

ASD and Quality first strategies

A very brief overview of ASD

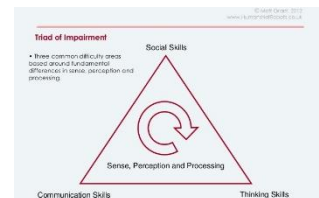
ASD is a lifelong invisible disability. It is a developmental condition affecting the way the brain processes information – a difference in thinking style. Neurotypical people often find it difficult to understand how or why the person with ASD sees the world as they do and vice versa. It is important to realise the people with ASD do not see the world 'wrong' but rather 'differently'. Asking people with ASD to change themselves so they can 'fit in' is very distressing as it can be exhausting to mask yourself. Some people with ASD do 'fit in' they can be managing academically but this might be at a great personal cost. "People with ASD have said that the world to them is a mass of people, places and events which they struggle to make sense of, which can cause them considerable stress and anxiety." (NAS)

ASD affects how people communicate and interact with the world. It can often leave them confused and overwhelmed. ASD is a spectrum condition, ranging from individuals in need of 24-hour care to people who struggle with some aspects of everyday life including forming friendships, coping at school or managing at work. All people with ASD are different.

They will, however, share some of the following characteristics:

- communication issues, from not speaking to needing more time to process information
- repetitive behaviour and routines and difficulty with unexpected change
- anxiety in social situations and difficulty with interacting
- sensory sensitivity to light, touch, sound or smell
- intense and highly focused interests.

(the 'Triad of Impairments' are difficulty with social communication, social interaction & social imagination.)



Some people with ASD also have learning and/or physical difficulties.

Girls with ASD are often underreported because they are usually more social (see NASEN leaflet 'Girls and autism flying under the Radar' for more information)

Remember all behaviour is communication and occurs for a reason, and what can appear as naughty, rude or defiant behaviours are often because children feel lost, scared or frustrated and they often struggle to communicate what they want (even if usually they communicate well). The behaviour can occur because the person has a physical need, feels ill, needs a drink, is hungry, hot or cold etc.

Understanding some behaviours: These may be unconscious and cause a person to act as they do – but not consciously and talking to them about it will not change the outcome.

- Negative behaviour can be just a way for a person to gain social attention – positive or negative
- They may have learnt that a certain behaviour gets them what they want
- It may help them avoid things they do not want to do – often an unconscious decision
- It may give them a sensory input that they want - often an unconscious decision

71% of children with ASD have a mental health problem (anxiety, depressions, Severe behaviour disorder) and 40% have two or more (Simon off et al 2008). Young people with ASD may also have one or more cooccurring difficulties (see info graphic).

Don't expect children to know when to ask for help and don't expect them to know what they are thinking/worrying about. Use of a visual thermometer or 5point scale, with the children can help them understand their anxiety. For some children having a calm box in class can help calm them down.

Just because a person might not be able to communicate with people well it does not mean they do not understand. Please do not talk about someone with ASD in front of them.

PDA is a part of the ASD spectrum but will require different strategies to support them – see additional information.

Many additional worksheets and information can be found on shared drive or by asking the SENDCo. Particularly good ones – Temper Tantrums; What is Autism; The Spectrum; 10 things students with autism wish you knew, 'Observed behaviour'.

There are many leaflets and articles for more in-depth understanding of Autism, ASD and specific needs such as sensory disorders, toileting, bedtime routines, ASD and Anxiety, understanding questioning, Blank Levels, Dealing with poor behaviour etc.

There are also books to understand ASD and how to manage it in the classroom (How to support & teach children on the Autism Spectrum by Dave Sherratt) as well as books to help children understand what Autism is for themselves or siblings, friends.

Environment

- Sensory friendly – hand dryers are unpopular due to the sudden noise – headphones?
- Quiet area, corner and box to calm down in – pillows, headphones, colouring space
- VISUALS!
- Sit child away from ‘busy’ walls etc.
- Label trays – clear expectation where everything goes, clearly labelled and followed
- Think about lights, sound, smells, visual inputs.
- Adults are calm and predictable

Whole class approaches:

- Structure – routines which are visual for all and repetitions
- Positivity – see language – possibly have reward systems in place
- Empathy – understand that everyone is an individual and looks at things differently
- Links – often pre-teaching or explain why we do something
- Show, don’t tell. Never assume anything.
- Time – Slow it down, give time to process information (verbal & visual). Use visual clues
- Give warnings – 5-minute count downs. What is next, etc.
- Be consistent – with clear expectations, be firm but don’t shout. Keep promises, sanctions or consequences.
- Prepare the class for changes in routines and structure
- Set tasks with clear goals
- Model behaviours you wish to see

