CHC40213 – Certificate IV in Education Support

CHCEDS031 – Provide support to students with autism spectrum disorder

Student Name: _____ Student ID: _____

Unit Notes

Education Support

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Unit Notes:

"You've met one person with autism; you've met one person with autism."
Sue Larkey

What is autism spectrum disorder (ASD)?

Autism spectrum disorders are life-long neurodevelopmental disabilities with onset before 36 months and characterized by:

- impaired social interactions
- impairments in verbal and non-verbal communication skills
- restrictive and repetitive behaviours, interests and/or activities

"Recent research indicates the mean age for a diagnosis is eight years, but the age range varies from very young children to adults"

(Eisenmajer et al. 1996 as referred to in Attwood. T. 2007)

It is a spectrum condition and affects individuals in different ways, with different degrees of severity. At the lower end of the spectrum, ASDs are often associated with learning disabilities. Children with higher-end disorders, such as **Asperger's Syndrome** or **High functioning autism**, tend to have an average or above-average IQ. All people with ASDs share difficulties with:

- communication
- social interaction
- thinking and behaving flexibly.

In addition, some children with ASDs are especially sensitive to their environment. Noise, bright colours, strong smells, strip lighting and high-frequency visual stimuli can cause stress or even physical pain; some children shrink away from physical touch and have a strong desire for privacy and their own space.

The term Asperger's Syndrome is recently (2012) being replaced by the term 'high functioning autism' for diagnosis.

The History of Autism Spectrum Disorder

Hans Asperger described a profile of abilities and behaviour in young children in 1944. He called it 'autistic personality'. However it wasn't until 1981, after his death, that "Lorna Wing first used the term Asperger Syndrome to describe children with an intellectual capacity within the normal range but whose abilities and behaviour are consistent with our understanding of Autistic Spectrum Disorders."

(Attwood, T. 'Strategies to reduce the bullying of young children with Asperger Syndrome'. Minds & Hearts website accessed 8/5/2012).

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In the 1950's and early 1960's the widespread belief was that autism was caused by a cold and detached style of mothering. Mothers of children with autism were, at the time, seen as the cause of their children's difficulties. This was based on the findings of Dr Bruno Bettelheim, who specialized in child development and one of the first to concentrate on autism. Bettelheim based his suggestions on his experiences as a prisoner in a Nazi concentration camp. He compared the camp prisoners to autistic children and saw common behaviours therefore generalizing that it was the way the children are treated at home that causes autism.

It was decades later that two mothers and the professionals, Dr Bernard Rimland and Dr Eric Schopler, challenged the theory. Dr Rimland presented an authoritative review of evidence that proved autism to be a biological condition rather than a psychological one.

Dr Susan Folstein (1977) coauthored a groundbreaking study of autistic twins that replaced the bad parenting theory with evidence that autism has complex genetic roots. The study (Journal of Child Psychology and Psychiatry) implicated regions of chromosomes 7 and 13 as possibly being involved in autism. Then in the 1990's researchers found connections between the disorder and irregularities in chromosome 15.

"In 1992, brought play theory to the fore. Floor time, or play-theory is a competing method to behaviourism and now the fastest growing intervention in the field, though Applied Behaviour Analysis (ABA) still dominates."

(CHCEDS434A Community services Training Guide. 2009. p.8)

Then in 1998, Dr Andrew Wakefield published his study that suggested a possible link between rising rates of autism and the measles, mumps and rubella vaccine. IN 2004 the National Academy of sciences' Institute of Medicine discounted this theory. They concluded that evidence did not support the vaccine-autism theory.

By 2001, several other genomic regions were found possibly related to autism.

Both Asperger's syndrome and autism are listed in **the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)** as two of the five Pervasive Developmental Disorders (PDD) or more often referred to as Autism Spectrum Disorders(ASDs). Other rare and very severe disorders that are included in the ASDs are Rett Syndrome and childhood disintegrative disorder.

