COLUMBUS
SCHOOL & COLLEGE

Autism

with Malcolm Reeve

Objectives

1. To feel more informed about both the historical and modern researchers which attempt to define what Autism is.
2. To look at the most appropriate ways in which we should communicate with a person who has Autism and make it applicable into our day to day practice.

What is Autism?

Basic Facts

- **Autism is a life long developmental disorder.**
- **Autism is a neurological disorder.**
- **Latest estimates from The National Autistic Society suggest that there are as many as 500,000 people who have an Autistic Spectrum Disorder in the UK.**
- **At Columbus there are 52 pupils who either have an Autistic Spectrum Disorder or who are described as having Autistic tendencies.**

Dr Leo Kanner

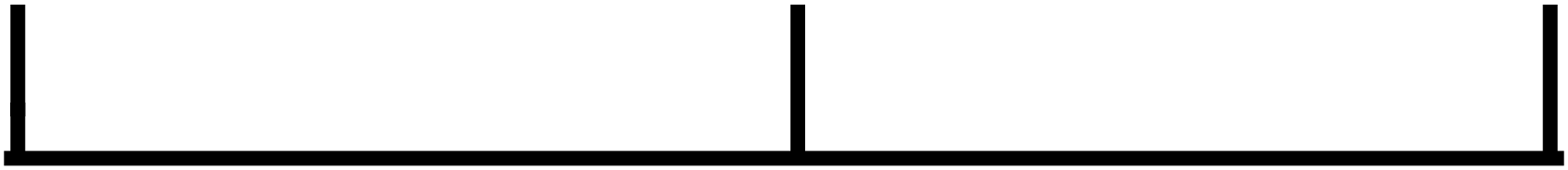
“He seems to be self-satisfied. He has no apparent affection when petted. He does not observe the fact that anyone comes or goes, and never seems glad to see father or mother or any playmate. He seems almost to draw into his shell and live within himself.”

Kanner, 1943, ‘Autistic Disturbances of Affective Contact”

Dr Hans Asperger

In 1943 he carried out a study of 200 families with children who were similar to the children Kanner was observing except that they appeared not to have the severe language delays

Autistic Spectrum Disorder



Severely Autistic

Moderate Autistic

Mild Autism

Dr Leo Kanner

Dr Hans Asperger

Related Conditions

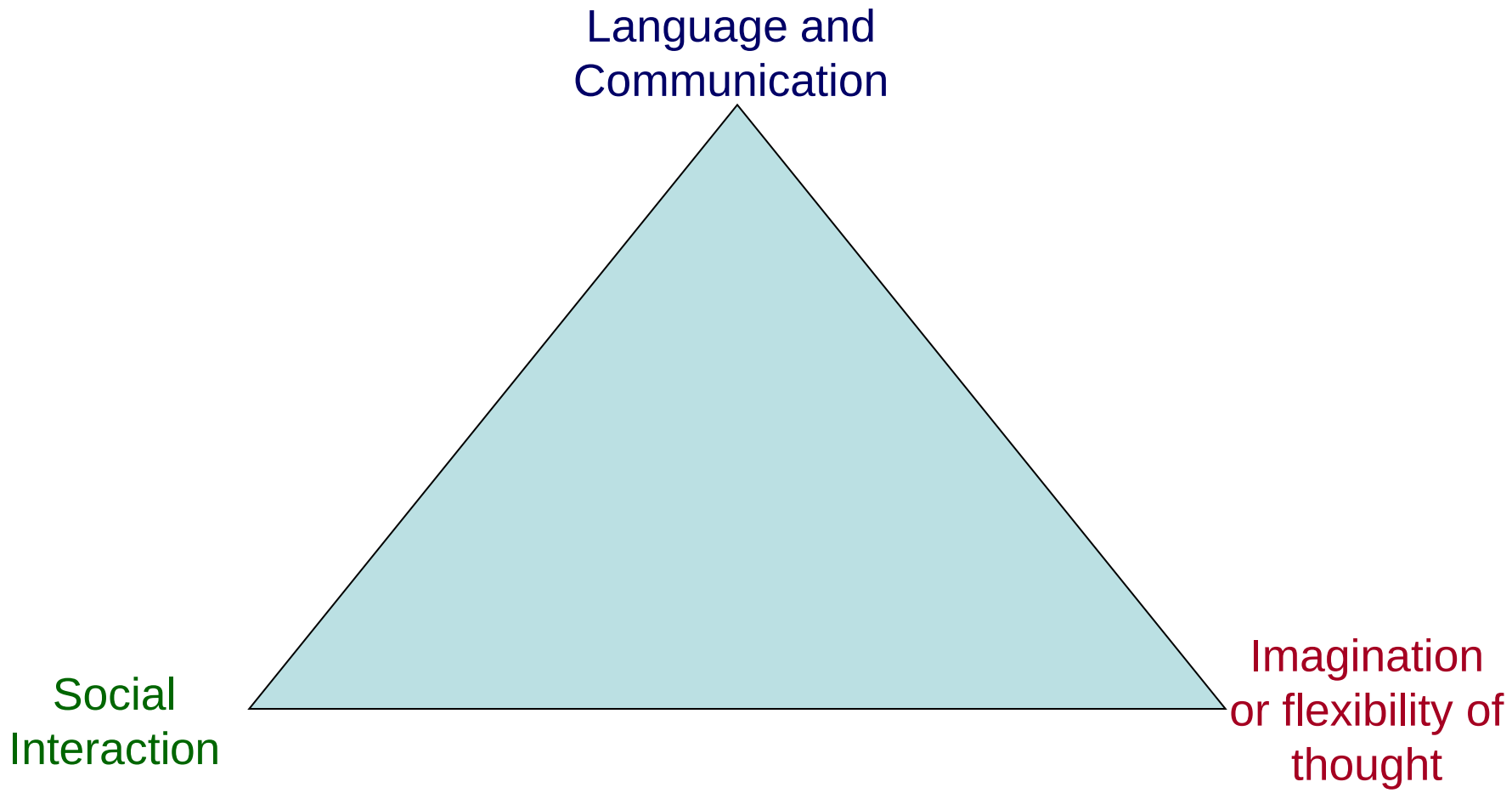
- Attention Deficit Hyperactivity Disorder
- Dyslexia
- Epilepsy
- Developmental Delay
- Sensory sensitivities
- Dyspraxia
- Pathological Demand Avoidance Syndrome.
- Rett Syndrome

