lesson.

Pupils with ASD may lack the motivation and interest to remember facts that they have no interest in – which might be in such subjects as Social History, Modern Foreign Languages, PSHE.

Imagination



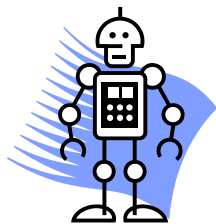
The problems that a pupil with ASD may have with imagination can become apparent as early as in nursery when other children are role-playing and using objects to represent other things. As the curriculum demands creative writing, the difficulties become more apparent. They can have difficulties with predicting the ends of stories, identifying with characters in history or RE lessons,

inferential reading and participating in drama.

However, some have very vivid imaginations and can “escape” into fantasy worlds.



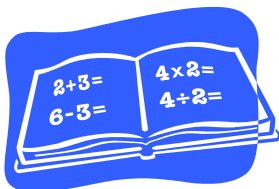
Some pupils may have problems distinguishing between reality and fantasy. This can lead to it being hard to get the young person to engage in shared tasks, and it can also lead to them being very frightened. Most children can imagine horrible things, but knowing what is “really real” normally protects you from the thing in the wardrobe.



Matt spends his playtime “being” a robot. At present the other children accept this and sometimes join in with his fantasy. As he grows older, this behaviour will be seen as more strange.

Problem solving and cognitive flexibility

Many pupils with ASD have difficulty in accepting that they have made a mistake, lost a game or given a wrong answer. They see little point in improving on a piece of work they think they have already completed. They may find the concept of estimation difficult in maths lessons. They may have difficulty in using what they have already learnt in problem-solving situations.



Jack could do pages of simple subtraction sums, but could not see that this applies to giving change at the shops.

Their cognitive inflexibility may lead to young people having a “one-track mind”. Even when they have made the same mistake several times, they do not learn from it.

David liked to walk on top of the wall round the yard. Even though he had fallen off it several times and hurt himself, he did not learn to keep off it.



Patterns of learning

There are often gaps and inconsistencies in learning.

Kiera has learned all the Key Stage 1 high frequency words, but cannot remember letter sounds or use phonics to word-build.

Bel can lecture to a group of professionals on what it is like to be an adult with autism, but she still needs assistance from carers to function in her daily life.

Processing can be slow and children will need time and plenty of practice to learn a new skill. Much of the incidental learning that is achieved by others has to be specifically taught to a pupil with ASD. Many do not learn through imitation, role models or through the “magic learning process” that none of us really understands.

Attention

Pupils with ASD can have a variety of difficulties associated with attention.

- The pupil may not see the whole picture or situation, but may focus on a particular aspect or detail, which others would feel to be irrelevant.
- They may have a problem with **joint attention**, such as looking at a book the teacher is reading to the whole class.
- They may not understand that an instruction given to the whole class means them as well, and may need to be reminded to listen.
- They may find other sensory information very distracting, such as a class singing in the next room, or the wind blowing the leaves about on the tree outside the window.
- They may switch their attention on and off, so that they miss vital items of information.
- They may only be able to concentrate on one task at a time and find multi-tasking a problem.
- They may concentrate on visual stimuli to the extent of blocking out auditory information.

The teacher was showing the whole class a book about seeds and their development into plants, but Jack was chanting the chart of times tables on the wall behind her.

Anxiety and stress

For much of the time, the pupil with ASD experiences a higher level of anxiety than do neurotypical people.



Just being at school, surrounded by other pupils and adults all the time, may lead to high levels of stress and anxiety sufficient to impede effective learning.

Dave Traxson writes about “buckets of stress” in “Applying Psychology in the Classroom”.

If the stress bucket is already nearly full on arrival at school, it will only take a few more pebbles for it to overflow – and then the young person will lose control.

Some pupils can only carry a full stress bucket for a limited time. Stress buckets are heavy. Some pupils can hold it during the school day, but may let it go on reaching home.

Teachers should not assume that differences in behaviour at home and school only reflect better handling in school. The child may be waiting to get to a safer place to drop the bucket.

Motivation



The normal motivators, which other children respond to, may not work for the pupil with ASD. There might be minimal or even negative results from usual rewards, such as:

- ☺ social motivators like pleasing the teacher.
- ☺ long term incentives, such as SATs results, GCSEs, reports to parents
- ☺ school and class reward systems, such as house points.
- ☺ treats for the whole class, such as “Golden Time” on Friday afternoons.

People with ASD do not always have the same experiences of shame, pride or competition with others that neurotypical people have.

Some different motivators may be effective:

- ☺ primary reinforcers, such as drink, food, music. It is important to try to link these to a social reward.
- ☺ a short break or time out to do their “own thing”.
- ☺ short term, frequent rewards of their own choosing.
- ☺ obsessions or interests.
- ☺ “surprise” rewards, e.g. extra playtime.

Dependence/independence

Some pupils with ASD can become very dependent on adult support. Adults are generally more predictable than other pupils and will normally make allowances for problems.

Some pupils with ASD are fiercely independent and will not accept adult support even when they need it.

Some strategies to try:

- Have a target for independence on the IEP.
- Ensure that any learnt skill is then practised independently.
- Ensure that a variety of adults work with the pupil.
- Be aware that we all need some “breathing space”; this is especially true for pupils with a high level of adult support.
- Make use of the pupils’ skills which can enhance independence, such as perseverance, imitation and problem solving.

Recording



Many pupils with ASD have a degree of fine motor difficulty that affects handwriting. This can make recording of work slow and untidy and they become dissatisfied with it. They find editing and correcting work hard.

Some strategies to try:

- Allow the pupil to record work using a variety of methods, such as work processing, tape recording, dictation, flow diagrams, bullet points, cloze procedures, cut and stick.
- Provide a framework for written work and clear visual guidelines about editing and correcting on a computer.
- Practise editing and correcting on a computer.

Homework

Pupils with ASD may not see the point of homework. It confuses the boundaries between home and school. Parents often have great difficulty in encouraging completion of homework. The homework can be “forgotten” or left at home.

Some strategies to try:

- Be clear about the purpose of the work. (Are you setting it to achieve an objective or is there just a rule that pupils have to have a certain amount?)
- Reduce the amount the pupil is expected to do.
- Beware of using sanctions such as detention. Many young people find supposed punishments rewarding – for instance, if they avoid difficult times such as breaks.
- Work out a consistent approach between parents and staff.

SECTION THREE

The ASD friendly school – bringing it all together

Part 1 The people

- ▽ Who needs to be involved?
- ▽ The network that makes an autism friendly school
- ▽ Working together
- ▽ Links with home
- ▽ Links with parents and carers
- ▽ Key roles in an ASD friendly school
- ▽ The occupational therapy and physiotherapy services
- ▽ The speech and language therapy service
- ▽ Music therapy
- ▽ Art therapy
- ▽ Other and “alternative” therapies

Part 2 The physical environment

- ▽ General points
- ▽ Classroom
- ▽ Playground/yard
- ▽ Hall – PE/assembly/lunch
- ▽ Transitions

Part 3 Organisation

- ▽ Establishing a routine
- ▽ Communicating the routine
- ▽ Ideas you might like to try
- ▽ Work systems

Section 4 Curriculum and IEPs

- ▽ Curriculum issues for pupils with ASD
- ▽ Curriculum strategies to help pupils with ASD
- ▽ Including pupils in the literacy and numeracy hours
- ▽ Writing IEPs

Part 5 Using ICT

- ▽ Writing and recording
- ▽ Motivation
- ▽ Access to the curriculum
- ▽ Social interaction

Part 6 The language environment

- ▽ What is a language friendly environment for a child with ASD?

Part 7 The “socially friendly” environment

- ▽ So how can we help the pupil with ASD survive the demands of being with others at school?

Part 8 The “emotionally friendly” environment

- ▽ What is an emotionally friendly environment for a child with ASD?

Part 9 Transitions and transfers

- ▽ Supporting pupils in transfers between schools

Section 3, Part 1 – The people

Who needs to be involved?

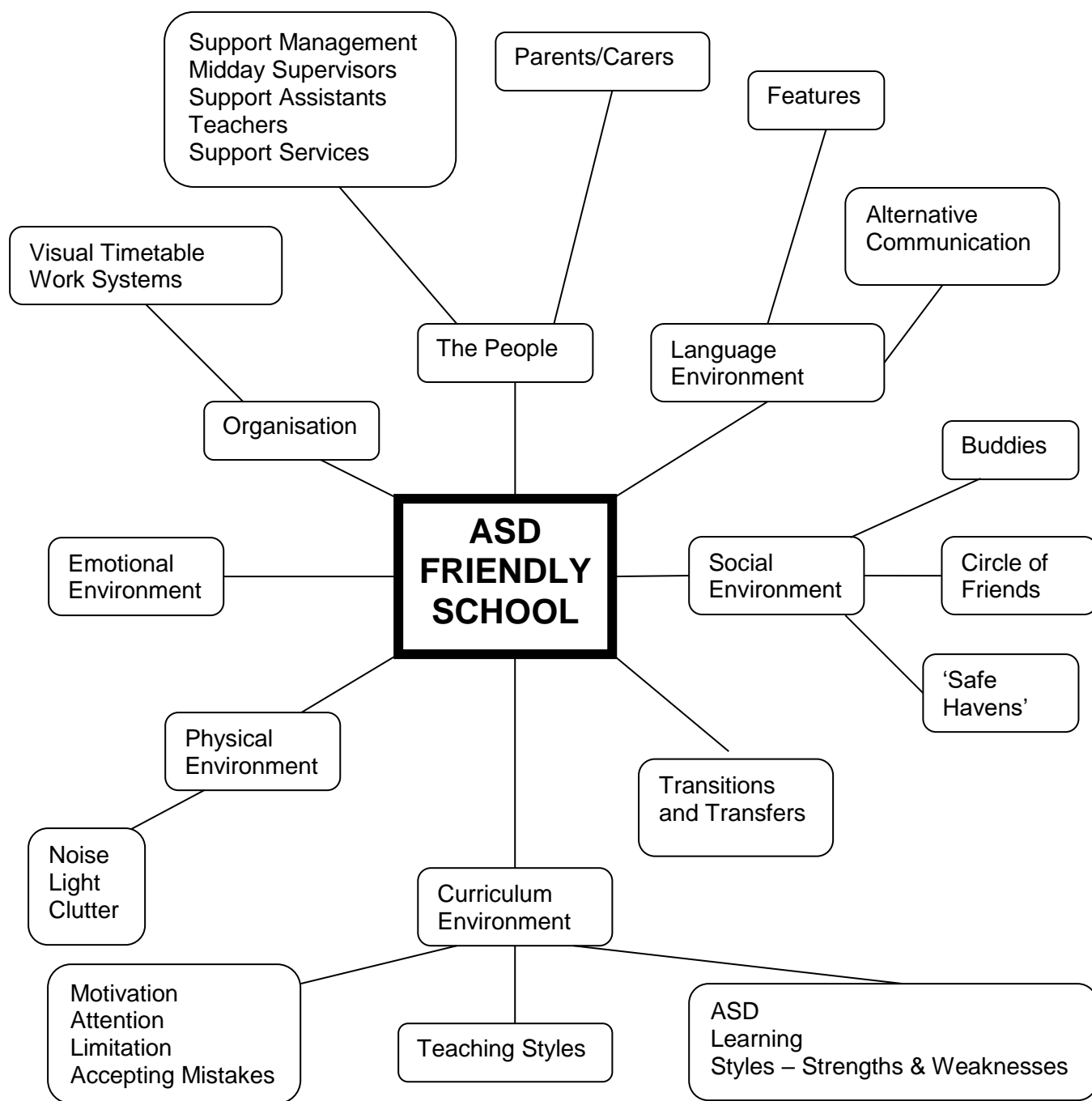
In an effective autism friendly school, everybody owns the approaches used. Ten top tips can be useful for everyone as a good guide to how to act day by day.

Ten top tips for working with children with an autism spectrum disorder

These can be useful for support assistants, midday supervisors, supply teachers and parent helpers – even for head teachers and senior managers!

- 1 **Address the child by name.** Children with ASD often have difficulty in knowing that instructions for the *whole* class mean *them*.
- 2 **Keep your language simple.** Give one instruction at a time. Avoid jokes, irony and sarcasm. Say what you mean and mean what you say. Give the child time to process the request.
- 3 **Back up spoken language with visual cues.** These can be gesture, demonstration, pictures and objects.
- 4 **Use a simple visual timetable so that the child can understand the routine of the day.** This can be made up of photographs, simple line drawings and pictures with words or words only, depending on the child's level of understanding. Try to give advance warning of anything unusual, such as a school trip, by modifying the timetable.
- 5 **Give positive instructions to tell the child what you want them to do.** "Fold your arms" is clearer than "don't tap Gemma".
- 6 **Have clear areas in the classroom for different aspects of work.** Many primary classrooms are divided into carpet areas and group table areas for work. This structure helps the child with ASD know what is going to happen.
- 7 **Try to structure breaks, lunchtimes, movement between lessons.** These can be stressful times. Try to provide a supportive peer group. A "safe haven" is often essential, especially at secondary school.
- 8 **Give staff training and information.** A consistent approach is vital. Have a briefing sheet about the child, which can be given to supply teachers. Use the Derbyshire publication "A child with autism in my class" for briefing.
- 9 **Use the child's particular interests as a reward, if possible.** For example, first work, then computer.
- 10 **Make social interaction part of the IEP.** Use turn-taking and sharing games. Teach appropriate language for joining in a game. Practise attention and listening skills.

The network that makes an autism friendly school











Working together







Nobody should be working on their own, outside a network, with a pupil with ASD. Successful inclusion demands co-ordinated input from a number of people. First should be parents. The level of involvement that they may wish to have will vary enormously; some will be very closely involved on a day-to-day basis, and others may have irregular and infrequent contact with school. Whichever is the case, you must ensure that you take account of their views and work with them in partnership.

Links with home

A variety of methods can be used:

-  Regular meetings.
-  Telephone calls.
-  Home/school book.
-  Tape recorder/Dictaphone.
-  Examples of work to prompt language.
-  Props for supporting discussion – photos from home or school, items linked to activities such as seashells from a visit to the beach.
-  Involvement of parents in training.
-  Providing a “listening ear”.

The links could include:

-  Teachers.
-  Support assistants.
-  Support services – such as specialist teachers, speech and language services.
-  Parents/carers.
-  Midday supervisors.
-  Other staff in school.

Good liaison and communication is essential amongst all who come into contact with the child. Forms of communication include:

- ⇔ Regular meetings.
- ⇔ Home/school liaison book or tape.
- ⇔ Records of visits.
- ⇔ Information cards.
- ⇔ “Passports”.
- ⇔ Staff briefings.

Links with parents and carers

Sometimes parents/carers need more support than school can provide. Useful contacts include:

- **The Derbyshire Autistic Support Group.**
- **The National Autistic Society.**
- **The Derbyshire Parent Partnership Service.**

It is also important that all these people have received the training they need.

Little and often is better in all communication rather than crisis management. Don't forget to give the good news, as well as the bad!

Key roles in an ASD friendly school

It is important that those who have the closest contact with pupils are clear about their respective roles. Here are some suggestions.

The role of the class teacher	The role of support services	The role of the teaching assistant
The pivot, the planner, the responsible person.	The complete detailed individual assessments of the child's needs.	To understand the learning needs/styles of the child with ASD.
To educate all of the children.	To provide specialist advice and strategies to support staff.	To act as a prop, interpreter, counsellor, friend.
To understand the learning needs/styles of the child with ASD.	To deliver training for school staff and parents.	To implement work set by the teacher.
To identify the content of what the child needs to learn.	To provide suitable materials.	To facilitate social interaction with peers and adults.
To consider the broad curriculum issues for the child with ASD.	To "be there" when problems arise. To be a "listening ear".	To help other children understand and deal appropriately with interaction.
To plan a suitable IEP.	To provide an outside view.	To help the child understand language.
To differentiate work, both teaching and learning.	To provide continuity throughout the child's time in school.	To help the child communicate in school.
To plan the implementation of the work.	Liaison between home/school/other professionals.	To assist the child with their personal care, as appropriate.
To plan the physical environment.		To anticipate stressful situations.
To manage teaching assistants.		To teach IEP targets.
To seek and implement advice from specialists.		To assist in personal management – equipment, time keeping.
To set up home/school links.		To assist with independence.
To develop a suitable timetable/schedule.		To help manage child's behaviour.
To monitor and review progress.		
To plan appropriate intervention when difficulties occur.		To liaise with teaching staff, other professionals and home.