If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called 'pervasive developmental disorder not otherwise specified' (PDD-NOS). The DSM-IV should not be used as a checklist but as guidelines for the diagnosis of these disorders. The DSM-IV description of criteria can be found on the website:

www.adhd.com.au/Autism.htm

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Autism Spectrum Disorder (ASD) Facts

- Autism is found in 4 times as many males as females (4:1 ratio).
- Across the world it occurs in 0.9% of population.
- Asperger's Syndrome occurs in 9 times as many males as females (9:1 ratio).
- Asperger's Syndrome occurs in 0.5% of the world population.
- There has been a substantial increase in diagnosed cases over the past 25 years.

Prevalence in society

1983 – 1:20,000 of the world population

2008 – 1: 150 of the world population

A Western Australian study of children aged 0-16 in 2006/2007 found the prevalence to be 1:160. That equates to 6.25 per 1000 children.

NOTE: Asperger's Syndrome is not mentioned in diagnosis now, it is either high functioning autism or low functioning autism.

In comparison the prevalence of other diagnosed conditions is;

- Cerebral Palsy – 2 per 1000
- Diabetes – 1.4 per 1000
- Deafness – 1.5 per 1000
- Blindness – 0.3 per 1000
- Leukemia – 0.045 per 1000
- TOTAL – 5.245 per 1000.

Conclusion: Children with ASD occur more often in the population than all other conditions added together.

(Dr. Lee Sturgeon. 'Preparing for Success' DVD. Sue Larkey pub. 2010.)

Current research about CAUSES of autism spectrum disorder

There are lots of studies researching the causes of Autism. No definitive cause has been found. There are many different theories and some are discussed below.

"Autism spectrum disorders represent an abnormality of brain development and function, appearing within the first three years of life. Although the detailed causal mechanism(s) are not known, autism is likely to have multiple reasons including genetic factors. A range of studies has found in 10 - 37% of cases there may be an associated medical condition (eg tuberous sclerosis)."

http://www.cddh.monash.org/assets/fs-autism.pdf

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Genetic Factors

"The strongest predictors of autism spectrum disorder are genetic factors"

Sturgeon. L. Preparing for Success. DVD

"One theory is that the disorder stems from one or more defective genes on the X chromosome. This may explain why statistics show that four times as many boys than girls are diagnosed with the disorder".

(CHCEDS434A Community Services Training Guide. smallPRINT. 2009. p. 12)

Parental history of bipolar and/or schizophrenia are found to be common in children with autism spectrum disorder.

(Dr. Lee Sturgeon. 'Preparing for Success' DVD. Sue Larkey pub. 2010.)

Different brain structure and functions

Research has shown that brains of people with autism spectrum disorder are wired differently and sometimes look different to that of atypical people. Some of the differences are changes in;

- the size and thickness of the cerebral cortex
- in the neural fibres of the corpus callosum
- the functional activity of the front lobes
- the functional activity of the temporal lobes
- the structure of functional activity of the limbic system

One study found that children with autism had a weak synchronization between the left and right brain hemispheres.

The strength appeared to be linked to the degree of the child's symptoms. The weaker the link the more severe the impairment in children.

(Disrupted neural synchronization in toddlers with autism – Dinstein I, Pierce K, Eyler L, Solso S, Malach R, Behrmann M, Courchesne E. Neuron. 2011 Jun 23;70(6):1218-25.)

Environmental toxins

It is not known whether environmental toxins like mercury can damage genetic matter and turn on or off genes. What is known is that toxins such as xylene, toluene and phthalates (plasticisers) overload can cause seizures and damage and contribute to the symptoms.

Prenatal factors

Some doctors think that prenatal viral infections might increase the risk of autism. Complications in Obstetrics, Thalidomide or anti-convulsants during pregnancy may also affect the developing fetus.

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Post – natal factors

There are many things that may result in damage to the brain post-natal. Brain injury during early infancy, cord around the neck during birth, oxygen deprivation, breach births and/ or prematurity may cause irreparable damage to the child's brain.

Myths and stereotypes

Research has supported that the following DO NOT have a causal link to autism spectrum disorder.

