



# Strategies to Help Children with Autism

by Tony Attwood

We now recognise that around one child in 88 has the characteristics of an Autism Spectrum Disorder (ASD), but what are those characteristics and how can we help these children, especially in early childhood? Clinicians recognise that there are six dimensions of autism, each of which is assessed to confirm the diagnosis. Following a diagnosis, a multi-disciplinary team explores how aspects of each dimension impact on the child's daily life and designs strategies to help the child acquire specific abilities.

**The six dimensions of ASD are:**

- **Social understanding**
- **Communication**
- **Cognitive abilities**
- **Sensory sensitivity**
- **Emotion management**
- **Motor skills.**

Each child with an ASD has a unique profile of abilities based on the six dimensions of autism. This article will explain each dimension and outline some practical strategies that can be used by caregivers to help the child acquire specific abilities.

## *Social Understanding*

Children usually have an innate ability to socialise with their family and peers that matures throughout childhood. For children with an ASD this is not necessarily an intuitive ability; they are often confused in complex social situations. The degree of confusion can be so great that the child actively avoids social situations and remains aloof from parents and peers. Alternatively, the child avidly wants to play with other children, but does not have the same degree of maturity in friendship skills and may be perceived by peers as intrusive and disruptive.

**Observation and research has indicated that children with an ASD have difficulties with the following social abilities:**

- **reading facial expressions and body language**
- **understanding the codes of social conduct**
- **recognising the perspective of someone else**
- **making and keeping friends.**

Caregivers can assist children with an ASD by recognising this social confusion and providing guidance in acquiring abilities that will help with socialising.

**The key strategies are:**

- **make your facial expressions and body language clear, giving the child time to process your non-verbal signals.**
- **carefully explain the codes of social conduct in a particular situation, recognising that the child may not use other children as an example of what to do.**
- **explain the thoughts and feelings of another person, if you feel this is needed.**
- **commend the child with an ASD whenever they demonstrate friendship abilities, such as sharing, cooperation and helpfulness. Explain what they could do next time to facilitate friendship, in situations where such abilities would be expected and appreciated.**

Socialising for a child with an ASD can be exhausting, so caregivers need to be aware that such children may be overwhelmed and greatly confused in large groups and will need opportunities for quiet solitude throughout the day.

### *Communication*

Communication skills in very young children with an ASD vary greatly. Some may have significant language difficulties and have not yet (or may never) develop fluent speech. Others will have some speech but a limited vocabulary, and some have fluent speech but problems with the art of conversation, such as not being interested in social chit chat and wanting to ask incessant questions about a favourite topic. There can also be difficulties understanding complex sentences or multiple instructions, and problems focussing on one person's voice when there are many people talking at the same time.

**Some key strategies you could try:**

- **use the communication system recommended by the child's speech pathologist, such as using pictures to indicate choices.**
- **gain the child's attention before giving an instruction. Make sure your spoken instruction is within the child's level of comprehension and memory, and has been clearly heard, especially when there is background chatter.**
- **provide encouragement to acquire new words and phrases.**
- **guide the child in the choice of topic for a conversation.**



## *Cognitive Abilities*

Children with an ASD have an unusual profile of cognitive or learning abilities. Some have a significant learning difficulty while others have an intellectual ability within the normal range or above average. The profile can include extremes in cognitive abilities: for example, some children with ASD are hyperlexic with advanced reading abilities, while others can be dyslexic and have great difficulty learning to read. There can be talents or deficits in mathematical abilities. Some children have conspicuous abilities with construction toys, drawing or memory for facts and information. There can also be learning issues, such as the child having a fear of failure, a 'one track mind' for problem solving (a lack of flexibility in thinking), or a compulsion for closure, *ie* not being able to switch to another activity until the current activity is completed. Another cognitive characteristic is the development of a special interest, such as an intense interest in dinosaurs or vehicles, or an obsession with collecting unusual objects, such as batteries.

### **The key strategies are:**

- **demonstrate rather than speak instructions to facilitate learning.**
- **provide remedial support should a specific learning disability be identified in the diagnostic assessment.**
- **encourage the development of specific talents in the child, such as being a natural engineer, artist or mathematician, to enhance self-esteem and admiration from peers.**
- **make sure your ability is not always perfect, and model how to be flexible in problem solving and coping with failure.**

*“ Have a heart that never hardens, a temper that never tires, a touch that never hurts. ”*

*Charles Dickens*



## *Sensory Sensitivity*

Children with an ASD may be extraordinarily sensitive to sensory experiences. Sounds such as the noise of a vacuum cleaner that would be easily ignored by other children, can be perceived by a child with an ASD as unbearable. This may only be alleviated by their insisting that the machine is switched off, or by placing their fingers in their ears to block the sound. The sensory sensitivity can affect all the senses. Where touch is affected, the child may have an aversion to activities such as finger painting or wearing specific items of clothing. If the child is hypersensitive to smell, they may become nauseous in response to someone's perfume. They may be extra sensitive to the taste and texture of some foods such that they have a self-imposed limited diet.

### **The key strategies are:**

- **be aware that aspects of sensory experiences cause extreme distress to the child with ASD.**
- **avoid some sensory experiences but encourage the child to be brave and to tolerate other experiences.**

## *Emotion Management*

Children with ASD can experience intense emotions and are vulnerable to becoming very anxious or distressed. Extreme anxiety can be associated with separation from a parent, coping with change or making a mistake. There can be explosive distress when experiencing failure or being thwarted from achieving a desired outcome. While these are characteristics of many young children, children with ASD have a greater intensity of emotional reaction and are less able to be reassured or calmed by affection, distraction or putting the event in perspective. There is a tendency to 'catastrophise.'

### **The key strategies to try are:**

- **check for the early warning signs of increased anxiety or agitation. Each child with ASD may have his or her own unique signals of impending emotional distress.**
- **remain calm in an emotional crisis.**
- **during an intense meltdown, patiently wait until some degree of self-control has returned.**
- **after the event, explore with the child how to communicate emotions in a less intense way.**

## *Motor Skills*

A characteristic of ASD can be delayed motor coordination, difficulty planning motor actions in activities such as handwriting, and involuntary mannerisms such as hand flapping. These characteristics will affect play and educational activities. For some children, these characteristics are hardly noticeable but for others, they can cause difficulties with using playground equipment and affect the ability to play ball games.

### **The key strategies are:**

- **provide encouragement and practice in motor skills.**
- **be aware that the difficulty acquiring a particular skill may be due to problems with motor coordination rather than intellectual impairment or noncompliance.**

## *A Team Approach*

In early childhood, a team approach that includes caregivers and members of a multi-disciplinary team can achieve considerable improvement in abilities and behaviour for the majority of young children with ASD. The long-term outcomes for such children can vary immensely. Some may require high levels of support throughout their lives, while at the other end of the spectrum; some may have successful careers and be loving partners.

**For more information on ASD see Foundations Issue March 2010.**