

POSITION STATEMENT ON APPROACHES TO INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE WITH A DIAGNOSIS OF AUTISM

1 Introduction

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. Individuals with a diagnosis of autism vary a great deal, however, they all share the two 'core' features of autism:

- Persistent difficulties with social communication and social interaction. For example, they may find it hard to begin or carry on a conversation, they may not understand social rules such as how far to stand from somebody else, or they may find it difficult to make and/or sustain friendships.
- Restricted, repetitive patterns of behaviour, interests, or activities. For example, they may develop an overwhelming interest in something, they may follow inflexible routines, rituals, or hold very inflexible views about things, people or groups of people, they may make repetitive body movements, or they may be over or understimulated by their senses.

In Haringey, we are guided by the NICE clinical guideline, “Autism spectrum disorder in under 19s: support and management” and the National Autistic Society (NAS) recommendations. While there is no “cure” for autism, there are a range of strategies, techniques and therapies that can improve the lives of people with autism. Research Autism, is an independent, non-profit making charitable trust set up to undertake research into autism interventions. It provides an objective evaluation of the scientific evidence behind the most commonly used interventions. In a guidance paper by Richard Mills (Research Director, Research Autism), he states that research into the many different types of interventions shows that ‘while some interventions do appear to help at least some individuals with autism....there is ‘no one-size fits all’ solution. As a result, the most appropriate approaches to use with children and young people with autism will depend on many factors.

The NAS states ‘within this, we have to remember the uniqueness of each person and to celebrate their individuality and difference’. As such, approaches or a combination of approaches should be based on the individual needs of each child. They should be ‘positive, build on people’s strengths and help discover their potential, increase motivation, provide opportunity’ and aim to further the holistic development of the child to assist them in fulfilling their potential and provide a ‘good quality of life’.

2 Autism advisory services in Haringey

The NAS does not endorse any one specific teaching approach. It has developed a framework for understanding and responding to autism, which can also serve as a means for problem solving and choosing approaches specifically suited to an individual, eg TEACCH, Attention Autism and PECS. The framework is called SPELL and is based on research and direct experience of working with autistic children and adults, consultation with colleagues around the world and with autistic people and their families.

SPELL stands for **S**tructure, **P**ositive approaches and expectations, **E**mpathy, **L**ow arousal, **L**inks. It recognises the individual and unique needs of each child and adult and can also serve as a means for planning and intervention.

Structure makes the world a more predictable, accessible and safer place. It can aid personal autonomy and independence by reducing dependence on others, e.g. through prompting. Visual information can support children and young people with autism to help predict events and organise their time and expectations. This will help to reduce stress and anxiety as they have a better understanding of what is going to happen and what is expected of them.

Positive approaches and expectations help to establish and reinforce self-confidence and self-esteem by building on child or young person's natural strengths, interest and abilities.

Empathy is a key ingredient of working with children and young people with autism. The ability to see the world from the perspective of child or young person with autism enables those relating to them to identify their interests and understand what motivates or distresses them. This understanding of the child or young person is instrumental in supporting them to develop this skill for themselves.

Low arousal should not be confused with no arousal. The environment needs to be calm and ordered to reduce anxiety and aid concentration. It is desirable that children and young people with autism are exposed to a wide range of experiences but this needs to be done in a planned and sensitive way. Many children and young people with autism seek out sensory experiences. This is best managed with an approach where the sensory input can be regulated.

Links between the child, young person, their family and the community is important to ensure a consistent approach.

One of the benefits of using this framework is that by drawing on a range of approaches it makes sure that the fundamentals of what a child needs in a range of contexts, eg in a 1:1 settings, small groups and in the whole classroom are highlighted and learning can be generalised to all situations. More information about the SPELL framework is available on the NAS and Autism Education Trust websites.

In Haringey, there is a specialist team made up of teachers and education support workers who work with staff in mainstream schools to support children and young people with autism to access the curriculum. All members of this team have received training in SPELL and the framework is used in all aspects of identification, planning and intervention work. An eclectic range of strategies and approaches are used by the team to develop individualised programmes within the SPELL framework. A brief overview of how this

approach can be used in schools is found here:

<http://www.autismeducationtrust.org.uk/resources/teachers%20guide.aspx>

The Advisory Teachers work in close partnership with therapies such as Speech and Language Therapy and Occupational Therapy, to improve outcomes for children with Autism.

3 Commonly used approaches and interventions in Haringey

TEACCH (Treatment and Education of Autistic and related Communication Handicapped Children) - is an evidence-based service, training and research programme for individuals of all ages and skill levels with autism. This programme puts particular emphasis on increasing the skills of the individual and increasing the structure in the environment. The SPELL framework, mentioned above, draws heavily from the fundamentals of the TEACCH programme.

PECS (Picture Exchange Communication System) – is an evidence based approach, based on the principles of applied behavioural analysis, and is used to support and initiate spontaneous and functional communication. In Haringey, Speech and Language Therapists usually identify students that would benefit from the use of this approach and support schools to introduce the system.

Attention Autism - The Attention Autism programme targets the teaching of attention, communication and social interaction skills. There are four stages to the approach. In Haringey, this approach is usually modelled and overseen by the local Speech and Language Therapists in small groups in schools.

EarlyBird Programme - a 3 month support programme for parents and carers, designed by the National Autistic Society (NAS), and run by Haringey Council licenced EarlyBird trainers. Due to the NAS stipulations, parents and carers are only eligible to attend this programme if their child is under 5 years old. The programme aims to empower parents and carers by supporting their understanding of autism, communication and developing shared attention.

Elklan for Verbal pupils with ASD – a 10 week programme accredited by the Open College Network (OCN) and endorsed by the Royal College of Speech and Language Therapists (RCSLT). It is delivered by local licensed Elklan trainers. This programme supports staff working in mainstream school with practical ideas and strategies on how to support and develop attention, vocabulary, communication and learning within the classroom.

Social Stories™/Scripts - Social Stories™ were created by Carol Gray in 1991 to help teach social skills to people with autism. They are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. The Language and Autism Support Team run regular training sessions for staff on how to create these stories so that they can be used as a supportive measure to introduce new ideas, places, modify behaviours and support children and young people with autism to see things from another perspective.

'All About Me' – a package of support usually offered to children with a diagnosis of autism in Year 6, with the consent of their parents and carers. It is delivered by the Autism

Team and provides an accurate and positive explanation of autism. This content of this package is based on research by Peter Vermeulen, author of 'I am Special'.

4 Interventions not to be used (NICE guideline)

The Nice guidelines, "Autism spectrum disorder in under 19s: support and management" states that the following interventions should not be used.

- Neurofeedback to manage speech and language problems
Neurofeedback is also called neurotherapy or neurobiofeedback. It is designed to train individuals to enhance poorly regulated brainwave patterns by using sophisticated computer technology.
- Auditory integration training to manage speech and language problems
Auditory integration training (also known as AIT) involves a person listening to a selection of music or other sounds which have been electronically modified.
- Omega-3 fatty acids to manage sleep problems

It states that the following interventions should not be used to manage autism in any context in children and young people.

- Secretin – a digestive hormone
- Chelation - a medical procedure used to remove toxic substances (such as heavy metals like mercury or lead) from the body.
- Hyperbaric oxygen therapy - is the medical use of oxygen at a higher than atmospheric pressure. The oxygen is administered to the individual in a pressurized chamber, with the goal of increasing oxygen absorption in bodily tissue. It is normally used for the treatment of conditions such as embolisms, decompression sickness or carbon monoxide poisoning.