Individual support

- Observe. Get to know and understand how ASD affects the child in your class
- What input can they have to the routines?
- Think about individual needs – do they need to go to assembly? Do they need to sit for an activity? Can they work on their own? Do they need to touch this?
- Use timers to help with time keeping and give clear timings beforehand so they know what is going to happen and how long they need to do something for. Is there something happening afterwards?
- Movement breaks or breaks to calm down *before* the behaviour is displayed.
- Use of fiddle toys, ear defenders, writing blocks, cushions etc.
- Use any interest to direct the learning through
- Explain using social stories or role play. Spell out the rules – ‘what everyone does’
- Give specific support or jobs to do for lunch time, break time – unstructured time
- Help with transitions – perhaps give a job or an activity to help get past the moment of change, again give warnings and time.
- If needed a person that greets them at the school gate and speaks to them before they leave.
- Specific interventions: Circle of Friends; Perspective Taking; Social stories, Showing concern pictures etc
- Use of writing frames? Don’t ask to write about imaginary things.
- Use a green dot on the page for where the child should start. Possibly a line on where you think they would write up to. – Help them have a clear expectation of what they need to do
- Provide a symbol card for when they want help
- Understanding difficult with completion of homework, do they need to do it? How can it be tailored to their needs and ability to achieve?
- Think, ‘diffuse not wining’. Think is it a major issue, Give in quickly or not at all.
- Remember just because a person may not be able to respond to you they can hear you. Do not talk about a child in front of them.

Language/Communication

- Use a calm tone
- Always say their name before you say anything you want them to do or listen to
- Give short instructions & repeat instructions using the same words DO NOT REPHRASE
- Reduce communication, particularly non-verbal – be concrete, brief, simple.
- Give children time to think, process and respond
- Use visuals to reinforce what you are saying
- Use specific language. Name...Pause...direction.
- Remember the First and then rule. First X then Y
- Avoid generalisations, avoid sarcasm and remember literal understandings
- Check understanding – not just get them to repeat back
- Use tasks cards for children to refer to later, so they can be independent but feel safe.
- Use a visual timetable
- Give choices: 'Would you like to write in black or blue?' 'Would you like to do these questions, or these questions first?' When a child feels in control, they often will do more and be calmer. Remember for many people with ASD an open choice is too overwhelming.
- Take care not to give a choice when they are not allowed to say No i.e. Would you like to put your coat on? Just say 'Put your coat on.'
- Give verbal warnings and timings with clear expectations i.e. we are finishing in 5 minutes. In 2 minutes, you need to be back at your desk – it is useful to use a timer for them to see the time passing/left etc.
- Label feelings to help them identify their feelings and so that you are acknowledging how they feel.
- Be positive and avoid words such as, "No", "Don't" "Stop!" "You can't.."
- Think about level of question (Blank Levels)
- Avoid asking too many questions, comment more on what they are doing

Visuals - Why are visual supports important? The main features of ASD are challenges in interacting socially, using language, and having limited interests or repetitive behaviours. Visual supports help in all three areas.

- Individual and class timetables
- Use of Now/Next cards
- To do then done strips – tasks strips,
- Use of task cards
- Cue cards, aide memoires
- High need might need routine sheets – i.e the order of how they do something. Get book, open, write date, start or take top off, put PE top on etc.
- Choice cards
- Mind maps
- Writing frames
- A special mat (they can take with them) to show them wear to sit
- Cue cards for younger children, when to go to the toilet, order of getting dressed etc.
- Thermometers – 5point scale cards

When in crisis or 'meltdown' – see info graphic about difference between tantrum and meltdown.

Before a crisis/meltdown there is usually (but not always) a 'Rumbling Stage' – the child is becoming distressed. Over time the ability to identify this stage will be easier and if caught then and interventions (Time out, calm down stage, specific instructions/expectations, being given a choice, distractions, diversion, try humour, talk about a special interest, think about physical needs – do they need food or a drink, is the light too bright etc) applied a crisis/meltdown can be avoided – but not always.

Signs of Rumbling

- Pacing up and down
- Fidgeting, flapping, frowning, fiddling
- Voice starting to raise
- Getting frustrated
- Talking to themselves
- Going red in the face
- Complaining of physical pain – head/tummy hurts
- Hiding
- Making unusual noises.
- Withdrawing, shutting down, switching off, not communicating

During a meltdown – see notes on behaviour management and additional leaflets.

