

MEETING SPECIAL NEEDS

**A Practical Guide to Supporting
Children with Autistic Spectrum
Disorders**

Collette Drifte
&
Anne Vize

Sample pages

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Introduction

If you are looking at this book, it is quite likely that you have a child in your setting, or are about to admit a child into your setting, who has an autistic spectrum disorder (ASD), or autism. As more children diagnosed with the condition are placed within a mainstream setting, more teachers are going to be working with them.

There are many teachers and preschool educators who feel under-equipped to teach young children with autism effectively, and often wish they had learnt more about autism spectrum disorders during their undergraduate training. The picture is improving significantly though, as preschool teachers and maternal and child health nurses undertake training such as that conducted through the ACT Now program with Monash University and the Department of Education and Early Childhood Development in Victoria, Australia, to help identify early symptoms of autism and increase skills and knowledge in relation to autism.

Teachers often want to know how to identify an ASD, what to do to support the child, how they can work with the child's carers and how they themselves can be supported. This book aims to provide answers to some of the questions about ASDs, as well as ideas and practical suggestions for action you can take to support the child in managing their condition within your setting.

There are many services both within the educational sector and the wider disability support community that can help you teach children with autism effectively and well.

Your school or preschool may have a contact person such as a special education teacher, guidance officer or preschool field officer who can provide specific information about working with children with autism. You can also contact an autism organisation in your region for advice about professional development and training services for teachers and staff in early childhood programs and schools.

Organisations such as Aspect, the Australian Advisory Board on Autism Spectrum Disorders and the various state and local autism associations and parent support groups can all provide useful information which may be particularly relevant to your local teaching situation. You will find contact details of these and other supporting organisations at the end of the book. Take the opportunity to get in touch and listen to their advice and suggestions.

Scattered through the book are case studies which serve as examples to illustrate a point being made. You will also find a 'Pause for thought' section every so often, where an issue will be introduced which gives you an opportunity to ponder practice a little more deeply, and possibly to discuss and share with your colleagues.

People still refer to an 'autistic child', or, less positive, an 'autistic' or, even worse, an 'aut'. It behoves us as professionals to relentlessly pursue and model the correct approach, i.e. that the child is a child first and foremost, who happens to have a condition or disability known as ASD. So you will find this book refers to a child with autism or and ASD.

What are autistic spectrum disorders?

Most teachers know the terms 'autism' and 'autistic spectrum disorders' (ASDs) and are more aware of children with autism, or indeed are these days more involved with them. But if you ask a teacher what exactly an autistic spectrum disorder is, they may find it hard to give a detailed answer, although they may be able to list some of the 'typical' traits. This section looks at the wide range of ASDs and how we have reached the point where we are today.

The condition was once called autism, and it was used to refer to people who had severe communication and social disabilities. Over the last 25 years or so, however, professionals working and researching in the field have realised that there are many people who have some of the characteristics of autism, but who are not as severely affected as others.

This wide range (spectrum) of abilities led to the term 'autistic spectrum disorders' or ASDs. The condition known as Asperger syndrome (pronounced with a hard 'g' as in 'garden') is also on the autistic spectrum, and you may sometimes see the term autism/Asperger spectrum, to show that the full range of ability is in the same category.



How long have we known about ASDs?

It is possible that there have always been people with autism, but it was not until the late 1930s that the condition was recognised. Here is a summary of developments:

- 1938: Leo Kanner, an Austrian child psychiatrist based in the USA, began to study children with similar 'autistic' behaviours.
- 1943: Kanner published his research, using the term 'early childhood autism'.
- 1944: Hans Asperger, a Viennese paediatrician, identified a group of children with normal or above-average intelligence but with difficulties in communication and social interaction (hence Asperger — or Asperger's — syndrome).
- 1979: Lorna Wing and Judith Gould began to study children in Camberwell, London. They found that there were some with other symptoms who could also be described as having autistic traits.
- 1988: Lorna Wing coined the term 'autistic continuum' to include the larger number of children identified with similarities to Kanner's group, but not quite fitting his description.
- 1996: Lorna Wing went on to use the term 'autistic spectrum', to allow for a broader definition of autism.

From the 1990s to the present time there have been huge advances in the research and identification of the condition, and in ways of supporting people who have it.

How many children have an ASD?