If there are difficulties regarding "who is doing what", the best course of action is to take time to meet and discuss.

The occupational therapy and physiotherapy services

The occupational therapy and physiotherapy services can be involved in the management of pupils with ASD.

They can help by:

- Improving neuro-muscular skills and diminishing dysfunction, including gross motor skills (balance etc), fine motor skills and abnormalities of tone, (pupils' muscles can be too tight, too "floppy" or they can have a tremor).
- Advising about seating.
- Advising about handling, positioning and physical management. This can include the use of specialist aids and equipment.





Occupational therapists also advise on:

- Sensory functioning.
- Perceptual skills.
- Social development.
- Daily living skills, such as eating, dressing, bathing and personal hygiene.

Physiotherapists also help with exercise programmes to strengthen muscles and improve gross motor skills. Pupils with Asperger Syndrome often have some features of dyspraxia, which can be helped through appropriate exercises.

The speech and language therapy service

The speech and language therapist is involved in the management of children with ASD in order to:










-  Provide specialist assessment as part of the multi-disciplinary team, to ensure appropriate identification.
-  Establish the exact nature of the child's communication skills and needs, in terms of development and use of language.
-  Share this information with all those in contact with the child, so that everybody can understand the child's communication strengths and needs.
-  Use this information to help provide the best communication environment for the child.

The speech and language therapist will also give advice on how to set up and develop specialist communication technique and strategies, such as a **P**icture **E**xchange **C**ommunication **S**ystem, and how to use visual support most effectively.

Sometimes a child will need specialist speech and language therapy. This is usually when the speech and language therapist assessment shows that the child has specific difficulties with one or more areas of language and communication, and that direct speech and language therapy is the most effective form of intervention.

For other children, the speech and language therapist may work indirectly, advising other staff and contributing to Individual Education Plans.

The speech and language therapist can assess and give advice on the following areas:

-  Language understanding.
-  Use of vocabulary and word-retrieval.
-  Grammatical development.
-  Speech sounds.
-  How language is used in different situations.
-  Strategies and programmes to develop language/communication skill areas.
-  Strategies and programmes to support language/communication skill areas.
-  Non-verbal strategies to support speaking and listening skills.
-  Social skills.

A referral to the speech and language therapy service must have parent/carer permission.

For most children in Derbyshire schools, the referral can usually be made via the special education planning meeting (SENST) procedure.

Music therapy

Music therapy is widely used in many schools both for children with learning difficulties and those with autism spectrum disorders.

It is an interactive and primarily non-verbal intervention providing a process through which children can express themselves and become more aware of both themselves and others and, therefore, interact more easily.

Music is seen as a way of developing communication through use of instruments, encouraging children to engage in interaction with different musical sounds with the adult following the child to initiate a “conversation”.

The belief is that the ability to respond to music is innate. Sound and music can be the basis for establishing a relationship, which can then be used to allow the child to explore new and more flexible ways of relating. Music therapy does not aim to teach a child music.

Aims of music therapy sessions tend to be tailored to the needs of individual children but could include:



Developing non-verbal interaction, including eye contact and turn-taking.

Increased awareness of self and others.

Exploring creativity and spontaneity.

Providing a setting where children can express and explore feelings.

It should be noted that music therapy is a state registered profession. Only registered music therapists should be working with children to carry out specific music therapy. However, nobody should be afraid to enjoy music with children with ASD, engage them with singing, and generally use music to communicate and interact. For example, some workers have encouraged young people to sing Social Stories™ with them and say this is both enjoyable and helps them remember the insight that the story gives.

Art therapy

Art therapy is also sometimes used with young people with ASD as another technique to increase communicative abilities and reduce the stress of communication.

Once again, there is a state registration process for art therapists. Teachers and others should use the potential for using all the creative arts with pupils with ASD, but there is also a specific domain of art therapy based on professional training.

Other and “alternative” therapies

See Section Six.

Section 3, Part 2 – The physical environment

When considering the physical environment for a pupil with ASD you must be aware of their needs. There are issues that are both general and specific to different issues.

General points

- Pupils need to feel safe.
- Overall levels of anxiety need to be managed.
- Aim to reduce possible distractions.
- Incorporate “safe havens” or “escape routes”.

Classroom

The most important element is to ensure the environment is set up for learning.

Things to try:

- ▶ Using a workstation or clearly defined individual workspace.
- ▶ Sitting with peers in group situations.
- ▶ Reducing distractions, especially visual ones.
- ▶ Taking care to position the workspaces to avoid “traffic” e.g. avoid the space in which children come to the teacher’s desk.
- ▶ Ensuring a “safe haven”, which the pupil is aware of.

If the pupil appears anxious or unable/unwilling to work, try to look for causes from their point of view, e.g. singing in the next classroom, workmen in the yard.

Playground/yard

This can be a large and intimidating space. Pupils with ASD may need to be alone at times or they may need some structure at breaks.

Things to try:

- ▶ Give them time to walk around alone.
- ▶ Allow some time for self-absorbed rituals or play.
- ▶ Provide a specific safe area, such as a bench.
- ▶ Set up “buddy systems”, if appropriate.
- ▶ Provide some specific activities, games or toys.
- ▶ Put some structure into the time, e.g. 5 minutes for a drink, 5 minutes for walking around, 5 minutes for playing a turn-taking game (previously taught).

Hall – PE/assembly/lunch

Time spent in large, open halls and bigger groups can be particularly stressful.

Things to try:

- ▶ Use a visual marker to show the pupil where to go.
- ▶ For assembly and hymn practice, start with a short time and gradually build up. Sometimes coming in for the last 5 or 10 minutes is more appropriate.
- ▶ Have a known adult near to the pupil to provide encouragement and praise for good and appropriate behaviour.

Transitions

Moving between activities, coming into school and going home can all be hard because they involve change, start and finish. They can also include sensory overload.

Things to try:

- ▶ Use a visual timetable to show when transitions will occur.
- ▶ Give “warnings” of impending changes.
- ▶ Keep to regular routines as much as possible.
- ▶ Mark out a route visually, e.g. using sticky backed footprints along the corridor.
- ▶ Avoid queues and waiting. Let the pupil move around school at quieter times.

Section 3, Part 3 – Organisation

It is very important that pupils with ASD have a predictable routine, which is clearly communicated to them.

This needs to be as consistent as possible each day. With structure in place, pupils normally become less anxious, happier and more settled, and, therefore, easier to manage.

Establishing a routine

In general, a school day is predictable. Both primary and secondary pupils have timetables to follow. For a pupil with ASD this can be extended, to support them through breaks and lunchtimes.

Some level of flexibility and variation should be incorporated as change is a fact of life and pupils need to learn to cope with it.

Strategies for communicating change will be necessary.

Communicating the routine



Visual schedules are now a widely accepted feature of work with children and young people with autism. They form part of widely used systems such as TEACCH (Treatment and Education of Autistic and other Communication Handicapped Children) which was developed by Gary Mesibov and his co-workers. (Though there is much more to TEACCH than the use of timetables.) After you have read this section, you may want to see examples of visual schedules if you have not seen one before. Searching the Internet on “visual schedules+ autism” should give you many illustrations on websites. Remember, though, that a schedule needs to be individually designed to suit your child.

Though the American word “schedule” is commonly found in literature about ASD, we are going to refer to “timetables” from now on, to mean just the same thing.

You will need to decide how you are going to convey this timetable. Symbols will need to be tailored to the child and their situation.

A visual timetable can be very useful to the whole class, especially in Key Stage 1.

Symbols that you can use in timetables can be found everywhere:



You can use clip art from word processing or publishing software.

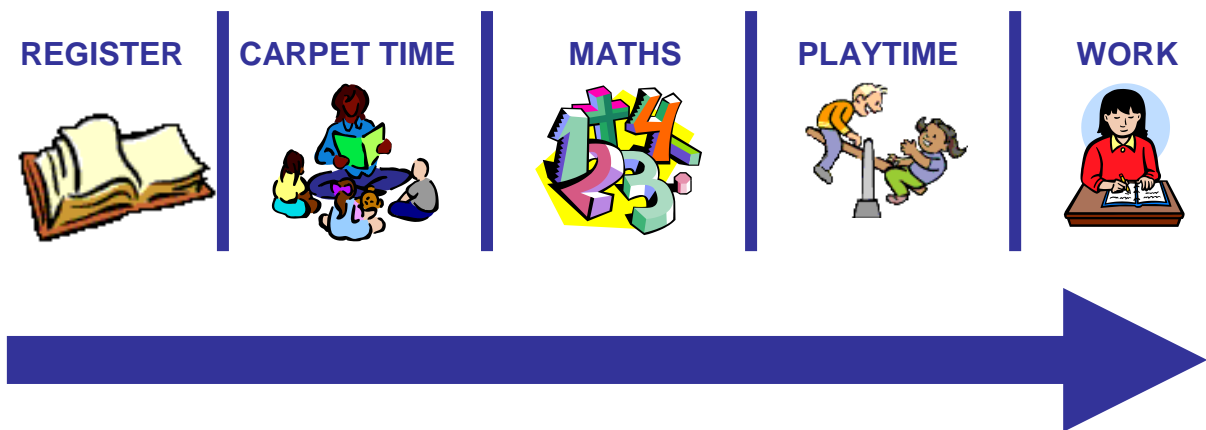
You can buy a specific computer programme such as Widgit’s Rebus symbols or Makaton symbols.

You can download free symbols from a site such as Do2learn.

Remember to take time to teach what the symbols mean.

Where pupils have major difficulties, you may have to start by pairing the symbol with a concrete object, for example, a picture of a drink and an actual cup. When you are teaching a child that a symbol has meaning, start by having the symbol on display during an activity and drawing the child's attention to it.

Start with a two-part timetable of "First/Then". Gradually move to set up a visual timetable for part of the day, for example, from coming in the morning up until break. Don't overwhelm the child with too long a list. For a child in Y1 the activities could be:



The visual timetable should be presented Left-Right or Top-Bottom, as that is the way we normally read.

When the child has completed an activity, they can remove the symbol/turn it over/post it in a finished box.

Introduce the written word on the timetable early. Some pupils with ASD seem to recognise word shapes and names more readily than you would expect from their general language difficulties.

Some children can move to working through numbered activities and this can help introduce number and sequence concepts.

Some pupils can eventually work straight from a written timetable without needing to use pictorial symbols.


Go through the timetable with the pupil as you use it.

Sometimes the timetable needs to be changed or you may be uncertain about what will happen. Use a piece of transparent plastic with a red cross on it to put over the symbol. A question mark can indicate choice or uncertainty.

Ideas you might like to try

- ▶ Keep all the symbols that the child uses together in some form. This could be in a wallet, in a personal organiser, in a small ring binder or threaded on to a key ring.
- ▶ Colour could also be used to signal the different types of symbols, e.g. all the symbols about food could be on green card.
- ▶ Use photographs, but be aware that shiny, reflective surfaces may distract the child. Photos may also contain irrelevant background information that the child focuses on.
- ▶ It is often useful to be able to write something quickly in a notebook, using symbols or words.
- ▶ If a timetable for a secondary school pupil is laminated, changes of staffing or of rooms can be marked on each day and easily altered.

If school and families are both using symbols, then a common system should be agreed.

 **Top Tip:** Do not take the timetable down just because it seems to be working. At times of stress, such as exams, SATs, Christmas preparations or supply teachers, it may be necessary to re-introduce a timetable. There is nothing wrong with this. We all have calendars, diaries and lists, to help us organise and plan our lives.

Amy had settled well in the reception class. From the outset a number of strategies had been used including a visual timetable. Every morning Amy set up the timetable with her teaching assistant.

Gradually it seemed as if she was not relying on the timetable any more. The teacher took it down at half term. On the run up to Christmas there were lots of song practices and dress rehearsals, making Christmas cards and party hats.

Amy's behaviour began to deteriorate; she cried and was reluctant to come to school in the morning.

The teacher reinstalled the visual timetable, using a special symbol for any Christmas activity. Amy was able to see for herself how each day was structured. Her anxiety reduced and she was happy to come in each morning again.

Mark had done very well at school and was studying for two A Levels in maths and ICT. As his exams were approaching he was becoming more and more agitated because he could not settle down to his revision in the evenings, sometimes not starting until 10 or 11 o'clock. The problems were beginning to impact on his performance at school as well as at home.

Mark devised his own visual timetable to structure his activities for every evening starting from when he arrived home, including breaks and a meal and ending with him going to bed. This worked for him – he ended up with 2 A Levels and a place at university.

Work systems

When setting up systems for a pupil with ASD, it is important to work to their strengths as well as compensating for their weaker areas.

Therefore, the learning environment must:

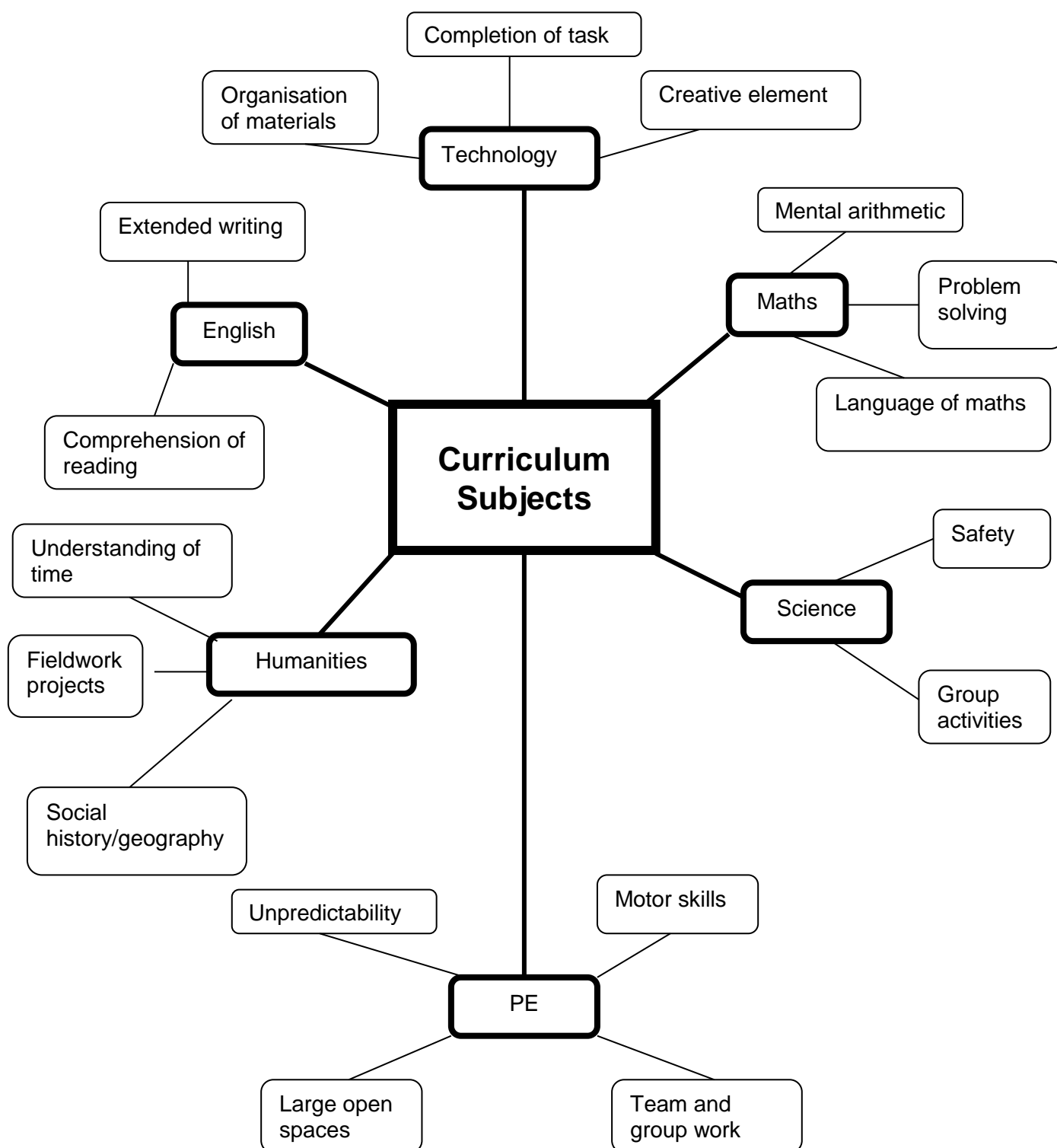
- ▶ Reflect the pupil's liking for routine, if this is part of their personality.
- ▶ Indicate clearly what is to be done.
- ▶ Show what is coming next.
- ▶ Show clearly when a task is completed or is to be finished.

