



Autism (ASD) Masterclass

Module 1: Understanding ASD in Children

- What is autism?
- Anxiety and autism – techniques for self calming
- Understanding sensory difficulties
- Stimming
- Support strategies to help a child during a meltdown
- Quiz and live Q&A

Director of Learning: Donna Bouzaid, Safe for Children
Facilitator: Lynne Hansen, Altogether Autism

Brought to you by Safe for Children®
Equipping you to protect our kids™



What does ASD stand for?

- Autism?
- Spectrum?
- Disorder?



Autism Spectrum Disorder- umbrella term

- Groups all representations of autism under one diagnosis, using the DSM5 guidelines
- Lifelong condition people do not grow out of it and there is no cure.
- Due to the wide range and severity of difficulties it is known as a spectrum disorder, some individuals display typical language abilities and intelligence whilst others may have speech delays/cognition.

Autism is not linear!

- Autism does not extend or progress from one stage to another and you are not very autistic or a little autistic, mild moderate or severe.
- MYTH – you are nonverbal therefore you must be very autistic.
- Many people in the autistic community value aspects of autism and do not consider it a disability just a different way of viewing the world in which they process and interpret information their brain receives differently.

Criteria for diagnosis of ASD

**Social communication
and
Social interaction**

**Restricted and
repetitive
thinking and behaviour**

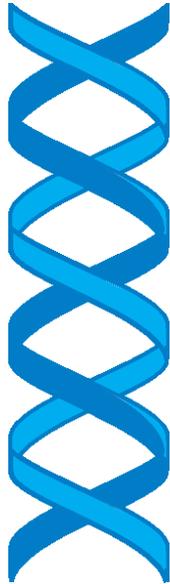
Sensory

Difficulties include:

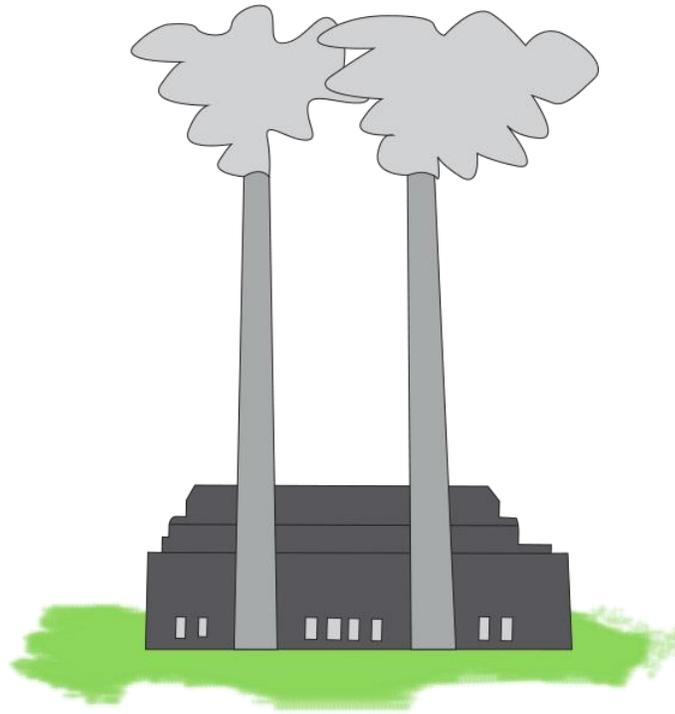
- Understand and use verbal and nonverbal language and communication
- Understand social behaviour effecting social interactions
- To think and behave flexibly often known as black and white thinkers
- Difficulties are often accommodated with sensory sensitivities
- Difficulties are rated using a severity rating using a level 1 - 3

Causes of Autism

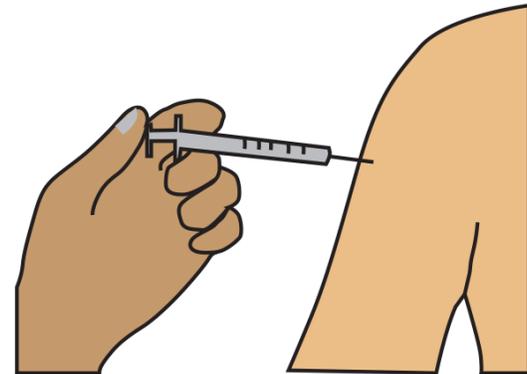
Genetics likely – seems to run in families



