

Some different ways of working with children diagnosed with ASD

1. Non-directive play therapy (“special times”)

What is non-directive play therapy?

- A specific intervention technique that can be used with children with a range of communication and interaction difficulties.
- Has been developed through a range of work including “Play therapy”, “Children’s hours” and children’s psychotherapy.

What are the aims?

- To encourage children to initiate interactions.
- To help children realise that they can be effective communicators.
- To enable children to realise that they can control or change their environment and people in it by their own behaviours.
- To help children realise the power of communication.

Structure of “Special times” sessions.

- Defined periods of time during which an adult gives the individual child complete attention.
- Child is free to do whatever s/he wants to: to choose any activity, to use any toy s/he wishes, to explore and say what s/he wants (the adult should determine the range of activities made available dependent upon the abilities and interests of the child).
- Adult does not attempt to influence what the child is doing (except in case of safety and potential harm or damage to others/objects).
- It is important to communicate boundaries during the sessions. Adult should communicate when something is not acceptable by saying “I can’t let you do that” or by using simpler language, using signs or symbols as appropriate.
- Can be in a ‘special’ room, but also can use other physical marker (e.g. a specific box of toys, screen, mat on floor).
- Clear start and finish time – verbal, visual, or auditory markers. For some children a count in and count down can be useful (either verbal or visual, e.g. timer/clock).

Activities and objects to use.

- Good to use a range of age appropriate toys, possibly within different areas (e.g. sand and water, construction, art and craft).
- Avoid objects with which the child may have obsessions with.

Adult’s role during session.

- Adult focuses on what the child is doing, allowing him/her to take the lead and control what happens.
- Adult may provide a commentary using speech, signs, or symbols appropriate to the child’s age, ability, and level of language. A non-verbal ‘commentary’ can be used when the adult uses parallel play or copies what the child is doing.

- Adult does not make suggestions to the child, direct his activity or ask questions. The aim is to be **NON-DIRECTIVE** and to let the **CHILD CONTROL** the activities.
- Adult should be able to concentrate on what the child is doing and to comment on and reflect on what the child is doing and feeling. It is important not to over-interpret what is happening and to avoid using judgemental language (e.g. “ooh, that’s a nice car you’ve painted”).

What can “Special times” achieve?

- Increased tolerance of interactions with others and acceptance of adult intervention.
- Understanding of acceptable behaviours and reduction of challenging behaviours.
- Withdrawn children can develop confidence as communications are attended to.
- Children who have little opportunity to control what happens to them can develop some independence skills.
- Children with multiple and/or severe disabilities can develop some control during familiar activities.
- Passive children can discover the power of their own ability to communicate.
- Children with poor concentration can develop this as their activities are commented on.
- Children with delayed language skills can develop this as they hear language associated with what they are doing.

8 principles of non-directive play therapy.

- The adult must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
- The adult accepts the child exactly as s/he is.
- The adult establishes the feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
- The adult is alert to recognise the feelings the child is expressing and reflects those feelings back to him/her in such a manner that s/he gains insight into his/her behaviour.
- The adult maintains a deep respect for the child’s ability to solve his/her own problems if given an opportunity to do so. The responsibility to make choices and to institute changes is the child’s.
- The adult does not attempt to direct the child’s actions or conversation in any manner. The child leads the way: the adult follows.
- The adult does not attempt to hurry the therapy along. It is a gradual process and recognised as such by the adult.
- The adult establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

Adaptations.

- Environmental
 - Selection of materials as appropriate for individual child.
 - Distraction free environment.
 - Provides information about potential choices

- Consider role of obsessive interests.
 - Limit amount and presentation of equipment.
- Structure and routine
 - Provide structure within a child-centred environment.
 - Use of choice boards.
 - Introduction and conclusion are important – maintain consistency.
- Safety
 - Consider safety of environment.
 - Be clear of risks.
 - Be consistent.

References:

Virginia Axline (1989). *Play therapy*.
 Linnet MacManon (1991). *The handbook of play therapy*.
 Rachel Pinney (the children's hour trust). *Special times*.
 Rachel Pinney (the children's hour trust). *Creative listening*.
 Kate Tierney (1991). *Non-directive therapy*.

2. TEACCH (Treatment and Education of Autistic and related Communication handicapped Children)

TEACCH is a whole life approach to helping people with autism, which aims to equip children for a productive life in the community. It sets out to provide visual information, structure and predictability as it is recognised that the optimum learning channel is visual.