Systems should include:

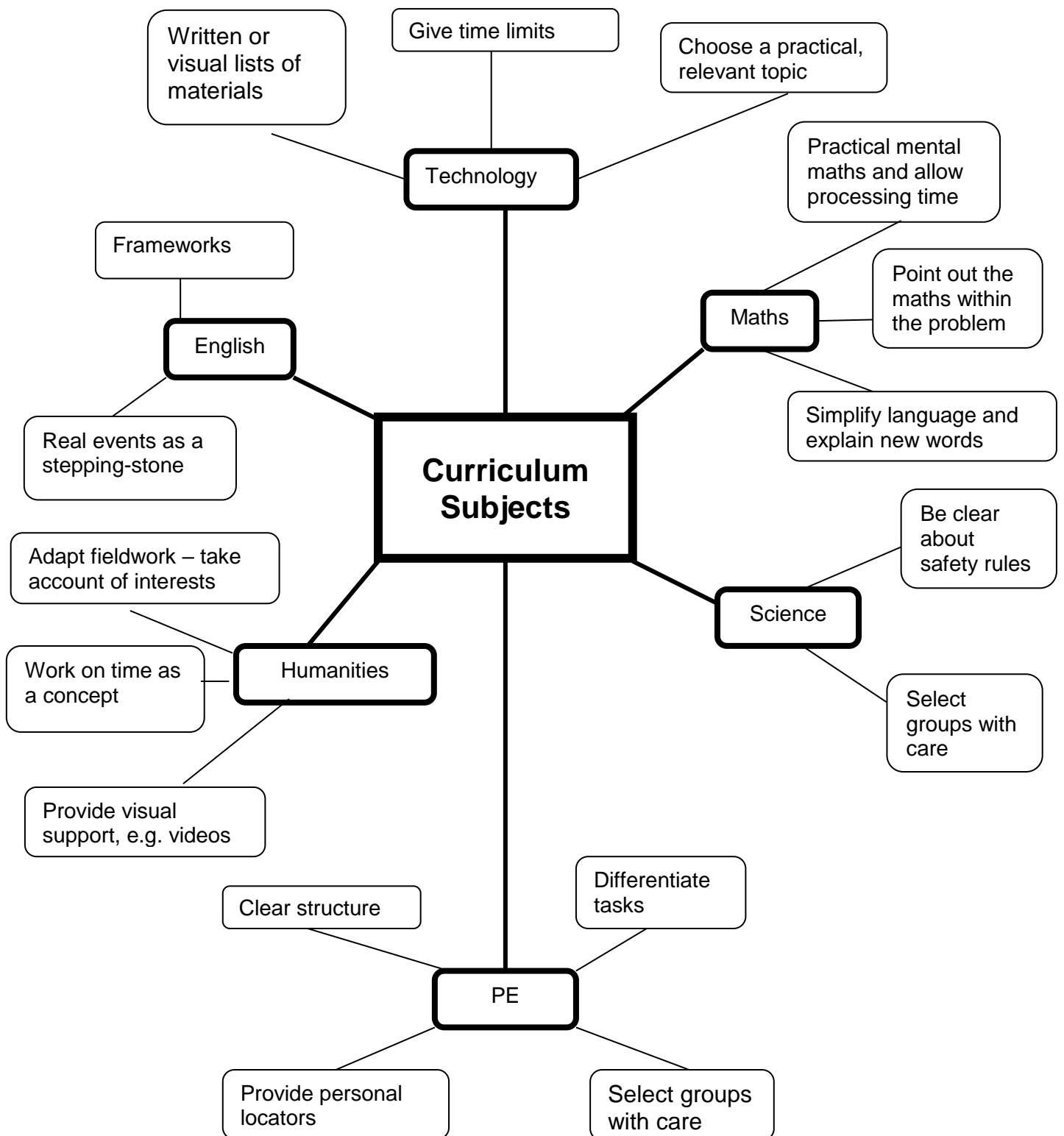
- 1 **Start and finish boxes or baskets.** Use different colours or label them clearly. Gradually increase the number of activities in the start box. Use a work schedule with cue cards that represent the task laid out in sequence from left to right. As each activity is completed it is placed in the "finish" box and the cue card is reversed or placed in the box. The final activity in the box should be something the child enjoys.
- 2 **Small group work.** This should be supported by an adult, to encourage both language and social skills, such as turn-taking, sharing, requesting, listening actively or speaking.
- 3 **Independent work.** Always ensure that the child is involved in the process through turning the cards over, posting them or putting them in the 'finish' box when the activity is completed. In this way they will eventually be able to use the system independently. For open-ended tasks a timer may be necessary to help the child know when they have finished.
- 4 **Learning new skills.** All new skills should be taught directly by an adult. As the skill is mastered it can be introduced into the independent work system. Though children with ASD need routine, avoid being trapped into giving them a routine that fails to progress.

Section 3, Part 4 – Curriculum and IEPs

Curriculum issues for pupils with ASD



Curriculum strategies to help pupils with ASD



Including pupils in the literacy and numeracy hours

Consider visual strategies to aid appropriate behaviour for sitting on the carpet.

Remember that speaking and listening are important skills – set targets for them on the IEP.

Plan for inclusion. Ask questions that are relevant and at the appropriate level in order to involve the child.

Reward frequently for the desired behaviour, such as sitting appropriately, however briefly.

Use any available adult support to keep the child on task:

- ▶ Reinforce
- ▶ Explain
- ▶ Re-direct attention

Prepare where possible. Ask parents to work on a new text prior to the class work.

Use a visual timetable to assist the pupils in understanding expectations.

Use their interests to assist in motivation.

Be aware of possible distractions – visual, auditory, smells.

Ensure access to the task:

- ▶ Scribe
- ▶ Adapted resources
- ▶ ICT
- ▶ Signs

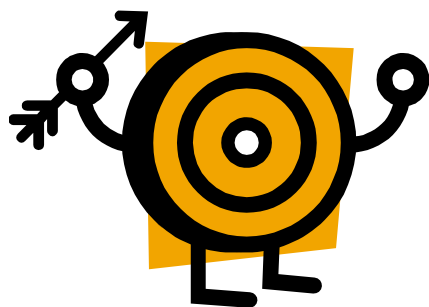
Use visual or object support where possible:

- ▶ Pictures
- ▶ Images
- ▶ Objects

Consider the child's place in the room carefully.

Writing IEPs

Much has been written about preparing IEPs in other publications, e.g. SEN Code of Practice Toolkit. For detailed information it is important to consult these.



Remember to keep your targets





- ◎ **Specific**
- ◎ **Measurable**
- ◎ **Achievable**
- ◎ **Realistic**
- ◎ **Timed**

- ◎ Don't aim too high – better to have fewer targets that you succeed with, rather than to have too many and fail.
- ◎ Think about the possible “blocks to learning”, especially behaviourally, as these should be addressed early on.
- ◎ Work with your pupils and their parents – their priorities should be yours.
- ◎ Try to be preventative: little problems can quickly grow into big issues – try to act early.
- ◎ Within each IEP try to include targets to address core difficulties with social interactions, language and independence.
- ◎ Don't be afraid to take time out of the curriculum (as long as everyone involved agrees) to address particular IEP targets.

Section 3, Part 5 – Using ICT



ICT can provide help to the pupil with ASD in many ways:

-  Writing and recording
-  Motivation
-  Access to the curriculum
-  Social interaction

Writing and recording

Pupils with ASD often have some problems with fine motor skills, especially using a pencil. They may lack motivation to record work, even though they can provide verbal information and answers. Some pupils find it easier to record their work using a word processor. The writing looks neat on the page and corrections can easily be made without spoiling the look of the piece of work. Programmes that provide additional support for spelling or have pictures to go with the text can be useful.

Motivation

A neatly produced piece of work can be a motivating factor for any pupil. Time on the computer can be used as a reward for completing other tasks. Information about their particular interest or obsession can be found using the Internet. The pupil with ASD can develop skills in using a computer, which may boost their reputation amongst their peers; they can become the “fixer” when problems occur.

Access to the curriculum

ICT programmes are available to support many aspects of the curriculum. Spelling, reading and writing programmes can be used; some have speech feedback to help with checking work. Sentences can be created using pictures and symbols. Some reading schemes have computer programmes to support learning.































Social interaction

Working on a computer is non-threatening. The computer is predictable and safe. There is no need for understanding social cues. However, they can provide the basis for sharing and turn-taking with another pupil. There are programmes about emotions and facial expression to help pupils become aware of their own and other’s feelings.

Section 3, Part 6 – The language environment

What is a language friendly environment for a child with ASD?

It is one where:

-  All staff are aware of the language difficulties associated with ASD and have necessary training.
-  The language used matches the child's level of comprehension.
-  Adults say what they mean and mean what they say.
-  Key phrases are used which the child understands.
-  The child is addressed by name before an instruction is given.
-  The child is reminded to listen.
-  All attempts to communicate are rewarded.
-  Instructions are concrete and specific.
-  Instructions are broken down.
-  Instructions are repeated if necessary.
-  Time is given for processing language.
-  Visual symbols are used to support communication.
-  Gestures and modelling are used.
-  Vague information is avoided.
-  Pointless questions are avoided.
-  Negative emotional responses are minimised – exasperation etc.
-  Positive responses are given.
-  “Stop” or “finish” are used rather than “no”.
-  Options are often offered, if genuine.
-  Metaphors and jokes are explained, if used.
-  Eye contact is not always insisted upon.
-  Scripts are taught to help situations.
-  Sarcasm, double meanings and nicknames are avoided.
-  Comprehension is checked.
-  Facial expressions, body language and intonation are specifically taught.
-  Correct language is modelled.
-  Names, rather than pronouns are used to refer to others.
-  The teaching assistant repeats and simplifies language later, not at the same time as the teacher is talking.
-  The child is encouraged to check that they have understood.
-  Strategies are in place and used consistently to address such problems as too loud a voice, repetitive questioning and obsessive talking.

Section 3, Part 7 – The ‘socially friendly’ environment

So how can we help the pupil with ASD survive the demands of being with others at school?

By looking at some of the elements of a social friendly environment we can start to support pupils more effectively.

- All staff are aware of the social difficulties associated with ASD and have received appropriate training.
- Everyone understands that the child can be upset by close proximity.
- Time to be alone is allowed.
- Social skills are specifically taught but in a structured way, including:
 - Turn-taking.
 - Waiting.
 - Jokes.
 - Sharing.
 - Response to criticism.
 - Listening to others.
 - Joining in.
 - Inviting others, complimenting.
 - Negotiating.
 - Repairing breakdowns.
- Buddy systems are set up and supported.
- Good role models are identified.
- Systems such as circle of friends are set up.
- Pupils have identified adult(s) to talk to when they feel anxious.
- A “safe haven” is provided especially for break and lunchtimes.
- Bullying at any level is not tolerated. Schools that are autism-friendly have strong, effective anti-bullying policies and practices that are pro-active and seek to avoid systems and circumstances where bullying can occur, not just depend on pupil report to discover it.
- Pupils are helped to understand the differences of others.
- Use is made of Social Stories™ and Comic Strip Conversations.

Section 3, Part 8 – The “emotionally friendly” environment

What is an emotionally friendly environment for a child with ASD?

An emotionally friendly environment for a pupil with ASD is one where:

- Staff are aware of and so are able to control their own emotions.
- Staff do not use shouting to control a class.
- The rules are clear, fair and understood by all.
- Staff are aware of, and understand, the nature of ASD and accept, and are tolerant of the pupil as they are.
- Praise and reward are used frequently.
- Staff are aware of the need to maintain self-esteem.
- The pupil's strengths are acknowledged.
- A key person is assigned and the pupil and their parents know them as such.
- Buddy systems/circles of friends are used when appropriate.
- A “safe haven” is set up for the pupil and it is used in a regular and structured way rather than as a reaction to a difficult situation.
- The pupil feels safe to ask questions and is confident that answers will be honest.
- Pupils are taught explicitly about emotions, both individually and as part of PSHE.
- An IEP target to develop “emotion skills” is set.
- All pupils recognise that they have a responsibility to protect each other from bullying.

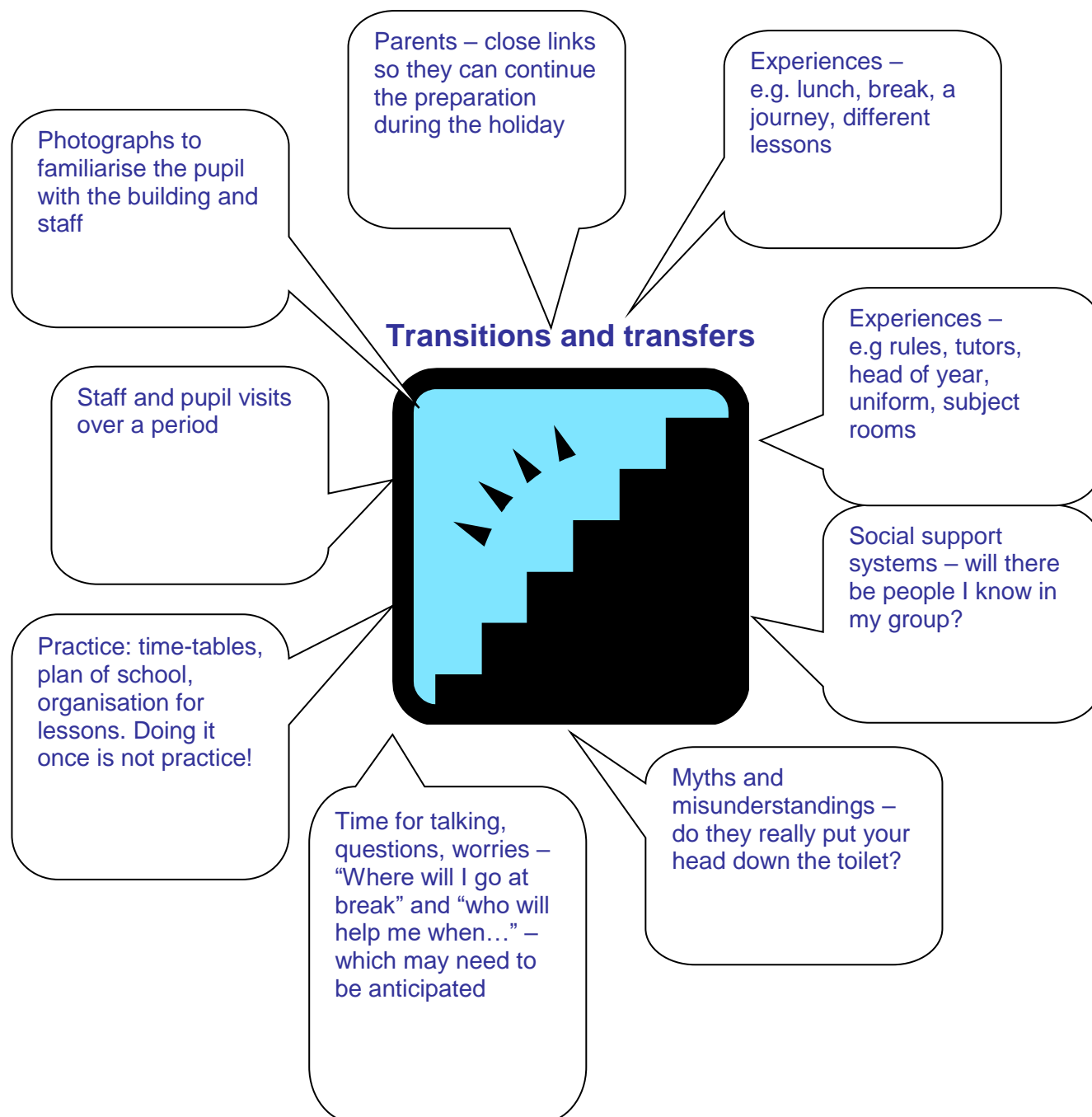
Section 3, Part 9 – Transitions and transfers

Change is always a problem for any pupil with ASD.