The numbers have dramatically risen in Western countries since about 1979. The increase in incidence and diagnosis could be because teachers and carers know more about the condition and can recognise it more easily these days.

Most studies suggest there are between four and six children in every 10,000 with the autism that Kanner identified.

The UK National Autistic Society (UK) suggests that one child in 100 is affected, if you include the widest spectrum.¹

All studies show boys significantly outnumbering girls, and most studies show an average of two to three boys to one girl. The ratios reported in some studies tend to be lower at the lower IQ ranges, with a ratio of 2:1 for boys to girls² up to 5:1³ for higher functioning children with higher IQ levels.

Prevalence data from Victoria, Australia, put the figures at between 27 and 54 per 10,000 for autism spectrum disorder. This is slightly lower than information from the Monash University ACTNOW website which states that

recent international research (Chakrabarti & Fombonne, 2005) now suggests that the best estimate for the prevalence of all autism spectrum disorders is 60 per 10,000 population. A 3-year study commissioned by the Australian Advisory Board on Autism Spectrum Disorders into the prevalence of autism, concluded that there is a prevalence of 62.5 per 10,000 or one in 160 Australian children aged between 6 and 12 years have an autism spectrum disorder (Wray & Williams, 2007).⁴

What causes ASDs?

Unfortunately, we still don't have a definitive answer to this question. Research is going on all the time and you can keep up to date with developments and findings by getting in touch with the Australian Advisory Board on Autism Spectrum Disorders, a state-based autism association or organisations such as Autism New Zealand or Autism South Africa. Conferences and professional development workshops are also useful ways of learning more about current, relevant research for your teaching situation.



Over the years, though, some definite information about autism has been discovered. Here's some of it.

- There is probably a genetic element involved. If one identical twin has autism, there is about a 60% chance the other has it too. But they may not have it to the same degree — one might be very disabled while the other is very able.
- The brain activity and brain circuits of a person with autism are different from those of somebody not affected.
- In some people with autism, an important chemical in the brain known as serotonin is produced in higher quantities. This higher level has also been found in close relatives, even when they are not affected themselves.

The exact cause remains unknown but brain development, genetics and environmental factors (such as diet) are being investigated.⁵

Some fears and mistaken ideas about ASDs

There are all sorts of ideas in circulation about people with an ASD which have come to be accepted as true. Many of these have been disproved through research but, sadly, some people still believe them, so let's do a bit of myth-exploding.

- *You can't cure an ASD.*

This is true in the sense that there aren't any pills, treatments or medicines that somebody can take to 'get better' from autism. But because we understand more about the condition and how to manage it, there are children with an ASD who have learnt to overcome the traits that prevented them from leading full and successful lives.

- *People with autism have an outstanding gift of some kind.*

This idea is commonly accepted because of films and television programs about some people with autism who do actually have a great talent. It is true that there are children with an ASD who have an outstanding gift, often with numbers or mathematical-based skills such as music or technical drawing. Their talent is usually in a single area and they are often poor at most of the other skills and abilities needed to manage their everyday living. But most children with an ASD don't have an extraordinary talent.

- *People with an ASD can't form relationships or show emotion.*

This is another popular idea that is not necessarily true. There are children who have an ASD and who show their feelings in a 'normal' way, but we are not aware of their disability because we don't see them as 'different'. It is true that some children with an ASD don't

seem to make relationships with the people around them, but we can't say that it is the case with all of them.

- *Many children with autism have an IQ in the normal or above normal range.*
Tonge and Brereton found that a recent literature review put the percentages at approximately 50% of children with autism having a severe intellectual disability, 30% having a mild or moderate intellectual disability and 20% having an IQ in the normal range.⁶

- *A person with an ASD is a genius.*

Again, this is not any more true of people with an ASD than of the population as a whole. There are claims that some of the cleverest people in history probably had autism, for example, Einstein, Beethoven, Thomas Jefferson and Isaac Newton. While there might be something in this, we have to remember that for every Beethoven there are hundreds of thousands of ordinary people getting on with their ordinary lives.

- *Poor parenting or 'refrigerator' (cold and withdrawn) mothering causes autism.*

This very dated theory has caused significant anguish for many families and needs to be firmly debunked at any opportunity. There is no evidence to support the theory that parenting skills have a causal relationship with autism. Parents and carers need support, understanding and encouragement to parent well in very challenging circumstances. The last thing they need is anyone suggesting they are to blame for their child's autism.

