Strategies for Supporting People in Employment

who are on the Autistic Spectrum including Asperger Syndrome, ADHD and Tourette's Syndrome

Learning Resource and Delivery Notes

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For anyone who is working in a range and variety of contexts but especially in the workplace

Intended Outcomes

To develop an understanding of the signs and symptoms of the Autistic Spectrum including Asperger Syndrome, ADHD and Tourette Syndrome and recognise the needs of people with any of these conditions or similar difficulties. This is intended to effect and develop own practice when supporting people in learning and/or work who may have these conditions, diagnosed or undiagnosed

Introduction

Autism is a spectrum condition that affects social and communication skills and to a greater or lesser degree, motor and language skills. This means that while people on the Autistic Spectrum share certain characteristics, they will be highly individual in their needs and preferences. Some people on the spectrum are able to live relatively independent lives. http://www.ambitiousaboutautism.org.uk/page/about_autism/what_is_autism.cfm

Most publications on autism emphasise the disabling aspects of autism or the medical and psychological basis and consequences of autism. But this is not the whole picture. Many people who are on the Autistic Spectrum have skills and interests, which can be very positive in the workplace, particularly if they are identified as such, nurtured and used to develop potential and broaden the scope of interests of these individuals.

Dierdre Lovecky notes how people with Asperger syndrome often have advanced vocabularies, recognise patterns others do not, and pursue ideas despite evidence to the contrary because they are not easily swayed by others' opinions. Their ability to focus on details means they can often come up with solutions to problems others overlook.

Dr Luke Beardon BA (Hons), PG Cert (Autism), Doctorate of Education currently Senior Lecturer in autism at Sheffield Hallam University challenges long held assumptions as the following quote shows:

“Firstly, is autism really a disorder? For all of the arguments to say that it is, I would strongly suggest that there are counter arguments against. We are told that people with autism lack a theory of mind; executive functioning; have poor central coherence; have developmental delays in communication and social understanding. In my experience I would not contest that this causes difficulties for the individual and family. But, having said that, what about the counter side to this: the honesty, the straight talking, the saying what they think as opposed to making things up, the very genuine nature found in so many individuals with autism? What about all of the extraordinary qualities rife within the population, the attention to detail, perfectionism, drive, and focus?”

Task 1: Icebreaker

You will be given a task where, in small groups, you will be sharing the information you have of all of the conditions included in this unit. The activity will involve matching information on cards. You will be able to work across all the groups to share views, opinions and information.

During this activity is your chance to get to know all the people in your small group and all the people in the other small groups. Record below the names and any other information you have gleaned (e.g. work place, work setting, preferred learner group, favourite colour, etc.) of all the participants attending the training with you.

1. Name:

Information:

2. Name:

Information:

3. Name:

Information:

4. Name:

Information:

5. Name:

Information:

6. Name:

Information:

7. Name:

Information:

8. Name:

Information:

9. Name:

Information:

10. Name:

Information:

11. Name:

Information:

Supporting Information

“For the normal adult who has spoken without difficulty since early childhood the prospect of being unable to communicate is incomprehensible” (Beukelman, D. & Garrett, K. 1988)

- 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. It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours
- Asperger Syndrome is a form of autism. People with Asperger Syndrome are often of average or above average intelligence. They have fewer problems with speech but may still have difficulties with understanding and processing language
- It is estimated that over 500,000 people in the UK have autism - that’s 1 in 100. However, this estimate is based on a prevalence study of children
- 61% of adults with autism rely on their family financially and 40% live with their parents
- 60% of parents believe that a lack of support has led to higher support needs later on
- 67% of local authorities do not keep a record of how many adults with autism there are in their area and 65% do not even know how many adults with autism they actually support.

Professor David Skuse, head of the behavioural and brain sciences unit at the Institute of Child Health, teaches clinicians to diagnose the condition. "Increasingly fewer girls are diagnosed as their IQ reaches 100, the population average," he said. "Some people maintain this is because girls simply don't have Asperger's, but I would argue that brighter girls, especially those who are more verbal, are able to mask and compensate for their condition. I make sure I emphasise the difference in the ways boys and girls present when I train clinicians, because I am certain that girls are being failed by the system, especially those with higher IQs," he added. "My belief is that, if we can prove the ratio of boys to girls is as high as many of us suspect, it would be as significant a milestone in this field as the discovery that the condition is on a spectrum."

New autism strategy By Peter Russell Medically Reviewed by Dr Rob Hicks
Excerpt adapted from WebMD Health News 3rd March 2010
www.webmd.boots.com/children/news/20100303/new-autism-strategy-unveiled

A new strategy aimed to help adults in England with autism live more independent lives, while boosting public understanding of the condition. The Department of Health announced in 2009 that it would come up with a policy in response to findings that only 15% of adults with autism are in paid work and that 49% still live at home with parents. It wanted people with autism to have the same access to jobs, education and public services as other people.

Lack of support
The National Autistic Society said there are 300,000 adults with autism in England. Its own research suggests that at least one in three adults with autism are experiencing serious mental health difficulties due to a lack of support.

In 2009 the government passed the Autism Act which put a duty on the Health Secretary to improve conditions for adults with autism. That law led to the strategy called *Fulfilling and rewarding lives*. It promised a number of measures, including:

- Setting up a new National Autism Programme Board to oversee changes
- An investment of £500,000 towards health and social care training
- Improving job prospects by giving autism awareness training for all Jobcentre Plus Disability Employment Advisers
- Guidance on making public services, buildings, public transport and communication more accessible
- Streamlining the way autism is diagnosed

Phil Hope, Care Services Minister, said that it's unacceptable that people with autism are unable to find work and live independent lives. "I want the autism strategy to be the foundation for change in the way our whole society treats adults with autism. They have a huge contribution to make - shutting them out deprives everyone," he says.

