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Asperger's, Autism and ADHD

Definition of terms, practical strategies and recent legislation

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Asperger's Syndrome and Autism

Asperger's Syndrome is variant of autism. Children with Asperger's present different individual variations of the condition. No two children with the condition are the same. Although this guidance may help you to understand some of the key issues and practical strategies you will need to get to know the child well and adapt ideas accordingly.

Lorna Wing (Burgoine and Wing 1983) described the main clinical features of Asperger's Syndrome

- Lack of empathy
- Naïve, inappropriate, one sided interaction
- Little or no ability to form friendships
- Pedantic, repetitive speech
- Poor non-verbal communication
- Intense absorption in certain subjects
- Clumsy and ill co-ordinated movements and odd postures

Children who are diagnosed with Asperger's Syndrome, Autism (ASD) (and to some extent ADHD) view or interpret the world very differently. As a teacher you need to understand how their condition affects their perception and how it merges with their own personality traits. There are practical strategies you can adopt; they must be adjusted for the individual, implemented with empathy and have the flexibility to be adapted for different contexts. The strategies that you use for managing the behaviour of other children are still relevant here with certain aspects given more emphasis;

- Consistency and predictability– of lesson structure, intervention, response
- The adult's emotional control – don't take it personally even if the child appears to be rude, 'You have a spot on your nose' - their frankness may be result of their literal world
- Planned and controlled use of language (verbal, tonal and physical) - avoiding sarcasm, over exaggeration, imagery. Communication should be precise as it may be interpreted literally. 'It's raining cats and dogs' may mean exactly that to the autistic child.
- Modeling appropriate behaviour and basic routines/rules. Model for and with other children to show them how to communicate effectively. Model for the child with the condition to show them precisely the behaviours that you want.
- Encouraging positive friendships and helping the child to make and sustain positive relationships with other children

- Supervision of social time/break time – this can be where the child with Asperger's can feel out of their depth. Help by structuring play and supporting them in collaborative games
- Time out to release tension. Accepting that at times the control they exert over their behaviour may have built up tension that needs to be released.
- Routines, rules and rituals – visual (signs, symbols and language), chanted, consistently applied, ritual of praise and sanction
- Visual cues, visual support for learning
- Physical environment - size and division of space, level and range of noise (particularly unexpected noise)
- Preparation for changes to the normal routine

Practical Strategies and Ideas

- Taking care over transitions between activities – preparing the student for the transition in good time, establishing rituals for transitions, mapping the transition as a visual routine on the wall
- Help the child to make the connections between object and language by providing alternative questions e.g. 'Please shut the door' may get no response but 'Please close the door' may. Then linking the words 'shut' and 'close' with the child
- Have a clear visual plan of the lesson in the same place for the child to look at when s/he enters. Break the lesson down into chunks and use symbols or photographs so that the child knows what to expect e.g. 1. Sitting and listening 2. Singing 3. Writing 4. Sharing etc
- Explaining the sequence of a complex task. You might prepare for the arrival of the child by using the other children to model the routines on video or as a series of photographs (obviously seek the permission of parents first).
- Apply rewards and consequences calmly using tickets/post its/pictures – visual cues not simply verbal instructions

- Make a series of flashcards with clear symbols to show to the child if they are interrupting or shouting out at inappropriate times. Use a key ring to hold the cards and easily flip from one to the next.
- Chant the timetable with the whole class first thing every lesson.
- Give the child a 'time out' card that they can leave on your desk if they need to leave the room and release some tension. The card might say, 'I need to leave the room now, I am not being rude, I just need to take 5'. Again this card could be designed with symbols or using a photograph.
- Have a designated area for the child to spend time calming down in. this might be a special cushion or a table in a quiet corner of the room.
- Be aware of children misinterpreting body language, tone of voice, facial expression, gesture, intent.
- Use a picture dictionary to introduce new vocabulary, support learning with concrete materials.
- When necessary reduce your language to key words to emphasize the main message you are trying to convey. When you are delivering instructions try using a similar tone and the same key words each time.
- Frequently a pupil with ASD will be an excellent decoder of language, reading fluently and with ease and yet may not have comprehended what has been read. Check for understanding, help the child to bridge the gaps in comprehension, and give extra time to re read when necessary.
- Carefully choose pupils for paired activities and encourage turn taking, sharing responsibility for the task.
- Use mind maps to link ideas, timelines to show the passage of time
- Use the other children as models for appropriate behaviour. Ask the child to observe the other children and copy what they are doing.
- Encourage simple cooperative games.
- Model, for other children, how to relate to the child.
- Explain alternative means of seeking help, the child may consider that the teacher is the sole source of information and assistance.
- Encourage prospective friendships.

- Be aware of two characters – many children control their behaviour for a period of time and then can hold it down no longer
- Think carefully about activities that involve loud, unexpected attacks on the senses: loud noises, rowdy groups, bright lights, sudden movement

Gender differences, Male/Female, 4:1 Autism, 9:1 Asperger's

Key feature of autism...

The inability to generalize information from one context to another. For example the child learns to write his name with a blue pencil with Mrs Crane. When the same task is presented with a blue pencil the child does not recognise this pencil as the same 'tool' with the same function. Similarly if the task is re presented by Mr Wilde with different language the child considers this to be a new and different task. Skills are not generalized. As a teacher you need to generalize the familiar with the child – look at different pencils, shapes, sizes, with and without rubbers – what makes a pencil a pencil?

An exert from 'Taking Care of Behaviour' by Paul Dix (Pearson/Longman 2007). Some of the issues surrounding ADHD...

