

Early Years and Autism Spectrum Disorders

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By Christine Deudney + Lynda Tucker



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For ease of reference, the word 'child' refers to 'the child with autism' and 'he' will be used to mean both he and she.



WHAT IS AN AUTISM SPECTRUM DISORDER (ASD)?

An Autism Spectrum Disorder (ASD) is a lifelong condition that affects the way a person communicates and relates to people around them. People with an ASD have difficulty on relating to others in a meaningful way. Their ability to develop friendships is generally limited as is their capacity to understand other people's emotional expression. Some people, but not all, have accompanying learning disabilities. All people with an ASD have impairments in social interaction, social communication and imagination. This is known as the triad of impairments.

Some children may be diagnosed as having Asperger syndrome or high functioning autism. Children with Asperger syndrome have fewer problems with language than those with Classic / Kanner autism, often speaking fluently, though their words can sometimes sound formal or stilted.

People with Asperger syndrome do not usually have the accompanying learning disabilities associated with Classic / Kanner autism; in fact, children with Asperger syndrome are often of average or above average intelligence. Many will enter mainstream school and, with the right support and encouragement, can make good progress and go on to further education and employment.

It is important to realise that each person with an ASD is different from the next so the descriptions in this information sheet should only be taken as a general guide. Nevertheless, the common problems affecting social interaction, communication and imagination and the repetitive behaviour are common to all.





SIGNS OF AUTISM

Children with an ASD exhibit a wide range of behaviours. Essentially though, the child will have difficulty relating to others and making friends; difficulty in communicating (some children may not talk at all); and be unable to engage in imaginative play. Other signs include obsessions, fears, a lack of awareness of danger, ritualistic play and behaviour, inappropriate eye contact, hypersensitivity to sound, light etc., spinning objects and hand flapping. A child does not need to show all these signs to be diagnosed as having an ASD and some children who do not have an ASD may exhibit some of these behaviours.

COMMUNICATION

Some children with an ASD never develop spoken language and their understanding may be limited. Others develop speech although this may begin much later than normal. Some of these children will develop echolalia – repeating words that may have little meaning for the child or repeating what you say.

For example, when asking a child if he wants a drink, he may reply ‘Do you want a drink?’ The child may also use the words ‘Do you want a drink?’ to actually ask for a drink. He may also repeat words or phrases that he has heard in the past – including phrases from television programmes. For those children whose language develops beyond echolalia, they may have great difficulty with grammar and word meanings.

Non-verbal communication is also impaired. Young children may even have difficulty in understanding simple gestures such as nodding and shaking the head. They also have great difficulty in using such language, although they often develop simple skills as they grow older. The basic rule is to be clear, concise and consistent.

Children with Asperger syndrome may appear to have normal language. This can be deceptive as they still have a range of subtle problems and it should not be assumed they understand what they are saying. Their conversation may be repetitive and non-conversational. Some children will repeatedly ask the same question regardless of the answer or insisting that the same answer is given.

It is crucial to use simple language when talking to the child, speaking slowly and clearly. For example, rather than saying 'Tommy, put your coat on. It's time to go home', saying 'Tommy, coat' may be more effective. Point to the coat at the same time and use the child's name. For children with better comprehension, speak in sentences, but ensure that they are short and simple and not ambiguous. Stress keywords if necessary and try to put them at the end of the sentence, e.g. 'It is time for a drink'.