Mark Lever, chief executive of the National Autistic Society, called the initiative a long awaited "first step" and added, in an emailed statement, that "now the next step will be to translate the strategy into decisive action at a local level".
The announcement was followed by statutory guidance for health and social care by the end of the year. The strategy is due to be reviewed in 2013.
The National Autism Society in Scotland has called on the Scottish Government to follow the example of England and develop a national strategy for adults with autism.

What is Semantic-pragmatic Disorder? by Julia Muggleton

Children with this disorder have problems understanding the meaning of what other people say, and they do not understand how to use speech appropriately themselves. It seems that children who are diagnosed as having a semantic pragmatic disorder might more accurately be described as high-functioning autistic. Clinicians tend to give all autistic children who have good intelligence the label Asperger Syndrome, even if a child actually has very limited speech. But there are important differences between bright autistic children with semantic pragmatic difficulties and bright autistic children with Asperger Syndrome. Children with semantic pragmatic difficulties have usually learnt to talk late, whereas (according to diagnostic guidelines) children with Asperger Syndrome were able to talk in sentences by the age of three. Also children with semantic pragmatic difficulties do better on performance IQ tests than verbal IQ tests, whereas with children with Asperger Syndrome the results tend to be the other way round. However, if a child with semantic pragmatic difficulties eventually becomes a fluent talker, the difference between the labels 'high functioning autistic' and ' Asperger Syndrome' becomes fairly academic.

The Difference Between ADHD and Adult ADD

ADHD (Attention Deficit Hyperactivity Disorder) is the term utilized in the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) diagnostic criteria. ADD (Attention Deficit Disorder) with or even without hyperactivity is the older term from the DSM-IIIR. So in a select number of older literatures you will find this term as a synonym for ADHD.

A select number of professionals however use the term “ADD” although it is the equivalent to the term “ADHD”. To sum it up, ADD technically is ADHD and vice versa.

There are 2 main categories of ADHD: Inattentive and Hyperactive. Both are considered ADHD. If someone is diagnosed with ADD it’s the equivalent of “ADHD: Predominately Inattentive”. Predominately inattentive means that the hyperactive elements of ADHD aren’t as relevant, however not entirely excluded with that individual.

http://www.timetoteach.co.uk/links/ADHDWhatistheDifferencebetweenADHDandADD.html

Tourette Syndrome Help Sheet

Tourette Syndrome (TS) is named after Dr George Gilles de la Tourette, the French neurologist who first reported TS in medical literature in 1885. It is a recognised medical condition, which is often inherited, but we don’t yet understand the cause. There are treatments, but there is no cure as with many chronic medical conditions. It is a very complex condition and can be described - with equal accuracy - as a movement disorder, and neurological condition, or a neuropsychiatric condition. TS affect all aspects of life education, relationships, employability.

Symptoms - the symptoms of TS are tics, repeated movements and sounds. It is important to understand that these are chronic and involuntary. Someone with TS may be able to suppress them for a period but eventually they have to let the tics out. Tics usually start in childhood around the age of 7 and are likely to persist throughout life, though the symptoms often decrease towards the end of adolescence. The first symptom are usually facial tics such as rapid blinking or twitches of the mouth, but TS may start with sounds such as throat clearing and sniffing, or even with multiple tics of movements and sounds.

Even within the same person, the tics vary in many ways:

- they wax and wane - they get better and worse over time
- they change - one tic stops and another starts
- they may be made worse by stress and anxiety
- they may be alleviated with relaxation or concentration on an absorbing task

These changes are completely unpredictable and the person with TS has no control over them.

What are Specific Learning Difficulties?

The umbrella term specific learning difficulties (SpLD) are often used to cover a wide variety of difficulties that may include:

- dyslexia: a difficulty with words
- dysgraphia: writing difficulty
- dyspraxia: motor difficulties
- dyscalculia: a difficulty performing mathematical calculations
- Attention Deficit Disorder, (ADHD)
- Asperger's Syndrome / autism.

They are joined by the acceptance of the idea of neurodiversity.
http://www.open.ac.uk/inclusiveteaching

Social awareness and communication difficulties support strategies

This table of differences and strategies for support was developed by the team of Learning Support Practitioners from Yeovil College; it reflects their accumulated knowledge, understanding and experience of working with learners with social awareness and communication difficulties over an extensive time and across many different learning programmes.

It is by no means a definitive summary but should prove useful as a resource of ideas for any one offering support when they are looking for approaches and techniques to discuss with the learner they are supporting in an attempt to find the most effective and acceptable support strategies.

Differences you may notice	What you can do to help
Language • Delayed or impaired understanding of concepts • Delayed verbal or written responses • Speech unclear • Difficulty understanding abstract words and words that relate to feelings or emotions • Lack of understanding of idioms and slang expressions • Difficulties using language in social contexts (knowing what to say, how to say it, and when to say it – and how to "be" with other people) • Good understanding of concepts but inability to formulate thoughts and feelings into spoken or written language	• Use clear unambiguous language in conversation and instruction • Check understanding using appropriate formats i.e. questioning, examples, worksheets • Allow time for word-finding and speech • State the obvious i.e. rules for certain situations • Encourage learners to ask for instructions to be repeated/simplified • Be aware of the use of idioms or slang and rephrase where appropriate
Routine • Execution of certain tasks in an inflexible, repetitive way • Distressed by change in routine • Repetitive motor actions • Motor clumsiness • Poor organisational skills • Difficulties with imaginative/creative tasks	• Maintain routine where possible • Pre-warn of planned changes to routine and prepare learners to reduce anxiety • Allow additional time for motor and organisational tasks

Social interaction

- Poor eye contact
- Difficulties using language in a socially appropriate way e.g. tone of voice, eye contact, turn-taking, maintaining a shared topic
- Difficulties working out what other people are thinking and feeling
- Confusion in social situations
- Difficulties making friends – socially isolated
- Finds group work difficult
- Finds it hard to make small talk
- Comments can appear rude even when this was not intended
- Does not understand turn-taking in conversation
- Can assume no knowledge/prior knowledge limiting conversation
- Can talk for too long giving too much detail
- Sensitivity to sensory stimuli e.g. noise, touch