- *Childhood immunisations cause autism.*

This is another theory which can cause significant distress to parents at a time when they are trying to make so many major decisions about the welfare and care of their young children. Again, the evidence behind this theory is not sound, although concerned parents should ideally be given high quality,

considered advice by a qualified medical professional; such concerns should never be just 'fobbed off'. Again, the Better Health Channel of the Victorian Government states that 'No causal link between the MMR vaccine and autism has been established despite intensive worldwide investigations.'

- *Anybody with some of the symptoms of autism has an ASD.*

Again, this is a wrong but popular belief. Almost all of us has one or two of the characteristics of an ASD, but we don't all have autism.

Controversial and unsupported treatments

There are a range of treatments and programs that are used to treat and manage ASD. Some of these have a strong research base and are well represented in academic journals; others are not. Take care when initiating or becoming involved in programs for children with ASD and ensure you are using respected and effective educational methods that fit within the guidelines for your preschool or school setting. Remember, it is your role as an educator to ensure that what you do is effective and has a sound educational basis.

Be wary of programs that make unrealistic or extraordinary claims, that do not have references to academic or peer-reviewed journals, that seem to require very high levels of input from family members or others, or are very expensive to implement in terms of actual funds or time requirements.

Make sure that you develop a clear set of educational objectives and then measure any interventions you trial against these. That way you will be better able to determine if your intervention is having the effect you are seeking for the child.



For some intervention methods such as facilitated communication, sensory integration therapy and Doman Delacatto patterning and Auditory Integration Therapy (such as Tomatis method or Samonas Sound Therapy) it would be wise to seek informed consent from, and to speak with your preschool field officer, school guidance officer or school principal before proceeding.

PAUSE FOR THOUGHT

There are many theories currently being investigated regarding the causes of ASD. As a teacher, it is important to remember when dealing with carers that the jury is still out to a certain extent on many of the causes, and that many carers are likely to make the quite valid choice to explore whether a variety of different treatments and management options work for their child.

Your role is to support the child and their family unit, provide advice to the best of your own knowledge, and to seek to refer children and their carers to reputable, reliable and responsible service providers and agencies as needed within your area.

How can the setting support the child?

It goes without saying that you and the child's carers need to form a good and supportive relationship. By helping each other, you will all be helping the child. Your everyday dealings with the child should be positive and encouraging, without criticism or judgement if some skills have not yet developed fully. Any learning or behavioural difficulties that the child has because of their ASD need to be supported in the setting.

Children with ASD may be in any number of settings, including mainstream preschool or school classrooms, specialist autism schools, early intervention programs, family day care, childcare or dividing their time between several settings. Some children may have integration aide support for some or all of their time, while others may not. It is vital that you plan an appropriate and effective educational program for a child with autism, and that you ensure that appropriate goals and objectives are established through an IEP (individual education plan).

It is important that you understand how the ASD affects the child, because you can then plan appropriate work and treat the child with consideration and support. For example:

- Is the child's ASD alongside another difficulty, for example, emotional and behavioural problems, speech and language problems and so on?
- Is the child comfortable with being touched?
- Is there anything specific that upsets the child, such as a colour, a noise or a change in routine?
- Do you need to give instructions one bit at a time?

- Does the child need to have things repeated two or three times before they fully understand?
- Does the child find it difficult to work in a particular way, for example in a group of other children, or on their own either with an adult or another child?

It is crucial to know about things like this so you can plan the day's activities to include the child, and to ensure they are happy and comfortable with what you are asking them to do.

How can I involve the child?

Where possible, try to make sure that the child knows what is going on when you start to work with them and their carers. Even young children can be involved at a level that suits their understanding. If you and the child are able to communicate, here are a few tips:

- Speak to the child about their difficulties and why they need support. Explain that you want to help them develop their skills because you love them.
- Explain that you are all planning a special education plan or play plan together to help them make progress. Being part of the team becomes very real and very important to the child.
- Make sure they understand the targets of their IEP or play plan, if possible and appropriate. If they see what it is all about, they will be happier at being involved and keen to participate.
- Watch for any signs of stress and anxiety, and talk calmly and positively to the child. Encourage them to share their fears with you.
- If other professionals are involved, make sure the child is not scared about them or of them. Explain that they have been specially trained to help children with the same type of difficulties.