- Immunization
- Birth weight
- Number of previous babies
- Parental age
- Socio-economic status

Education support workers will have to be aware of many stereotypical attitudes and myths surrounding ASD to ensure you do not promote them when supporting these students.

Stereotypes:

All children on the autism spectrum have narrow interests, abilities, challenges and needs.

This is not true for ALL children or people with ASD. People with ASD are diverse and it is important to learn their INDIVIDUAL traits rather than generalize.

Myths:

Myth: Meeting or supporting one person with ASD means you know how to support ALL people with an ASD.

Fact: People with ASD are individuals and should be treated as such. There are commonalities of difficulty with communication but how or to what extent is individual.

Myth: People with ASD cannot build solid relationships with others or feel or express love or empathy.

Fact: Most people with ASD are capable of feeling and expressing love, though sometimes in idiosyncratic ways. Many do build strong friendships through shared passionate interest, many marry and have children.

Myth: Many people with autism have savant abilities, such as extraordinary math or musical skills.

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Fact: Some people with autism are savants but the majority of people with autism are not savants.

Myth: Most people with ASD are non-verbal or close to non-verbal.

Fact: Individuals with classic autism diagnosis are sometimes non-verbal or nearly nonverbal, but the autism spectrum also includes very verbal individuals with very high reading skills.

Myth: I should not expect much of an autistic person

Fact: Individuals with ASD can achieve great things if they are supported by people who believe in their potential.

A great movie that shows what an individual with autism can achieve is 'Temple Grandin'. It shows her life and highlights her strengths. She is now a lecturer, author and advocate for disabilities in America.

(CHCEDS434A Community Services Training Guide. smallPRINT. 2009. p. 10-13)

Types of Autism

There are three types of diagnosed autism.

The Centre for Developmental Disability Health, Victoria (cddh@monash.edu) includes a Fact sheet (2010) on their website. The following information about the different types of autism is from that fact sheet.

1. Autistic Disorder

It involves the following:

Impairments of Social Interaction

- Aloofness and failure to develop friendships
- Seeking people's company but lacking the ability to engage in two-way social interactions
- Stilted, one-sided or repetitive social interactions
- Being socially passive while tolerating social approaches
- Awkward, avoidant or indifferent eye contact
- Inability to understand social rules e.g. make socially embarrassing comments unintentionally
- Impaired understanding of other people's motivations, perspectives or feelings
- Markedly impaired use of non-verbal behaviours to regulate social interaction e.g. gestures
- Lack of spontaneously seeking to share enjoyment with others

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Impairments of Communication and Play

- A delay in or lack of development of speech without any compensatory forms of communication e.g. gesture or mime
- Significant difficulty in initiating and sustaining a conversation (in those with speech)
- Stereotyped or idiosyncratic use of language
- Lack of imitation of others
- In children, play lacks the varied or make-believe qualities appropriate to the developmental level

Restricted or Repetitive Interests and Activities

- Interests that are excessively narrow, intense or unusual
- Adherence to rigid routines
- Intolerance of change
- Stereotyped and repetitive motor mannerisms e.g. hand flapping
- Persistent preoccupation with parts of objects

Other Commonly Associated Features

- Intellectual disability occurs in 70% of people with autistic disorder
- Is more common in males than females (3:1)
- Epilepsy is common and can develop at any age
- Unusual sensory responses e.g. sensitivity/aversion to particular sounds or tactile sensations, intolerance to foods, or fascination with spinning objects or lights
- Can form affectionate attachments to those they know well
- May develop behaviour disorders e.g. angry outburst, self-injurious behaviour, feeding difficulties/fads, sleep problems, and over activity (particularly as children)
- Anxiety due to poor communication skills, over –stimulation etc.

2. Asperger's Syndrome/Disorder (now referred to as High Functioning Autism)

Asperger's disorder is diagnosed by the presence of social interaction impairments and repetitive and restricted interests as described in Autistic Disorder above. There is usually no significant language delay; however, subtle impairments in the social use of language are present and often disabling, e.g. by leading to teasing and social isolation. This disorder is more common in males (13:1) but may be under diagnosed in females.