Environmental unlikely



Not vaccinations, trauma or parenting



Prevalence

- 1 in 60 - 2018 - in New Zealand (Statistics NZ – conservative)
- Knows no boundaries – presents in all racial and socioeconomic groups.
- Was thought 4.5 times more common in boys than girls, however girls go largely undiagnosed or misdiagnosed due to their more subtle differences and being able to mask their social deficits particularly if they appear can express themselves and appear capable, or misdiagnosed.

Increased prevalence? Increased awareness? Something else? The increased prevalence we feel is due to better early identification better diagnostic tools, under one umbrella ASD.

Common Autism Characteristics

“If you’ve met
one person with
autism, you’ve
met one person
with autism.”

Dr Stephen
Shore

Person centred approach

- Each autistic person has different levels of ability and different levels of difficulty despite their being common characteristics.
- It is our job to take the time to understand each person and accommodate their individual needs where it is a person-centred approach looking at the world from their point of view and what is important to them.

Spoken language

- Language difficulties can make effective communication difficult and communicating their needs and wants or conveying their thoughts and feelings.
- Alternative methods of communication is encouraged with the use of PECS, or visual prompts or assisted technology.
- Spoken language difficulties can result in lack of effective support and needs going unmet

Making sense of it all!

- Language difficulties can exist in the interpretation of spoken or non spoken language (facial expressions, body language).
- Interpret language literally or misinterpret language whilst missing the intentions or expectations of others.
- Our instructions, responses, communication and language, needs to be clear concise factual directed to our autistic person gaining attention first (use of visuals).

Making sense of social interactions!

Difficulties include:

- Hard to read people, social situations, engage appropriately, reciprocate conversation or follow the natural flow of the interaction or conversation
- May misinterpret or misread the social interaction or situation and respond inappropriately
- May find it hard to join an established conversation or group activity or make sense of it all as this requires an ability to read body language.

Preference for rituals and routines!

- We need to support our autistic people in their preference for rigid routines and rituals and need for sameness.
- This is a need it does serve a purpose, it provides predictability helps to reduce anxiety provoking situations, making some environments more tolerable.
- Individuals can obsess about their rituals and their pursuit of specific or narrow interests.
- Individuals may become overwhelmed or react if their NEED for their routines or rituals go unsupported

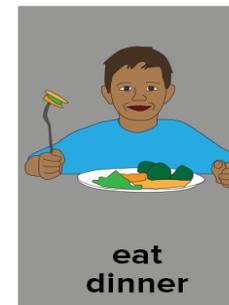
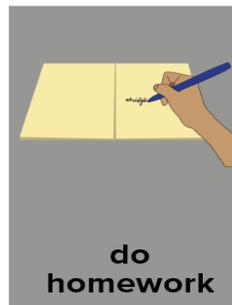
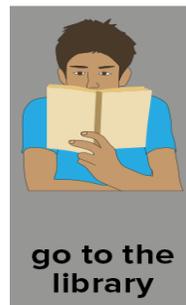
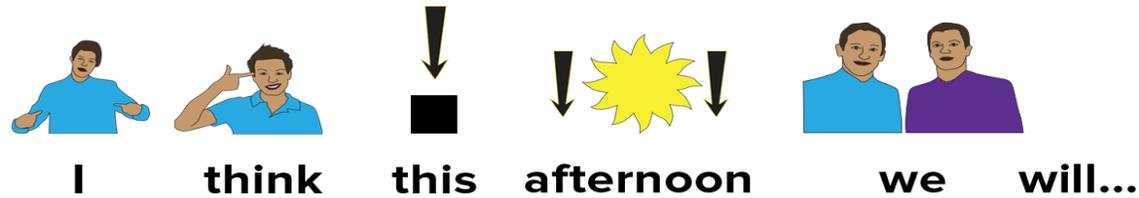
Executive Functioning Difficulties

- Organising
- Planning
- Sequencing thinking
- Problem solving
- Attention or shared attention
- Working memory
- Verbal reasoning – or internal dialogue
- Self regulation (co regulation is needed)
- Cognitive flexibility
- Initiation of Actions – (co initiation support is needed)

Autistic people often do not have good executive functioning skills. This means that managing their lives, being organised, coping with change and initiating actions are difficult.