- Encourage but do not try and force eye contact
- Provide frequent opportunities for success
- Give clear feedback when things go wrong at the time they go wrong
- Agree safety phrases or signals to indicate confusion or anxiety in social situations
- Choose peers carefully and encourage and monitor co-operative interaction with others
- Agree cues for turn-taking in conversation
- Prompt answers to questions
- Be aware of signs of stress and use agreed strategies to reduce anxiety
- Be aware of any sensory sensitivity and keep distractions to a minimum
- Request further support if appropriate e.g. access to employment

Focus

- Unusually strong, narrow interests
- Preoccupation with special interest topic
- Sustained focus on certain things
- Difficulties with motivation in areas outside personal interest
- Good at picking up details and facts
- Advanced memory skills
- Visual learning style
- Obsessive perfectionism / a great sense of right and wrong

- Allocate appropriate time for talking about special interest
- Make tasks specific with clearly stated end product
- Use visual strategies e.g. mind-mapping
- Negotiate extra time to complete tasks if appropriate

Task 2: Question and Answer Activity

The following activity will give you the opportunity to practice your question and answer techniques in the context of talking to a learner with a condition that impairs communication.

1. On your own, design a non-ambiguous question to find out from a partner how they like to learn. You can base this question on your own preferences for learning i.e. reading, working in a group, being shown, trial and error etc., your understanding of learning styles or your understanding of these conditions or ideally a combination of all.

2. You will be asked to work in pairs to use this question a couple of times as part of the activity - it is not a test!

3. You will also be asked to answer your partner's question. The way you respond to your partner's question will be adjusted at each stage. To gain the most from this activity you will need to answer as yourself unless asked otherwise.

Your Question:

This activity will conclude with a plenary which will give you the opportunity to share your thoughts and experiences and hear the thoughts and experiences of others in your group.

Task 3: When may a condition show itself and how?

Many of the people you work with may have any of the conditions identified in this unit and have struggled, undiagnosed, throughout their previous educational and work experiences.

It is estimated that over 500,000 people in the UK have autism - that's 1 in 100. However, this estimate is based on a prevalence study of children so as Ivan Lewis ex Minister for Care Services within the Department of Health, identified "… we don't know how many people have the condition in any given area". Although he was only referring to autism this is generally accepted as also true for ADHD and Tourette syndrome.

This activity will give you the opportunity to establish when and how any of these conditions may show themselves. You will receive prompt cards to explore in groups under one of the following 4 headings

1. Historically in a previous educational setting e.g. school or previous course of learning

2. Presenting at application stage to the organisation

3. At the first meeting with a Support Worker/Mentor

4. During an induction/learning programme while support is being given

Use the details in the table Social Awareness and Communication Difficulties Support Strategies on pages 10 and 11 to prompt your discussions and to support and inform your conclusions.

This activity will conclude with a plenary which will give you the opportunity to share your conclusions and hear the conclusions of the other groups. You will also be given the opportunity to explore how you would report your observations and who in your organisation would be most appropriate to report to.

Task 4: Case Study Analysis Notes

Task 5: Building case studies through 'Consequences'

In 4 groups you will develop 4 case studies reflecting the knowledge and experience you have brought with you and the information and understanding you have gained from the training. Use the details from the card-matching activity (icebreaker), further reading and Social Awareness and Communication Difficulties Support Strategies table on pages 10 and 11 to inform the design of your contributions to the case studies.

History

Each group will begin their case study with the details of the history of their learner. This can be based on the experience of a real learner or a fictitious character that gives you the chance to explore what you know and what you need clarified.

Give your learner a name, age and detail all the information that you want to include. This could include details of school experience, diagnosis (you choose the condition/difficulties) if known - if unknown you could identify some behaviours and experiences that could imply a condition.

The details of your learner will now be passed to the next group and you will receive a learner detailed by another group.

Presentation at Induction/Learning Programme

Based on the information you now have, in your group identify how you think this learner will present at the first stage of the Induction/learning programme.

This could include the Induction/course details, level and length of induction/course, level of support need, types of support need, suspicions of lack of disclosure with suggestions of indicators and suspicions that type of condition may be influencing choices with suggestions of reasons.

These details will now be passed to the next group and you will receive a learner from another group.

Initial meeting with a Support Worker

Based on the information you have been given identify:

1. Where you would meet this learner to be most supportive of their condition

2. Their likely first words and/or their requests, attitude, behaviour, demeanour or any other aspects that would or could affect your approach

3. The approach you would take including your first questions, comments, concerns, intentions and any other aspects that you would consider appropriate to identify at this stage of the process

These details will now be passed to the next group and you will receive the details of another learner with the contributions from all 3 of the other groups.

Appropriate and Inappropriate Support

Using all the details you have received identify the essential and appropriate support for your learner and any inappropriate support, in fact any approaches you believe could exacerbate the difficulties experienced by this learner. These can relate to any aspects of the learner's experience, they do not need to only relate to the support you would provide as a support worker.

All aspects of your decisions need to be justified based on the information you have.

The details of this learner will now be passed to the group who named them and you will receive your learner with the responses detailed by all the other groups.

The Return of Your Learner

Read through the details of the other group's observations and decisions.

Are you surprised by any of their comments?

Does the final case study reflect what you thought when you first identified your learner? How is it the same and how does it differ?

Do you agree with the appropriate and inappropriate support details? What would you keep and what would you change?

Has this activity raised issues around your perceptions, attitudes and beliefs associated with these conditions?

As a group summarise your observations, views and opinions in preparation to feed back to the rest of the group - remember they will all have seen the case study so you will not need to go into great detail, it will be more useful if you highlight the key issues.

REFLECTION POINT

- After all 4 groups have fed back and the discussion has concluded it is essential that you record your personal experiences of this activity to ensure that your learning impacts on your practice.