- Do not try to impose discipline or correction at this time
- Ensure a safe environment
- Be calm
- Give them space, especially personal space
- Do not interact – say very little to them whilst they are having the crisis/meltdown but do let them know you are there
- Let them calm down (remember the bell curve of a meltdown – it can take 25mins – 2 hrs usual but up to 24hrs to truly be calm)
- Listen to them
- Think about your body language

Later

- Talk it through with the child and discuss consequences, this must be later when there are in a good place.
- Think through why the crisis/ meltdown occurred, what the triggers were, the setting you were in, were they feeling unwell, how did you respond, what were the results for the child. Fill in an ABC chart, try to start working on a pattern. Who was around, what was the day, what had just happened etc.

Results for the child. These may be unconscious and cause a person to act as they do – but not consciously and talking to them about it will not change the outcome

- Positive results – the action results in pleasant consequences so the behaviour is likely to recur
- Negative results – withholding of attention or desired reward – so that the behaviour is less likely to recur
- Social results – the child gains attention (positive or negative) or comfort, or succeeds in avoiding unwanted social contact – so that the behaviour is like to recur – possibly unconsciously
- Sensory results – the child gains sensory pleasure or avoids sensory overload
- Material results – the child gains food, drinks or a desired object
- Occupational results – the child gets to do a desired activity or to escape an unwanted activity.

Things to do regarding being in a crisis or a melt-downs

How does a melt-down occur?

What could be the trigger?

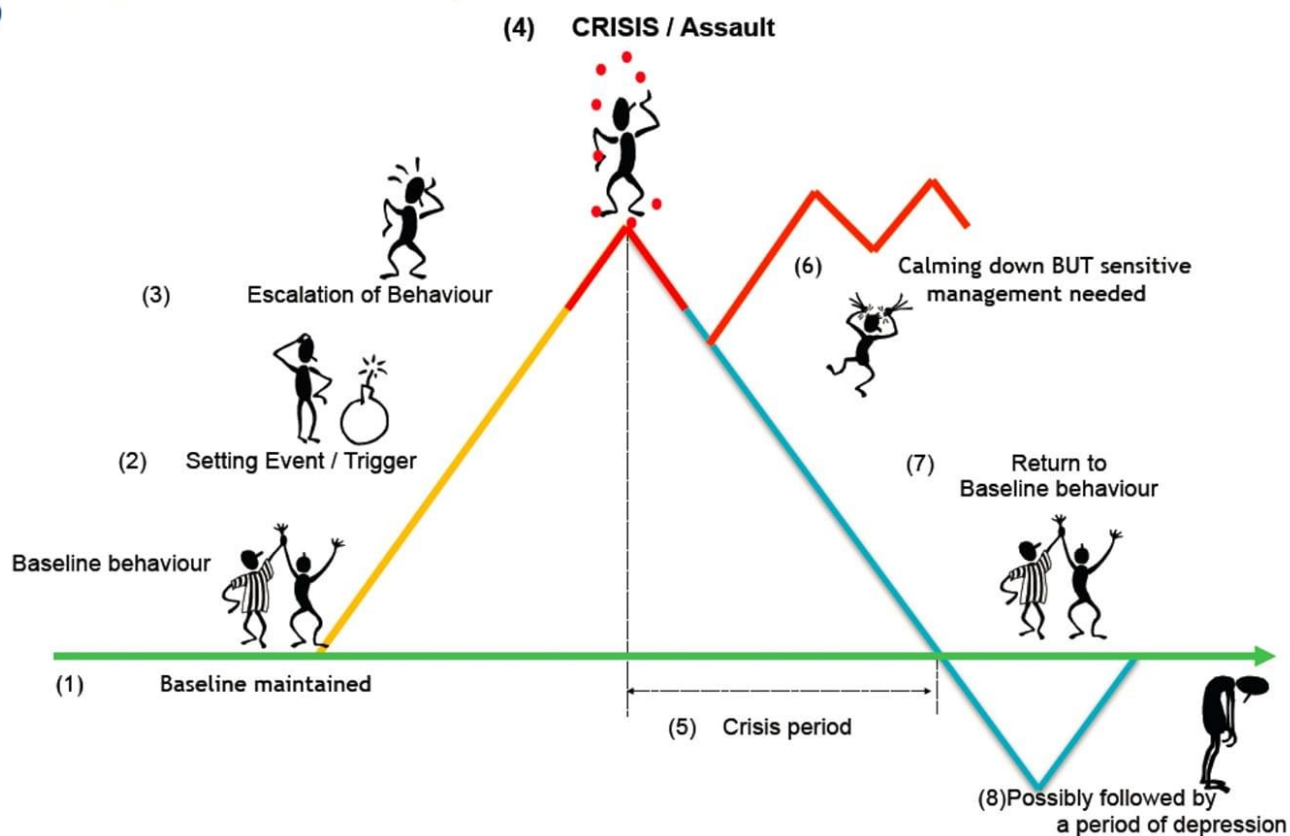
Use ABC charts. Look at patterns – can we find one?

