

Rounding a square peg: Squaring a round hole – Helping children with ASD at school

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Session plan

- Case study: Combined role of the child, family and teachers in facilitating change.
- Strategies for schools and teachers
- Group Discussion: Advocacy and monitoring pathways for Paediatricians - opportunities and difficulties

Challenges faced by Children with ASD at School

- **Motivation to 'be there' and learn**
- **Ability to concentrate in classroom**
 - Sensory difficulties
 - Limited joint attention
- **Communication and social awareness**
 - Understanding and interpretation of requests
 - Ability to respond verbally, nonverbally and in writing
 - Help seeking
- **Sequencing and organisational difficulties**
- **Challenges of the playground**
 - Victimisation and bullying
 - Fitting in

Principles: Formulation and Action Planning

- Involve parents and child at formulation and planning stage
- Break things down into 'do-able' bits that can be shared amongst a team including school staff
- Look for any positives that can be built on – use Recovery format if possible
- Avoid psychodynamic formulations and labels that limit opportunities for change

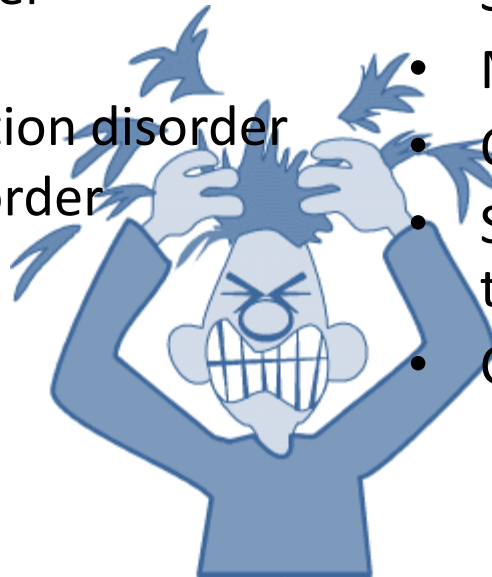
Using Diagnoses to Plan – A recipe for overload

Diagnosis

- ASD
- Conduct Disorder
- ADHD
- Language Disorder
- Verbal Dyspraxia
- Motor Coordination disorder
- Sleep Onset Disorder
- Anxiety

Treatment

- Specialised curriculum and teaching,
- Medication and CBT and Parent training
- Medication and BT
- Speech therapy
- More speech therapy
- Occupational Therapy
- Sleep Hygiene and behavioural therapy
- CBT and medication