- To support you in your self-reflection you may find it useful to complete the AQ test devised by psychologist Simon Baron-Cohen and his colleagues at Cambridge's Autism Research Centre. It is a measure of the extent of autistic traits in adults.

  The test is not a means for making a diagnosis but you may find it useful to identify how much or how little you can empathise with learners with autism.

Unit Accreditation Overview

Accreditation	• To be used in conjunction with the systems and procedures published by apt
Level	• The assessor level recommended to assess this unit is Level 3
Suggested reading or useful resources	• apt Centre Handbook

Unit Title: Strategies for Supporting Learners in the Autistic Spectrum including Asperger Syndrome with ADHD and Tourette Syndrome

Level: 2 Credit Value: 2 GLH: 16

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
1. Understand accepted features and behaviours associated with Autistic Spectrum Disorder including Asperger Syndrome, ADHD and Tourette Syndrome	1.1. Summarise the accepted features and behaviours associated with Autistic Spectrum Disorder including Asperger Syndrome, ADHD and Tourette Syndrome
2. Understand the approach to take in response to a learner with any of these conditions (diagnosed or undiagnosed) and know how to report when any are suspected	2.1. For each condition identify the key approaches required to enable effective access to learning 2.2. Discuss how to report a learner's difficulties which have not previously been recognised
3. Understand a variety of approaches that can support and/or exacerbate the difficulties that learners with these conditions experience	3.1. For a learner from your workplace state how the package of support received is appropriate for his/her needs and why 3.2. Identify how the package of support could be improved and why 3.3. Identify 2 items of common support practice that would exacerbate the difficulties this learner experiences

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
4. Understand personal preferences, attitudes and beliefs associated with the behaviour exhibited by learners with these conditions and consider how these can impact on practice	4.1. Consider how personal preferences, attitudes and beliefs associated with the behaviour exhibited by learners with these conditions could impact on your practice when supporting learners

Assessment Method Guidance:

The assessment activities for this unit are indicated in the list below:

Key:

P = Prescribed – this assessment method *must* be used to assess the unit.

O = Optional – this assessment method *could* be used to assess the unit.

Case study	P
Essay	O
Oral question and answer	O
Written description	P
Reflective log / diary	P
Practice file	O

Please refer to the apt Handbook for definitions of each activity and the expectations for assessment practice and evidence for moderation.

Unit Title: Strategies for Supporting Learners in the Autistic Spectrum including Asperger Syndrome with ADHD and Tourette Syndrome

Level: 3 Credit Value: 2 GLH: 14

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	**The learner can:**
5. Understand accepted features and behaviours associated with Autistic Spectrum Disorder including Asperger Syndrome, ADHD and Tourette Syndrome	5.1. Discuss the accepted features and behaviours associated with Autistic Spectrum Disorder including Asperger Syndrome, ADHD and Tourette Syndrome
6. Understand the approach to take in response to a learner with any of these conditions (diagnosed or undiagnosed) and know how to report when any are suspected	6.1. For each condition identify the most appropriate approaches required to enable effective access to learning 6.2. Describe how to report a learner's difficulties which have not previously been recognised
7. Understand a variety of approaches that can support and/or exacerbate the difficulties that learners with these conditions experience	7.1. For 2 learners from your workplace analyse how each package of support they are receiving is appropriate for their needs 7.2. Explain how each package of support could be improved and why 7.3. Describe 3 items of common support practice that would exacerbate the difficulties these learners experience
8. Understand personal preferences, attitudes and beliefs associated with the behaviour exhibited by learners with these conditions and consider how these can impact on practice	8.1. Reflect on how your personal preferences, attitudes and beliefs associated with the behaviour exhibited by learners with these conditions could impact on your practice when supporting learners

Assessment Method Guidance:

The assessment activities for this unit are indicated in the list below:

Key: P = Prescribed – this assessment method *must* be used to assess the unit.
O = Optional – this assessment method *could* be used to assess the unit.

Case study	P	Written description	O
Essay	O	Reflective log / diary	P
Report	P	Practice file	O

Please refer to the apt Handbook for definitions of each activity and the expectations for assessment practice and evidence for moderation.

DELIVERY NOTES

It is highly recommended that only someone who has extensive knowledge, understanding and experience of working with people with ASC delivers this pack

Equipment and Resources

• Data projector
• Computer
• Internet access
• White board with sound
• Flip chart paper & pens
*Media clips052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, and 063 all to be found on http://www.onlinelearners.org.uk/

Recommended wider reading

- Somebody Somewhere by Donna Williams – 1998 London Jessica Kingsley
- Freaks, Geeks and Asperger Syndrome: A User Guide to Adolescence by Luke Jackson – 2002 Jessica Kingsley Publishers
- Thinking in Pictures by Temple Grandin 1996 U.S.A. Vintage books
- Front of the Class: How Tourette Syndrome Made Me the Teacher I Never Had by Brad Cohen and Lisa Wysocky – 2005 VanderWyk and Burnham

Useful websites

http://www.autismspeaks.org.uk
http://www.autism.org.uk
http://www.autism.com/
http://www.nas.org.uk
http://www.researchautism.net
http://www.shef.ac.uk/disability/teaching/autistic/index.html
http://www.addiss.co.ukhttp://www.timetoteach.co.uk/links/ADHDWhatistheDifferencebetweenADHDandADD.htmlhttp://www.tourettes-action.org.uk
http://www.tourettesyndrome.net
http://bradcohen.blogspot.com/
http://www.open.ac.uk/inclusiveteaching
http://www.chw.edu.au

Recommended pre-session Preparation

Task 1 Icebreaker Cards – these need to be printed off and cut up. It helps to make them in different colours so that any stray ones get back into the right envelope

Task 1 Icebreaker Hand out - need to be printed off to be issued after the icebreaker activity.

