

Autism Spectrum Disorder

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Autism Spectrum Disorder can affect people of all intellectual levels with research suggesting that the majority of the affected population are males with an average two to three males to every female.

Over the last 30 years, with further research and understanding into autism spectrum disorder, it is becoming recognised that within the autistic spectrum there are a wide range of characteristics which can vary in severity in each individual.

The triad of impairments are three areas in which people with an autism spectrum disorder have difficulties with:

1. Impairments of social interaction
2. Impairments of communication
3. Impairments of imagination

People with autism spectrum disorder may also demonstrate strong sensory seeking behaviours, sensory avoidance behaviours and/or obsessive behaviours.

Many behaviours that could be associated with autism spectrum disorder are also typical of normal development. It is the combination and pattern of the behaviours, their intensity, and the fact that they persist beyond the normal age that leads to a diagnosis of autism.

A doctor makes a diagnosis of autism based on descriptions and observations of the person's development and behaviour. A diagnosis of autism spectrum disorder before the age of two is rare. Depending of where in the spectrum a child with autism falls, average diagnosis age varies from 3 to 7 years old.

Effects on Developmental Areas

Children diagnosed as having autism spectrum disorder will demonstrate characteristics that can vary enormously in each individual.

Social and Emotional

Social and Emotional Development

- Severe socialisation deficit experiencing difficulties interacting meaningfully
- Reluctant to give eye contact
- Appears to lack desire to share their activities with others - social isolation

- Sometimes it may be misinterpreted that children with autism prefer to be alone – a younger child may make many inappropriate attempts to join in, or will watch others with great interest but have no idea how to become involved. Does not know how to go about making friendships and joining peer initiated activities. (The ability for the child to be taught how to behave appropriately in social interactions is also severely reduced)
- Lack of understanding of issues from another's point of view – social empathy
- Cannot understand that other people have their own beliefs, desires and intentions which guide their behaviour
- Lack of empathy (often misconstrued as selfishness) is not wilful on the part of the person with autism rather an inability to respond in any other way
- May treat people as tools or equipment – something to use to turn on a tap, open a door, get carried by or lean on. Some people with autism may be able to respond appropriately to others within very familiar routines or to very familiar people, but become confused and anxious at any other time. At times may appear rude because of their inability to understand and use the more subtle aspects of social interaction e.g. by approaching strangers inappropriately; by ignoring another person's attempts to interact etc.
- May not differentiate between familiar and unfamiliar people
- May have difficulty in taking turns and/or sharing with peers
- May often be observed on the outside of social activities, watching, but not joining in
- May be unintentionally aggressive in an attempt to be social
- May cope very badly with being teased
- May be limited in play skills: plays with only a few toys and does not display imaginative play
- May lack self-esteem

Language and Communication Development

- Severe communication deficit involved affecting all aspects
- May not readily *understand* or *use* appropriate forms of communication including verbal language, body language, facial expression, tone of voice and gestures
- Difficulties may be very subtle and well-disguised by a more able person with autism - no communication deficit may be noticed by casual observer
- Limited or no speech and/or lack typical communicative gestures
- Difficulty in developing and understanding any other forms of communication such as gestural systems or picture-based systems
- Speech may develop to varying degrees, rarely developing to an age-appropriate level of ability
- Rarely develops ability to cope with complex or abstract concepts
- May be unable to communicate wants, express concerns or fears, or be able to answer questions reliably - also difficulties in making or expressing choices
- Individual's expressive and receptive skills may appear far better than they really are in routine situations resulting in others overestimating their ability and underestimating the severity of their communication deficit. This may impact on ability to succeed in a number of situations. May speak in complete sentences but be unable to carry on or maintain an interactive conversation and revert to non-verbal behaviours when confused or anxious

- Guide adult by the hand to a desired object rather than ask, or do things independently, or do without, rather than use a person for assistance
- Uses repetitive sounds or repeats certain questions or phrases over and over
- Unusual vocal quality (tone, pitch, speed of speaking)
- Reverse pronouns (will use “you” instead of “I”, etc.)
- Unable to consistently follow verbal directions
- Literal and concrete understanding of language