Transitions into new classes and, in particular, transfers into new schools are always times of potential difficulty and, therefore, much care and preparation is essential.

The goal is to ensure that the pupil is fully aware of the differences they will encounter and feels confident about their ability to face these changes.

Supporting pupils in transfers between schools



SECTION FOUR

Behavioural issues and their management

Part 1 Managing problem behaviour

- ▽ Looking at behaviour through the ASD lens
- ▽ Strategies using the ASD lens

Part 2 Some useful strategies

- ▽ Rewards
- ▽ Peer support
- ▽ Visual systems
- ▽ Routine at carpet time/whole class discussions

Part 3 Temper tantrums and explosions

- ▽ Long and short term approaches
- ▽ How tantrums and explosions build up
- ▽ Trigger phase
- ▽ Tactics in the trigger phase
- ▽ Escalation
- ▽ Tactics during escalation
- ▽ Dealing with the explosion
- ▽ Afterwards – recovery

Part 4 Ten top tips

- ▽ Ten top tips for behaviour management for children with ASD
- ▽ Individual behaviour plan – structure and example

Part 5 Where to go for help

- ▽ Sharing the load

Section 4, Part 1 – Managing problem behaviour

Looking at behaviour through the ASD lens

Remember –

All children with ASD have problems with language and communication, social interaction, flexibility, imagination and sensory issues.

These problems can lead to the child being placed under tremendous stress in different circumstances, which can result in behaviour that can be challenging in a mainstream school.

Not all children with ASD will have behavioural problems. As with all children, the nature of the behaviour will alter as they develop. Children with ASD are individuals with their own strengths.



The best way to address any behavioural problem is to look at the underlying difficulties in order to try and understand it - understand the autism, and you will understand the behaviour.

Val Cumine and her colleagues refer to “looking at behaviour through the Asperger lens”. The same technique can be used for all children with ASD. Look at any behaviour through the “ASD lens”. The behaviour of pupils with ASD often makes sense when their view of the situation is taken into account.

Strategies using the ASD lens

Paul grabs the yellow crayon to colour in his daffodil, even though Chris is already using it. He is told off for snatching and for upsetting Chris.

The ASD lens tells us that Paul has to have the yellow pencil, has difficulty with language, and doesn't understand how Chris must feel.

The ASD strategy would be to teach Paul the skills you use to borrow equipment from another child. If the problem persists, a Social Story™ could be used.

The teacher gives instructions to the whole class as they come in from break. “Everybody sit on the carpet quietly”. Elizabeth repeats exactly what the teacher has said, using the same tone and volume. This is seen as “rude” by both the teacher and the other children.

The ASD lens tells us that Elizabeth does not understand that it is rude. Some of her language is echolalic (repeating language that she just heard) and she feels that she is helping the teacher.

The ASD strategy would be to explain that it is the teacher's job to tell the children what to do. The rule is that Elizabeth must not repeat what the teacher has just said to the class.

When the class goes to the music room, Alex runs off to the end of the corridor.

The ASD lens tells us that Alex doesn't like change, everybody squashing into the corridor at once gives him feelings of panic and the noise in the music room can cause him discomfort.

The ASD strategy would be to explain that it is the music next, show a symbol if necessary. Take him to the music room either first or last to avoid the crush. Let him sit at the edge or back in music, so that he is not surrounded by the noise.

In any school discussion in class or in assembly, Anthony will talk about trains and timetables.

The ASD lens tells us that trains are Anthony's obsession. He feels comfortable talking about them. He is not following what is being said. He doesn't understand that other people don't want to hear about trains.

The ASD strategy would be to give Anthony a time when he can talk about his special interest. Make it clear what is being discussed in the lesson. Give visual cues if necessary.

At break Chloe wanders round the edges of the playground twiddling grass or studying the drain covers.

The ASD lens tells us that Chloe needs some time to be solitary. She finds the classroom situation stressful and is working hard to manage that.

The ASD strategy would be to allow Chloe time to do what she wants to do. (The other children are choosing what *they* want to do.) If Chloe appears to want to join in with the other children, but doesn't know how, help her with scripts, Social Stories™, buddies, etc.

Tom has done well all through reception and Year 1. In Year 2 he begins to have "temper tantrums" and to refuse to work. Superficially school has good structures. Many ASD friendly strategies are in place.

The ASD lens tells us that Tom is anxious and stressed because the new class teacher shouts more and consequently the general noise level in the class is higher. Tom is constantly afraid that he will be shouted at.

The ASD strategy would be to seek external advice for the teacher. The main strategy would be to explain to her about over-sensitivity to sound and to ask her to use a quieter voice.

Some children with ASD experience significant and severe problems with toileting, eating and sleeping. In these situations specialist medical advice should be sought by parents.

Section 4, Part 2 – Some useful strategies

Rewards

We all need and expect rewards. When working with a pupil with ASD, we need to take care to ensure that what we perceive as a reward is motivating for them. Some common rewards such as stickers, team points and extra playtime may not be rewarding for pupils with ASDs.

Involve pupils in deciding on rewards. Some examples which often match with the likings of pupils with ASD include:

- Tidying up jobs.
- Time on certain activities, such as their special interest on the computer.
- Time alone in a book corner.

Link in with parents so they can reward at home also.

Peer support

Use peers to assist pupils when appropriate, for example, as good role models; in buddy systems; Circle of Friends; partners in games and PE activities; in work and small group tasks.

Visual systems

Even when pupils appear to have good language levels, it is always worth supporting with visual systems, as these are crucial at times of stress.

Examples:

- A laminated set of behavioural expectations for certain situations – library time, lining up, lunch and assembly.
- Traffic lights.
- A written note to warn about escalating problems.
- Visual timetable.
- Social Stories™ and Comic Strip cartoons.

Routine at carpet time/whole class discussions

Pupils with ASD will have difficulty with too much complicated language, number of children, close proximity, concentration, discomfort, etc.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Pupils may be restless and shuffle around the carpet. • Pupils may shout out inappropriate responses. • Pupils may display inappropriate interaction with other pupils. • Pupil may talk to staff or other pupils. • Pupils may become distracted by other stimuli (e.g. number line, alphabet frieze). 	<ul style="list-style-type: none"> • Provide carpet tiles/designated seat/an identified place on carpet, such as with sticky tape. • Ensure the pupils can see and hear. • Don't expect the child to sit for the whole session straight away – build up gradually. • Start by allowing the child on the periphery, if required, then gradually join group as appropriate. • Value all positive responses. • Engineer reasons for praise. • Sit the pupil with ASD with a good role model. • Anticipate end of concentration so you always intervene on a positive note. • Be flexible; pupils with ASD may not be consistent. • Ensure pupil with ASD is attending to the teacher and is not distracted by a teaching assistant speaking simultaneously. • Make maximum use of visual support to sustain attention. • VAK works best (i.e. Visual, Auditory and Kinaesthetic).

Section 4, Part 3 – Temper tantrums and explosions

We will say “tantrums” though it is not really a word for the higher Key Stages. Think of the word you use when an adult you know “loses it”.

Long and short term approaches

When dealing with temper tantrums, you need to develop both a **long term** and a **short term** strategy. In the **long term**, it is essential to consider what the cause of the tantrums is, so again make use of the ASD lens to help you. By doing this you will be able to look at ways of preventing the behaviour.

In the **short term**, you need to be able to cope with the tantrums of “today”, crises will occur.

How tantrums and explosions build up

Philip Whitaker, in his book “Challenging Behaviour and Autism” gives us a useful model on how to do this. Tantrums tend to follow a similar pattern.

Anger, frustration and stress build up over time.

Some stimulus or combination of stimuli acts in the **trigger phase** to cause them to increase to a level the child’s controls cannot hold.

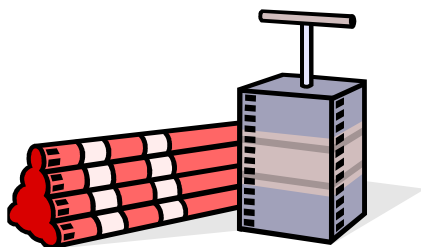
For different young people, timescales may be very short, or the tantrum may have a **building up phase** that stretches into days.

At some point, the combination of stress leads to an **explosion**.

This is followed by **recovery**, though this may not be to the original base state. For some children and young people, the occurrence of one tantrum can serve to make another more likely.

The critical point for **averting the explosion** is the trigger phase. Beyond this, the child’s level of anxiety, anger and frustration increases; your attempts to avert the explosion will be less successful.

Trigger phase



- Triggers can vary from day to day. They can be such that you don’t even notice them or realise they are occurring, e.g. the sound of a dog.
- They are often the last straw for the child and the real cause could be a build up of things or a reaction to something that has happened earlier in the day, so it is often a relatively minor event that “lights the fuse”.

Tactics in the trigger phase

- Remove the trigger, e.g. a distressing sound or smell, or distract the child.
- Help the child to find ways of coping with the situation, e.g. provide a better option such as a “time out” place for a short period.
- Treat the behaviour as a communication, and respond to it as such. If you feel that the temper outburst is a form of communication then in the longer term try to help the child find more appropriate ways of communicating using the strategies outlined, such as PECS, object reference, signs, symbols, and teach the core vocabularies or phrases.

Escalation



Once a pupil reaches this point, your own anxiety may also be starting to rise.

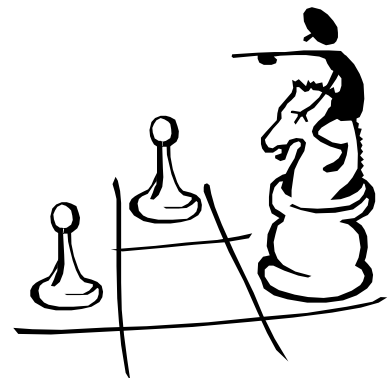
Self-control techniques are probably more helpful in this phase to the adults working with the stressed young person than directly to the young person themselves.

Learn to recognise and respond to this by trying to calm yourself.

- Breathe deeply.
- Take time to react.
- Control/monitor your verbal responses (use simple language).
- Control/monitor your non-verbal responses (tone of voice, posture, facial expression).
- Remind yourself of your plan for management.
- Always have plan B at the ready.

Tactics during escalation

- Remind children of the rewards for “good” behaviour.
- Remind children of the “rules”.
- Remember to use signs and symbols as well as language.
- If you have to continue, then re-state your request but consider making a similar, but smaller demand.
- Attempt to distract the child.
- Give space, reduce what you say, be slow and calm, take care with how you speak.



Dealing with the explosion



- Your goal now is to keep damage to a minimum. Check the decks – environment – people. Get help; stay low-key.
- Use physical intervention only if essential, but be prepared. Ensure that you have paid attention to school, LEA and DfES guidelines with regard to this.

Afterwards – recovery

Give space, get back to normal as quickly as possible, and talk it through.

If necessary, get support.

Paul was in Y4 at junior school. His class was taught by a number of different supply teachers. His behaviour was becoming very explosive. It was clear that Paul's anxiety levels were very high; the constantly different styles of management, lack of understanding of his needs and sensitivity to rising levels of stress were the cause of the problems.

Strategies which can be used include:

- Identifying a clear timetable of activities for each day, which also had an indicator to highlight any that were likely to change.
- Increased awareness of key staff to Paul's needs and the triggers.
- Implementation of a strategy of time out for Paul when needed.
- Identification of "chill out" corner for Paul which he was allowed to use for short, but specified time slots throughout the day.
- Brief information for all staff specifying suggestions for reducing triggers and avoiding the build up of behaviour in addition to strategies for the management of an explosion.

Section 4, Part 4 – Ten top tips

Ten top tips for behaviour management for children with ASD

- 1 Understand the behaviour. Use the “ASD lens”.
- 2 Address one problem at a time. Prioritise the most difficult behaviour.
- 3 Always be firm and consistent. Remember to liaise with all staff, parents and carers.
- 4 Use positive language, e.g. “Good sitting” rather than “Don’t fidget”.
- 5 Every pupil is unique – what works for one may not work for another.
- 6 When trying to reduce behaviour, always teach a positive alternative instead. Reward successes consistently, e.g. stickers, praise, points, stars and treats.
- 7 Be aware of the levels of stress the child with ASD is experiencing just being at school. Allow them time to be themselves.
- 8 When behaviour deteriorates, look for reasons, ask parents/carers for information. Go back to using previously successful strategies.
- 9 Keep a log of strategies which have worked in the past, as a resource.
- 10 Be aware of the sensory environment.

When a behaviour proves more difficult, you may need to use a structured response, such as an Individual Behaviour Plan. Consult with parents/carers and staff to ensure that everyone is in agreement (and, preferably, will jointly use it) before implementing it.

Record incidents; review what you are doing regularly. Set small achievable targets towards a desired behaviour.

Individual behaviour plan – structure and example

INITIALS OF PUPIL: P.E.

CLASS: 7

DATE PLAN COMMENCED: April --

REVIEW DATE: July

Description of specific behaviour(s) which we want to develop/encourage

- P. responds appropriately to staff requests.
- P. participates in class/group activities.

Description of specific challenging behaviour(s) which we want to reduce/stop

- P. banging her head against the floor, people or objects.
- Hurting staff and pupils through hitting, punching and kicking.

MANAGEMENT STRATEGIES – DO AND DON'T GUIDANCE FOR STAFF



Do

- Give P. as much individual attention as possible, ensure all staff are involved.
- Always say “P.” before you speak to her.
- Keep words to the essential.
- Use consistent language.
- Use photos and symbols when talking to P.
- When P. has completed an activity, post the symbol into the box.
- Give verbal and physical praise e.g. Words and stroking P.’s hand.
- Allow P to hold her “comforter” if she needs it.



Don't

- If P. runs away from an activity, don't immediately follow her. Allow her 2 minutes and encourage her back to the activity. Repeat if unsuccessful.
- Never shout at P as she can't cope with loud noises and gets worse.
- Don't use long sentences and complicated language when talking to P.
- Avoid repeating instructions in a different way – changing the instruction interferes with her understanding of what you first said

Section 4, Part 5 – Where to go for help

Sharing the load

There will be times when you feel you need extra help or just some support. Before seeking this help, try to be clear about what you are having problems with and what outcomes you wish to achieve with the difficulties. This will be to the benefit of all of you. If you just want an “outside view” to check that you are working on the right lines, it is all right to say so.