Task 3 “When may a condition show itself?” Cards – these need to be printed and cut out – it may help to laminate them for regular use

Task 1 Ice Breaker

The icebreaker for this unit is based on the idea of the group sharing the knowledge and experiences they have of these conditions through a card matching activity. The following 3 pages contain the cards that should be made up in sets to be given out. They also can be printed off and given our as hand outs for the participants to refer to later in the training or for future reference.

It is recommended that each set of cards (28 in total including the headings – essential for the participants to structure their card matching) be produced on different coloured card and if possible laminated. This ensures that when you are collecting them back in you will be able to check that all 28 of each set have been returned and they can then be used again.

While the participants are completing this activity – probably in groups of 3 – they are also challenged to establish the name and any other useful information of everyone in the whole group. This may need some encouragement and at the end of the activity it is important that you establish that not only have they matched the correct cards but that they have all 'met' each other. The plenary for this activity should include

1. The identification of the similarity in difficulties that all these conditions share namely the challenge in verbal and non-verbal communication
2. The recognition of the differences which means that different support will be required for different needs
3. The consideration of how relationship building is affected by the nature of the conditions especially recognising that ***their*** relationship with the learner will be affected. Support can be given through developing strategies for effective social communication but it must be recognised that the condition remains and behaviour associated with difficulties can be demonstrated at any time especially at times of stress i.e. looming deadlines, times of change, particularly challenging learning targets etc.

The discussion that completes this activity is focused on their experience of having both tasks to do. Ask questions like:

- Did you focus more on the card matching or getting people's information (relating to people)?
- Which part of the activity did you enjoy and/or find the most challenging?
- Consider how many times a learner can be challenged to complete similar tasks e.g. induction, during formal and informal social times, meetings.
- In the light of the information gained, or from their own experiences, consider how these times must be for the learners with any one of these conditions.

This discussion can set the scene to move into exploring how the experience of these conditions is so far removed from the way we perceive the world and how challenging they can be for all involved. Highlight that some of the given examples of best practice with other learners can actually be detrimental to learners who have these conditions.

The table on page 10 and 11 of the learning resource can be used as a discussion focus after the icebreaker and to lead into the Question and Answer activity.

Ice Breaker Cards

Title	Definition	Symptoms	Causation
Tourette Syndrome	It is a recognised medical condition, which is often inherited; there is no cure as with many chronic medical conditions. It is a very complex condition and can be described - with equal accuracy - as a movement disorder, and neurological condition, or a neuropsychiatric condition.	The symptoms are tics, repeated movements and sounds. These are chronic and involuntary. Tics usually start in childhood around the age of 7 and are likely to persist throughout life, though the symptoms often decrease towards the end of adolescence. The first symptoms are usually facial tics such as rapid blinking or twitches of the mouth, but it may start with sounds such as throat clearing and sniffing, or even with multiple tics of movements and sounds. Even within the same person, the tics vary in many ways, these changes are completely unpredictable.	We don't yet understand the cause.

Attention Deficit Hyperactivity Disorder Or Predominately Hyperactive/ Impulsive Type of ADHD	An internationally recognised medical condition of brain dysfunction, in which individuals have problems in inhibiting appropriate behaviour and controlling impulses, so giving rise to educational, behavioural and other difficulties.	Inattention Impulsiveness Hyperactivity	Scans have indicated a malfunction/deficiency in the frontal lobe of the brain particularly associated with Dopamine and other neurotransmitter systems. There may be genetic predispositions, but the environment may have a strong influence on some individual's behaviour.
Predominately Inattentive Type of ADHD (typically referred to simply as ADD)	A biological, brain based condition that is characterized by poor attention and distractibility. Symptoms can continue into adolescence and adulthood. If left untreated, it can lead to poor school/work performance, poor social relationships and a general feeling of low self-esteem.	May appear spacey, forgetful, and distracted. They move from one activity to the next, never quite able to complete a task. Often they begin a task without waiting for the directions and end up frustrated and uncertain. They may seem rather messy, careless and disorganized and tend to process information slowly. When given directions, it may seem that they are not hearing you. They draw less attention and are often overlooked or viewed as slow, unmotivated, or as underachievers. They are not any of these, they simply process information differently.	The exact cause has not been determined; however it is thought to have a genetic component as it tends to occur among family members.

Asperger Syndrome	A subgroup conceptualised as part of the autistic spectrum, shares the features of autism but without the associated learning difficulties (normal or even above average IQ) and without any language delay.	Abnormalities in social development Abnormalities in communicative development The presence of unusual and strong, narrow repetitive behaviours (sometimes called obsessions) Average or above average intelligence (IQ)	The exact cause is still being investigated. However, research suggests that a combination of factors - genetic and environmental - may account for changes in brain development.

Autistic Spectrum	This recently adopted phrase refers to children who fall some way between normality and Autism but outside Core Autism. Labels like Atypical Autism, Asperger Syndrome, or Semantic-Pragmatic disorder are often used and they all describe similar communication difficulties to a greater or lesser degree.	Triad of social impairments. Problems with engaging in reciprocal social interactions. Problems with the use and pleasure of communication will always be present in some form or another. Lack of understanding and ability to engage in imaginative play with toys, objects children or adults.	There is no known single cause but it is generally accepted that it is caused by abnormalities in brain structure or function. Researchers are investigating a number of theories, including the link between heredity, genetics and medical problems.
Semantic Pragmatic Disorder	It seems that children who are diagnosed as having this might more accurately be described as high-functioning autistic. Clinicians tend to give all autistic children who have good intelligence the label Asperger syndrome, even if a child actually has very limited speech. But there are important differences between bright autistic children with these difficulties and bright autistic children with Asperger syndrome.	Delayed language development Learning to talk by memorising phrases instead of putting words together freely Repeating phrases out of context, especially snippets remembered from television programmes Muddling up 'I' and 'you' Problems with understanding questions, particularly questions involving 'how' and 'why' Difficulty following conversations	As this difficulty is so related to Autism the assumption at this stage is that the cause is probably the same or very closely linked

Task 3: When may a condition show itself and how?