Sensory Information Processing

- May experience great difficulty processing information received from senses - usually nothing wrong with the sense organs themselves, but the information is not able to be processed normally when it gets to the brain
- Impacts on children’s intellectual, social and emotional development
- May be unusually sensitive to their surroundings and unable to screen out irrelevant stimuli
- Ability to attend and respond may vary from day to day – performance is typified by discrepancies, inconsistencies and variability
- May ignore some sounds but over react or be very sensitive to other sounds
- May play with, seek out or selectively react to certain sounds
- Eye contact may be actively avoided, fleeting or lacking in social intent
- May use peripheral vision rather than central vision (gives the appearance of not giving eye contact or looking)
- May focus intently on the small visual details of walls, furniture, objects, prints, pictures or body parts whilst not seeing the whole picture
- May show intense interest in light or shiny reflective surfaces e.g. may filter light through fingers or stare at lights or reflections in glasses, watch water going down the plughole etc.
- May explore by smelling or mouthing objects, people and surfaces
- May have eating problems that could be related to the smell, texture or flavour of food – often has strong preferences or refuses new foods
- May chew or eat things that are not food
- May have delayed or no response to obviously painful events
- May seek out vibrations or engage in repetitive movements such as rocking, bouncing, flapping arms and hands, or spinning with no apparent dizziness
- May hold or move hands or body in unusual (often rigid) postures
- May have difficulty with position of body in space, and motor planning
- May walk on tiptoes
- May have disturbed sleep pattern
- May have difficulty with toilet training

Adaptation to the Environment

- Finds it very difficult to interpret and process new information
- Prefer consistency - minor change to routine, activity or surroundings may cause stress

- Difficulty coping with change may result in different behaviours including cut-off and withdrawal, obsessively manipulating fingers, lining up objects or talking non-stop about dinosaurs. May react with aggression to either themselves or anyone else within reach which is usually very effective at keeping people at a distance, reducing the number of demands made upon them and thereby decreasing the amount of change they will have to cope with
- May show fear of strangers or new activities by avoiding or resisting contact
- May develop strong attraction to certain objects, routines and rituals and may stay involved with them for long periods or be upset if interrupted
- May show anxiety about certain events or schedules
- May become upset with changes or ask repeated questions about when events will occur
- May become very concerned about doing work perfectly; may become unwilling to attempt work that they feel cannot do perfectly
- May become very motivated to be in control of situations and may become very successful at manipulating people into allowing them this control

Cognitive

- May have learning difficulties
- May not stay long at activities due to low concentration span
- May require instructions, directions etc. to be repeated 2 or 3 times and requires some time to process before responding or acting.
- May have delays in skills of concentration, memory and ability to generalise
- May have difficulty understanding concepts of turn taking, sharing, how to enter into play situations.

Autism Spectrum Disorder Inclusion Strategies

Each child diagnosed with Autism Spectrum Disorder will be different and individual. It is important to gain information from the parents as to what characteristics of Autism Spectrum Disorder their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interests, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Assign children set jobs or tasks to take responsibility for such as watering plants, setting up cups/bowls for morning tea etc. Keep the jobs consistent and routine to enable children to plan for these in their day.
- Play “Simon says” – where children copy the actions of the group leader/child care worker but are not excluded from the game if they make a mistake.
- Dramatise familiar stories with children using props including costumes, felt board stories etc.
- Consistency is important. If the child finds that every time they are given that direction, the same response is expected, or that every time they react in that way, the same consequence follows, they will learn the appropriate behaviour far more quickly.
- Limiting choices or alternatives can help child retain a feeling of control by being able to make a choice. The child can be offered the choice between two activities available – “Do you want to clear the blocks away with Shannon or tidy the reading corner with Blake?” Giving choices encourages the child to take some responsibility for their actions.
- Give the child clear information about what is going to be happening, and what will be expected of the child in that new situation giving the child the chance to prepare themselves for the event and to work out how to behave.
- Warnings help the child cope better with unpleasant events such as finishing an activity they are enjoying alerting that they have got 2 minutes left on the computer, or can have 10 more bounces on the trampoline, etc., allows the child to prepare for and deal with finishing more appropriately. Use First_____, Then _____ boards with visuals to help support the transition to a new activity, or from a preferred to non-preferred task or vice versa.
- Behaviour problems may increase when child is bored, confused, stressed, making repeated mistakes or when the child doesn't have other alternatives. In addition, some behaviour problems e.g. aggression can escalate in response to “negative correction procedures” that is punishment, a negative verbal response (“Don't do that”), a frown or yelling. The same inappropriate behaviour can be for different reasons at different times or places.
- Often has limited number of ways of communicating their feelings or needs, so one behaviour is used to communicate a number of messages. For example, a tantrum might, at different times/in different situations, mean “I don't want to”, “I have to get out of here”, “That hurts” or “I'm scared”. Therefore, the response given to the child's inappropriate behaviour may need to vary according to the circumstances.
- Use visuals to help children understand routines (e.g. daily routines, toileting) and sequences (e.g. play sequences such as how to set up a train set or taking turns. Provide advance warning if routine is going to change.