- LEA Educational Psychologist. Your school’s educational psychologist should be able to support you.
- LEAs have other support services, such as outreach support teachers for ASD, inclusion teachers, or SEN support teachers in addition to the services that are available for all children, such as behaviour support.
- Speech and language therapists.
- Health visitors, GPs, clinical medical officers.
- Occupational therapists, physiotherapist (where appropriate to the young person’s needs).
- Paediatrician.
- Clinical psychologist.
- Child and adolescent mental health services.
- Social services may be involved with the child and the family, arranging respite care etc. In which case, you will need to liaise with them.
- The National Autistic Society (NAS) will be able to give information on local support groups, training, play schemes, useful publications and other support for families.
- Parent Partnership. Most LEAs should have Parent Partnership officers who can support parents, for example, at review meetings and in making decisions about school placements.

You may find that you have a lot of people involved. At times the advice you receive may seem to be conflicting. Consider holding a liaison meeting of everyone concerned (including parents/carers) to ensure a co-ordinated and consistent approach.

SECTION FIVE

ASD at different ages

Part 1 Early years

- ▽ Assessing children coming to nursery – three examples
- ▽ Areas of development
- ▽ Language and communication in the early years
- ▽ Visual systems that could help
- ▽ Social interaction in the early years
- ▽ Ten top tips for encouraging social interaction
- ▽ Flexibility and imagination in the early years
- ▽ Other areas of difficulty for the child with ASD in the early years
- ▽ Behavioural issues
- ▽ Strategies to try for behaviour
- ▽ Involving parents and carers

Part 2 Key Stages 3 and 4

- ▽ Transitions
- ▽ Parental involvement
- ▽ Pupil participation
- ▽ Pupil awareness and acceptance of their differences
- ▽ Puberty and sexuality
- ▽ The hidden curriculum
- ▽ Motivation
- ▽ Resistance to change
- ▽ Repetitive actions
- ▽ Obsessive interests
- ▽ Difficulty in applying knowledge to different situations
- ▽ Expressing stress from one situation in another
- ▽ Mental health and the risk of depression
- ▽ After school – what next?

Section 5, Part 1 – Early years

It is assumed that you will read Parts One and Two of this file along with the material in this chapter.

Assessing children coming to nursery – three examples

Meg is 3 years old.

Nursery staff make a home visit prior to Meg's admission to nursery. Meg is asleep.

Meg arrives in nursery. As soon as she arrives, it is clear that she is "different". She has no spoken language that she uses. She does not relate to any of the adults or children in the nursery. She moves around as if she is on her own. She makes no eye contact. She will always choose the trampoline if she is allowed outside. Within the nursery her contact with the activities is repetitive, not always appropriate.

If staff approach her she moves away. She won't participate in any group times – story, snack. She is totally self-directed.

- Speak to Meg's mother/carer. Find out more about Meg's history, behaviour at home, family views.
- Check with health visitor about any of her concerns, actions that may have been taken, any strategies already suggested.
- Consult other professionals who may be able to help (e.g. educational psychologist, speech and language therapist).
- Set some initial targets for the first half term aimed at settling Meg into nursery, teaching a few basic routines – one at a time, according to your priorities (e.g. sitting for one minute at the snack table, putting apron on for water play, putting coat on for outdoor play).
- Decide on a consistent approach between staff and family.
- Maintain close contact with parent/carer.
- Monitor any change in behaviour.
- After half term, decisions need to be made – to pursue a diagnosis, seek support, and put Meg on Early Years Action. Devise an appropriate IEP.
- Once Meg has settled in nursery, consider advice in order to move on to the next stage.
- If Meg is diagnosed, arrange appropriate staff training.

Mark is 3 years old.

He has already got a diagnosis of autism spectrum disorder. His mother is aware of the difficulties associated with ASD. She has accepted Mark's diagnosis and has become quite knowledgeable, looking things up on the Internet. A Statement has been written and support allocated.

- Meet with relevant people prior to admission.
- Arrange for a couple of visits, both with mother and without.
- Use information from other professionals to draw up an IEP.
- Prepare materials and the environment (e.g. symbol systems, work baskets, PECS, workstation) as advised.
- Arrange training for all staff.
- The first priority is to settle Mark into nursery, using the strategies suggested.
- When Mark is ready, start more intensive work on agreed targets. Continue to maintain close contact with mother and involve her as much as possible.
- Plan regular meetings between all those who work with Mark.

Jamil is just starting nursery. He has been to his local pre-school from the age of two. He was happy at pre-school. He was able to play with activities of his choosing and could tolerate other children playing alongside. He had used very little language and his play was repetitive.

He has recently been diagnosed with ASD. He is at Early Years action plus, with some advice from an educational psychologist, a SALT and an outreach support teacher.

The problems at nursery are:

- Following verbal instructions.
 - Complying with routines, e.g. coat at playtime, snack in small group, “together” time.
 - Becomes fixed on one activity.
 - Reluctant to share activities with other children or wait for his turn.
-
- Introduce some symbols (teach him what they represent).
 - Begin with a first/then system, using the symbols.
 - Make a large visual timetable for the whole group.
 - Identify a quiet area where he can go for a set time to work on tasks that he is familiar with.
 - Identify calming activities, and have these available.
 - Liaise closely with his mother.
 - Draw up an IEP, including all professionals involved, and tell mother.
 - Keep language simple and functional, e.g. “good sitting”.

Areas of development

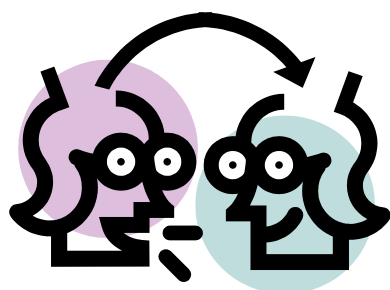
The main areas, which will need to become a focus for development, are:

- Language and communication.
- Social interaction.
- Flexibility and imagination.

Play and play development will be the medium to address these issues.

There are many practical ideas in three publications, by Liz Hannah, by Val Cumine and colleagues, and by Leicestershire County Council and Fosse Health Trust, which you can find from the references to this file.

Language and communication in the early years



The most important part of language development is the desire to communicate with others, and to learn to understand what is being said. This involves both verbal and non-verbal systems (facial expression, body language, gesture).

Most children are born wanting to communicate. They are interested in people, faces and language. Children with autism are not as eager to communicate. They do not “tune in”, find it difficult to make sense of words or non-verbal information, including facial expression, and they learn to “switch off”.

The first priority is to develop the need to communicate and to help them see the purpose of communication. Therefore, the best starting point is often to teach the child a system of asking for things they want.

PECS is one system which can be used for children with little or no spoken language (see Part Two).

For children who are beginning to use spoken language, manipulate the situation so they have to use their language to request (e.g. don't give them a biscuit at snack time until they ask).

Use their interests and make sure they have to ask (e.g. keep the train set on a high shelf).

Model the language as much as possible.

Leave pauses and allow time for the child to speak.

Encourage request words – toilet, drink, shoes, coat.

Always try to respond to the child's effort to communicate, even if it's not quite right. Model the correct word, but don't insist on the child copying it.

Many children with ASD are echolalic (i.e. they copy exactly what they have heard). This can be a useful skill as it demonstrates their ability to say the words and these can then be used in context.

When with the child, use appropriate simple language to comment on their play, talk to other children and make observations.

Visual systems that could help



Children with ASD usually have visual strengths. Signs and symbols can be used successfully as a means of supporting communication and helping them to make sense of what you expect of them.

Make symbols for basic nursery activities (you can use photographs or line drawings).

Teach the child what the symbols mean by constantly using them in context.

Show the child the symbol when you want them to go to that activity. Allow them to post it in a box when the activity is finished.

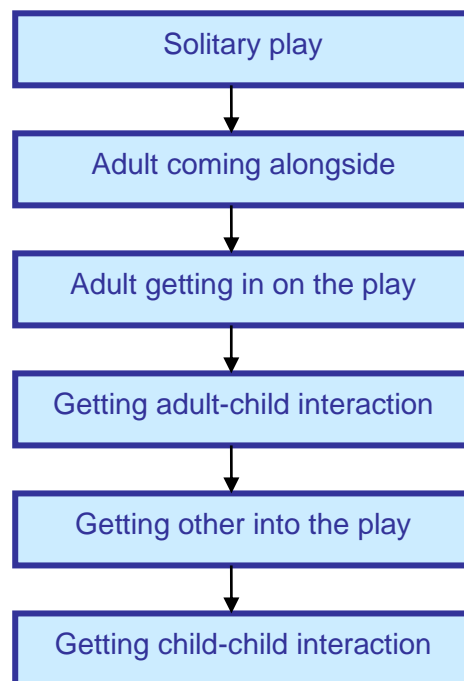
Use a first/then system. First the task the adult wants the child to do, then a reward activity.

Gradually develop this into a visual timetable. (Refer to Section Three for further information.)

Social interaction in the early years

Social Interaction is very closely linked with language and communication, especially in the young child. The child may have problems with social interaction *because* of the language difficulties.

“Venturing into Play” is a playskills profile for children with ASD, by Caroline Smith, within which she identifies a continuum of development of social play as:



This is a useful way of assessing where the child is along this continuum and what skills need to be developed. (Remember there may be young people with AS of **secondary** age who have not progressed beyond early steps in this continuum.)

Within early years settings, it is particularly important to identify where the child has reached, where to move on to and the strategies to achieve this

Further details of the play skills profile can be seen in “Venturing into Play”.

It is important to move very slowly between the stages to increase the child’s ability to tolerate the adult presence and then active involvement in play.

Some children with ASD will actively move away as an adult approaches, so this indicates that the first step will be gradually to increase the child’s tolerance of an adult’s presence alongside them. Once this has been achieved, then you can move towards them accepting you being involved in the play. Initially this may be functional, e.g. they will tolerate you pushing them on the rocking horse. Eventually you are aiming to reach the point where the child with ASD is able to maintain their involvement in play with other children. The steps need to be small, repeated and sometimes you must accept the need to go back a step.

Ten top tips for encouraging social interaction

- ③ Face to face action rhymes
e.g. See-Saw, Row Row Row your Boat, Wheels on the bus.
- ③ Sharing enjoyment of motor skills
e.g. trampoline, slide, chase and catch.
- ③ Taking turns at cause and effect toys
e.g. marble run, pull back cars.
- ③ Following an adult led model
e.g. simple pretend play with a range of materials, like house and shop play.
- ③ Joint attention with an adult
e.g. pop up toys, bubbles, jigsaws.
- ③ Playing alongside other children (setting up situations to make this easy).
- ③ Joining other children in circle games
e.g. Ring a Ring a Roses, Hokey Cokey.
- ③ Joining other children in play
e.g. putting sand into a digger, pushing child on bike, taking turns.
- ③ Sharing a book with an adult to help develop shared understanding of symbolic meaning.
- ③ Sharing a book with an adult and one other child.

Once children have developed these basic skills of social interaction, they may be ready to move on to more advanced skills (see 'The social environment' in Section Three).

Flexibility and imagination in the early years

Problems with flexibility and imagination affect a child in the early years setting in two ways:

- i. The way the child with ASD may behave.
- ii. The way the child with ASD may play.

	What you may see	What you can do to help
i.	<ul style="list-style-type: none"> Doesn't move between activities – gets “stuck” on one. Constantly “flits” particularly if other people come near. Won't sit at tabletop activities. Won't co-operate with staff directions or nursery routines. Likes to have everything arranged in a set way. Very upset by disruption to set pattern, e.g. wet playtimes, Christmas play. Engages in repetitive hand or body movements such as flicking, flapping and spinning. 	<ul style="list-style-type: none"> Use a visual timetable to help understand nursery routines. Introduce a first/then system, which you can apply to extending the range of activities and the time spent on them. Tackle care “rules”, such as apron on for painting, one at a time, using clear visual methods. Introduce a structured system to warn the child of any changes. Ensure that all staff implement the system. Introduce an activity which competes with flapping etc, and can be a more rewarding use of hands. Wherever possible, keep language to a minimum and use visual strategies.
ii.	<ul style="list-style-type: none"> Limited range of activities. Constantly returning to one favoured activity. Very repetitive and limited way of playing with an activity, particularly rocking horse, trampoline, trains, spinning, lining objects up. Won't tolerate other children's involvement. Finds sharing toys and equipment very difficult, will grab toy and push other child away. Very little understanding of imaginative play, e.g. small world, house corner. 	<ul style="list-style-type: none"> Encourage use of different nursery activities. Use a first/then system. Allow return to favoured activities as a reward. Develop play skills and tolerance of other children as above. Use the obsessive interest to develop more complex play skills, e.g. a fascination with running water can be developed into pairing and filling, introduce characters into Thomas the Tank Engine play. More appropriate play at all times. Develop the skills of imitation.

Other areas of difficulty for the child with ASD in the early years

It is important to be aware of sensory differences in any child with ASD (see Part two). With very young children these can be a particular problem as they are unable to communicate the distress they may feel, but adolescents and adults with ASD also experience sensory differences. They may demonstrate this distress through their behaviour.

Difficulty	What you may see	What you can do to help
Touch Sensitivity	<ul style="list-style-type: none"> • They may have difficulty changing into different clothes for PE. • They may go out to play without a coat and then come back feeling very cold, or they wear too much clothing on a warm day. • They may hit out at another pupil who has accidentally touched them. • They may find it very difficult to take part in “messy” activities, such as finger painting. 	<ul style="list-style-type: none"> • Let them change just some of their clothes for PE and gradually build up to a full change. • Check that they are dressed appropriately for outdoor play. • Provide a small carpet square when the nursery is gathered together so that they have their own space. • Let them stand at the back of the line to avoid jostling. Provide space at the table so that they can work without being nudged. • Allow them to use a tool for messy tasks, such as playing with cornflour paste. Let them experience such activities in very small groups so that the likelihood of being accidentally splashed is lessened.
Taste Distortions	<ul style="list-style-type: none"> • They may have a very limited diet. • They may go through a period where they eat the same foods for weeks at a time. • They may eat glue and Blu-tack. 	<ul style="list-style-type: none"> • Discuss any concerns about limited diet with parents or carers. • Be vigilant about non-edible substances.
Problems with sense of smell	<ul style="list-style-type: none"> • They may not be able to focus because they are distracted by a smell. 	<ul style="list-style-type: none"> • Be aware of areas that are located near cleaners’ cupboards that smell of disinfectant. • Don’t wear strong perfumes.
Visual Perception Weaknesses	<ul style="list-style-type: none"> • They may have difficulty walking downstairs or using climbing apparatus. • They may choose to look at something out of the corner of their eyes. 	<ul style="list-style-type: none"> • Let them walk downstairs or use toys such as slides at a less busy time. Give them time to do this and let them hold a handrail if necessary.

	<ul style="list-style-type: none"> • They may find visually “busy” rooms hard to cope with. • They may find fluorescent lighting too harsh. 	<ul style="list-style-type: none"> • Don’t insist on them looking at something straight on if they are obviously more comfortable with peripheral vision. • Use tables that are not surrounded by displays and artwork. • Don’t use lights unnecessarily. • Be aware.
Sound sensitivity	<ul style="list-style-type: none"> • They may cover their ears. • They may scream as if in pain. • They may run off. • They may anticipate a sound which they know is going to be painful and show signs of distress. • They may have difficulty concentrating and focusing on the task at hand. 	<ul style="list-style-type: none"> • Be very alert to the problems and try to reduce or avoid problems where possible. • Be aware that places such as school halls and toilet areas can be loud and confusing places. Let them go to the toilet at a quieter time. Ensure preparation before going into the halls. • Provide a place where they can go if they are distressed. • Warn of any loud noises, such as fire alarms, if possible. • Let them work in the quietest part of the nursery and classroom.

Behavioural issues

Refer to the section on managing challenging behaviour in Part four, as much of what is said applies to the younger child.

For all young children entering early years settings, coping with the much greater demands made of them in terms of meeting expectations, operating as one of a group, and understanding what is required of them, can be challenging.

However, for the young child with ASD, the difficulties are much greater because of their lack of language skill, possible lack of motivation to please, sensory issues, and reluctance to accept change.