Executive Functioning and Organisation

Challenges	Strategies
Planning	<ul style="list-style-type: none">• Use visual planners• Use routines



Executive Functioning and Organisation

Challenges	Strategies
Problem solving – Not a natural skill (co problem solving is required)	<ul style="list-style-type: none">• Teach a 'Plan B'• Teach how to ask for help• Give additional support when plans change – SCRIPTING!!



Executive Functioning and Organisation

Challenges	Strategies
Working memory	<ul style="list-style-type: none">• Give one step instructions• Give written instructions rather than verbal

How to Make Lemonade



Executive Functioning and Regulation

Challenges	Strategies
Initiation of actions	<ul style="list-style-type: none">• Use routines• Give reminders and preposition before the new task needs to begin• Offer diversions when stuck

Executive Functioning and Regulation

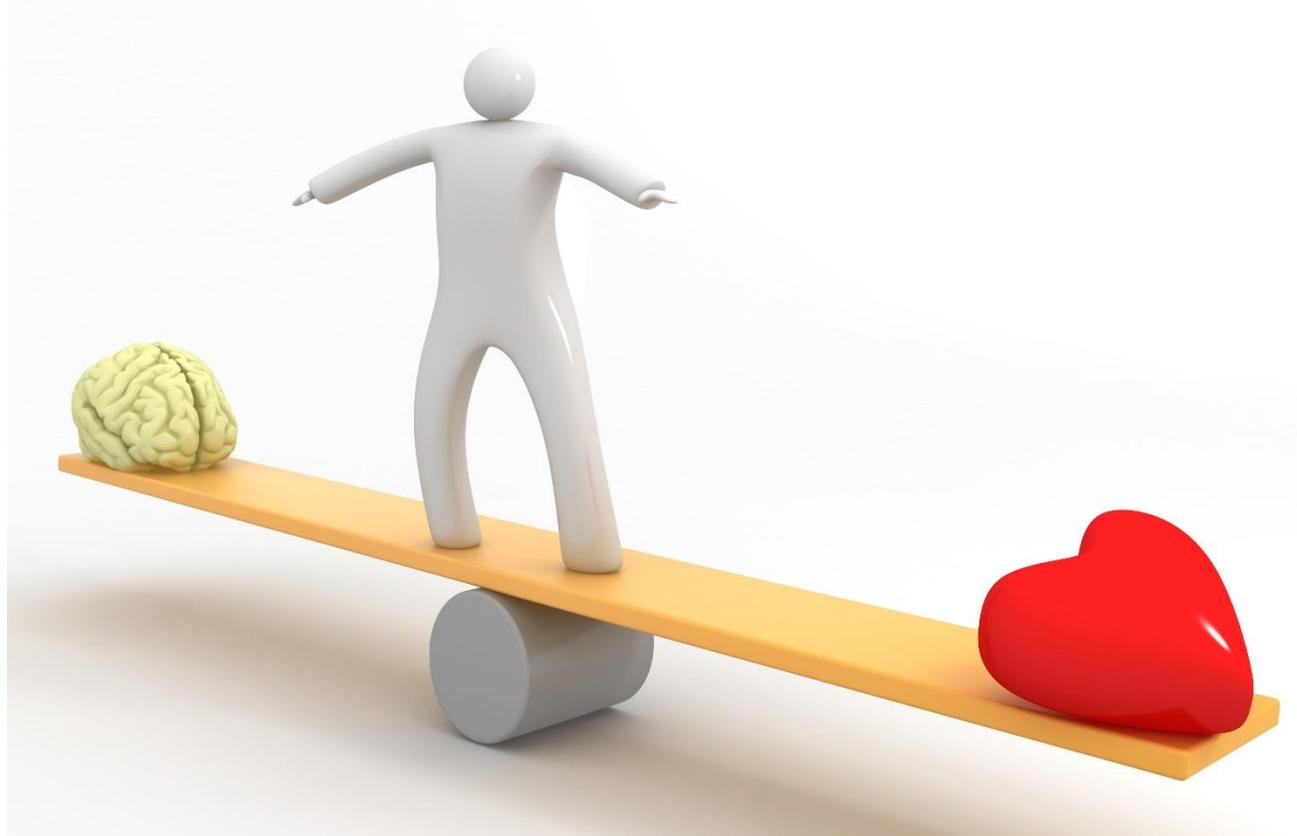
Challenges	Strategies
Monitoring of actions and emotions	<ul style="list-style-type: none">• Use role plays and perspective taking activities• Teach an understanding of the physical markers of emotions