The child needs to be in control? Or does the teacher need to be in control at all times to the detriment of others? It is not about, 'winning' it is about making sure everyone learns and achieves the best they can.

Think about using the 5-point scale for the children to identify when they are moving up the scale and encourage to have calm time before they reach crisis/meltdown.

The Time Intensity Model / The Behaviour Cycle

Based on the Kaplan and Wheeler Assault Cycle (1983)



Useful info graphics:

TANTRUM VS AUTISM MELTDOWN

Tantrum

- "Want" directed
- Goal/Control Driven
- Audience to perform
- Checks engagement
- Protective mechanisms
- Resolves if goal is accomplished

AGE: 1 to 5 years



Autism Meltdown

- Overstressed/ Overwhelmed
- Reactive mechanism
- Continues without attention
- Safety may be compromised
- Fatigue
- Not goal dependent
- May require assistance to gain control

AGE: Through Adulthood

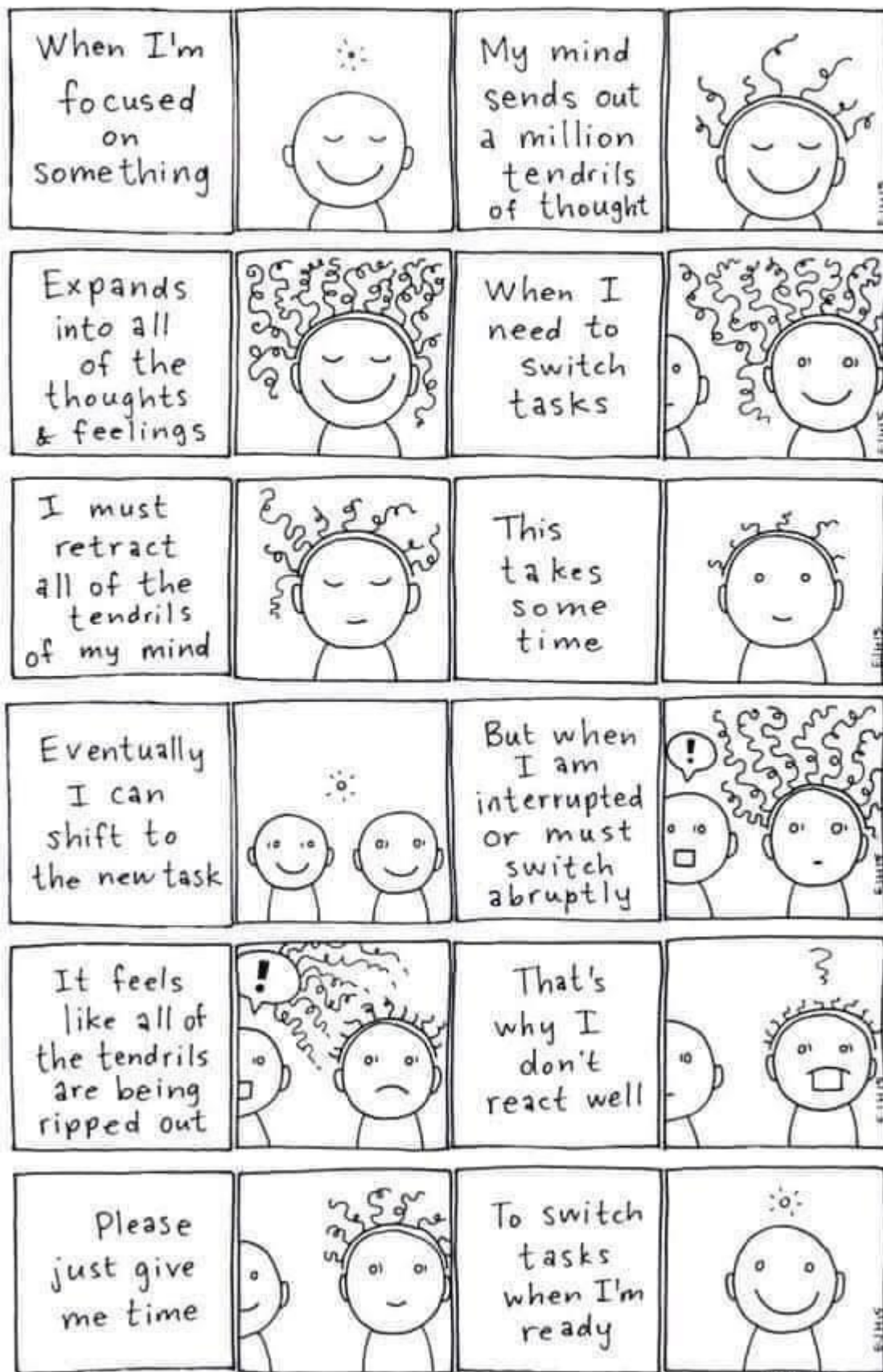
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Common Challenging Behaviours ➡ What's *Really* Happening?