The boxes below need to be printed off and given out as prompt cards for each group.

Historically in a previous educational setting e.g. school or previous course of learning

Some people receive their diagnosis at a young age; some later in life. If the diagnosis was received at a young age how relevant is it likely to seem in adolescence or adulthood by both the person with the diagnosis and the people around them?

If support had been received in another setting will it still be appropriate in employment or are adjustments needed to suit the way their condition affects them now?

Presenting at application stage to the organisation

What questions are asked at the application stage that may enable any of these conditions to be recognised?

What could make a person with a diagnosis want to hide their condition? Why do you think a learner may choose to hide their condition at this stage?

How may the application process enable a learner with any of these conditions to hide the difficulties they experience associated with their condition?

At the first meeting with a Support Worker

Why do you think a learner may show the extent of their difficulties at this stage?

How could each of the conditions show themselves during their first meeting with you?

During an induction/learning programme while support is being given

What do you think could cause a learner to show the full extent of their difficulties during a learning programme?

What may learners do to attempt to minimise the impact of their difficulties?

How may you be able to identify the difficulties that a learner may be having that suggest that they have one of the conditions identified in this pack?

Task 4 Case Study Analysis Prompt Questions – film clips can be found at www.swddp.org.uk or www.onlinelearners.org.uk

Film Clip No.	Time Mins & Secs	Summary	Question
052	1.35	Having a conversation	How does Nick's explanation differ from the descriptions you have encountered from other young learners?
053	1.15	Time at college	How is Nick's experience of FE the same as other learners? How does it differ?
054	2.35	What is AS?	How does Nick view his condition? How does his answer confirm his condition?
055	3.12	Experience of learning support	What is Nick's experience of learning support? How does his answer confirm his condition?
056	1.46	Bullying	How do you think these experiences have affected Nick and his relationships with his peers?
057	2.02	Experience of College	What made college positive for Nick? How does his answer confirm his condition?
058	1.09	Friendship	How does Nick's description of his friendship with Max differ from other learner's description of friendship?
059	1.02	3D studio max and annoying packaging	How does Nick's answer confirm his condition?
060	1.19	"Why are you laughing?"	How does Nick's explanation of what happens when people laugh give you an insight into his experience of his condition?
061	1.00	What next?	How does Nick's answer confirm his condition and appear to contradict the assumptions of his condition?
062	0.52	Conversation re: sound of water	Is Nick having a conversation?
063	1.50	Any LSP discussion re: future?	How does Nick's response confirm his condition and the difficulties that can arise for him?

Task 5: Building case studies through ‘Consequences’

The greatest challenge in this activity is ensuring that each group knows and understands what they are endeavouring to achieve – namely sharing knowledge and understanding and responding to the other groups contribution.

Pay particular attention to the scene setting – make sure that the history of the learner is reasonably well established before passing the paper on to the next group.

Beware of elements that can throw the activity into another area of learning i.e. a learner with ADHD who also has dyslexia – the complexity of the support needs in this situation cannot be addressed in this unit.

Refer to the need for rigorous Initial assessment to reinforce that there are many elements from a learners past that can be useful in the appropriate support package to be delivered in adult learning and employment and many elements that need to be disregarded as age inappropriate.

Support each group at each stage of the process offering advice and guidance and picking up on any pertinent issues that either need to be challenged in the small group or in the group as a whole.

The final discussion and sharing of experiences and observations can act as a round up of the day with a reinforcing of the key issues and most useful pieces of learning.

Extra/Alternative Resources

If there is time, the AQ test is included in this pack - it is an excellent opportunity for all involved to consider the autistic condition in much finer detail.

The article “**Is Autism a Disorder?”** by Luke Beardon, also included in this pack, is useful for all involved to read and helps dispel some of the myths around autism.

Take the AQ Test

How to take the test: For each question, record if you “Definitely agree”, “Slightly agree”, “Slightly disagree” or “Definitely disagree”.

1. I prefer to do things with others rather than on my own
2. I prefer to do things the same way over and over again
3. If I try to imagine something, I find it very easy to create a picture in my mind
4. I frequently get so strongly absorbed in one thing that I lose sight of other things
5. I often notice small sounds when others do not
6. I usually notice car number plates or similar strings of information
7. Other people frequently tell me that what I’ve said is impolite, even though I think it is polite
8. When I’m reading a story, I can easily imagine what the characters might look like
9. I am fascinated my dates
10. In a social group, I can easily keep track of several different people’s conversations
11. I find social situations easy
12. I tend to notice details that others do not
13. I would rather go to a library than to a party
14. I find making up stories easy
15. I find myself drawn more strongly to people that to things
16. I tend to have very strong interests, which I get upset about if I can’t pursue
17. I enjoy social chitchat
18. When I talk, it isn’t always easy for others to get a word in edgeways
19. I am fascinated by numbers
20. When I’m reading a story, I find it difficult to work out the characters’ intentions
21. I don’t particularly enjoy reading fiction
22. I find it hard to make new friends
23. I notice patterns in things all the time
24. I would rather go to the theatre than to a museum

25. It does not upset me if my daily routine is disturbed
26. I frequently find that I don't know how to keep a conversation going
27. I find it easy to "read between the lines" when someone is talking to me
28. I usually concentrate more on the whole picture, rather than on the small details
29. I am not very good at remembering phone numbers
30. I don't usually notice small changes in a situation or a person's appearance
31. I know how to tell if someone listening to me is getting bored
32. I find it easy to do more than one thing at once
33. When I talk on the phone, I'm not sure when it's my turn to speak
34. I enjoy doing things spontaneously
35. I am often the last to understand the point of a joke
36. I find it easy to work out what someone is thinking or feeling just by looking at their face
37. If there is an interruption, I can switch back to what I was doing very quickly
38. I am good at social chitchat
39. People often tell me that I keep going on and on about the same thing
40. When I was young, I used to enjoy playing games involving pretending with other children
41. I like to collect information about categories of things (e.g. types of cars, birds, plants)
42. I find it difficult to imagine what it would be like to be someone else
43. I like to carefully plan any activities I participate in
44. I enjoy social occasions
45. I find it difficult to work out people's intentions
46. New situations make me anxious
47. I enjoy meeting new people
48. I am a good diplomat
49. I am not very good at remembering people's date of birth
50. I find it very easy to play games with children that involve pretending

Psychologist Simon Baron-Cohen and his colleagues at Cambridge's Autism Research Centre have created the Autism Spectrum Quotient or AQ as a measure of the extent of autistic traits in adults. The test is not a means for making a diagnosis.