The approach comprises a number of interconnected elements, which are based on structured teaching.

Structured teaching

Physical structure

This refers to the way in which the environment is organised. There are clear visual boundaries segmenting the space into recognisable parts. This helps the children understand what they are expected to do in each area. In the area set aside for work, distractions are kept to a minimum.

The schedule

This tells the child visually what activities will occur and in which order. Using objects, photos, pictures, numbers or words (depending on the individual's developmental level) the child is helped to understand a sequence of events.

Work systems

Through these systems the child is taught:

- What task/activity do I have to do?
- How much do I have to do?
- When will I have finished?

- What will I have to do next?

Visual clarity

Tasks are presented visually so as to make the expectations clear and highlight the important information.

Background

The TEACCH project began in 1966 in North Carolina as a research project led by Eric Schopler and colleagues. They believed the best way forward was to work with parents, helping them to develop skills and understanding, so that parents became co-therapists. They understood that children with autism found the world a confusing, unpredictable and sometimes frightening place. They were also aware that these children relatively good visual learners. This led to the development of visual structure and teaching strategies to help the children and young people make sense of the world and what was expected of them.

Working using a TEACCH method

A programme is designed in which new skills are taught in a one-to-one situation with the teacher/adult; current skills are practised in an independent situation; and opportunities for social interaction take place in group activities.

Application to Autism

Central to TEACCH is a system of structured teaching, which maximises the visual presentation and minimises verbal instruction. This structure aims to make use of the strengths of children with autism, their visual skills and adherence to routine, and use these strengths to help minimise their difficulties.

The structured teaching approach helps children and young people with autism make sense of their surroundings and what is expected of them. This has the effect of reducing the frustration and anxiety, which could, in less structured circumstances, lead to behaviour problems. It helps them to move towards independent working and is suitable for use across the age and ability range.

Evaluation

Significant improvement in appropriate behaviour and communication are the main reported benefits. The structure helps children to focus appropriately on tasks without anxiety, which, in turn, facilitates access to the curriculum.

Some feel that TEACCH over-structures children, limiting their decision making and creativity, although flexibility can be encouraged within the framework.

TEACCH focuses on the individual child and his/her strengths. The predictability of the environment minimises anxieties, and maximises attention to the task.

Contact: Division TEACCH
CB#7180, Medical School Wing E
University of North Carolina
Chapel Hill, NC 27599, USA

Internet: Google search "TEACCH"

3. Musical interaction

The aim of musical interaction is to engage each child in the process of interaction, to build up the desire for communication rather than it becoming a mechanical response to adult expectations. This approach is based on the caregiver-child interaction, on the way that parents naturally play with young children. The emphasis is on helping the child to develop communicative intent. It focuses on what the child can do and builds on this. In this way it shares the same root as Non-directive play therapy, with additional factor of music to facilitate and reinforce communication and the child's role in the process.

What happens?

At first the adult responds to the child's spontaneous sounds and movements as if they are intentionally communicative; this may encourage the child to start using them intentionally. We can begin by following a method of 'tuning-in' to the child: begin by creating shared attention, by joining in with or imitating the child; then give a running commentary to the child's actions, which is spoken, chanted, sung, or played on an instrument. Use of songs, rhymes, and play routines as frameworks for communication, creating pauses for anticipation, helps to underscore the interaction.

Application to autism

This approach was devised at an Autistic Society School in the UK, and was specifically aimed at children with autism attending the school. It was recognised that children with autism appear to lack the basic motivation to interact, and felt that they were likely to have missed out on the early interactive stages of social development. By teaching skills of communication in an interactive way the practitioner hopes to facilitate an enjoyment of being in an interactive process. For many children with autism the control is in the hands of the non-autistic person and they are expected to follow their example. In this approach control is shared between the two partners.

Evaluation

Musical interaction is a non-invasive approach that encourages valuing the child and valuing the interaction that takes place. This encourages a more positive view of the child by those who live and work with him. It gives permission to the adult to follow the child's lead and to interact with the child at the developmental level rather than the age level.

Some teachers fear that they need to be music specialists in order to use this approach. However, this is not the case. None of the authors who devised this approach could be described as musical, but all have successfully used this approach.