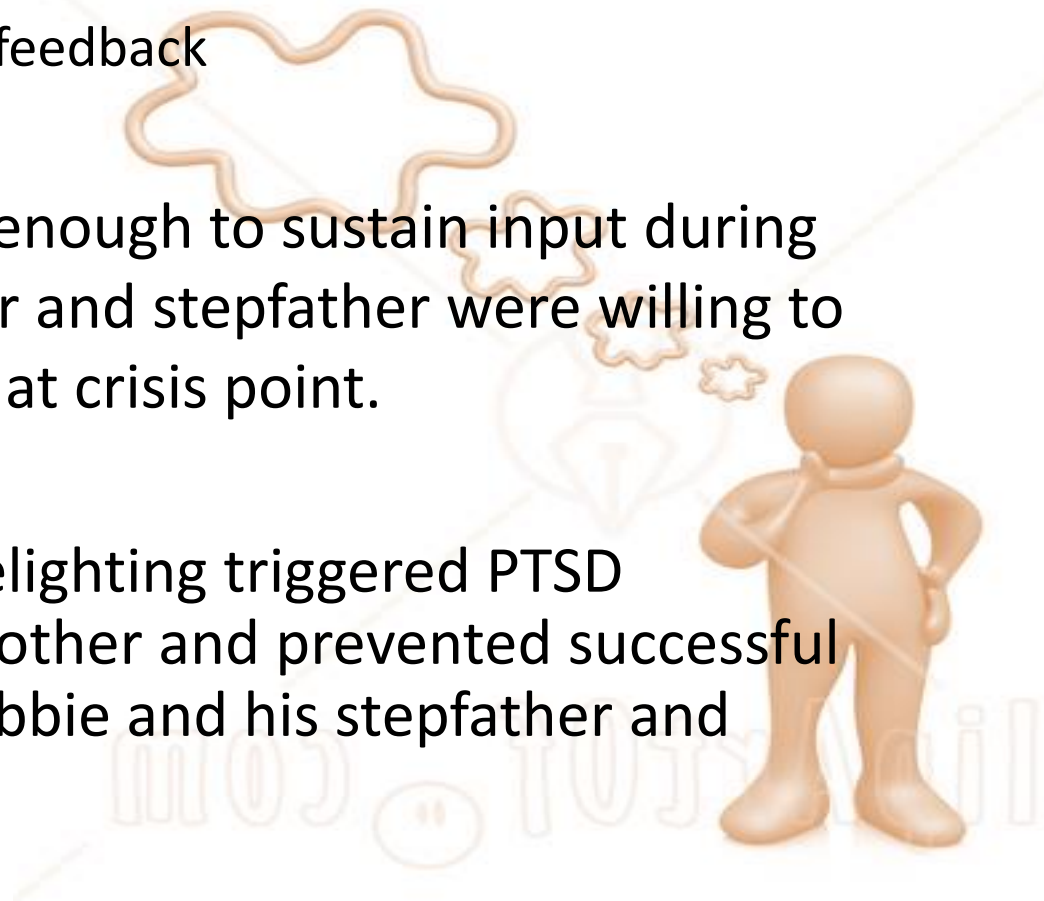


Formulation -1

- Robbie had difficulties dealing with change at school and learning difficulties typical of ASD. His coping mechanism included refusing to do work, running away, aggressive outbursts and burning down 'offending' rooms. He had no supportive relationships at school.
- Similar processes were happening at home. Robbie had learned to engage with others through violence with limited speech, a style fostered by his innate difficulties with social communication and limited experience of a dedicated one-to-one relationship. Use of adult war-games reinforced social understanding.

Formulation 2

- Robbie's ability to engage in the 'normal self development work' of early adolescence was hampered
 - limited sense of self and ability to process emotions
 - limited peer or parental feedback
- Few people liked Robbie enough to sustain input during difficult times. His mother and stepfather were willing to attend sessions but were at crisis point.
- Robbie's violence and firelighting triggered PTSD symptomatology in his mother and prevented successful engagement between Robbie and his stepfather and stepbrothers.

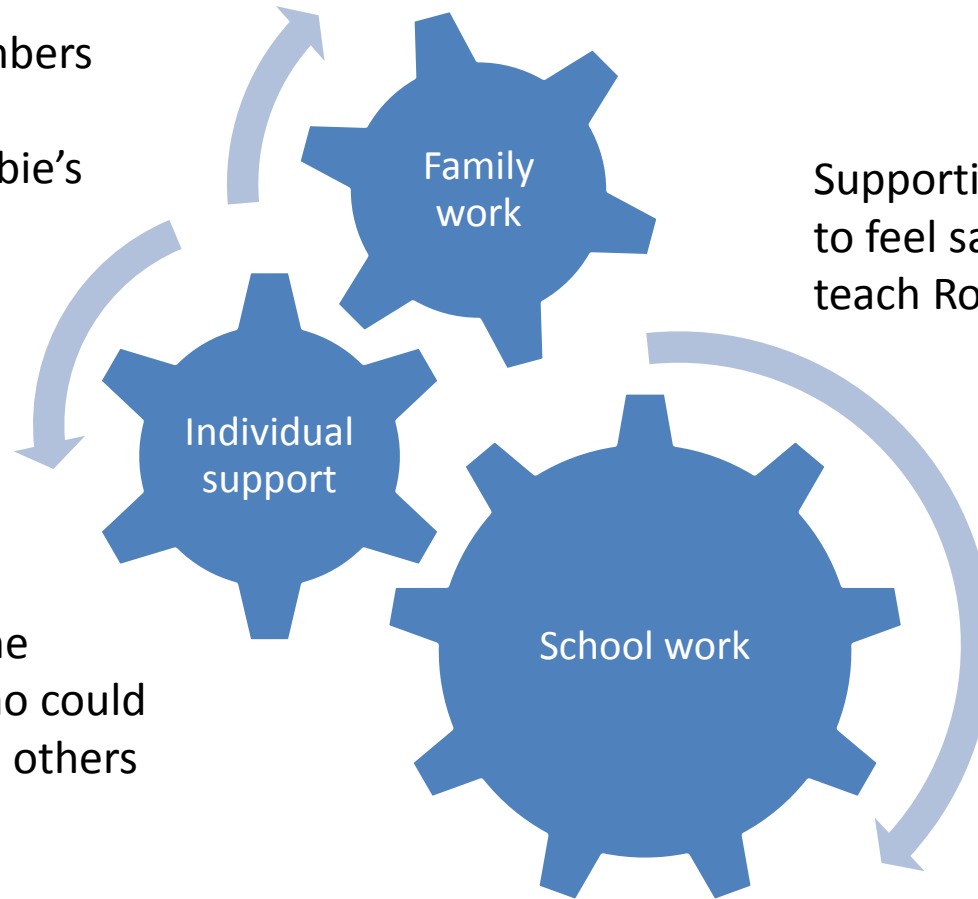


From Questions to Action Plan

- What is this the right learning environment for Robbie?
- How to support the development of social relationships for Robbie, starting with one-to-one engagement?
- What work could be done at home to help Robbie become a more engaged learner?
- How to give opportunities for Robbie to develop another concept of who he could be?
- How to support the development of communication for Robbie?
- What realistically can be supported or modified in Robbie's home environment?