How to score: Score 1 point if your answer matches the answer in the table

1	Definitely or Slightly agree	11	Definitely or Slightly disagree	21	Definitely or Slightly agree	31	Definitely or Slightly disagree	41	Definitely or Slightly agree
2	Definitely or Slightly agree	12	Definitely or Slightly agree	22	Definitely or Slightly agree	32	Definitely or Slightly disagree	42	Definitely or Slightly agree
3	Definitely or Slightly disagree	13	Definitely or Slightly agree	23	Definitely or Slightly agree	33	Definitely or Slightly agree	43	Definitely or Slightly agree
4	Definitely or Slightly agree	14	Definitely or Slightly disagree	24	Definitely or Slightly disagree	34	Definitely or Slightly disagree	44	Definitely or Slightly disagree
5	Definitely or Slightly agree	15	Definitely or Slightly disagree	25	Definitely or Slightly disagree	35	Definitely or Slightly agree	45	Definitely or Slightly agree
6	Definitely or Slightly agree	16	Definitely or Slightly agree	26	Definitely or Slightly agree	36	Definitely or Slightly disagree	46	Definitely or Slightly agree
7	Definitely or Slightly agree	17	Definitely or Slightly disagree	27	Definitely or Slightly disagree	37	Definitely or Slightly disagree	47	Definitely or Slightly disagree
8	Definitely or Slightly disagree	18	Definitely or Slightly agree	28	Definitely or Slightly disagree	38	Definitely or Slightly disagree	48	Definitely or Slightly disagree
9	Definitely or Slightly agree	19	Definitely or Slightly agree	29	Definitely or Slightly disagree	39	Definitely or Slightly agree	49	Definitely or Slightly disagree
10	Definitely or Slightly disagree	20	Definitely or Slightly agree	30	Definitely or Slightly disagree	40	Definitely or Slightly disagree	50	Definitely or Slightly disagree

In the first major trial using the test, the average score in the control group was 16.4. 80% of those diagnosed with autism or a related disorder scored 32 or higher.

NOTE: Many who score above 32 and even meet the diagnostic criteria for mild autism and/or Asperger's report no difficulty functioning in their everyday lives.

Used with permission of Dr Simon Baron-Cohen

Is Autism a Disorder? Luke Beardon, 2007

In 1978 Lorna Wing and Judy Gould undertook the Camberwell study; following their paper published a year later the so called 'Triad of Impairments' was introduced, and has since been the 'backbone' of diagnostic criteria for autism. Their work at the time was cutting edge and seminal, influencing the way in which professionals understood the world of autism. Here we are, 28 years later, and I for one still come across the term 'Triad of Impairments' on almost a daily basis.

However, nearly thirty years is a long time, and while Wing and Gould will forever be positively associated with research in the field of autism (and rightly so) surely it is time to reconsider our use of terminology that could potentially damage the very population we are supposedly trying to support?

Firstly, is autism really a disorder? For all of the arguments to say that it is, I would strongly suggest that there are counter arguments against. We are told that people with autism lack a theory of mind; executive functioning; have poor central coherence; have developmental delays in communication and social understanding. In my experience I would not contest that this causes difficulties for the individual and family. But, having said that, what about the counter side to this: the honesty, the straight talking, the saying what they think as opposed to making things up, the very genuine nature found in so many individuals with autism? What about all of the extraordinary qualities rife within the population, the attention to detail, perfectionism, drive, and focus? I would say that the only reason we use the term disorder is because there are more NT (neurotypical) people than there are people with autism. What we should be talking about is difference, not disorder; we should be recognising that just because a person with autism develops differently it is not automatically a negative state (i.e. 'disorder') but a difference that needs acknowledgement. I would not suggest for one minute that people with autism and their families and friends do not have daily struggles; what I would suggest is rather than those struggles being placed firmly at the door of the person with autism, we should be looking elsewhere - at the rest of the NT population who, with the right guidance, attitude, willingness, and acceptance can change their way of thinking and behaving better to suit those with autism.

Secondly, are we right to say that people with autism are impaired? I would argue not. Where do the vast majority of problems for people with autism come from? Other people, usually NTs. Our lack of understanding autism directly causes huge amounts of anxiety, confusion,

stress and distress to people with autism. Perhaps we should be saying that NTs are impaired in their understanding of autism, rather than people with autism are inherently impaired - that, certainly to my mind, would be far more accurate a reflection on reality. For example, to say that an individual with autism is impaired in their communication would suggest that the problem lies with that individual, as if something is wrong with them that requires fixing. Now consider the child who complies with what he is told (to the letter) and is subsequently admonished for doing just that. One might say that is a result of literal interpretation of language - part of the so called 'impairment in communication'. But where is the celebration of honesty for that individual? Where are the cries of anguish over the NTs illogical and highly disturbing propensity to say things that are not accurate, precise, or even true? Surely we should be decrying the NT population as a bunch of liars who cannot use verbal language accurately, rather than placing the blame firmly on the head of the person with autism. Rather than insinuating that the problems lie with the individual, look at the problems created by the NT population. If I cannot communicate effectively with a non-verbal child, who am I to say that the impairment is with the child? Surely I am equally impaired! It is my impairment just as much as any problems associated with autism that causes those everyday problems for the individual and their families.