Typical characteristics of Asperger's disorder are:

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- Normal or borderline intellectual ability
- Clumsiness
- Concrete, pedantic speech
- Lack of common sense
- Normal or even precocious speech development
- Better verbal than non-verbal skills on psychological assessments
- Intolerance of change
- Anxiety

3. Atypical Autism

This diagnostic grouping is used when core autistic behaviours are present but the criteria for autistic disorder are not fully met. Characteristics are as above.

Diagnosis of Autism Spectrum Disorder

The accurate diagnosis of autism spectrum disorder is important for a number of reasons:

- Parents often suspect that their child is 'different' and through assessment they can understand better their child's needs and strengths.
- Early intervention and appropriate educational programs can be planned.
- Access to specialist and other support services can be facilitated.
- Undiagnosed adults without significant intellectual disability often find a diagnostic assessment is helpful in explaining their experience and enables them to have access to supports
- All support persons are able to better understand the management process

"Parents are urged to seek professional advice and not to self-diagnose the disorder in their children. It requires considerable experience and training to become competent at making a diagnosis."

http://www.adhd.com.au/Autism.htm

The Diagnosis of Asperger's Syndrome

There can be two stages leading to a diagnosis.

1. Parents and/or teachers completing a questionnaire or rating scale.

   The Australian Scale for Asperger's Syndrome (A.S.A.S.) is most often used. It is designed to identify behaviours and abilities indicative of Asperger's Syndrome in children during their primary school years. This is the age at which the unusual pattern of behaviour and abilities is most conspicuous. Each question or statement has a rating scale with 0 as the ordinary level expected of a child of that age.

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If the answer is yes to the majority of the questions in the scale, and the rating was between two and six (ie. Above the normal range), it does not automatically imply the child has Asperger's Syndrome. However, a referral for a diagnostic assessment is warranted. (See Appendix A) (Attwood.T, 2007)

2. Diagnostic assessment by clinicians experienced in examining behaviour and abilities of children with developmental disorders, using established criteria that give a clear description of the syndrome.

   The diagnostic assessment takes at least an hour, and consists of an examination of specific aspects of social, language, cognitive and movement skills as well as qualitative aspects of the child's interests. There may also be some formal testing of psychological tests. Parents are consulted to obtain information on the child's medical and developmental history and behaviours in particular situations. Reports from the speech and occupational therapists and the classroom teacher are also included.

   A full explanation of what tests are conducted during the diagnostic assessment and the six pathways to diagnosis is included in the following text:

   (Attwood. T. Asperger's Syndrome. Jessica Kingsley Pub. 2007. P 13 -27)

Psychiatric Disorders

Emotional and behavioural problems are common in people with autism spectrum disorders, but the exact prevalence is not known. Depression, mood disorders, anxiety disorders and psychosis may emerge during adolescence and continue into adulthood, requiring psychotropic medication and psychological treatment.

Medication

No medications are available to treat the core symptoms of autism spectrum disorders. Medication can occasionally be used for symptomatic control if behavioural treatment and environmental modification have failed, and if the benefits of medicating outweigh the costs.

Children and adults with Aspergers or high functioning autism are characterized by:

- No or mildly impaired communication
- No intellectual delay
- Can engage with peers but with difficulties

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Autism Spectrum

Autism spectrum disorder is a broad term used to describe the range of abilities.

Aspergers **Autism**

They live in our world in their own way They live in their own world

Aspergers	Autism
May be active in social situations but may be thought of as a little 'odd' or 'eccentric'	Social impairment
May be awkward	Motor skills impairment
May be highly verbal	Communication impairment
Hypersensitivity or hyposensitivity mild	Hypersensitivity or hyposensitivity
Repetitive behaviours	Repetitive behaviours

Children and adults with Asperger's Syndrome have an intellectual capacity within the normal range, but have a distinct profile of abilities that has been apparent since early childhood. They are now referred to as having 'high functioning autism' because they can usually function at a high level within society and school with assistance.