ADHD

There is much conflicting evidence about ADHD. Critics argue that it is a convenient label that gives a medical reason for poor behaviour, others point to the use of brain-imaging techniques that demonstrates that it has a biological basis. ADHD, which is also known as Attention Deficit Disorder (or ADD), hyperkinetic child syndrome, minimal brain damage, minimal brain dysfunction in children, minimal cerebral dysfunction and psycho-organic syndrome in children, is a remarkably non-specific disorder. The symptoms which characterise the disorder may include: a chronic history of a short attention span, distractibility, impulsivity and moderate to severe hyperactivity. Learning may or may not be impaired.

There is certainly little consistency in diagnosis, and moving between schools it is not unusual to find students with the same label demonstrating few similar symptoms or even similar behaviours. The truth is

that some parents will push for a diagnosis of ADHD in search of reason for a temporary period of poor behaviour, and some overworked doctors will submit to it too easily. However this does not negate the accurate and extremely worrying diagnosis for students who genuinely have a long term medical condition. The treatment for ADHD will, in part, necessitate a behavioural approach with home, school and external support agencies working in partnership. The other part of the treatment brings together a range of key issues that surround ADHD which are explored below

Prescription Drugs

When a child has been given a medical label it is possible to offer a treatment. Commonly, with Western medicine it will be one, such as a drug, which offers someone a profit.(messy sentence) The Amphetamine based drug Ritalin is widely used to counter the behavioural symptoms of ADHD and its use is extremely controversial.

In the US, doctors write 2,000,000 prescriptions for ADHD drugs for children every month and 1,000,000 for adults. In the UK, nobody knows how many people are on the drugs, which are licensed for children as young as six (although there are reports of them being given to children as young as three). In the UK, a total of 361,832 prescriptions were written last year for Ritalin and other drugs of the methylphenidate class, which averages 30,153 a month. – Guardian February 11th 2006

These figures are shocking and probably don't reflect the true number of students taking medication. If you could in parents who are by-passing their GP and buying them on the Internet, 'without prescription, by credit card, by overnight courier', the figures are bound to rise. This is in the context of rapidly increasing recorded prescriptions; in the past year, 42,832 prescriptions were made for Scottish children with ADHD, an annual increase of 11.7%. Figures from the Prescriptions Pricing Authority reveal that there has been a 180-fold increase in prescriptions since 1991 when only 2,000 were issued in England.

Children as young as six, whose brains are still developing are being prescribed mind altering drugs. In America there are documented cases of children as young as 15 months being prescribed Ritalin. Yet many doctors are concerned that Ritalin is being wrongly prescribed and used as a sticking plaster for a period of poor behaviour

'Ritalin does not correct biochemical imbalances – it causes them'

Peter R Breggin MD Director of the International Center for the Study of Psychiatry and Psychology and associate faculty member at The Johns Hopkins University

A child taking Ritalin might have more focused behaviour. But although that might mean less disruption in the classroom does it really help the child? And should we give a child a powerful and potentially hazardous drug because they it keeps him quiet? When children are prescribed strong medication it must be a cause of grave concern to everyone, when it is on this scale the search for preventative and alternative treatment takes on more urgency.

Practical Strategies for ADHD (in addition to those listed for ASD and Asperger's)

- Confronting the child's negative internal monologue with praise, positive reinforcement and carefully chosen language
- Adapting, individualizing, negotiating and contracting rules, rewards and sanctions
- Setting/agreeing short term targets
- 'Chunking' tasks into shorter pieces
- Softening the impact of high level sanctions by providing a positive model of the child's previous good behaviour
- Recording patterns of behaviour
- Adjusting the seating plan to find the best configuration for the child
- Using modeling to reflect back to the child how their behaviour is viewed by those looking on
- Allowing and encouraging more active approaches to learning
- Allowing the child to take regular breaks from the desk and table. Plan to use a variety of seating arrangements – in a circle on the floor, on cushions etc
- Reinforcing the rules and rituals before beginning an activity
- Reducing teacher talk time

When child is presented with a special educational need and/or a disability there are steps that you can take to improve their chances of successful start to learning

1. Asking for precise information

From the parent/carer, find out what works well at home and what doesn't, link into key signs/language that are used in the home

2. Seek advice from those who already work with the child.

With the permission of the parents contact the school/institution who has previously had responsibility for educating the child and ask for the strategies that are working well. Don't forget to seek advice on the physical environment that suits the child best.

3. Preparing and planning to successfully teach the child

Examine strategies that will work well for the child with special needs and consider adopting them for the whole group. For example a visual timetable is invaluable for the child with Asperger's but can be a good way for everyone to begin the session and for the teacher to structure expectations.

4. Keeping parents informed of progress, nurturing a positive relationship

Let the parents know that you are committed to enabling all children to achieve, send positive notes home when things are going well, give specific feedback when things go well, ask for advice and share concerns when problems arise.

5. Monitoring and evaluating the success of your own practice

6. Being aware of your legal responsibilities

See 'Legislation' below

Legislation

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purposes of the Act:

- substantial means neither minor nor trivial

- long term means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping
- a normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory

Some conditions such as a tendency to set fires and hay fever, are specifically excluded.

Provisions allow for people with a past disability to be covered by the scope of the Act. There are also additional provisions relating to people with progressive conditions.

The DDA 2005 amends the definition of disability, removing the requirement that a mental illness should be 'clinically well-recognised'.

Children who have a 'Statement of Education Needs' are covered by the act as are children who have been diagnosed with ASD, Asperger's, ADHD. Children who are on the Special Needs Register at school as EBD (Emotional and Behavioural Difficulties) or with learning difficulties may also be covered.