I am utterly convinced that one of the best ways of supporting an individual with autism is to change behaviour - not of the person with autism but the behaviour of those around them. If the world was more organised, better structured, if people actually said what they meant, then surely this would better suit the individual with autism? If we actually listened to people with autism and responded accordingly we could go a long way towards meeting need. Perhaps most importantly, if we developed a better understanding - by refusing to see things always through an NT perspective, by broadening our minds to see things from the perspective of the individual - then we will realise that it is changes in ourselves and society in general that would be most beneficial to those with autism, rather than always placing an onerous expectation on the individual with autism to change.

People with autism are not disordered (the irony with the term being that so many people with autism are highly ordered in their thinking), nor should we automatically dismiss developmental differences as impairments. Certainly the neurological complexities can be baffling to the NT - as, equally, the NT world is baffling to the individual with autism. This does not make either or both populations disordered - simply, different. In order to support

individuals with autism we must accept that differences do occur, but at the same time recognise and accept that difference is not synonymous with disorder.

One day, with luck (and a lot of help from those with autism) we will see beyond our own, very narrow, view, and celebrate autism, rather than separating the population by negative terms such as disorder and impairment. Until then we should be taking a long hard look at society, our values, and ourselves.

Glossary

Term	Meaning
Anxiety	This can show as sleep difficulties, tension habits, motor unrest, phobias, worries, poor concentration, or panic attacks
Attention Deficit Hyperactivity Disorder(ADHD)	Children may show signs of hyperactivity before TS symptoms appear. These signs include: poor concentration; failing to finish what is started; not listening; being easily distracted; often acting before thinking; shifting constantly from one activity to another; and general fidgeting. This starts before the age of 7 and causes problems in at least two settings e.g. school and home. Adults too may show signs of ADHD such as overly impulsive behaviour and concentration difficulties
Conduct disorder	This can show itself as persistent and repetitive lying, stealing, truancy, starting fires, vandalism, fighting, or cruelty to animals
Copropraxia and coprolalia	Copropraxia means making obscene or otherwise unacceptable movements or gestures. Coprolalia means using obscene or unacceptable language. This may involve swearing (though only 10-15% of people with TS have coprolalia) or racist remarks. Coprolalia can cause serious problems at school, in society and at work, and it is particularly sad that the words uttered usually bear no relation to the true feelings of the person saying them
DAMP	Deficits in Attention, Motor Control and Perceptual Abilities - DAMP is used as an umbrella term to cover various combinations of motor control and perceptual problems in addition to attention difficulties. Professor Christopher Gillberg and his team working in Sweden originally described DAMP in the 1980s. This is now an accepted term in Scandinavia. Children who have DAMP may not have any definite neurological disorder or identifiable brain damage. It is thought that their brain networks behave differently to other children
Depression	Depression should always be taken seriously. It is treatable and medical advice should be sought. In TS depression is most commonly seen in people with severe tics, sleep disturbances or OCD
DISCO	Diagnostic Interview for Social and Communication Disorders
Echophenomena	Repeating other people's words is echolalia and other people's gestures isechopraxia. It is common in TS
Inappropriate sexual behaviour	This usually involves touching the person's own or other people's genitals
NOSI	This stands for Non-Obscene Socially Inappropriate behaviour. It falls short of swearing, but involves saying things that are socially unacceptable, for example personal remarks for instance about height, weight or facial features
Obsessive compulsive and ritualistic behaviours	These occur when a person feels that something must be done over and over. Examples include touching an object with one hand after touching it with the other hand to "even things up" or repeatedly flicking the light switch on and off. In more serious cases, the obsession may be around sexual, violent, religious or aggressive themes. Compulsions typically include checking, ordering, counting, repeating, getting things "just right" or symmetrical, or forced touching which is a different

	spectrum from the symptoms of “pure” obsessive compulsive disorder (OCD)
Other psychopathology	Examples include: • rage attacks/aggression • oppositional defiant disorder • inappropriate sexual behaviour
Paliphenomena	This is similar to echophenomena but involves the person with TS repeating his or her own words and actions such as “hello I came here by bus bus bus bus”
Rage attacks	These can be frightening and destructive. Once begun, a rage attack has to be left to run its course. Rage may be linked to tic suppression.
SALT	Speech and Language Therapist
Sensory integration	Ayres (1979, in Smith Myles et al. 2000) defined sensory integration as ‘the organisation of sensation for use’. It involves turning sensation into perception. Most of the time the processing of sensory information is automatic. The sensory systems can be broken down into six areas. These can be divided into two main areas: hyper (high) and hypo (low) sensitivity. However, it is important to remember that the difficulties/differences may for some individuals fall into both areas
SIB	SIB stands for Self-Injurious Behaviour. It includes punching and slapping the head, face or body, or scratching or sticking sharp objects into the body, including the eyes. It can be an obsessional behaviour
Sleep Disorders	These include frequent awakenings or walking or talking in one’s sleep and are fairly common among people with TS
Social Stories	Social Stories were developed by Carol Gray in 1991 to assist individuals with autistic spectrum disorders (ASD) to develop greater social understanding. A Social Story is a short description of a particular situation, event or activity, which includes specific information about what to expect in that situation and why. They can provide an individual with some idea of how others might respond in a particular situation and therefore provide a framework for appropriate behaviour. Social Stories also enable others to see things from the perspective of the individual with ASD and why the person may appear to respond or behave in a particular way
TEACCH	Treatment and Education of Autistic and Communication-Handicapped Children, is the term given to describe the various activities undertaken by Division TEACCH, a state-wide community-based programme of services for children and adults in North Carolina
Triad of Impairments	The autistic spectrum was defined by the presence of impairments affecting social interaction, communication and imagination. This is known as the triad of impairments. (Wing & Gould 1978)

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www.nas.org.uk
www.chw.edu.au/parents/factsheets/dampj.htm