Physical development

- Keep things in the same place to assist child to be able to move from one place to another. If you change the environment walk and talk this through with the child.
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills.
- Provide lock boxes and musical boards to promote finger and wrist movement and rotation.
- When setting up collage table provide clear defined areas for differing materials in boxes.
- Support toileting with timed toileting approach supported with visuals demonstrating the sequence of steps.

Language and Communication Development

- Consider whether it may be appropriate to use other forms of communication to support verbal communication such as signing or visuals.
- Encourage children to talk about what they are doing by asking several times throughout the day. Also, ask children to tell you what you or others are doing.
- Provide positive reinforcement during play times and encourage dramatic play.
- Provide clear directions and break into manageable steps in sequence.
- Maintain a calm approach to ensure situations are more likely to be successfully resolved. Being calm when dealing with a child when they are feeling anxious, upset or frightened is more likely to reassure the child, and settle them down more quickly.
- Confidence and assertiveness is necessary if a child is expected to comply with any direction given.
- The child's full attention is required *before* giving any instruction or information to establish specific "good listening" behaviour. Encourage the child to indicate that they are paying attention. For example, when a child hears their name, they should turn their body towards the person calling, put down what they are holding and *possibly* give eye contact.
- Simple, clear language and short sentences are necessary for children with autism, no matter how verbally able in some situations. Often they tune in and out of sentences, or are unable to understand some of our more ambiguous language. Limit interactive language to the fewest number of information-carrying words at a time. If the instruction contains a number of steps, give one step at a time, wait for the child to comply, and then give the next part. Frustration and confusion due to lack of understanding are major causes of behaviour problems.
- Use positive statements by telling the child what you do want them to do as the child may genuinely not know what else to do and the negative statement is of no help to them. Negative statements are more difficult to process, so the child may have difficulty understanding what is meant by it and the child may only

hear and focus on part of the statement and think they are being told to actually do that action, not stop it.

- One person only to give verbal information/directions at a time - if the person requires help to make the child understand or comply, the other adults can help by possibly physically patterning or prompting the child – e.g. modelling the desired behaviour in an obvious way.
- Plan for success - check to see that everything is set up as much as possible to guarantee success.
- Ask for attention when standing close by the child.
- Give directions when the child is fully attending.
- Carry out demanding activities at the time the child functions best such as first thing in the morning or after lunch.
- Organise the physical setting to aid the child as much as possible.
- If the child has been doing really well, avoid pushing him/her for more than he/she is capable of.
- Establish an expectation that explanations will be given after the direction is carried out, not before.
- Consistency is important. If the child knows that each time the same direction is given, the same response is expected, or that every time they react in that way, the same consequence follows, appropriate behaviour will be learned far more quickly.
- Know the message clearly before speaking & physically guide the child towards the correct place, using appropriate strategies to encourage the child to comply.

Cognitive

- Avoid generalisation.
- Use concrete representation to enhance concept development.
- Focus and reinforce relevant information, aspects, attributes and characteristics.
- Allow the child time to complete tasks and practice skills at own pace.
- Acknowledge level of achievement e.g. “you have placed that piece in the puzzle, well done” rather than just “Good boy”.

Reference

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