Some general strategies

It's important to remember that every child with ASD is unique and will respond in different ways to different situations and approaches. Some general strategies include:

- having a clear structure to the day or lesson, with a visual timetable displayed to show what is going to happen
- minimising disruption to routine. Always talk through any known changes well in advance so that the child can be prepared
- organising the classroom with clearly defined areas, and setting up a quiet, distraction-free corner for the child with ASD (and others) to use, as and when appropriate
- remembering that the child with ASD may not understand facial expression and figurative language; explain clearly and concisely in black and white terms
- referring to the child by name – she or he may not understand that 'everyone' or 'the red group' includes them
- using concrete apparatus and visual signs (eg, Makaton) and symbols to back up verbal and written instructions

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- making explicit links between old and new learning
- remembering that the pupil may find it hard to see the 'big picture' and may get bogged down in the detail
- being clear and firm about behaviour and applying rules consistently, but also understanding a child's limitations
- making use of ICT – computers are not demanding emotionally, as people often are, and can allow the child with ASD to rest from the demands and pitfalls of social interaction.
- Use fidget toys to redirect their behaviour

Behaviour modification

When your anxiety goes up, so does theirs so use a calm monotone voice to direct behaviour stating what to do. E.g. "Matthew please put the stick down." Refrain from using 'No' because to the child it may mean 'never for the rest of their life' and may cause a meltdown.

- 'No touching' in private areas can mean the child may wet their pants.
- Say 'NO' only when you really mean it for their safety or the safety of others. 'No running on the road' or 'No putting your hand in the oven'
- Sensory toys can assist in reducing anxiety in the student so if you remove it or take it away the anxiety returns and may be replaced with unacceptable or obsessive behaviours.
- Asperger people do not learn from their mistakes. They may become frustrated and angry. They then require more control and tend to be more rigid.

ASD may be anxious because of their fears.

- Fear of making a mistake – they need to be right
- Fear of ridicule amongst peers –need to be accepted, not hurt or bullied

ASD people may value intelligence more than any other quality. They hate to be 'stupid'.

If they can't find the answer they may 'push the panic button' and become aggressive. They need to be taught how to cope with frustration and that 'mistakes make you smarter'. Vocalize the thinking and model the behaviour you wish them to do.

"The cure for Autism is solitude." (Garnett, M. 2012)

"Stress occurs proportionally to the number of people." (Dr Michelle Garnett is a clinician working solely with the psychology of Autism. She is the founder and director of the **'Minds and Hearts'** website.)

Tony Attwood suggests using a 'barometer of self-control'.

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When ASD are overly anxious the only ways of coping are:

Control **Disruption** **Special interest**

Other conditions related to Asperger's syndrome:

- 1 in 3 adolescents and adults with ASD have depression.
- 2 out of 3 ASD children have a problem with anger. They express sadness and anxiety as anger.

Attwood (2007) says that ASD people experience the following behaviours more frequently than their peers.

Behaviour	**% of ASD students**
anxiety	85%
sadness	33%
anger	64%
solitude	82%
Avoid affection	66%
Rapid mood change	58%
More likely to be teased	71%
Have imaginary friends	18%
Develop unusual mannerisms	48%
Different accent to that of their family	28%
Experience difficulties with handwriting	73%
Experience blinking and tics(vocal or motor)	20%
Experience motor clumsiness	50%
Have problems with organisation and time management skills	81%

ASD students need an **Emotional TOOLBOX** (Attwood, T. 2012) that includes;

- Sensory tools/fidget toys
- Relaxation techniques
- Social tools
- Physical tools
- Understanding of inappropriate tools
- Map of safe and vulnerable places

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- For 9-13 year olds – Understanding of sexuality versus friendship

They need to know what to do and WHY. This changes behaviour.

ASD support

1. Support based on distinctive thinking and learning styles
2. Adaptation to their needs (meet halfway)
3. Education about their "diffability"
4. Ongoing therapeutic supports
5. Priority placed on communication and interpersonal development for lifelong support
6. An individual approach
7. ASD framework to look at behaviours
8. Anxiety management and stress reduction

No one approach can adapt to ALL children. Autism is only one part to the individual.