Formulating the action plan

Helping family members feel 'in control' and sympathetic to Robbie's needs



Supporting school staff to feel safe and able to teach Robbie

Helping Robbie redefine himself as a person who could learn and interact with others

The right learning environment.

- Robbie had lost learning opportunities. He was fearful of failure. Communication and sensory processing were barriers to effective learning
 - Functionally like a child with intellectual disability
- Robbie was at risk from running away and bullying others
 - Needed contained environment
- School Staff and children were scared of his aggression/firelighting
 - Staff needed specialist training and extra support
- **Special School environment suited his needs best.**

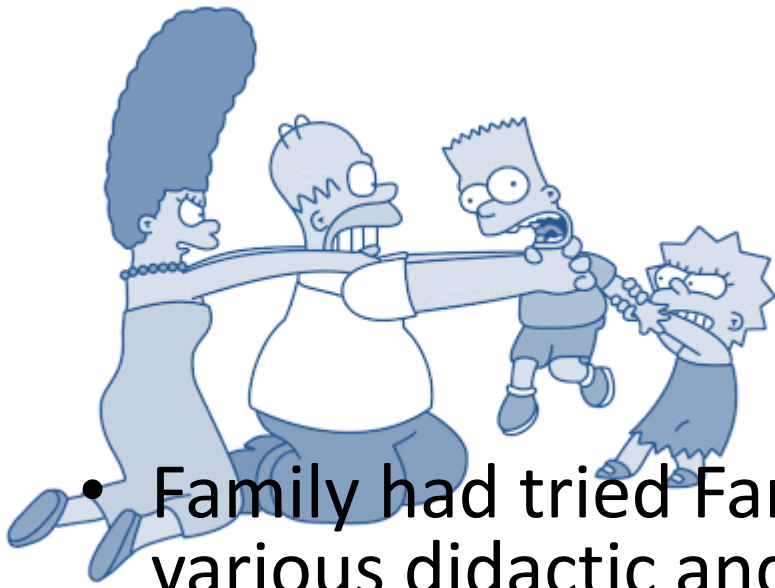
Work with Special School

- Integration support application (temporary)
- Individual education plan
- School support staff (psychologists) involved
- Regular Meetings with school staff and autism management advice – once a term, face-to-face then via email.
- Support letter to allow special schooling to continue despite recent cognitive findings.

What made the difference..

- Principal committed to helping her teachers, with respite and education
- Teachers committed to helping Robbie; saw positives in him
- “Plan for failure- hope for success” approach
- Classroom chosen as two teachers job share – chance for respite and collegial support
- Clear plan of dealing with hidden stress for Robbie and staff
- Clear goals for education and carefully chosen “battlegrounds” for behaviour management
- Speech therapy at school used to inform teaching methods
- Non-blaming, education focused approach

The right family support



- Family had tried Family First, Tuning into Kids and various didactic and strategy based approaches to parenting.
- Mother and stepfather had many competing demands on their time and energy
- Both had experienced dysfunctional family life and dysfunctional schooling as children, few positive experiences to replicate in their family.
- Both felt inadequate when dealing with teachers
- Clinician present initially for PSGs

One-to-one Parenting Work

- Non-prescriptive, looked for positive aspects of things the family was already doing well
 - Avoids therapeutic dependency and boosts confidence
- Helped to define what family felt was important and set priorities
 - Some specific targets e.g. reduction of M15+ games
 - Gave time for speculation and creative thinking
- Aimed for slow progress and developing real sense of confidence as a parent, including advocacy at school
 - Avoided therapeutic burnout



Supporting the Child

- Wean off all medication.
- Focus on allowing him to develop a non-judgemental relationship
- Aim to improve self-awareness and confidence
- Communication level to be dictated by Robbie's abilities
- Robbie to drive direction of therapy
- Commentary limited to helping him 'define himself' and support growth of self
- End of session- sharing with parents and their therapist

Robbie's Sessions



- Initially threw beanbag at, then with therapist
 - Focus on nonverbal communication, anxiety reduction
- Joint games – building Lego constructions
 - Focus on skills; defining positive aspects
 - Simple verbal communication, acceptance of dyspraxia
 - Acceptance of therapist's inadequacies-empathy
- Hang the Butcher – inadequacy contained
- Uno games – discussion of school challenges
 - Talked about dominance of others- fear of inadequacy
- Conversation only – initiated topics, starting with less threatening ones then he discussed his relationships

Over the first year...