Autistic Spectrum Disorder

Severe Moderate Light

Shore, 2006

The Triad of Impairment



Wing & Gould, 1979

Social Interaction

Social Interaction:
The unwritten rules of communicating

A neurotypical person should;

- take turns, passing the conversation back and forth,
- Wait, look and listen in anticipation for a response,
- stand a distance apart from one another appropriate to the content of the conversation,
- you choose appropriate content determined by where you are and who you're with.

Social Interaction:

The unwritten rules of communicating

A person with Autism;

- may not take turns, continually fires information at you and interrupt,
- may stand too close or too far away talk too loud or too soft,
- may start inappropriate conversations.

Social Interaction

Unwritten social rules are all the things your
rarely explicitly taught but often
the ones that will get you in the most trouble
if you get them wrong.

Imagination

Imagination

People with Autism may have difficulties with;

- understanding and interpreting other people's thoughts, feelings and actions,
- predicting what will happen next, or what *could* happen next,
- understanding the concept of danger, for example that running on to a busy road poses a threat to them,
- engaging in imaginative play and activities: children with autism may enjoy some imaginative play but prefer to act out the same scenes each time,
- preparing for changes to routines and plans.

Language and Communication

Communication – Things that a person with Autism may find difficult:

Facial Expressions

Facial muscles pull the skin and tissues, temporarily distorting the shape of the eyes, brows, and lips, and the appearance of folds, furrows and bulges in different patches of skin. The changes in facial muscular activity typically are brief, lasting a few seconds; rarely do they endure more than five seconds or less than 250 ms

Hager & Ekman, 2008

Communication – Things that a person with Autism may find difficult:

Paralanguage

The "how" something is said is referred to as paralanguage, which includes intonation, emphasis, word and syllable stress, pitch and volume. These are non-verbal (but tied to the voice) characteristics. They strongly affect how something is extracted by the other person, and how we interpret the words. They provide an additional context, and a very important one.

Paralanguage

“Yes, I really want to talk to you about that”

- Desired outcome of the **literal delivery** is for the other person to come and talk to you about a particular topic.

- Desired outcome of the **sarcastic delivery** is to make the person aware that you really don’t want to talk to them about a particular topic.

- Desired outcome of an **aggressive delivery** is for the other person to come and talk to you about a particular topic and to be aware that you aren’t happy with them.

Communication – Things that a person with Autism may find difficult:

Figures of Speech

Analysis

Verbal Communication

“Now come on Wizzy you’re being a silly girl. I’ll turn that computer off for good, you’ve still got to come and finish your work. Look, turn it off now. Look your being a really silly girl now Izzy come and finish your work”.

Analysis of Communication

Non Verbal Communication

Hands on hips as an attempt to signify authority and added intent in the delivery.

Poke on the shoulder as an attempt to make her pay attention.

Paralanguage

Substantial use of paralanguage to add authority and intent on the demand.

Analysis

Verbal Communication

Izzy, computer has finished, its time to sit and do your work.

Nonverbal communication

• Signed *'I'* for Isobel and *'finished' to provide additional opportunities for Isobel to understand and process the request.*.

• Used gestures to show Isobel where it was she wanted her to complete her work

Paralanguage

• Minimal use of intonation, emphasis, word and syllable stress, pitch and volume.

Sensory Sensitivities

Smell (Olfactory) System

- Processed through chemical receptors in the nose, this tells us about smells in our immediate environment.

Smell (Olfactory) System

Hypo

• some individuals have no sense of smell and fail to notice extreme odours

• some people may lick things.