BEHAVIOUR	MAY LOOK LIKE	MAY BE
Non-compliance	• Willful misconduct • Attention seeking • stubbornness	• difficulty translating verbal directions into action • difficulty understanding
Repetition of mistakes	• willful misconduct • being manipulative	• difficulty linking cause to effect • difficulty seeing similarities • difficulty generalizing
Failure to sit still	• attention seeking • interference with others • willful misconduct	• neurologically may need to move while learning • sensory overload
Failure to work independently	• willful misconduct • poor parenting	• chronic memory problems • difficulty translating verbal directions into action
Failure to complete homework	• irresponsibility • laziness • unsupportive parenting	• memory deficits • difficulty transferring what is learned in class to a homework assignment
Lack of punctuality	• laziness, dawdling • poor parenting • willful misconduct	• difficulty understanding the abstract concept of time • need for assistance to organize
Poor social judgment	• poor parenting • willful misconduct • effects of child abuse	• difficulty interpreting social cues from peers • lack of knowledge of what to do
Physical intrusiveness	• willful misconduct • deviancy	• hyper or hypo sensitivity to touch • difficulty understanding social cues re: boundaries
Stealing	• deliberate dishonesty • lack of conscience	• difficulty understanding concept of ownership over time and space • immature thinking ("finders keepers")
Lying	• deliberate lying • sociopathic behavior • lack of conscience	• problems with memory and/or sequencing • difficulty accurately recalling events • attempt to please by telling you what you presumably want to hear • confabulation (creating false memories – see glossary)

Why it's hard to switch tasks

(Let's call it Tendril Theory)



Triggers for Kids With Autism & SPD

too fast



too high



too overwhelming



too unfamiliar



too close



too hectic



too loud



too new



too bright



too unexpected



too vague



too loose
too tight

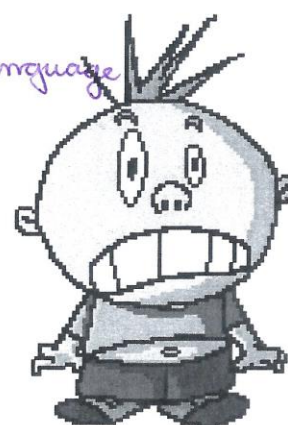




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Dealing with children who are becoming overwrought

- Stay calm – don't shout, it will only make things worse!
- Avoid confrontation
- Partial agreement – say yes instead of no!
- Positive direction
- Take up time
- Defer (but do follow up)
- Acknowledge his mood
- Keep palms open *Think about your body language*
- Be aware of eye contact – look and look away
- Break the mood – ask a novel, personal question
- Offer help – perhaps in the 3rd person
- Ask for his help- can you come up with a good idea?
- Sit down
- Listen positively – 'uh huh', smile, nod,
- Listen reflectively – repeat back what he says
- Try distraction
- Try surprise
- Time out



When it all goes pear shaped and the child 'blows'!

- Don't touch
- Don't 'square up'
- Stand sideways – reduce target area
- Reduce/avoid prolonged eye contact
- Don't point
- Don't invade space, approach from side if necessary
- Don't attempt to reason or remonstrate (emotions are in control)
- Remove others to place of safety
- Get help by agreed means
- Give partial permission – 'you stay here under the table until you feel better.'
- Allow real time to calm down – 45 minutes or more
- Weapons – do NOT say 'give it to me' or 'let me have it', indicate a place away from you both and say 'put it down, thank you'.