This can lead to much greater levels of stress and frustration causing more challenging behaviour.

Within Part four, you will have seen reference to the “ASD lens”. Obviously this applies to the young child as well.

If you look at a problem in this way with young children in particular, the ASD lens will highlight the need for care with language - **KEEP IT SIMPLE!**

Do not assume that physical contact will comfort the child, as in many it will add to their stress.

Remember that, for many, this could be their first encounter with a busy, lively atmosphere. The sensory overload may be immense.

Strategies to try for behaviour

- Look for the triggers.
- Keep language simple and at a minimum.
- Use positive language – don't use a loud voice.
- Ensure consistency amongst staff in language used, responses to situations and management strategies.
- Give clear "warnings" of any change.
- Use visual support systems.
- Use a "time out" area, if appropriate. In particular, to reduce sensory stimulation, this might be a quiet, calm, and darker area.
- Be aware of children's needs for comforters and allow, if possible (carrying a railway engine/book etc).
- When problems persist, discuss with others, agree strategies and draw up a plan to ensure consistency. Remember to *review* and *adapt*.

Involving parents and carers

More and more, the value of involving parents within pupils' education is recognised. The Code of Practice (2001) for special educational needs, "Removing barriers to achievement" and "Together from the Start" (DfES 2003) all highlight parental involvement.

Up until the point where the child enters the setting, the parents will have been the only carers. They are the people who know the child best and so have an enormous amount to contribute.

Parents are experts – Listen to them
Talk to them
Involve them

- 🔄 Visit at home prior to entry and find out what is or is not important for them.
- 🔄 Ensure a regular, informal exchange of information.
- 🔄 Allocate a key worker so that the parent knows who to talk to.
- 🔄 Involve parents at all times in IEPs and their review.
- 🔄 Include targets on the IEP that can be worked on at home.

Remember a child with ASD can be very different at home and in a setting. This works both ways. Sometimes they can do things in the setting which they cannot do at home, for example, use of toilet, eating different foods, listening to a story.

Equally, they may have skills at home which are not evident in the setting, for example, use of language, levels of play.

Sometimes parents have tried to avoid recognising and accepting that their child has difficulties. They may become very defensive or upset at the suggestion of any problem. If this is the case, proceed with caution, try and build up a relationship and help them with practical ideas.

There will always be some parents who are unable or unwilling to be involved in their child's education. Keep them informed, but do not insist on regular meetings.

Section 5, Part 2 - Key Stage 3 and 4

Much of what has been given in the previous parts applies to those working in Key Stage 3 and 4. However, there are a number of specific areas relating to older pupils.

Transitions

With all pupils, transition between Key Stages and schools need to be carefully managed.

This is particularly important for pupils with ASD as the changes that they experience can be overwhelming. Preparation for the pupils should include:

- Visits
- Maps
- Timetables
- Meeting Key staff
- Practise some key aspects
 - e.g. making the journey
 - lunchtimes
 - PE
 - Practical lessons (e.g. Science, Technology, etc)
- Encouragement to talk about any worries with familiar staff at primary school
- Pupil participation in passing on information

Some very useful strategies are included in the Nottinghamshire “Passports” document.

Preparation for staff should include:

- Brief training for all secondary staff, including teacher, teaching assistants, midday supervisors, administration staff, cleaners and caretakers.
- Information and advice (again “Passports” would be useful).
- Liaison between key staff in secondary and primary schools.
- Opportunity for key staff to meet pupil and parents in the primary setting.
- A chance to discuss any concerns including specific curriculum issues.
- Clear plans for communication once the pupil has entered secondary school.

Parental involvement

Parents tend not to be as actively involved with secondary schools as they are with primary. This can cause difficulties, as a new pattern of communication needs to be established. To be successful, this has to meet the needs of both sides. It may involve more contact with the home at first than most secondary staff feel is appropriate. However, this is important in order to help parents feel confident and secure that their child’s needs are being met.

Some strategies could include:

- ↻ Phone contact with a key person at a set time each week.
- ↻ Continued use of home/school liaison book (as children get older this may become less appropriate and the homework diary may be a better alternative).
- ↻ Dictaphone used to record homework assignments and messages.
- ↻ E-mail messages.
- ↻ Parental involvement in IEPs.
- ↻ Encourage parents to inform school about areas of concern promptly, similarly school to keep parents informed of any difficulties.
- ↻ Ensuring parents receive important information, e.g:
 - ↻ timetables
 - ↻ key events
 - ↻ exam timetable
 - ↻ trips and visits
 - ↻ parents evenings
 - ↻ changes in key staff.

REMEMBER:

- 1 PARENTS LIKE TO HEAR GOOD NEWS AS WELL!**
- 2 PARENTS HAVE OTHER COMMITMENTS – TRY TO BEAR THIS IN MIND WHEN PLANNING MEETINGS.**

The Derbyshire Autistic Support Group is a useful resource for parents/carers and families. They run a variety of workshops, support groups, fun activities such as visits to the cinema, horse riding and swimming. They provide useful information, advice and support. They can be contacted on 01773 8358000

Similar groups operate in other LEA areas. If you do not have a contact, your local Parent Partnership Service will probably have the number.

Pupil participation

Increasingly the importance of pupil participation in their own education is being acknowledged, as in the SEN Code of Practice of 2001 and “Removing barriers to achievement”.

Additionally, as all secondary aged pupils move through school, they want and need to be involved in making decisions about their education. They have strong views,

which need to be recognised. Pupils with ASD are no exception to this. Pupils need to be helped towards becoming more independent and responsible.

Some suggestions:

- ↻ Involve pupils in IEPs, both in the identification of targets and the review process.
- ↻ When problems occur, encourage pupils to devise their own strategies and management. Pupils can record and monitor their own progress.
- ↻ Pupils increasingly need to take responsibility for their own organisation, meeting commitments, and dealing with situations – asking for extra help from staff, if necessary.
- ↻ Make use of buddy systems. A pupil with ASD can be a trusted and reliable friend. (If they say they will meet you at 12.30 at a set place in the yard, they will be there!)
- ↻ Encourage pupils to talk regularly about any concerns. If necessary, identify key people, but allow choice.
- ↻ A base, such as the Learner Support Department, where pupils and staff can go every break and lunchtime, can be very useful.
- ↻ Involving pupils in the life of the school can be important. It may be necessary to identify a role, e.g:
 - ↻ selling programmes at school productions
 - ↻ working in the school library
 - ↻ helping in the office
 - ↻ assisting the caretakers
 - ↻ providing half-time drinks at sports matches.

Pupil awareness and acceptance of their differences

As the children get older, increasingly they will question why they are different. Several books written by people with ASD who have experienced difficulties at school, include “Freaks, Geeks and Asperger Syndrome”, “Martian in the Playground” and “I am Special” by Peter Vermeulen. These are included in the references. However, it is important to consult parents and their wishes prior to tackling these issues in any depth, as there are likely to be repercussions while the pupil comes to terms with this.

Pupil and parent permission needs to be sought before discussing the pupil’s difficulties with his or her peers. If you *can* talk to the pupil’s peers this can be a really helpful strategy.

When addressing any specific questions that the pupil asks, it is important to be as honest as possible. Remember, only respond to the specific questions the pupil raises.

Every child will vary in the way they want to deal with their situation.

Puberty and sexuality



As with all pupils of this age, these issues will arise and need to be dealt with.

Again, close parental liaison is essential. It may be that additional PSHE sessions should be put into place so that specific areas can be dealt with appropriately. Care will need to be

taken to ensure that the language used is understood; questions can be revisited as often as necessary.



Useful publications include those by Matthew Hesmondhalgh and Christine Breakey, and by Lorna Scott and Lesley Kerr-Edwards, which are listed in the references.

Young people with ASD have widely differing issues and interests to do with puberty, sexual development and identity. It is worthwhile to discuss any emerging issues with colleagues and with outside professionals, such as the school nurse, an outreach teacher, or a psychologist.

With all young people with ASD, the approach has to be highly responsive to individual abilities. Some able young people with autism can form a complex (but not necessarily accurate) impression from reading.

Issues that might arise	What you can do to help
<ul style="list-style-type: none"> Puberty is a change and a person who feels uncomfortable with change may find this hard to cope with 	<ul style="list-style-type: none"> Prepare the pupil for the changes that are coming. As with other young people, timing is difficult. Different approaches are possible where the pupil has some ability to predict and anticipate. Teach about the social and role changes – what is expected of men and women – not just the biology.
<ul style="list-style-type: none"> Onset of menstruation. 	<ul style="list-style-type: none"> This should be mentioned at an IEP review or Annual Review in plenty of time. Visual instructions showing how to cope and Social Stories™ are useful. Even today, girls with ASD sometimes experience their first period as a surprise because nobody has forewarned them. The books mentioned have references to teaching materials.

<ul style="list-style-type: none"> • Masturbation in inappropriate places 	<ul style="list-style-type: none"> • Many adults have difficulties dealing with this topic. A team approach involving parents will be needed. There will be concern about using Social Stories™ and visual teaching material that appears explicit and, in all these matters, it is unlikely that staff will wish to work alone with a student. Again, established teaching materials are available.
<ul style="list-style-type: none"> • Inappropriate sexual behaviour and interest – including sharing knowledge or questions inappropriately and unwelcome approaches to other pupils. 	<ul style="list-style-type: none"> • Many abler pupils can understand the idea of “manners” as a set of rules. Generalisation may be a problem – it is not appropriate to say the f-word in many settings but there are other inappropriate words too, and these may have to be addressed individually. • A “later” sign is always worth teaching and can help save embarrassment over these topics, so that it can be made clear that a question will not be answered at that time. (Pupils with ASD seldom ask questions to shock.) • The “Circles of Friends” idea of different degrees of friendship can be used to teach distinctions – for instance, because somebody will be friendly, it does not mean they will be your boyfriend or girlfriend. • You may have to teach appropriate and inappropriate behaviour more carefully. Most people who work on these issues with younger children are familiar with teaching about appropriate and inappropriate touch. For young people with autism the categories of people who can and cannot be touched, even in normally role-appropriate areas, may need to be spelled out very clearly.

<ul style="list-style-type: none"> • Issues of gender identity and homophobic bullying 	<ul style="list-style-type: none"> • Boys with ASD and, especially, Asperger syndrome are often open to homophobic bullying because they keep to rules, may have precise or “posh” speech not fitting family patterns and so on. • Strong anti-bullying approaches by schools are needed. • People with ASD reach the same range of sexual identity and adjustment as neurotypical people. The same issues arise in personal, social and health education, but may need to be addressed “through the autism lens”.
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Working with visual learners in these areas calls for careful agreement with parents on materials that can be used. If you are stuck for ideas:

- ▶ ***Local special schools, especially those for older children with severe learning difficulties, may be a useful resource.***
- ▶ ***The NAS Publications Catalogue is helpful.***
- ▶ ***Reputable websites sometimes have information.***
- ▶ ***Use outreach teachers and specialist autism centres to access the network of workers with ASD; there is a strong bond and network of contacts among educators and others in ASD work.***
- ▶ ***The Derbyshire Autistic Support Group knows a lot about this area.***

The hidden curriculum



Pupils with ASD are at a disadvantage because they do not understand the “hidden curriculum”. They inadvertently break the rules and either get in trouble with adults or become ostracised by peers.

The hidden curriculum is a set of rules that everybody knows but which has not been explicitly taught (e.g. Mr Singh allows pupils to whisper in class when not working, Mrs Murphy expects total silence). The hidden curriculum

includes how to dress, act, what to do and what not to do and when, who talk to and who to ignore.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Pupils may not be able to access a group of peers. • Pupils may not be aware of fashion trends and the subtleties of dress. • The pupil is perceived by their peers as obviously different. • Pupil is often “set up” by others. • Pupil may perceive themselves as the victim and may not understand the banter. • In unstructured situations the pupil may avoid social contact (e.g. first in and out of lessons, finds a quiet corner away from people at breaktimes). • Rarely chosen by peers as partners or team members in class situation. 	<ul style="list-style-type: none"> • Make use of buddy systems to enable the pupil to join in with peers, especially at breaks. • Extend the use of Social Stories™, Circle of Friends, Social Scripts and Cartoons. • Use videos to predict the actors’ non-verbal and verbal communication. Soaps are good for this. • Use the pupil’s strengths to improve their position with their peers (e.g. computers, videos, maps and timetables).

Motivation

Due to the pupils’ general difficulty with social interaction and empathy, normal motivators may be ineffective and more defined reward systems with less reliance on social reinforcement may be necessary.

Some activities may be over-stimulating in themselves and pupils may have difficulty moving on.

Pupils with ASD may be particularly reluctant to participate in a task for which they perceive no relevance.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Pupil fails to finish a piece of work, or may even fail to start. • May have difficulty in changing from one activity to another and understanding the need to. • May engage in work avoidance tactics. • May respond to the task literally. • May become fixated on one irrelevant aspect of the task (e.g. writing style, perceived perfection). • This may be a particular problem in timed activities. 	<ul style="list-style-type: none"> • Be explicit about goals and what is expected. • Teach that it is important to attempt the whole piece of work rather than to attain perfection in part of it. • Give clear visual cues to the time/structure of the task (e.g. use of a timer, tick list, a written plan). • Ensure pupil has appropriate systems for getting help if required. • Be aware of and tackle any problems of organisation of equipment. • Change the nature of the task to suit the interests of the child (e.g. create a game, make models). • Strategies for note-taking (e.g. skeleton outline of ideas/notes so student has to fill in spaces, giving starters, use of visual prompts). • Pre-warning of a change or the end of a task.

Resistance to change

Remember that resistance to change is normally one of the basic difficulties of a pupil with ASD.

Often a small change is as distressing as, or more distressing than a major one. Attention shifting is difficult for the student, for example, moving from completing a written task to listening to the teacher for further direction.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may become anxious about changes in the routine or unexpected events. • The pupil may become as unwilling or anxious in what may be perceived as ordinary circumstances (e.g. changes in timetable/staff/room/task/font/colour of paper used). • This may occur as peer behaviour changes, trends change as the pupil matures (e.g. fashion, phases). • These reactions may be more severe if the pupil is already stressed. 	<ul style="list-style-type: none"> • Provide pupil with individual timetables, laminated pocket size, so that any changes can be highlighted for the day/week. • Give prior warning about any changes in routine, if possible, such as supply teachers, fire practice, trips and theatre groups. • A base such as Learning Support with familiar staff available at the beginning of each day and when required for reassurance. • Reminders about changes may be needed on many occasions, including pre-warnings just prior to the change. • Be explicit about what you expect and set time limits for the task.

Repetitive actions

Displaying repetitive actions. This usually serves a purpose for the child, e.g. stress release, blocking, enjoyment, relaxation.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil flicks his/her fingers near to the eye. • The pupil asks the same question repeatedly. 	<ul style="list-style-type: none"> • Unless this is a problem, do nothing. • Plan your response carefully, reward the behaviour you want, not the behaviour you do not want. • If it is a problem, look at the function of the action and try to teach an alternative that serves the same purpose for the pupil, or agree an appropriate time or place (e.g. car noises are fine in the yard, but not inside school). • If the pupil repetitively questions, either agree or answer the question only once, give them another way of checking the answer, look for alternative ways of satisfying them.

Obsessive interests

Many pupils with ASD will have areas of particular interest that become an obsession and exclude topics and activities.

Some of these can include trains, timetables, maps, number patterns and electrical gadgets.

Interests will change, as the pupil gets older.

The obsession can be all encompassing, in which case the pupil cannot be talked out of it by rational discussions and explanations.

The obsession can be an area of special interest, which can be directed or redirected.

What you may see	What can you do to help
<ul style="list-style-type: none"> • The pupil may try to bring their own interests into every piece of work. • Conversation or behaviour may return continuously to the same topic, despite attempts to move them on. 	<ul style="list-style-type: none"> • Agree that the pupil can have some time for their own interests after they have completed the work satisfactorily. • Give warnings about the activity changing.