What is Theory of Mind?

Theory of Mind is the ability to understand and react to another person's thoughts, emotions and intentions.



Theory of Mind and Empathy



Cognitive empathy or emotional empathy:
autistic people have challenges with cognitive empathy
but are often emotionally hyper-empathetic.

Sensory sensitivities

Many people with autism have difficulty processing sensory information. This can be called sensory processing difficulties or sensory sensitivity.

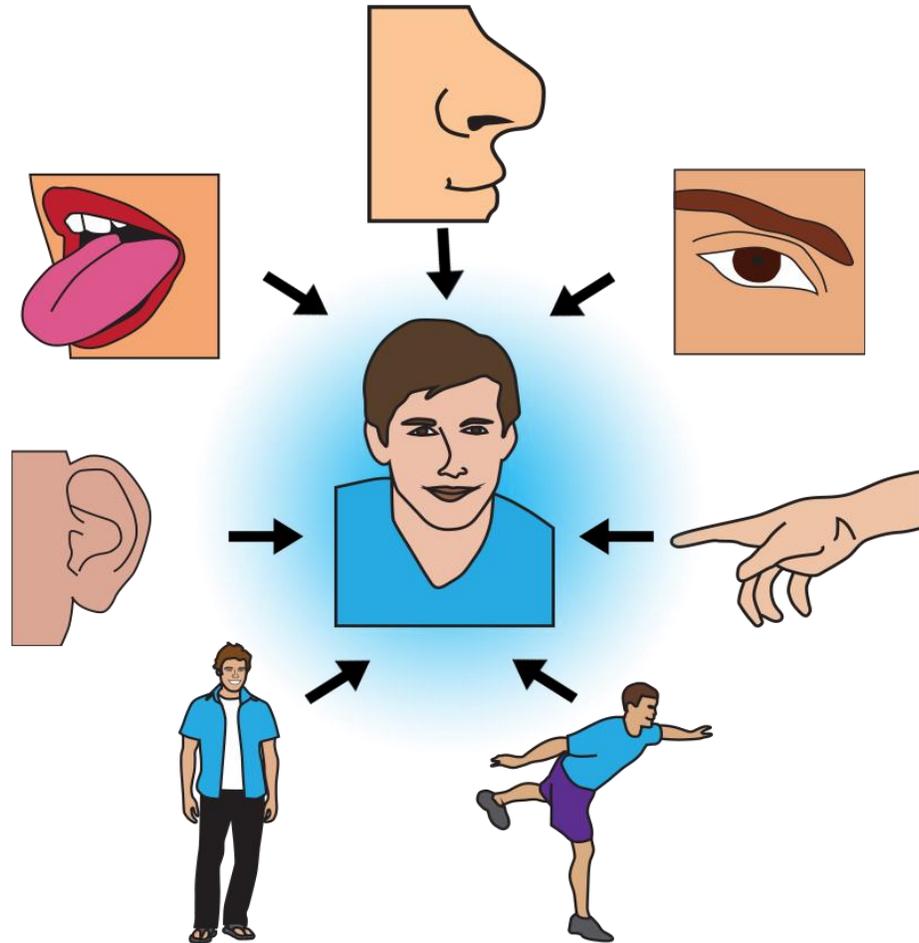
Everyday we are exposed to many sensory experiences that comes to us through our senses, car horns, people talking, air conditioning, clothing and textures, perfumes etc. Most of us are able to tune out the things that are irrelevant to what we are currently engaged in and tune into the things we need to in order to be able to navigate and respond to our environment.

