

Supporting Children with Autism

What is Autism?

ASPECT (Autism Spectrum Australia) describes autism as “a condition that affects how a person thinks, feels, interacts with others, and experiences their environment. It is a lifelong disability that starts when a person is born and stays with them into old age. Every Autistic person is different to every other. This is why autism is described as a spectrum. Aspect describes autism as *a different brilliant*”.

In children’s services we tend to use the term “child with autism” rather than “autistic child” so that they are not defined solely by their autism and their differences can be recognised.

Children with autism can display a wide range of characteristics in their strengths, communications and social interactions, and play.

Strengths

Areas of strength and interests vary among individuals with autism and include: Logical thinking, Visual thinking, Persistence, Eye for detail, Memory for facts and figures, Technology skills, Deep interest in typical topics and very strong focus on specific interest.

Around 20% of people with autism will have exceptional or above average ability in one or more area such as music and maths etc. People with autism tend to have an ability to notice specific details, patterns or changes that others are unaware of.

Family Centered Practice

The rights and needs of families to make decisions for their child and for their own lives has been widely acknowledged, and in real family centred practice parents are recognised as the experts regarding their child and family, and are encouraged to determine priorities for intervention.

An awareness of how a family is impacted when a child has autism can be helpful for an educator. Knowing the types of challenges, they face will support you in building a strong relationship where you can empathise, respect, support and collaborate with family.

Some of the ways parents may be impacted include - coming to terms with and accepting diagnosis, feeling of loss, time spent with and cost of professionals such as speech pathologist & occupational therapist, learning how to communicate differently, dealing with tantrums or different behaviour at home and in public space, others not understanding and judging, lack of respite, need support. Siblings in the family may also be impacted by having less time with parents, feeling embarrassed by behaviours, becoming a carer of sibling, needing support of their own.

Each child and family is different so don't assume to know how one family will respond based on your experience with another. Take the time to build mutual trust and respect so there can be sharing of information between you and them.

- Form a relationship and build trust, so they can feel accepted, understood and valued for their skills and knowledge
- Ongoing open and clear communication - book, phone calls, emails
- Treat them as your prime consultants, having the most knowledge of their child
- Empathise with their personal stress
- Find out their goals and support them to attain their priorities

Expressive Communication

- **Recognise communication attempts:** Screaming, tantrums, crying; Small or subtle movements, body language, facial expression; Actions, gestures such as taking hand; Objects, photos, pictures, signs; Single words; Echolalia; Spontaneous phrases/ sentences.
- **Respond to attempts to communicate:** Watch the child's interest and follow lead; Show interest in what the child is trying to communicate; Name what they want – model speech; Show them picture or sign of what they want; Give them the desired object or interaction; Offer a choice if not sure; expand on the child's language – by labelling the action the child is performing during play: 'cars go up and zoom down; Praise efforts.
- **Create new opportunities for communication:** Change the communication environment; Act silly – for a reason; Provide choices; Wait – use pauses and silences; Use alternative communication systems; Pictures of routines; - daily and weekly routines, key words in sign language, language boards – from a speech therapist

Receptive Communication

- **Simplify your language;** Use key words; Express one idea at a time; Use direct language (unambiguous); Use pauses and silence; Use positive statements; Use Visual supports, from simplest to most difficult - starting with Real objects, then Photos of objects, then Pictures and line drawings, and finally Written word.
- **Visual supports** - help a child to: Understand instruction; Understand routines and structure; Cope with transitions; Cope with change; Learn how to play; Learn new skills; Manage behaviour and understand expectations.

Play & Social Interaction

- **Use play to develop joint attention and social communication skills:** Observe child for interests and motivation; Follow child's lead; Get down to child's level; Use simple language relevant to child's interest; Imitate actions/introduce similar toy; Exaggerate actions & speech – be animated; Use routines & predictability.
- **Finish play on positive note:** if needed gently intrude on child's play and stop before distressed.
- **Expand expectations over time:** Encourage longer period of play; Taking turns; Making choices between toys/photos of toys; Making transition from one activity to other; Follow simple directions; Symbolic play.

Characteristics

For a diagnosis of autism a child will display characteristics in three areas: Difficulties in social interaction and communication, Restricted and repetitive interests and behaviours, and Sensory processing challenges. Indicators will be evident in behaviour, play, social skills, communication and sensory processing.