Anxiety management

Some causes of anxiety may be;

- Anticipation and uncertainty of holidays
- Social and personal contact with others
- Changes and threats to their routine
- Unpleasant events like bullying or teasing
- Environmental interactions such as visiting a noisy supermarket

Symptoms may be:

- Tantrums
- Aggression
- Self harming

Students may feel less anxious if they can;

- Complete their work once started
- Complete their work with NO errors – perfectly
- Small space to work in with limited distracters

Therefore they require work that will allow them to be successful and complete in a set time.

Therapies for behavioural changes can include;

1. Increase in activities that encourage relaxation, achievement or distraction

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2. Increase activities that require physical energy to ‘burn up’ their tension

The higher the functioning of ASD; the greater the number of effective interventions.

Support techniques:

1. Specifically teach coping skills
2. Manipulate environmental triggers
    a. Identify events
    b. Arrange to avoid or minimise triggers
    c. Reduce or remove events
3. Instruct ‘what they have to do and why’ beginning with their name. For example“Harry, put the pen on your desk because you have to listen to Mrs Z now.”
4. Verbal warning to change- “Harry five minutes left on this activity. Then we go to art.”
5. Incorporate a physical activity
6. Provide social stories, visual schedules, photos of themselves doing particular things (www.do2learn.com includes lots of visuals to use FREE)
7. Video successful behaviours and they can take it home and share with family or video others their age doing the skills
8. Incorporate relaxing activities during the day
9. A box may include a ‘calming bag’ with music, massage tools, books, squishy balls, etc. This can be brought out or taken to places that may cause stress.

(Sturgeon.L. ‘Preparing for Success’ DVD. S. Arkey Pub. 2010)

Learning difficulties

If possible, match the teacher and support worker to suit the student.

Best fit educator would be someone who is;

- Empathic
- Flexible
- Like and admire the child
- Know his/her motivators and intellect
- Maintain an ASD friendly environment
- Manage a well structured classroom
- includes some passive play areas at break times(for board games, reading and so on)

Children with ASD learn a lot less from the environment than other children. They need a very structured learning environment with specific instructions for most skills.

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Reading

1 in 5 children who have Aspergers syndrome have trouble reading. They may take a long time to learn to read. Educators must persevere and specifically teach reading. It is crucial that they learn to read.

Handwriting and spelling difficulties are common. If in later years of schooling they are still poor then allow them to use computers for their written communication.

Mathematics

50% of students with Aspergers have trouble with mathematics. Many students love mathematics because it has a process to get a 'right' answer therefore fitting their structured thinking patterns.

Creativity and imagination

They can be taught to be creative and imaginative. This will encourage flexibility and when matched with good humour it may teach them to loosen up and relax. Encourage lateral thinking such as; 'What can you use a toothbrush for? Congratulate any 'humorous' or 'unusual' uses.

Change of routine

ASD children must be prepared for change if possible. The teacher or support worker may display a card with a picture that represents change or a card with 'change' written on it on the board, when there is going to be a change in routine that day. It could be of benefit to all children in the class.

Students with ASD might:

- prefer visual directions or instructions to verbal ones
- find it easier to answer questions given choices versus open-ended options
- have difficulty organising information and routines
- need to be asked one question at a time
- vary in levels across domains –excel in one area and have deficits in others
- need a modified curriculum
- need visual lists, icons and repetition to learn
- use rote memory to recite fact
- have difficulty drawing inferences, sequencing events, understanding and interpreting cause and effect and character motivation, prediction and other complex reasoning skills
- miss presentation of content information
- learn something in one context but not another due to failure to generalise

(CHCEDS434A Community Services Training Guide. smallPRINT. 2009. p. 24)

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ASD Friendly Classroom

An education support worker is very important to a child with an autistic spectrum disorder (ASD).