- Robbie went through honeymoon period at new school – when challenges started, teachers looked for causes of behaviour and presented alternatives
- Teachers fed back difficulties to therapists and parents (communication book) so that work could be done at home
- Errorless learning increased his confidence
- Self esteem boosted by comparison to peers
- Parents lives continue to be chaotic, but they have begun to make some demands of Robbie, e.g. chores, value his input and give him 1:1 time

Recent progress...

- No further fires! One episode of playing with matches, but able to talk about compulsion with parents and replace it with sensible alternative
- Peer relationships at school developing – sees himself as part of a group, talks with peers about his relationships and girlfriends
- Talks about ‘love-life’, seeks advice from others



Comments please.....

Advocacy

- How to judge appropriateness of schooling?
- What information to share?
- How best to share information between time-poor people?
- Recommending different schools – balance of gain for change?
- Behavioural support

Individual ASD Profile



Name: _____

Strengths, interests and characteristics

Increasing a person's quality of life, eg. happiness, goals & choices, freely given relationships, community participation & inclusion, will have a positive effect on the person, their family, and help reduce behaviours of concern.

ASD Features	Potential Difficulties	Environmental Strategies <i>Remember to use schedules, activity sequences and structure the environment.</i>
<u>Communication</u>		<u>Think visual and structure</u>
<u>Social relating</u>		<u>Think visual and structure</u>
<u>Restricted/repetitive behaviours or interests</u> <u>Sensory processing</u>		<u>Think visual and structure</u>
<u>Thinking and learning</u> <i>(Theory of Mind, Executive Functioning, Weak Central Coherence)</i>		<u>Think visual and structure</u>