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| <ul style="list-style-type: none"> • Pupil remains oblivious to the fact that others are not interested. • Pupil may become distressed if not allowed to continue to pursue the obsession. | <ul style="list-style-type: none"> • Make “deals” about work and expected standards. • Make “deals” about the right time and place for the obsession. • Give clear signals that they are becoming boring to others and help them to learn to respond to these. |
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Remember that, for the student, these are genuine, valid interests like your own. Do not devalue them as “only” obsessions.

Difficulty in applying knowledge to different situations

Remember that generalising knowledge and skills is a particular problem for pupils with ASD. This can result in them failing to apply what they know into different settings, situations, on different days, with different individuals.

What you may see	What you can do to help
<ul style="list-style-type: none"> • The pupil may be unable to generalise previously learned skills and knowledge. This may result in behaviour that appears to be inappropriate, but in fact is due to lack of understanding and/or an ability to transfer information. • The pupil may be able to list the school rules, but unable to interpret them in the situation. 	<ul style="list-style-type: none"> • Make links to previous learning explicit. Say, “This is what we were talking about in history yesterday”. • Teach the same skill in a range of settings and situations. • Do not assume that if the pupil has learned a skill in one situation he will be able to transfer it to different one. Point out the links.

Expressing stress from one situation in another

People with ASD are often poor at recognising social and emotional cause and effect. They may learn a rule; for instance, that it is inappropriate to show strong emotional reactions in school. However, they may still have very strong feelings about the situation. Often this can result in feelings *experienced* at school being *acted out* at home. This can happen the other way round too.

What you may see	What you can do to help
<ul style="list-style-type: none"> • Often this will be detected through parental report. A young person who seems to be happy or, at least ‘getting on all right’ at school will be reported to be unhappy, disruptive, or acting out at home. 	<ul style="list-style-type: none"> • Recognise that problems at home are real, but may have school roots. • Do not automatically congratulate yourself on the absence of problems in school being the result of your good handling of the young person or the parents’ mishandling.

- You can also see young people who are having behavioural problems at school, but not at home.

(Claire Sainsbury in her book “Martian in the Playground” gives a very clear insider’s account of this type of issue.)

- Talk to parents and believe them.
- Talk to the young person and believe them.
- Discuss ways to help with parents and the young person themselves.
- You may need to set out very clearly what is agreed. Very simple rules, backed up by visual prompts and so on, help school staff as well as the young person and the family.

Mental health and the risk of depression



At times we all have “low” periods. Feeling “depressed” or sad is a normal reaction to experiences that are stressful, upsetting or difficult to come to terms with.

When the low periods last and begin to take over someone’s life, it can become illness. It is not common (possibly 2 out of 3 of every 100 teenagers) but those with ASD have been found to be at greater risk.

Signs of depression:

- Being moodier.
- Becoming withdrawn – avoiding people and activities that are usually sought and enjoyed.
- Feeling bad or guilty, being disproportionately self critical.
- Feeling unhappy, miserable and lonely a lot of the time.
- Feeling hopeless.
- Difficulty concentrating.
- Not looking after personal appearance.
- Difficulty with sleep patterns.
- Tiredness and lack of energy.
- Frequent minor health problems.

When someone has all or most of these signs for a long time, it may mean they are depressed.

A young person who is depressed will often feel unable to talk about these difficulties, but sharing worries can relieve the burden.

Adults need to be aware. Reassurance and advice may be helpful. “Being there” is crucial.

When depression “drags on” and starts causing serious difficulties or concern it is vital to seek treatment.

A visit to the GP is necessary and possibly a referral to a specialist mental health service.

This information is taken from a “**Mental Health and Growing Up**” fact sheet prepared by the Royal College of Psychiatrists. This is one of a series of 36 conveying a range of common mental health problems.

The Young Minds Parent Information Service (0800 018 2138) provides information and advice on child mental health issues.

Youth Access (0181 772 9900) offers advice and counselling throughout the UK.

A **Mentoring and Advocacy Service** is recommended by the **Derbyshire Autism Support Group**, which can be reached on 01773 741221.

After school – what next?

As with all transfers, preparation is essential.

The National Autistic Society report for Autism Awareness Week 2001 gave some startling statistics:

- Only 6% of adults were in full-time employment, with 4% in part-time employment. 24% were doing nothing or “helping around the house”.
- 49% of adults were living at home with their parents.
- 32% of parents said their son or daughter had already experienced mental ill-health. 56% suffered with depression, a further 11% suffered nervous breakdown or near nervous breakdown and 8% felt suicidal or had attempted suicide.
- 37% of teenagers had no social activity at all.

This highlights the need for planning for independent adult life. Early and close involvement with the Connexions Service is the key.

Remember to plan for *future life* not just *education*. Contact may need to be established with Social Services and Health. Consideration may need to be given to social activities after school.

Planning needs to include *Work Experience*. Identify the strengths and interests of a person with autism and use these. Remember, the person with ASD can be a very good employee. Strengths often present in people with ASD include:

- a liking of routine, and enjoyment of repetitive tasks, which fits some tasks.
- punctuality (e.g. if coffee break is 10 minutes, most people with ASD will only take 10 minutes).
- rigid application of rules (e.g. Health and Safety).
- dislike of mistakes.
- special interests and knowledge.

- good visual/memory skill.
- attention to detail.

It may be helpful to consider the pattern of work experience. A two-week block may not necessarily be the most appropriate. Possible alternatives include one morning a week for a much longer period.

Prepare pupils for all of the new demands including travel and lunch arrangements and basic expectations.

Prepare the employer and staff with appropriate information and provide maximum level of support from school during the placement to deal with problems as they arise.

Matthew Hesmondhalgh's book on access and inclusion for young people with ASD, listed in the references, has some useful thoughts about work experience.

SECTION SIX

Other Useful Information

Part 1 Current developments and specialised approaches

- ▽ National developments
- ▽ Research
- ▽ Secretin
- ▽ Mercury
- ▽ The MMR vaccine
- ▽ Advising parents about non-educational research

Part 2 Other Approaches to the Management of ASD

- ▽ Applied behavioural analysis – ABA
- ▽ Daily life therapy (the Higashi programme)
- ▽ Options
- ▽ Relationship development intervention
- ▽ SCERTS
- ▽ Non-directive therapy
- ▽ Early interventions
- ▽ Portage and Derbyshire's First Steps at Home service
- ▽ Alternative therapies
- ▽ Aromatherapy
- ▽ Swimming with dolphins

Part 3 Theories

- ▽ Theory of mind
- ▽ Weak central coherence
- ▽ Executive function deficit

Part 4 References, useful publications and websites

- ▽ References and publications
- ▽ Websites

Part 5 Activities to help you learn about ASD

Section 6, Part 1 – Current developments and specialised approaches

National developments

There are now national developments in autism. Recent national publications include the Autism Good Practice Guide, and the National Autism Plan for children, which you can find from the references.

Research

At present there is no evidence that demonstrates that one drug, dietary strategy or surgical technique will overcome the problems associated with ASD. However, much research is going on:

Paul Shattock at the University of Sunderland is looking into possible causes of autism and is maintaining a database of information. Ongoing work includes looking at possible metabolic abnormalities in those with ASD and the possibility, not yet supported by a strong body of research, that some children will be helped by a gluten-free diet.

Further information can be found on www.osiris.sunderland.ac.uk/autism

Secretin

There has been a lot of interest in the use of the hormone Secretin. There is more than one hypothesis about how it may work. One line of thought is that it may affect gastrointestinal difficulties, while another is that it directly affects parts of the brain which malfunction in autism. Research is continuing.

Mercury

There has been recent research looking at the relationship between levels of mercury found in a child and autism. This is significant because a mercury compound called thimerosal has been used as a preservative in vaccinations. A Danish study looked at the effect of the removal of thimerosal from vaccines, which happened there in 1992. It had no effect on the growth of diagnosis of ASD in that country.

The MMR vaccine

MMR has been the subject of much research and controversy. The Department of Health position seeks to be based on research which has sound methodology agreed by medical researchers (the sort of research which leads to one cancer treatment being recommended to be used in the NHS as more effective than another, for instance). This is given at <http://www.doh.gov.uk/mmr.htm>

Advising parents about non-educational research

Most of the research on physical, metabolic, and dietary issues in autism has some way to go before it can be applied predictably to individuals or groups. If educators find themselves asked for advice, we suggest referring parents to national sources of information, such as the Department of Health website and to medical professionals.

Section 6, Part 2 – Other approaches to the management of ASD

Inevitably with a condition which gives so much concern as autism, workers have sought to develop more effective approaches. Overall there is no one approach which can at present be said to have solid and unequivocal support from research and evaluation. Evaluation is difficult. Parents will always try to find the most effective approach for their child and may conclude that if they do not take up the latest or most strongly advocated approach, they run the risk of prejudicing their child's future.

Some approaches you may encounter are listed.

Applied behavioural analysis – ABA

Ivar Lovaas built up a system of working with children with autism over many years. The approach is based on behavioural analysis and modification. Tasks are broken down into small steps and progress is rewarded, usually by praise. Other techniques used include time out from reinforcement as a means of withdrawing reward from inappropriate or unwanted behaviour.

This programme is strongly advocated by an international network. Key features are the intensity of the programme, the emphasis on early intervention, certainly by the fourth year of life, and the “closed” nature of the intervention. Programmes are delivered by trainers trained within the system and supervised from within it. There may be an emphasis on this approach continuing into school. There is a strong contention that the programme must be carried out for 35-40 hours per week to be effective.

There is much in the programme that is not contentious. The use of behavioural analysis approaches with children with autism is well established. It is less certain that the ABA approach is uniquely successful. Some reviews of different approaches suggest that outcomes are similar for a number of more intensive approaches. Much is made of reviews that suggest ABA has more scientific support than other approaches. These tend to rely on criteria for medical trials. One view of the research is that there are a small number of ABA studies which meet these criteria, whereas trials of other methods have not been designed in this way, often because educational researchers have not seen the methodology as appropriate.

Lovaas therapists use many teaching approaches in common with other people who work with children with autism, and many now make a virtue of incorporating a range of approaches, whereas some years ago there was a tendency to decry “syncretic” approaches. One strong suggestion is that the research shows that it is the amount of work done with the child that is the crucial variable, rather than the ABA content, though some other studies, such as the South West Autism Project in Bristol, suggest that less intensive intervention approaches can have very positive results.

Lovaas and his co-workers have made great efforts to ensure quality control in ABA programmes, but this may not always be present in ABA programmes. There is limited quality control on who can set up and supervise programmes. Schools may have to take advice on this where a parent wants a programme to continue wholly or partly in school.

Daily life therapy (the Higashi programme)

Dr. Kiyo Kitahara developed this programme in a private school in Tokyo. Subsequently it was developed in a school in Boston, Massachusetts, though there are differences between the two approaches, most notably that the Tokyo school includes children without disabilities. Principles underlying the approach include “building on physical strength”, “stabilising emotions” and “normalising the child’s intellectual interest”. Emphasis is placed on rigorous physical education and on moving as part of a group. There have been many optimistic commentaries and evaluations, but there is a lack of more rigorous research at this point. The approach evolved in a Japanese cultural context and this is partly why “Boston Higashi” is different.

Options

This is a non-educational approach developed by Barry and Samahria Kaufman in response to the needs of their then young son with autism. The result of their quest to “normalise” this boy is set out in their book “Son Rise”. The programme used was based on the use of a loving, accepting and non-judgemental approach to the child’s behaviours and needs. The Kaufmans claimed complete success with the child, now an adult who has gained a degree in the USA and is claimed to be free of signs of autism. In consequence of this success the Kaufmans founded the Options Institute in Massachusetts. Much of the approach is home-based in a specially designed playroom and delivered by trained parents and family friends. A very high level of dedication and concentration is needed to give the constant one on one support central to this programme. The overall aim is to encourage the child to develop curiosity, involvement and self-motivation. There is no recognised scientific evidence of success.

Relationship development intervention

RDI is the invention of Steven Gutstein and is a further American approach said to produce remarkable results, though support from controlled studies is limited. The emphasis is on learning “friendship, empathy and a love of sharing their world with others”. Gutstein emphasises that this is not just a social skills programme, but aims fundamentally to change the child’s abilities. Given the level of success claimed, it is probable more will be heard of the approach. Underlying the programme is an assessment technique, the Relationship Development Assessment, and this in any event provides an interesting framework for looking at how children’s social abilities develop.

SCERTS

Barry Prizant and colleagues have developed SCERTS as a multidisciplinary educational and treatment model for children with ASD. Carol Gray describes it as “promoting social communication and emotional competence in naturally occurring contexts while building meaning into daily experiences”. It has core components of social communication, emotional regulation and transactional support and a central aim of helping the child to be an increasingly competent and confident communicator and an active participant and partner in social activities. These main areas of focus are said to apply across the person’s life-span and to be areas of greatest concern to families. The programme gives a basis for a treatment plan in these main areas, which involves family as well as school. It has very strongly been based on work by speech and language therapists as well as teachers. There is no body of research yet which evaluates SCERTS scientifically. Like TEACCH, it is a broad programme model which incorporates a range of approaches.

Non-directive therapy

This approach aims to enable the child with autism to develop skills necessary for communication, joint attention, tolerating another’s presence, imitation, parallel play and turn taking. It is child-led, avoiding adult direction and confrontation. The child can explore and play in a deliberately contrived environment. The adult imitates the child’s actions and vocalisations, aiming gradually to make the child aware of the presence of another and to increase tolerance of the distance and orientation (side by side, fact to face etc) of the other. It is hoped that in this non-directional setting the child will gradually engage with more and more turn-taking and initiate actions for the adult to copy.

Early interventions

Early Bird projects are increasingly being set up across the country, apparently with some success. This programme is designed to give support and encouragement to parents as well as developing communication and behavioural skills for children. There is a three-month programme of group training and home visits.

The South-West Autism Project was set up in Bristol. It uses a mixture of approaches. A family tutor supports the family for varying amounts of time in a week. Parental support is built into the programme. Parents attend Early Bird training. Families have a choice of the intensity of programme followed. The support can also move through the transition into settings. Initial reports suggested very positive outcomes.

Portage and Derbyshire’s First Steps at Home service

Portage is a system of weekly or fortnightly home visits. It is designed to help parents of all children with special needs. It is not an autism specific programme, but has been used effectively in this country for 25 years as a method of teaching very young children and supporting parents. Feedback from parents shows that they value the regular contact with their home visitor and the joint planning of activities.

First Steps at Home is part of Derbyshire's support service for pre-school children with special educational needs designed to help parents of children aged 0-3 who are showing a delay in their development. Other LEAs have similar services.

It aims to support parents in helping their child and uses a Portage model to offer a weekly/fortnightly visiting service.

The Portage teaching model has been used in this country for more than twenty five years. It has been shown to be an effective way of teaching very young children and of supporting parents.

Alternative therapies

Much use has been made of alternative therapies. Most alternative therapies lack scientific evidence of their effectiveness. If alternative therapies are used in school, the school has some responsibility. Most interventions that have effects have side-effects, too. Not everything that is natural is safe. Among issues that schools should consider are:

- dangers in introducing any chemical substance (aromatherapy and non-medically prescribed supplements).
- issues of therapies that use touch (massage, shiatsu, reflexology).
- giving advice that may appear to support one therapy or another.
- knowing who is a safe practitioner where there is no chartering or professional registration for giving a treatment.

A small selection of therapies is discussed to illustrate these issues.

Aromatherapy



Many people say they find aromatherapy is valuable for the relief of stress and to promote relaxation. Essences from plants are mixed with oil and massaged into the body, or diffused in various ways. It is suggested that different plant essences have different properties, helpful for a range of specific symptoms.

It is reported that some people with autism benefit from aromatherapy. It provides an opportunity to relax and reduce anxiety, which then promotes performance in other situations.