As an **Education support worker**, you will probably be the person ensuring that:

- all staff understand the difficulties experienced by children with ASD
- there are adaptations to expectations (in terms of behaviour and learning) for children with ASD
- a member of staff is nominated as 'key worker' for children with ASD, explaining expectations of behaviour (use social stories to teach about social interaction and appropriate behaviours for different situations) school and classroom routines and how to navigate around the building. This person will be the main support for the child or children in school, someone to whom they can always turn and the point of contact for parents
- staff receive detailed information about individual children with ASD in their classes
- teachers understand strategies for supporting pupils with ASD and have access to appropriate resources
- appropriate education support is allocated to individual or groups of children with ASD.

These requirements obviously call for regular staff training and opportunities for teachers and education support workers to seek advice and guidance about supporting individual children. Explaining to the rest of the class what it's like to be autistic, and why you (and they) may have to make some accommodations for a pupil, can pre-empt problems in this respect. Establishing a buddy system or circle of friends can be very valuable, with classmates taking it in turns to give support in lessons, during lunch and break-times and generally helping the child to navigate around the school and through the day.

Look at what motivates the ASD student and work from their interest if possible.

Educators who:

- understand and have high expectations for them
- will use a calm voice
- are organized
- Follow routines
- Have a positive and friendly attitude towards them
- Break work down into achievable parts
- Revise material
- Use of visual schedules
- Written timetables

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- Educate others about Autism spectrum ‘diffability’ not ‘disability’(Jordan, R. Refered to in DVD ‘Preparing for Success’)

Impact on families

(Sturgeon, L. DVD Preparing for Success)

A high proportion of parents and siblings of children with ASD experience the following feelings;

- Anger
- Grief
- Numbness
- Worry
- Sadness
- Denial
- Loss of expectations for their son/daughter
- And 34% of mothers take antidepressants.

It can be totally exhausting being the parent of a child with ASD, so give them as much support and encouragement as possible. Check that they are in touch with the local support group. They will want to know that you understand about autism and their child’s specific needs, and that measures are in place to meet those needs. Involve them in the drawing up of Individual learning Plans and talk to them about any particular strategies they have developed at home that might usefully transfer to the school situation.

Good communication with parents means that they can support the work of the school effectively and feel reassured that good provision is made for their child. Consider a home/school diary/communication book where parents and teacher and key workers can pass on information and updates. For example, knowing that a child with ASD has been upset at breakfast can alert you to the need for extra-careful handling and perhaps a settlingdown time before lessons begin. Explain how family members can help with homework, organisation of PE kit, etc and preparation for a school trip or other changes in routine. Remember to send messages containing good news about behaviour and achievement during the day rather than communicating only about problems.

Parents

The important thing for parents is to know that their child is safe and happy while at school.

Keep lines of communication open and informal: listen to them and learn about their child’s ‘quirkiness’ and how the family copes with this at home and in the outside world. They need to know that staff understand Asperger’s Syndrome and don’t seek to punish their child for behaviour which the child himself feels is logical. Explain the

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support you have put in place, how flexibility has been used to accommodate the child's needs but also that some systems and rules have to be adhered to, and why. Support parents in helping their children to be as independent as possible.

Pupils

Young people with ASD need to understand as much as possible why they are different to other children. There are many reports of older, more able students describing the relief they felt when it was explained to them that their brains were wired in a different way to other people's; it takes away the responsibility to perform in the same way as everyone else and enables them to acknowledge their specific needs. They appreciate having the opportunity to speak frankly to a supportive adult who will explain in clear terms anything which seems puzzling and help them to operate as effectively as possible in what can often feel like a hostile environment. There are resources to help teach children with ASD about facial expressions, figurative language and coping with different social situations.

Children and young people with Asperger's Syndrome see the world in very different ways to the majority of us. This realisation can be very worrying, even frightening, so the chance to talk with understanding and supportive adults is very important. Knowing that others share this condition can in itself be reassuring, so make use of the growing number of books and journal articles written about and by people with Asperger's. Read and discuss them together to provide discussion points and joint problem solving ideas.