Behaviour Response Planning

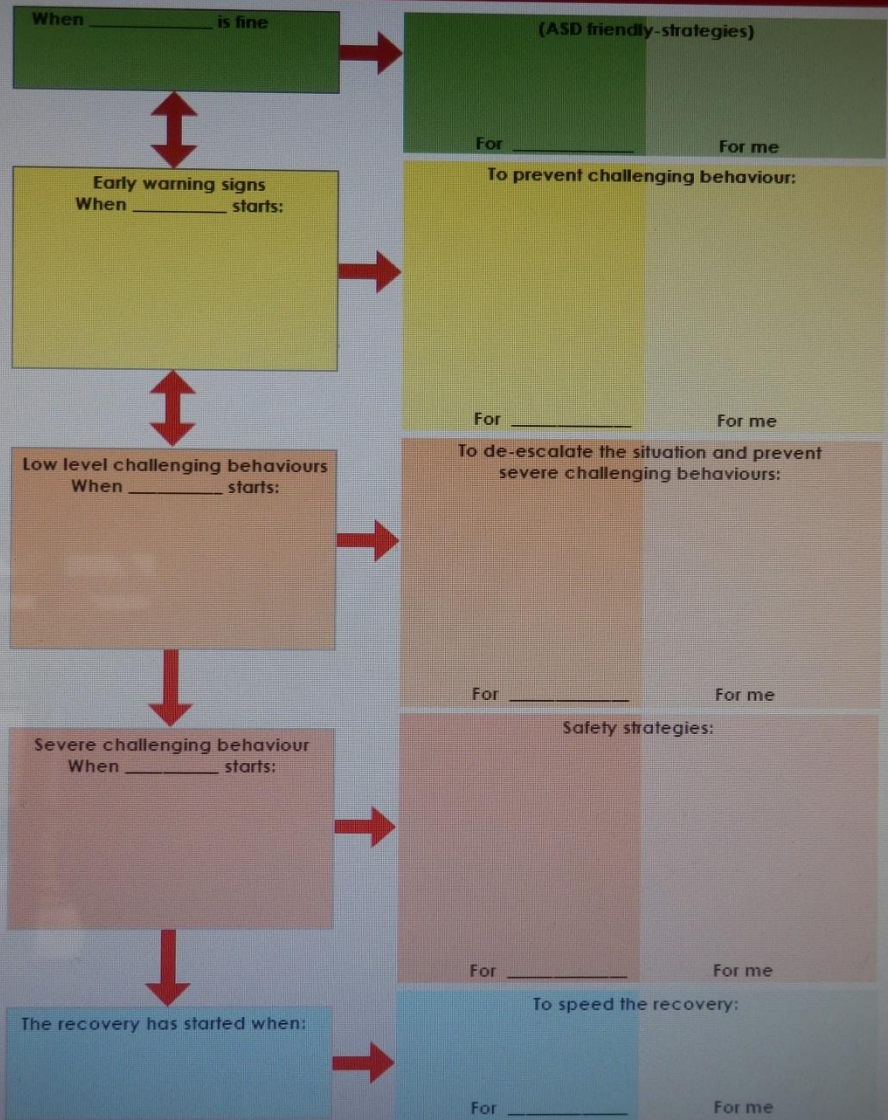


Table 75-1.
NPDC Identified evidence-based practices with descriptors

Evidence-Based Practice	Descriptor
Behavioral Strategies	
Prompting	Behaviorally based antecedent teaching strategy.
Reinforcement	Behaviorally based consequence teaching strategy.
Task analysis and chaining	Behaviorally based antecedent teaching strategy that breaks down steps and links them for prompting.
Time delay	Behaviorally based antecedent teaching strategy that promotes errorless learning.
Computer-aided instruction	The use of computers for varied instruction.
Discrete trial training (DTT)	One-to-one instructional strategy that teaches skills in a planned, controlled, and systematic manner.
Naturalistic interventions	A variety of strategies that closely resemble typical interactions and occur in natural settings, routines, and activities.
Parent-implemented interventions	Strategies that recognize and utilize parents as the most effective teachers of their children.
Peer-mediated instruction/intervention (PMII)	Strategies designed to increase social engagement by teaching peers to initiate and maintain interactions.
Picture Exchange Communication System (PECS) TM	A system for communicating that uses the physical handing over of pictures or symbols to initiate communicative functions.
Pivotal Response Training (PRT)	An approach that teaches the learner to seek out and respond to naturally occurring learning opportunities.
Positive Behavioral Support Strategies	
Functional Behavior Assessment (FBA)	A systematic approach for determining the underlying function or purpose of behavior.
Stimulus control/Environmental modification	The modification or manipulation of environmental aspects known to impact a learner's behavior.
Response interruption/redirection	The physical prevention or blocking of interfering behavior with redirection to more appropriate behavior.
Functional Communication Training (FCT)	A systematic practice of replacing inappropriate or ineffective behavior with more appropriate or effective behaviors that serve the same function.
Extinction	Behaviorally based strategy that withdraws or terminates the reinforcer of an interfering behavior to reduce or eliminate the behavior.
Differential Reinforcement (DRA/I/O/L)	Behaviorally based strategies that focus reinforcement on alternative, incompatible, other, or lower rates of the interfering behavior in order to replace it with more appropriate behavior.
Self-management	A method in which learners are taught to monitor, record data, report on, and reinforce their own behavior.
Social narratives	Written narratives that describe specific social situations in some detail and are aimed at helping individuals to adjust to the situation or adapt their behavior.
Social skills training groups	Small group instruction with a shared goal or outcome of learned social skills in which participants can learn, practice, and receive feedback.
Structured work systems	Visually and physically structured sequences that provide opportunities for learners to practice previously taught skills, concepts, or activities.
Video modeling	Utilizes assistive technology as the core component of instruction and allows for prerehearsal of the target behavior or skill via observation.
Visual Supports	Tools that enable a learner to independently track events and activities.
VOCA/Speech Generating Devices (SGD)	Electronic, portable devices used to teach learners communication skills and as a means of communication.

From Odom, S., Collet-Klinenberg, L., Rogers, S., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure, 54*, 275-282. Reproduced with permission.

Table 75-2.

NPDC EBP, X Learner outcome & age level matrix key

	Academics & Cognition			Behavior			Communication			Play		Social		Transition		
	E C	E L	M H	E C	E L	M H	E C	E L	M H	E C	E L	M H	E C	E L	M H	
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EC = Early Childhood, ages 0 to 5 years.
 EL = Elementary, ages 6 to 11 years.
 MH = Middle/High, ages 12 to 22 years.

Notes: Shading indicates that there is an evidence base for a specific practice.
 Colett-Klingenberg, L. & National Professional Development Center on ASD. (2009). *Matrix of evidence-based practice, outcomes, and age of participants with ASD*. Unpublished figure from presentation. Madison, WI: National Professional Development Center on ASD.