People on the spectrum find it difficult to block out certain sensory input.

The eight Senses

Hyposensitive
(seeking)

Hypersensitive
(avoiding)

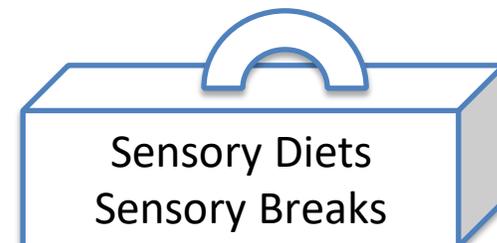


Sensory Sensitivity

Hyposensitive	Hypersensitive
Use of sensory tools Allow for sensory input, identify what might that look like for the child or young person.	Avoid exposure to stimuli where possible. Provide sensory (buffer) breaks. Know what environments cause hypersensitivity – maybe lighting

Hyposensitive
(seeking/needs more)

Hypersensitive
(avoiding/needs less)



sensual touch

thirst

temperature

INTEROCEPTION

PAIN

hunger

itch

breathlessness

Interoception

Internal body signals or conscious perception of internal body cues.

Interoception allows us to know when we are hot, cold hungry, thirsty, anxious, excited, overwhelmed, need toileting.

Interoception-sensitivities to sensations within our bodies.

It is hard for autistic children to read their internal signals.



I don't like to brush my teeth

I can be sensitive to loud sounds

I don't like to brush, wash or cut my hair

I don't like bright lights

Some smells really bother me

I like to smell people and objects sometimes

I am a picky eater

I don't like tags on my clothes

I can be clumsy and fall over things sometimes

I don't like to wear clothes

I have poor gross motor skills

I enjoy being squeezed, I like pressure

Sometimes I don't like to be touched

I don't want my hands dirty

I have poor fine motor skills

I like wearing the same clothes

I get overstimulated and meltdown

I get fearful and anxious sometimes

I lose my balance

I overreact to minor scrapes and cuts

I crave fast spinning

I cling to adults I trust

Poor body awareness

I sometimes walk on my toes

Creating a Sensory Profile

**Hypersensitive
(avoiding)**



**Hyposensitive
(seeking)**

	Hypersensitive (avoiding)	Hyposensitive (seeking)
Touch	Can't tolerate new clothes/certain fabrics	Low reaction to pain/temperature
Sound	Covers ears	Likes loud music, crowds and traffic
Vision	Avoids direct eye contact	Fascination with patterns, spinning objects
Taste	Avoids any new food opportunities	Licks non food items
Smell	Withdraws from certain odours	Sniffs everything
Movement/Balance	Does not like to be knocked or rough play	Swinging, rocking, spinning
Body/Spatial Awareness	Can appear to have low muscle tone and be clumsy	Enjoys jumping and push/pull activities

Stimming

Also known as self-stimulatory behaviour.

Stimming can be:

- Repetitive body movements.
- Repetitive movement of objects.
- Repetitive noises or sounds

Why might people stim?

- For sensory stimulation
- To reduce sensory input
- **A coping mechanism for stress and anxiety**
- A source of enjoyment



Things to remember about stimming

- Stims serve a purpose – if it is safe allow the child to stim, its their coping mechanism
- Teach about private and public stims
- Ensure stims will be appropriate at any age
- Stigmatisation – does this matter?

Autism and Anxiety

- 75% of children and 50% of adults with autism experience intense anxiety
- These people could be diagnosed with an anxiety disorder as well as ASD, sadly many are medicated
- Anxiety can look very similar to autism, but it is not the same

What does anxiety look like?

