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Pages to copy and use:

- Example of an Individual Education Plan (IEP) for children with Autistic Spectrum Disorders

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Introduction

If you are looking at this book, it is probably a safe bet 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, then clearly more practitioners are going to be working with them. It is a sad fact that there is no compulsory element or module for learning about ASDs in trainee educational professionals' courses, and over 70% of schools are not satisfied with their available in-service training in the subject (National Autistic Society website, accessed 18th May 2007).

Practitioners 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. Perhaps you too would like to have these questions addressed. Whatever your reason for picking up this book, I hope that within it you will find answers to some of your questions about ASDs, and ideas for things you can actually do to support the child in managing his condition within your setting.

This book is a starting point and it gives you background information and lots of practical suggestions for action you can take.

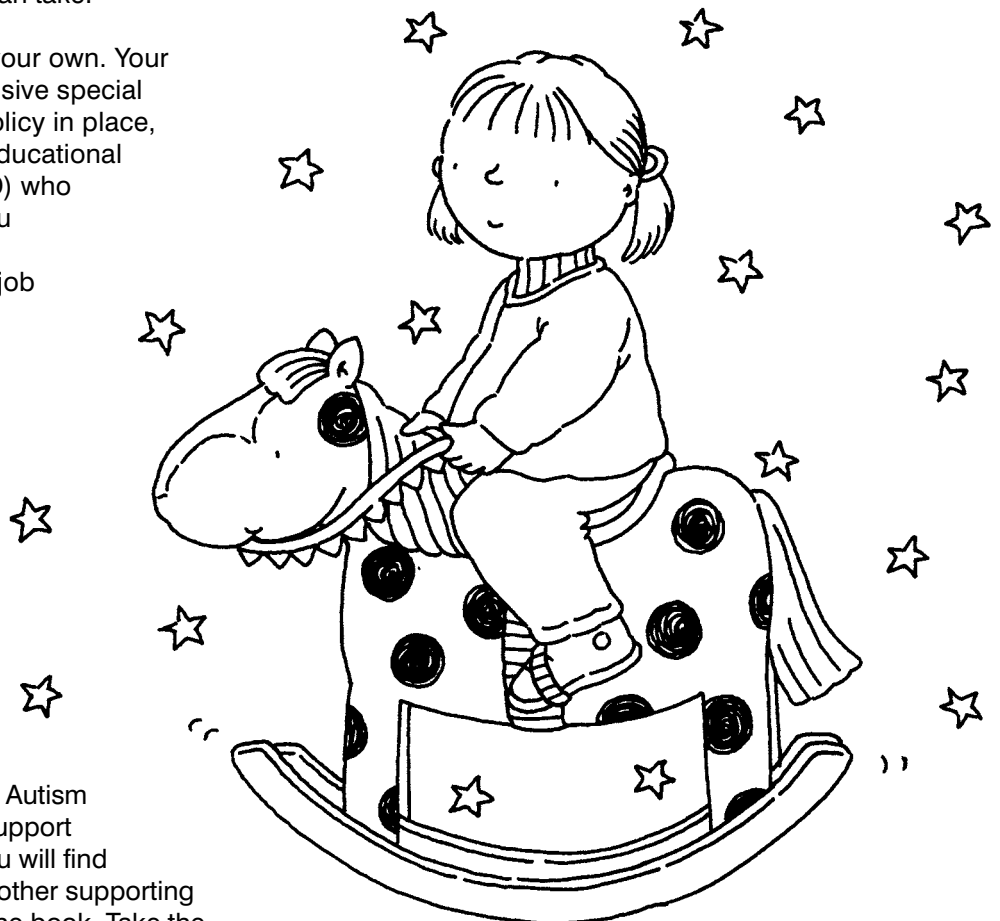
Remember you are not on your own. Your setting should have an inclusive special educational needs (SEN) policy in place, and a designated Special Educational Needs Coordinator (SENCO) who should work closely with you to help the child achieve his potential. While it is not the job of the SENCO to work on a one-to-one basis with the child (unless, of course, he happens to also be the child's key practitioner), he is there to offer you support and advice. Even if he doesn't know the answers to your questions himself, he will know where to go for those answers.

There are also organisations such as The National Autistic Society, the Autism Research Unit, and parent support groups that will help you. 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. They are all studies of real children, but their names have been changed. You will also come across 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.

Before we move on to the main body of the book, allow me to say a few words about terminology. I still hear people referring 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, ie. 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 a child with autistic traits.



What should I be looking for?

Let's look at some things that children with an ASD will do. Decide whether these describe the child about whom you have a concern.

As a **baby** he may:

- start to develop normally at first but then slow up or even go back;
- have feeding problems, often being unable to suck;
- either be happy to lie in his pram all day without crying, or
- scream uncontrollably all day;
- find nappy-changing, dressing or washing unpleasant;
- not reach out for a cuddle or to be picked up;
- not lean out of his pram to look at things, or point them out to his carers;
- be fascinated by things he sees such as bright lights, spinning objects, or things that shine or twinkle;
- be fascinated with music;
- not join in baby games such as Peek-a-boo or Pat-a-cake;
- be delayed in his physical development, not sitting up, crawling, walking at the usual stages;
- not babble or coo.