Contact: The Early Years Centre
272 Longdale Lane, Ravenshead, Nottingham NG15 9AH, UK

Internet: Google search "Musical interaction"; "the early years centre"

4. Picture Exchange Communication System (PECS)

PECS was developed over ten years ago in the USA. The aim of PECS is for children to acquire key communication skills especially initiating communication in a social exchange. By using reinforcers to motivate communication it has been found that PECS offers an opportunity to quickly develop 'real', spontaneous communication.

What happens?

A symbol card is made to represent each object/activity. The adult initially models the use of the symbol card to gain the object/activity, ensuring a direct link between object/activity and symbol is explicitly demonstrated. After several exchanges, over time, the child begins to initiate the interaction through increasing independent selection of the symbol.

As the child becomes at ease with the system other symbols are added, including sentence words like, 'I want...'

Application to autism

This approach was specifically developed with the needs of young children with autism in mind. It was recognised that these children require highly structured intervention to develop the language and social skills needed for communication. PECS aims to establish the basic skills of communication perhaps even before words are understood or uttered.

Evaluation

It would appear that a result of using the symbol cards before words is that language becomes more accessible and many of the children have gone on to develop spontaneous speech. As the confidence in communication has grown there has been a noticeable decrease in frustration.

Contact: Pyramid Educational Consultants UK Ltd
17 Prince Albert Street, Brighton BN1 1HF, UK

Internet: Google search "PECS"

5. SPELL (the National Autistic Society (NAS) (UK) approach to autism)

It was recognised within the NAS schools that in order to address the triad of impairments there needed to be a distinctly different teaching style. These programmes have recognised that structure, consistency, reduction of disturbing stimuli, and a high degree of organisation offer the optimum environment for learning to take place.

What happens?

The approach draws on elements from a number of other approaches, combining them flexibly with the aim of meeting individual needs.

Application to autism

This approach is a response to the triad of impairments. SPELL stands for:

<u>Structure</u>	– by giving the day a recognisable structure the child feels more secure
<u>Positive</u>	– approaches and expectations to enhance the child's self-confidence and self-esteem
<u>Empathy</u>	– the teacher designs a differentiated programme that works from the individual child's needs
<u>Low arousal</u>	– settings designed so that the child is not distracted or made over anxious by the environment.
<u>Links</u>	– with parents, schools, other agencies, and the wider community.

Evaluation

As yet, no formal evaluation.

Contact: The Director of services, The National Autistic Society
Church House, Church Road, Filton, Bristol BS12 7BD, UK

Internet: Google search "National Autistic Society"

6. The Earlybird project

The NAS (UK) has been committed to working with parents of children with autism. Through this work it was recognised that structured intervention, offered as soon as possible after diagnosis, is extremely beneficial for children with autism. It has also recognised that the involvement of parents in early intervention has a positive influence on the outcomes. The programme aims to:

- put parents in control to develop the potential for their child
- empower parents, and help them facilitate their child's social communication and appropriate behaviour within the child's natural environment
- support parents in the period between diagnosis and school placement
- assist parents in establishing good practice in managing their child at an early age, preventing the development of inappropriate behaviours.

What happens?

The project accepts families whose preschool child has a diagnosis of autistic spectrum disorder and who live within easy travelling distance of the base. Groups of six families at a time join for a 12-week programme. This involves daytime training sessions for carers, interspersed with home visits to provide individualised help for each family to help them put theory into practice. The programme incorporates elements from a range of different intervention approaches, such as TEACCH and PECS.

Application to autism

The programme aims to increase the child's desire to communicate and provides the language with which to communicate. It also aims to help prevent the development of asocial behaviours.

Evaluation

As yet, no formal evaluation.

Contact: NAS Earlybirds centre
3 Victoria Crescent West, Barnsley, S75 2AE, UK

Internet: Google search “NAS”, “earlybird”

Email: earlybird@dial.pipes.com

7. Applied Behavioural Analysis (ABA) (Lovaas)

A behavioural approach is based on the theory that all behaviour is learnt and that it is governed by its antecedents and consequences. This is based on Skinner’s theory of ‘operant conditioning’, which was proposed in the 1960s. The foundations of this are that learning can be reduced to the repetition of responses, which increase with reward. In this way a task to be learned can be analysed into small steps that are then used as a teaching programme for the child. Each step can be shaped through positive reinforcement.

What happens?

It is an intensive intervention. In order to work it has to be delivered by all the significant persons who work with the child. Lovaas suggested the following format to the approach:

- Establish rapport
- Extend receptive language, using highly structured speech
- Develop imitation skills – non-verbal body imitation
- Develop imitation of toy play
- Develop verbal imitation.