- Avoidance of new situations
- Preference for sameness
- Rigidity – inflexible thinking
- Withdrawal (physical or emotional)
- Anger (hitting, kicking, complaining)
- Agitation and meltdowns
- Repetitive noises, movements

Strategies for Anxiety

- Understand the anxiety
- Plan prepare and preposition (but allow for more processing time)
- No surprises – offer a plan B
- Recognise the child's signs
- Reduce anxiety-provoking situations
- Teach self-calming strategies
- Grow strengths and talent
- Limit choices (this or that)
- Break cards (co-support)
- Sensory boxes

Understanding Behaviour

- All behaviour has a reason there is always a why!
- Behaviour can be related to the environment
- Behaviour can be affected by physical and/or emotional states
- Behaviour can be influenced by broader life issues such as puberty, mental health, illness
- Behaviour changes as we mature and develop new skills

Understanding Behaviour

Purpose: behaviour allows people to get their needs met – e.g. gain attention or items, avoid something.

Environment: certain conditions help people to perform at their best (such as positive support, praise, **knowing what is expected**). also can have a negative impact (e.g. noisy, busy, flashing lights etc)

Physical and Emotional conditions: When people are tired, hungry, upset, uncomfortable they can behave in unusual ways. Less tolerant to other things.

Broader life issues: things beyond what is occurring right now can influence how we think and act - e.g. an argument with a friend earlier in the day, changes occurring in the home, school etc.

A person with limited communication skills who has an ear infection may be in pain and not know how to express this except through behaviour.

Meltdown or Tantrum

TANTRUM

- Driven by a want or a goal
- Will check if you are watching
- Aware of surroundings
- In control of behaviours
 - Will stop when the person gets their way
 - Won't hurt

MELTDOWN

- Overwhelmed
- Loss of control
- Unaware of own safety and surroundings. Could hurt themselves
- Trying to escape or withdraw
- A medical event not a behaviour

Meltdowns!

- Meltdowns are not Behavioural, and not deliberate!
- It is not intentional or oppositional
- There is always a build up stressor or trigger
- Meltdowns are involuntary and different for everyone
- Autistic people who experience meltdowns are not in control nor can they make decisions or communicate
- Autistic people often have a lower tolerance level

Build Up Strategies

- Intervene early at the trigger and agitation stage
- Introduce a break, direct to a preferred activity
- Redirect to a safe preferred space, (co agreed)
- Provide a safe cool down, space give.
- Provide a physical outlet – bouncing on the tramp, squeezing a stress ball, tearing up paper, go for a walk.
- Remain calm and quiet – be aware of body posture and tone of voice, remain nearby but don't necessarily touch them.
- Check physical needs -too hot/cold? hungry/thirsty? toilet?
- Walk don't talk – go for a walk or silently sit or play alongside the child but do not ask questions or comment on behaviour
- Redirect using interests or routine to get back on track

Meltdown Strategies

- Be mindful of safety
- Take the telling out of your voice
- Use as few words as possible,
- Use a clear concise intentional tone (kind)
- Protect dignity/mana of the child
- Prompt the child to their safe space
- Have an exit strategy or plan
- Don't go into battle, use positive language

Recovery Strategies

Five Rs

- Relax
- Reconnect
- Reflect
- Recharge
- Re-prepare

ASD Friendly Zones

Safe spaces

- Provide calm or relaxation spots
- Down time is okay use special interest
- Assess the environment to meet sensory needs
- Use sensory profile
- Schedule buffer breaks
- Use movement activities
- Provide space and time
- Establish flexibility

BOOKS & RESOURCES

- MANAGING THE CYLCE OF MELTDOWNS FOR STUDENTS WITH AUSTIM SPECTRUM DISORDER - *Geoff Colvin and Martin R Sheehan*
- BUILDING SENSORY FRIENDLY CLASSROOMS - *Rebecca Moyes*
- EDUCATING AND SUPPORTING GIRLS WITH ASPERGERS AND AUTISM - *Victoria Honeybourne with foreword by Professor Tony Attwood*

Trusted* autism
information
and advice
in New Zealand





Thank you!

www.safeforchildren.co.nz/online-training

Phone: (0800) SAFE 4 KIDS

Donna: (027) 5920533

Brought to you by Safe for Children®
Equipping you to protect our kids™