As a child he may have problems with each area of the Triad of Impairments which can show up in these ways:

With **Impairments of Social Interaction** the child may

- use an adult to get what he wants, but without asking. For example, by taking the adult's hand and putting it on the required object;
- pull away if you try to touch him, avoid cuddles or walk past you without seeming to see you;
- enjoy rough and tumble play, often laughing aloud, but then becoming aloof when the game's over;
- be detached from other people, showing no sympathy if they are hurt or upset;
- avoid looking people in the eye or have problems holding eye-contact;
- find it hard to mix with other children or to copy them;
- be unable to share books, games or conversations with other children;
- hold or hug other people too tightly without realising it is seen as 'odd' behaviour;
- become aggressive if you do not give him the attention he wants.

With **Impairments of communication** the child may

- have delayed or atypical speech;
- repeat the words spoken by other people, especially the last word or the last few words (this is

- called echolalia), often copying an accent and way of speaking;
- use the same phrase or ask the same question over and over again;
- have problems using 'linking' words such as in, on, under, because, sometimes leaving them out altogether, for example, 'Go bus school';
- confuse opposite words such as off and on or up and down;
- confuse words in pairs such as shoes and socks or brush and comb;
- find it hard to understand when to use the words I and you, often confusing them;
- have normal speech but sound old-fashioned and 'odd' in the words he uses;
- talk non-stop about his favourite subject or interests;
- have difficulty with words that sound the same but have different meanings, for example, meat and meet or saw and sore;
- think words or phrases mean exactly what they say, for example, if you say 'I laughed my head off at a joke', the child will think your head fell off;
- has problems understanding jokes or puns and word play;
- use a 'special' voice (ie. not his own) when speaking to somebody;
- have a mechanical voice so he sounds like a robot;
- find it hard to understand facial expressions, gestures and body language.

With **Impairments of imagination** the child may

- have problems with imaginative play, even with toys that help with imaginative games;
- play with toys in a repetitive or odd way, for example, continually lining them up in the same way or spinning them;
- avoid joining in with other children's imaginative activities;
- enact a character from a book or a television programme, usually repeating the action over and over in the same way;
- enjoy videos and television, especially cartoons, science fiction or films with lots of action and flashing lights, and quiz or 'reality' shows with lots of clapping and noise;
- like stories on tape because they never change, or if you read them a story it has to be in exactly the same way every time.

Here are some other things you might recognise in the child.

- certain noises and/or light may cause unusual reactions. The child might be distressed by, fascinated with or completely unaware of a specific sound (for example, a motorbike) or type of light (for example, camera flash). The child could ignore

- one sound, be terrified of another and be fascinated by yet another;
- sensations through bodily touch can cause unusual reactions. Smell, touch, taste, temperature and/or vibration can distress the child, fascinate him or be totally ignored by him. Many children are completely unaware of pain and will not come for comfort when you think they have hurt themselves;
- the child may refuse to eat anything except a very small variety of foods; some children eat very little. It is thought the children do not realise they are hungry. They might also drink excessive amounts of water, juice or tea, sometimes to the point of being sick;

- he may have a ritual that he repeats over and over again; for example, insisting that the tins in the cupboard are always put in the same place, displaying his possessions in a specific way that never changes, always taking the same route to the shops;
- he may have unusual behaviour such as hand-flapping, head-rolling, rocking from front foot to back while he is standing, jumping up and down, finger-flicking, twisting his face around, walking on tiptoes with a springy step, and so on. If you try to stop him doing these things, he can become extremely upset.

Make sure you keep meticulous records – this is very important

Even anecdotal evidence is useful since, often, specific examples of bizarre speech or behaviour can provide important clues as to the difficulty the child has and how to address it. For instance, ‘cocktail party’ conversation can mislead a busy professional into thinking the child’s language is fine, particularly if his speech is clear and his syntax is perfect. But if the same social phrases are repeated day after day and no deeper or relevant conversation is forthcoming, it is time to be alerted.

Check whether the child’s hearing is sound (no pun intended!)

Clearly hearing and speech and language are linked, and if there is an undetected hearing problem, it is

vital this is identified as early as possible. It is vital you establish at what level the child is operating in all aspects of his language development.

Assess both the child’s receptive and expressive language skills if you can

If anything in this section rings a bell with you, it is crucial that you get help for the child. Identifying a problem early will save a lot of problems later on, as well as making sure the child develops the vital skills he needs to help him achieve his potential.

Pause for thought

Think of one child you have worked with in the past, who puzzled you, perhaps because some of his behavioural traits were similar to those we have just looked at.

What was it about the child that made you wonder how he ticked? Did you share your thoughts with anybody in the setting? Did you speak to the child’s carers about your feelings? How did you work with the child in the end? Looking back, do you feel your planning for the child was appropriate? Did it help the child to achieve and develop? If the answer is Yes, could or would you have done anything more and/or differently? If No, what would you change about the approach you took?

Take a few minutes to write down your thoughts. When you have read all this book, come back to this question again, and have another ponder in the light of your new knowledge.