Support for Education Support workers

Individuals with Asperger's Syndrome are at the higher-ability end of the autistic spectrum and have some distinctive characteristics and learning needs ranging from mild to severe. In common with other ASD learners, they tend to have significant difficulties with communication and social skills, missing the non-verbal information given by body language and facial expression, and are often unable to enter into the turn-taking of conversation. Sometimes obsessive about a particular topic, they will talk at great length about this area of interest, at every opportunity, but avoid eye contact with those trying to engage with them. Routines are extremely important to anyone with Asperger's Syndrome, and adapting to change presents huge challenges to them. These characteristics often result in a child seeming very 'odd' or eccentric and this can make them a target for bullying. In some individuals, frustration and anxiety can result in angry outbursts, so teaching anger management techniques to these pupils can be an effective way of helping them to cope.

As an ES worker, you need to ensure that:

- all adults who come into contact with a child who has Asperger's Syndrome, understand the issues and how to respond, including lunchtime supervisors and office staff (see notes for teachers below)

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- there is someone to support the pupil outside lesson time as well as in the classroom. In some schools, the child with Asperger's is allowed to stay inside during break times to avoid the hustle and bustle of the playground
- there is help with navigating around the school (especially large secondary schools); arrange for an early exit (with a buddy) from lessons to allow for moving between rooms before the crush
- the child has specific teaching about appropriate social interaction, facial expressions, figurative language
- you speak to parents on a regular basis and keep them informed of their child's achievements and behaviour
- the child is spoken with to find out how well the support is working.

Some general strategies

- Have high expectations – these children can do well with appropriate consideration; some will have exceptional ability in one particular sphere.
- Be flexible – especially in accepting and responding to 'odd' behaviour.
- Stay calm; avoid shouting,
- Be consistent – explain and use class and school rules regularly.
- Have a clear structure to the day and lesson.
- Use a visual timetable and homework diary.
- Prepare well in advance for any changes to routine.
- Allow the pupil to sit at the end of a table or row or on his own to preserve personal space.
- Look out for sensory sensitivity (e.g. bright lights, noises, textures, tastes, touch and smells) – this may be a particular issue in science subjects.
- Be precise with instructions: 'Stop working now please, and look at me' instead of 'Shall we take a break now everyone?'
- Explain metaphors and any figurative language you use – telling a child with Asperger's to 'pull your socks up' may well result in a literal interpretation.
- Build computer access into as many lessons as possible; they provide a break from the demands of social interaction and often enable a pupil to excel.
- Reward effort and achievement as you would for any pupil, but with particular attention to the child with Asperger Syndrome whose 'oddness' may mean that he is less popular and personable than others; he needs to develop confidence and self esteem.

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Australian Resources:

Sue Larkey website: http://www.suelarkey.com/ (many wonderful resources)

http://www.scopevic.org.au/index.php/site/resources#Research reports

Attwood. T. Asperger's Syndrome. Jessica Kingsley Pub. 2007

Richard Eisenmajer publications

'Minds and Hearts' website:

http://www.mindsandhearts.net/index.php?option=com_content&view=article&id=1&Itemid=1

http://iacc.hhs.gov/summary-advances/2011/index.shtml

http://www.amaze.org.au/ (formally Autism Victoria)

http://www.autismspectrum.org.au/a2i1i1l445l487/welcome.htm

http://www.autismqld.com.au/page/52/Australian-Websites-and-Resources (Q'land)

http://www.autism.org.au/ (Western Australia)

Highly recommended resources:

Mansfield,Fiona. Violet's voice. Innovations resources. 2011 (children's book)

Leimbach,Marti. Daniel Isn't Talking. Harper Perennial.2007 (novel)

Haddon,Mark. The Curious Incident of the dog in the night-time. Random House. 2003. (novel)

Temple Grandin DVD –can be purchased from Sue Larkey website

Understanding Autism Spectrum Disorder – Professional Development pack DVD. Sue Larkey.

"Preparing for Success". Sue Larkey and Dr. Lee Sturgeon DVD

'The Big Red Book' and 'The Big Blue Book'. Sue Larkey, written for support workers in mind. Very easy to follow guide to what to do in particular situations.

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Modified for Version Control

Date	Summary of modifications made document content	Version No.
20/05/2016	Document created	**V1**
03/05/2017	Assessment information and Unit of competency details removed	**V2**

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