Concerns about this approach include the intimacy of the situation when massage is used, and therefore the need for primary carers or other adults to be present. Some oils are reported to have adverse effects. There is a potential risk to children with allergies, which may not be known about before the child is challenged with a new substance.

Advice from a trained aromatherapist should be taken, though there is no formal registration of therapists. Apparent qualifications can be based on varying amounts and types of study, and anyone can call themselves an aromatherapist.

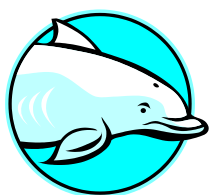
Any use of aromatherapy oils or other chemical substances in school **must** involve consultation with parents/carers and a health professional, such as a clinical medical officer or school nurse. Aromatherapy oils may be toxic and schools using them need a policy for safe storage.

For more information contact:

The Aromatherapy Organisations Council
PO Box 19834
London
SE25 6WF

Tel: 020 8251 7912

Swimming with dolphins



We mention this to illustrate the sheer range of approaches that has been put forward. There are instances of parents fund raising to undertake this approach. It is suggested that contact with dolphins, apparently introduced by David Nathanson in the seventies, in some way helps children to reconnect and that it is beneficial to children with autism. There appears to have been no systematic evaluation of the approach. A family may feel great benefit from this or many other therapies which provide a framework for being able to do *something enjoyable together* – and undertaking the difficult and complicated task of organising such treatment may really change their lives. (Though for some families, it may also be an additional stressor.)

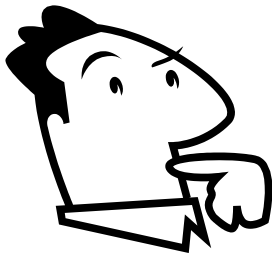
There is a real difficulty for all involved in giving advice. There may be circumstances where we could not *advise* a course of action, because we need to refer to accepted practice and scientific evidence, but still need to support people through the action and celebrating with them any gains they see their child making. At the end of the day, it is for families to judge.

Section 6, Part 3 - Theories

There are many psychological theories about ASD, some of which are accepted and recognised and others which continue to be evolved.

This section summarises some main theories which appear to fit with current knowledge, and can be useful in understanding children with ASD and, therefore, in planning their management.

Theory of mind



In everyday life we operate as if other people and their minds work pretty much like our own. We share systems of communication and logic. We make the same sort of inferences in the same sort of ways. We may differ in conclusions, but the way that we talk about other people and describe what they are doing shows that we think they have minds, understandings and viewpoints and the way these are structured resemble our own.

There is some evidence that people with autism find this sort of knowledge much harder to acquire. Children in general develop social knowledge early on, but many babies who later show autism do not respond normally to early social interactions like cuddles and the social and conversational interchange which develops before language and lays the foundation for language. Simon Baron-Cohen has called the difficulty which people with autism are said to show “mind-blindness”. It can be demonstrated using “the Smarties Test”.

**A child is shown a Smarties box and asked what is in it.
The child replies ‘Smarties’.
The child is shown that the box actually holds a pencil.
The pencil is put back in the box and the lid closed.
The child is asked what their friend will think is in the box.
Most four year olds will say ‘Smarties’. They understand that the friend will make the same inference they make – a Smarties box usually holds Smarties.
The child with autism generally will say ‘a pencil’. This fits what they know to be the right answer.**

The theory of mind hypothesis is still being actively researched, but seems to be broadly true. It does not contradict the importance of “The Triad of Impairment”. Rather it illustrates an underlying mechanism in the way that people with autism behave.

Impairment in theory of mind can result in crucial impairment in imagination, communication and social competence. If you cannot imagine yourself in the position of others or recognise what they are about to do, the world is a very fearful place. It may be rational to feel safer doing things of your own choice.

If you don't understand that people have ideas in their heads like yours, you may get confused about the boundaries between people and machines. More able children with autism may have difficulty in understanding there is a shared body of knowledge that most people have, so they explain *everything*. Oliver Sacks, the famous neurologist who wrote "Awakenings", wrote about working with Temple Grandin. Temple Grandin is a very able autistic woman, who has become a university professor and a world expert in systems for controlling and handling animals at abattoirs. However, when he forgot the directions to meet her and asked her again, he got exactly the same, highly detailed directions all over again.

One issue that is emerging from the research is that the deficit should be seen as a *relative* absence of theory of mind. With additional information, children may be able to reach an understanding of what another person is thinking. Remember that the level of theory of mind also varies in different people with autism, and draw inferences from what they say and do, not from a generalisation about what autistic people as a whole do.

Weak central coherence

This was first outlined by Uta Frith in 1989.

We all try to work within frameworks where we integrate information to a meaningful whole. For example, when reading a book, we try to remember the main elements of the story rather than focusing on individual parts. When looking at pictures or patterns, we try to see the overall rather than the parts. Frith suggests that this ability to focus on the whole is disturbed in children with ASD and they may play with the wheels of a car rather than with the car itself. In conversation they may be distracted by an element which links to their interest and not listen to the whole.

There are many implications of this which cause difficulties for pupils with ASD and which can guide our teaching strategies.

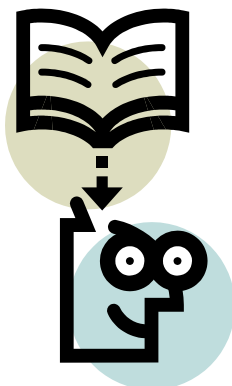
Executive function deficit

Sally Ozonoff has identified a number of behaviours which are deficient in people with ASD. All of these have been attributed by neurologists to particular parts of the brain, so this theory may link with the idea of a central, physical brain difficulty underlying autism. The frontal part of the brain appears to be important in certain functions that very much characterise human behaviour. These are about organising behaviour planning, checking for results and outcomes, doing things in different ways to suit the situation, and having focus and alertness to suit the situation. The deficits in this area lead to problems in organising, beginning and ending a task. A deficit in executive function may also be part of the child's difficulties in recognising the emotions of others. As an extreme example, crying can be a sign of joy or sorrow; recognising which depends on being able to integrate what you can immediately sense with a knowledge of the situation and context. Those with executive function disorder find the integration difficult.

For a very detailed and much more in-depth account of psychological theories see Rita Jordan's 1999 book.

Section 6, Part 4 – References, useful publications and websites

References and publications



There is sufficient detail here to enable you to obtain most books from a bookstore, a supplier or an on-line store. DfES publications can be ordered by ringing 0845 60 555 60.

National Autistic Society (NAS) publications can be ordered from their website and they stock many books listed here.

Where public bodies (e.g. NHS Trusts) are the publishers, a web search on the name of the body will normally lead to your being able to contact them.

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Baron-Cohen, S. **Mindblindness: Essay on autism and the theory of mind.** MIT Press, 1997

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Department for Education and Skills. **Guidance on the use of restrictive physical intervention for pupils with severe behavioural difficulties.** DfES, 2003

Department for Education and Skills. **Including all children in the literacy hour and daily mathematics lesson.** DfES, 2002

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Department for Education and Skills. **SEN toolkit.** DfES, 2001

Department for Education and Skills. **Removing barriers to achievement.** DfES, 2004

Derbyshire Autism Training Group. **Helping students with Asperger syndrome in mainstream classes.** Derbyshire County Council, 2004

Derbyshire County Council. **A child with autism in my class.** DCC, 2002

Doherty, K. et al. **I have autism – what's that?** Down Lisburn Trust and South Eastern Education and Library Board, 2000

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Frith, U. **Autism (cognitive development).** Blackwell, 1989

Gorrod, L. **My brother is different: a book for young children who have brothers and sisters with autism.** NAS, 1997

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Hardy, C, Ogden, J, Newman, J. and Cooper, S. **Autism and ICT: a guide for teachers and parents.** David Fulton, 2002

Hesmondhalgh, M. and Breakey, C. **Autism and inclusion for children with autism spectrum disorder: let me in.** Jessica Kingsley, 2001

Jackson, L. **Freaks, geeks and Asperger syndrome. A user guide to adolescence.** Jessica Kingsley, 2002

- Jones, G. et al. **All about autism spectrum disorders. A booklet for parents and carers.** The Mental Health Foundation, 2001
- Jordan, R. **Autism spectrum disorders: an introductory handbook for practitioners.** David Fulton (1999)
- Kaufman, B.N. **Son rise: the miracle continues.** H J Kramer, 1995
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- Legge, B. **Can't eat, won't eat: dietary difficulties and autism spectrum disorder.** Jessica Kingsley, 2001
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- Leicestershire County Council and Fosse Health Trust. **Autism: how to help your young child.** National Autistic Society, 1998
- Medical Research Council. **Review of autism research: epidemiology and causes.** MRC, 2001
- Mesibov, G. & Howley, M. **Accessing the curriculum for pupils with autism spectrum disorders. Using the TEACCH programme to help inclusion.** David Fulton, 2003
- Moor, J. **Playing, laughing and learning with children on the autism spectrum: a practical resource of play ideas for parents and carers.** Jessica Kingsley, 2002
- Moyes, R.A. **Incorporating social goals in the classroom.** Jessica Kingsley, 2001
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A Plan for the Identification, Assessment, Diagnosis and access to early interventions for pre-school and primary school age children with ASD. Royal College of Psychiatrists, 2003
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Whittaker, P. **Challenging behaviour and autism. Making sense, making progress.** NAS, 2001

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Winter, M. **Asperger syndrome. What teachers need to know.** Jessica Kingsley, 2003

Woolf, S. **Loners, the life path of unusual children.** Routledge, 1995



Websites

There are many websites about autism. Lots of people with autism and Asperger syndrome have a site. The sites listed here were all open on June 30, 2004 and provide a wide range of information and insights. As in every area, being on the web doesn't mean that something is true or reliable, and the user must evaluate the material on these sites. However, the list includes some internationally recognised sources of information and advice.

- National Autistic Society Homepage.

<http://www.nas.org.uk/>

- Sunderland University Homepage – interesting on metabolic theories and giving a lot of links.

<http://osiris.sunderland.ac.uk/autism/durham95.html>

- Another site with many links, especially into the TEACCH approach and to Carol Gray's sites.

<http://www.autism.com/>

- The page for autismconnect, which is a news and information service. You can register to get a range of email updates.

<http://www.autismconnect.org/>

- A privately run site absolutely full of links. Many of them are personal sites (authored by an person with autism or a parent of a child with autism) but there also links to a range of different sites, many very useful.

<http://www.isn.net/~jypsy/>

- The American National Institute of Mental Health provides some textbooks online, of which this is one.

<http://www.nimh.nih.gov/publicat/autism.cfm>

- Home site for the TEACCH approach.

<http://www.teacch.com/>

- Site for SCERTS approach.

<http://www.murphyandmurphy.com/barryprizant/scerts/>

- Home page for the Good Autism Practice Journal run from Birmingham University.

<http://www.corelearning.co.uk/gap/index.asp>

- The page for information on Carol Gray's "Social Stories™" and other approaches.

<http://www.thegraycenter.org/>

- This site is hard to navigate, but worth it for a number of scholarly summaries of issues by Mike Connor. Quite a lot of school issues (including pressures of secondary) covered here.

www.mugsy.org/cgi-bin/search/search.pl

- Great site for free resources to support visual timetabling, social learning . . . Free stuff for teachers here.

<http://www.do2learn.com/picturecards/howtouse/talk.htm>

- Sites about ICT.

<http://www.inclusive.co.uk/infosite/autism.shtml>

- Description of setting up a circle of friends in an English school.

<http://www.kented.org.uk/eps-web/circles/>

- For information on alternative therapies (some of them very alternative indeed).

<http://www.autism-society.org/site/PageServer?pagename=ComplementaryApproaches>
<http://www.isn.net/~jypsy/treatments.htm>

- There is a remarkably good quick overview of history, science, and some current issues in autism at:

<http://www.wordiq.com/definition/Autism>

- Temple Grandin's pages offer a fascinating insight into the world of a highly able autistic woman. (Caution: Temple Grandin's personal world and her work are intertwined. Temple Grandin appears to be a highly compassionate and humanitarian person, but much of her work centres on kindness to animals about to be killed. There is no clear separation between work- and autism-related pages on her site, so that you may be distressed by some of the content there.)

<http://www.grandin.com>

Section 6, Part 5 – Activities to help you learn about ASD

Activity 1



Describe a child or young person you know, and think about their strengths and weaknesses. Describe some typical behaviour in school, relationships with others and any unusual features of their learning.

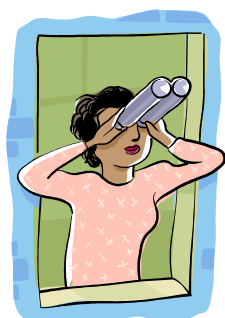
Activity 2



Reconsider the person you wrote about in the first activity. Take the four main headings of “The Triad of Impairment” and Sensory Perception. Put their difficulties under these headings. (You may find that some issues fit into more than one category.)

Remember that some characteristics can be strengths, e.g. an all-absorbing interest in vacuum cleaners could be interpreted as detailed in-depth knowledge, as a result of extensive research and reading. These are skills to be encouraged and broadened.

Activity 3



Observe a pupil you know, whom you feel exhibits some of the characteristics of ASD, in two different settings in school, e.g. in a Maths lesson and eating lunch. You can use a video for this, if appropriate. (You need to consider carefully the issues of your pupil's and their parents' consent.)

Summarise the evidence from these observations that would point to a diagnosis of ASD and against the idea that the pupil has ASD.

Activity 4



Consider the way you carried out your observations in Activity 3. Decide on any weaknesses in the process and devise a different way of assessing the child's behaviour.

Consider the alternatives in interpreting the child's actions. You might want to compare your views with those of someone who has *not* formed the idea that the pupil may have ASD. Remember that autism is a powerful word, and that once it is mentioned, the pupil may begin to have all their actions interpreted through “the autism lens”.

Activity 5

Draw cartoons to explain these commonly used idioms, or any others of your choice.



Pull your socks up.



Keep your eye on the ball.



You're pulling my leg.



It's raining cats and dogs.

Activity 6

Design a numeracy activity, or piece of equipment, using the child's interests, for example, in trains. The activity could be a game, a worksheet, an interactive book, a number line, or involve the use of a number song with pictures.



Indicate what the numeracy activity or piece of equipment is meant to achieve and what steps you will take to assess that learning has taken place.

How will you know what the child has learned?

Activity 7

Make a visual timetable for your class, or make one for your own day. If you make one for yourself, include what you will do in the evening after school.

Activity 8



Working with a particular pupil, devise a “Passport”, which contains the key information that they would like a new class or subject teacher or teaching assistant to know.

Areas to be covered could include:

- Picture of child
- My name is...
- I am in class...
- My favourite activities are...
- I do not enjoy...
- I might get upset when...
- You will know when I am cross because...
- When this happens it helps if...
- You can help me feel safe and calm by...
- I work well when...
- I can do these things on my own...
- These are the things I sometimes need help with...
- My special interests are...
- At break times I like to...
- At lunch times I like to...
- At home time I...

Activity 9

Working with a particular child, identify one or two specific situations that are causing problems, e.g. the behaviour they exhibit when they want to go on the computer and someone else is using it or how they react when a teacher points out a mistake in their work.

Use drawings and discussion to write a “script” as a response for each situation.

Activity 10



Identify a trip that your class may take in the next six months. Consider how you may prepare the child for this. Make a list of the types of work you could do with the child and some examples, where appropriate.

Include some of the following:

- Photographs
- Stories
- Pre-visits with parents

- Teaching core vocabulary
- Looking back through previous records of visits
- Preparation for the sounds you will hear.

Activity 11

Look at a particular behaviour that is happening regularly.
Consider all the factors impacting upon the child at the time of the behaviour.
(Refer to the ASD Friendly School web diagram.)

Use the “ASD lens” to identify possible causes for the behaviour.

Devise an ASD-appropriate strategy.

Activity 12

Fill in an Individual Behaviour Plan for a child known to you.



My notes



My notes



My notes



My notes



My notes



My notes



My notes