Strategies -

• use strong-smelling products as rewards and to distract them from possibly inappropriate strong-smelling stimuli (faeces).

Hyper

• smells can be intensified and overpowering

• toileting problems

• dislike of individuals with distinctive perfumes, shampoos, etc.

Strategies –

• use unscented detergents or shampoos, refrain from wearing perfumes, make environment as fragrance free as possible.

Sight (Visual) System

- Situated in the retina of the eye and activated by light, our sight helps us to define objects, people, colours, contrast and spatial boundaries.

Sight (Visual) System

Hypo

• may see things darker, lose features, lines

• for some they may concentrate on peripheral vision because their central vision is blurred; others say that a main object is magnified and things on the periphery become blurred

• poor depth perception - problems with throwing and catching, clumsiness.

Strategies

• increase the use of visual cues.

Hyper

• distorted vision occurs and objects and bright lights can jump around

• fragmentation of images, as a consequence of too many sources

• focusing on particular detail (sand grains) more pleasurable than looking at something as a whole.

Strategies

• reduce fluorescent lighting by using deep-coloured light bulbs instead sunglasses

• create a work station in the classroom: a space or desk with high walls or divides on both sides to block out visual distractions from the front and sides

• use blackout curtains.

Touch (Tactile) System

- Situated on the skin, the largest organ of the body, it relates to touch, type of pressure, level of pain and helps us distinguish temperature (hot and cold).Touch is a significant component in social development. It helps us to assess the environment we are in and enables us to react accordingly.

Touch (Tactile) System

Hypo

• has high pain threshold - temperature/pain
self-harming
• enjoys heavy objects on top of them.
Strategies
•weighted blanket/jackets
• sleeping bags.
• massage

Hyper

• touch can be painful and uncomfortable and they will often withdraw from aspects of touch.
• dislike of having anything on hands or feet
• difficulties in brushing and washing hair
• only likes certain types of clothing or textures.
Strategies
• warn the child if you are about to touch him or her; always approach him or her from the front
• gradually introduce different textures - have a box of materials available
• allow the individual to complete the activities themselves, enabling them to regulate their sensitivity (eg, hair brushing and washing).

Hearing (Auditory) System

- Situated in the inner ear, this informs us about sounds in the environment. It is the most commonly recognised aspect of sensory impairment.

Hearing (Auditory) System

Hypo

• sounds may only be heard with one ear, the other ear either only having partial hearing or none at all
• the person may not acknowledge particular sounds
• enjoys crowded noisy places, kitchens, bangs doors and objects.

Strategies

• use visual cues to back up verbal information.

Hyper

• volume of noise can be magnified and surrounding sounds distorted and muddled
• inability to cut out particular sounds - difficulties concentrating
• they may have a lower hearing threshold, which makes them particularly sensitive to auditory stimuli, for example hearing conversations in the distance.

Strategies

• shut doors and windows - to reduce the external sounds they have to deal with prepare them before they go to a noisy place or crowded situations
• ear plugs
• Walkman
• create a work station.

Taste (Gustatory) System

- Processed through chemical receptors in the tongue tells us about different tastes - sweet, sour, bitter, salty and spicy.

Taste (Gustatory) System

Hypo

- likes very spicy foods
- eats everything - soil, grass, materials.

Hyper

- some flavours and foods are too strong and overpowering for them
- certain textures also cause discomfort; some children will only eat smooth foods such as mashed potatoes or ice-cream.

Body Awareness (Proprioception)

- Situated in the muscles and joints, our body awareness system tells us where our bodies are. It also informs us where our body parts are and how they are moving.

Body Awareness (Proprioception)

Hypo

• proximity - standing too close to others/not understanding personal body space navigating rooms - avoiding obstructions
• bumping into people.

Strategies -

• position furniture around the edge of the room to make navigation easier
• put coloured tape on the floor to indicate boundaries
• use the arm's-length rule

Hyper

• difficulties with fine motor skills, manipulating small objects (buttons, tying shoe laces)
• moves whole body to look at something.

Strategies –

• threading activities
• lace boards

Balance (Vestibular) System

- Situated in the inner ear, this provides information on where our body is in space and its speed, direction and movement, all in relation to the pull of gravity.

Balance (Vestibular) System

Hypo

• the need for rocking, swinging, spinning.

Strategies –

• encourage activities which help them develop their vestibular system - rocking horse, swing, roundabout and see-saws.

Hyper

• difficulties in activities which include movement, such as sport

• difficulties in stopping quickly or during an activity

• car sickness

• difficulties with activities where the head is not in an upright position, or where feet are off the ground.

Strategies –

• break down activities into small steps, use visual cues such as a finish line or prompts.

Objectives

1. To feel more informed about both the historical and modern researchers which attempt to define what Autism is.
2. To look at the most appropriate ways in which we should communicate with a person who has Autism and make it applicable into our day to day practice.

Important Issues

- Use of the environment.
- Use of visual forms of communication.
- Classroom Routine and Transitions.