Social Communication/Social Interaction

Children with autism may experience discomfort in busy, complex social situations.

Non autistic people tend to misunderstand the social interactions of those with autism, who tend to:

- Communicate honestly and directly
- Dislike or have difficulty with sarcasm, small talk, jokes

- Repeat words or phrases seemingly out of context
- Take extra time to understand spoken information
- Be delayed in learning to understand and regulate emotions
- Pay attention without making eye contact
- Use or respond to body language differently
- May use sounds, signs, gestures or pictures to communicate instead of spoken words
- Not use or understand gestures like pointing
- Have difficulty understanding how others think in some situations
- May prefer to play alone or next to others more than with them
- Can develop a strong and sometimes overwhelming emotional connection to others
- Can be comfortable socialising through technology

Restricted & Repetitive Patterns of Behaviour, Interests & Activities

Children with autism tend to:

- Use repeating movements such as hand flapping or pacing around to show excitement or to help them cope with stress
- Prefer to do things in the same way
- Engage in non-traditional play such as repetitive lining up of toys
- Have a preference for leisure based on their passion/s
- Have an ability to focus on one thing for a very long time
- Have difficulty switching from one thing to another
- Experience extreme distress at small changes
- Have difficulties with transitions
- Have rigid thinking patterns

Sensory Processing

Sensory processing involves the ability to organise and interpret information received through the senses – sight, hearing, touch, taste, smell, movement.

Children with autism may:

- Be constantly aware or more aware of some sensations (sounds, smells, taste, touch)
- Become distressed or overwhelmed if there are too many sensations at once
- Avoid distress by covering ears, hiding in quiet places, to block sensations
- Experience discomfort with touch such as clothing material or tags, or touch from others
- Seek sensory experiences by smelling food, flicking fingers in front of lights
- Not notice internal sensations like hunger or pain

Many children with autism can experience a combination of sensory **under responsivity** and **over responsivity**. **Sensory seeking** can also be a response to under and over reactivity. This can affect their ability to participate fully and safely in daily activities. Children with atypical sensory processing can experience fear, anxiety, avoidance, functional difficulties such as self-care, and ritualised behaviours with a tendency for sameness.

Intervention strategies focused on accommodating the child's sensory differences and enabling self-regulation are likely to support the best outcomes. Sensory processing varies from person to person and in different environments - and any strategies need to be tailored to the individual needs and challenges for each child. Help adapt the environment and incorporate calming and organising activities. When including a child with hypersensitivity to noise, for example, we need to be aware of and manage the noise/sounds that trigger a reaction from the child.

Occupational therapists trained in sensory processing can assist with challenges.

Behaviour

Behaviour is communication

Ask yourself these questions if a situation arises eg flapping, squealing

- What purpose does the behaviour serve?
- What is the child trying to communicate?
- Observe - what happens before the behaviour – triggers?
- What behaviour are you displaying, that may impact the child settling?

Behavioural expressions can occur when the child is not in control or does not have awareness of what is happening around them.

These behaviours can sometimes be avoided by:

- Communicating daily schedules eg: “Today we are going to the library”
- Communicating next tasks before they occur: eg “First we have lunch, then we will play trains”
- Prepare the environment to support the child eg: ensure that they have familiar resources in predictable places.
- Communicate expectations of play through the use of visuals or photos to show the child how you are expecting resources to be used – some children with autism require additional supports to understand how to play with programmed experiences.

Encourage positive behaviour:

- Develop autism–friendly environment: clear communication, visual supports, routines, predictability, assist with receiving or avoiding sensory input
- Use positive reinforcement of appropriate behaviours: positive attention, social praise, favourite toy, interesting fun activity
- Teach new skills, ignoring problem behaviour and acknowledging new behaviour.

Working with other professionals

As well as occupational therapy, various other professionals may be involved with a child with autism, including speech pathologist, medical practitioner, autism specific educator, as well as the family members. Clear and up to date information needs to be shared among all involved. As an educator the following may be helpful:

- Learn about autism and the child’s particular needs
- Gather thorough written information on the child and family’s needs, strengths, and goals
- Communication book for families, educators, and other professionals to share
- Work with professionals – share information and your knowledge about the child; implement strategies suggested by therapist; record child’s progress, success or failure with strategies, changes.
- Respect each other’s professionalism and knowledge.

We wish you the best in your pursuit of quality education and care for children.