Application to autism

ABA was not specifically designed with children with autism in mind. Lovaas felt it would benefit this group of children. In his view, autism is caused by an abnormal nervous system, which prevents the child learning from the everyday environment. Thus if the learning environment is changed then the child can learn.

Evaluation

Behavioural approaches have been criticised for their inappropriate and narrow focus.

Contact: Parents for the Early Intervention of Autism in Children
PO box 10836, London SW13 9ZN, UK

Internet: <http://www.peach.uk.com>

Email: peach@brunel.ac.uk

8. Son-rise program (Option approach)

Run in the USA, this program offers parents training which is then applied in the home. The Son-rise program is thus a home-based, child-centred, parent-directed program. The aim is to encourage the child to be self-motivating via non-confrontation and unconditional acceptance.

What happens?

Space is created for the child in a room in the home: the 'playroom'. The room is free from distractions of everyday life and the focus is totally child-centred, providing a safe, secure, positive environment.

The program is highly intensive with a number of adults working with the child through the day. Through modelling an approach that encourages excitement, enthusiasm and energy from the child, the program tries to increase the desire of the child to interact with the adult. The adult follows the child's lead and engages in his activities, including any stereotypes, thus giving them a positive value.

Application to autism

The Option approach does not involve any theories about the causes of autism. It accepts the linguistic and cognitive difficulties and that these may have a biological basis. The child is seen as coping as best he can with a world that he can neither understand nor control. His obsessional behaviours, or his withdrawal from the social world are his response to his lack of control.

As a heavily child-centred approach it has much in common with Non-directive play therapy and Musical interaction.

Evaluation

The use of the 'playroom', if used exclusively, could create difficulties for the child in limiting contact with groups of people. The quality and quantity of the child's social responsiveness improves. The most impressive factor in this approach is the change in the parents and their growth in confidence when being with their child. The child has more control and begins to make sense of the wider world through the input of the adults.

Contact: The Option Institute and Fellowship
2080 South Undermountain Road, Sheffield, Mass, USA

Internet: Google search "Son-rise", "Option approach"

Email: startup@option.org

9. Daily life therapy (Higashi)

This approach was developed by Dr Kiyo Kitahara in Tokyo in the 1970s. It is based on the belief that the routines and patterns of daily living can be taught through the rhythm of life in the group process. Daily life therapy is an approach that aims to give the child the necessary skills for daily life, by establishing patterns of acceptable behaviour through stabilising the emotions, establishing a rhythm of life and stimulating the intellect. The three elements of therapy are:

- Stability of emotions: gained through the development of self-esteem and the pursuit of independent living
- Improved physical strength: achieved through the development of motor coordination, stamina and strength
- Stimulation of the intellect: in the areas of language, arts, maths, and social sciences.

What happens?

In the school situation the children are taught in groups. Staff:child ratios vary from 1:3 to 1:5, with one adult leading the group and the other adult/s prompting the children's input from behind. Verbal instructions are kept short, clear and concise and no alternative forms of communication are used or taught. Activities are all group oriented and highly structured with all children being expected to learn through imitation and synchronised activities.

Application to autism

Daily life therapy is a holistic approach that aims to reduce the child's autism by developing close bonds in the family, with the teachers, and between the children in the group who are kept together. The high level of physical exercise has been found to be beneficial to all children.

Evaluation

Parents report great improvement in self-help skills such as toileting and feeding, including a wider tolerance of foods. The predictability of the rhythm seems to foster a sense of calmness in the children. It would seem that the claimed reduction of stereotypical behaviours is difficult to maintain once the child has left the specialist environment. Higashi has also been criticised on the basis of what seems to be a relatively narrow curriculum. Underfunctioning can also be a problem, as the individuality of different ability levels is not catered for.

Internet: "Daily life therapy", "Higashi"

Choosing an approach

Parents often ask, "What's the best intervention approach for my child?" Many different approaches have been highlighted. While many have been found to be effective in improving the ability of individual children, no *single* approach has yet been found which is effective with *all* children with autism.

An approach which combines elements from a number of different approaches (highlighted above), and which is flexible enough to take account of individual differences, is likely to be the most effective intervention.

Further reading:

Cumine, V., Leach, J. & Stevenson, G. (2000). *Autism in the early years: a practical guide*. London: David Fulton Publishers.