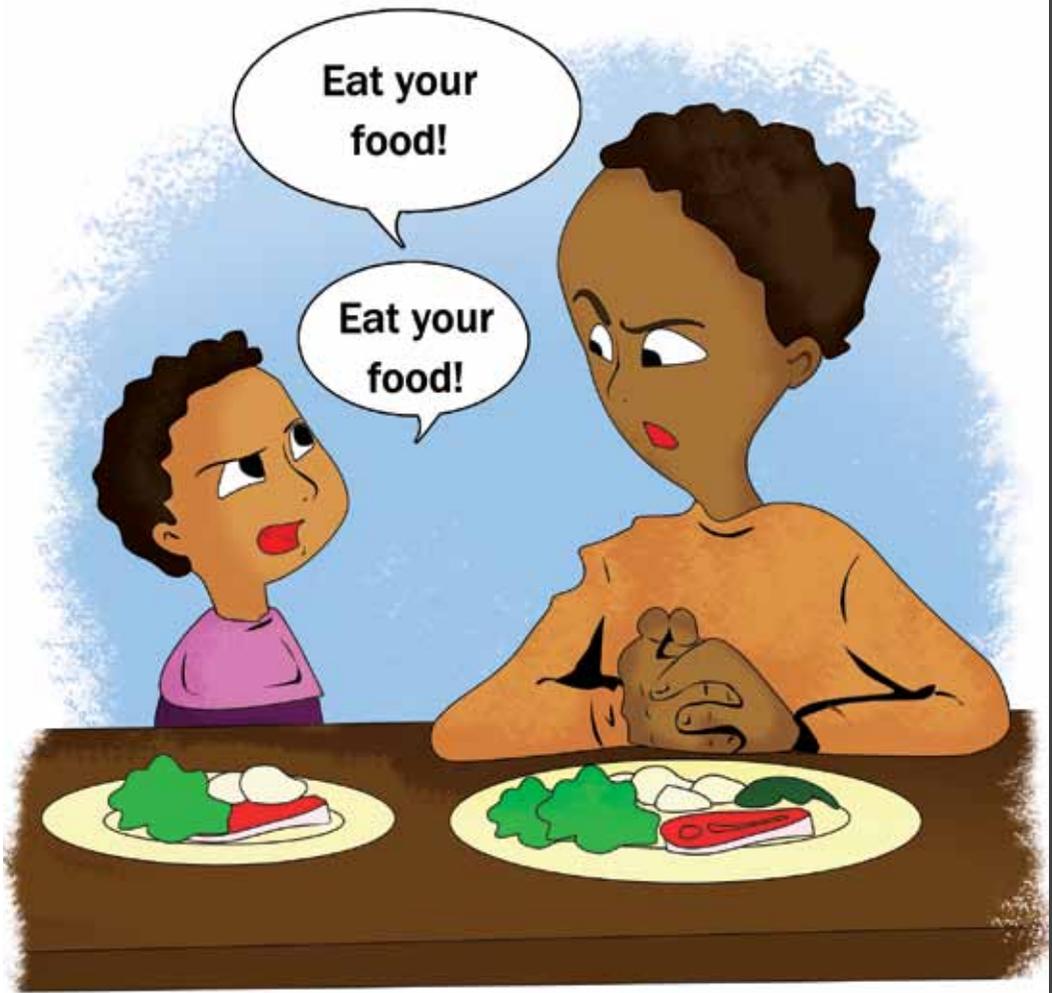
Another technique is to use symbols, pictures or a real object. If you are telling a child it's time for a drink, show him a picture of a drink. Such techniques will also help reduce the frustration a child feels at not being able to communicate verbally. For very young children the real object may be better, possibly backed up with a symbol.

You need to be careful with pictures because the child could 'home' in on the background if the picture has too much detail. Also, if not exactly the same drink, e.g. the picture is of milk and you are offering blackcurrant, he may not recognise it is still a drink. He may view it as something different.

Always be aware of what you are saying and how the child might misunderstand it. His understanding is likely to be literal: for example, if you say 'it's raining cats and dogs', he is likely to look for cats and dogs falling from the sky. An expression such as 'crying your eyes out' can be taken at face value and cause distress or even terror.

Continually check that the child is listening and understanding. Many children may not look at you or the object but still may be taking everything in. Don't be afraid of repeating what you have said if you don't think they have understood the first time. It is essential to give the young child a much longer time to process the information than you would expect for other children. Also, if you repeat the instruction, repeat it in exactly the same way. If you say the phrase slightly differently the child may have to process the information all over again. This is particularly important if the child is in a group. Young children may not understand that they are included, so you may need to address them by name or talk to them alone, then to the group.

Always address a child by their name first. Don't assume if you say 'John' to a child they will automatically respond or, if the tone of voice implies 'stop that' or 'come here' that they will comply. Give positive instruction – i.e. what you want them to do rather than what you don't want them to do e.g. 'Sahid, sit down' rather than 'Sahid, stop running'.



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INTRODUCTION TO PRE-SCHOOL

Any child is likely to be overwhelmed by the noise, light, number of children present etc. This is particularly true of the child with an ASD who may be hypersensitive to these things.

James is a 3-year-old with an ASD. His introduction to the pre-school class was gradual. Prior to his first visit, photographs of the pre-school were taken and shown to the child in the form of a picture book. James then visited the Pre-school when no other children were present and he was introduced to staff and the activities. James was then introduced to the other children, gradually increasing the amount of the time he spent at the Pre-School.

It may also be useful for staff to have a photograph and name on a badge so that the child begins to recognise them and their name. For children who don't like change, it might be useful to have a display board with photos showing which staff are in that particular day.



PICTURE TIMETABLES AND SYMBOLS

Picture timetables give children with an ASD a sense of structure to their day and make them feel more secure. A variety of types of pictures can be used – photographs, drawings, symbols etc. – depending on the child's understanding. More able children may prefer words. What is important is that the timetable is clear, unambiguous and does not give too much information at once. Visual timetables can also be used to break an activity down into steps. Hannah (2001) discusses in detail how to design and implement a good timetable. Some children, especially those with little or no speech, relate well to picture symbols. This is similar to the timetable. Simple line drawings are best because these are less confusing than a photograph. The word for the object can be written underneath so that the name for an object is consistently used by all.

Picture symbols were used with Emma to help her use the toilet. A picture of the toilet was placed next to the toilet and this was shown to her every time she went to there. Once she had associated the symbol with the toilet an identical symbol was shown to her in the playroom when the staff member was going to take her there. At the same time she was told 'Emma, toilet'. As time went on, Emma was able to show a member of staff the appropriate picture when she needed to use the toilet.



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TOILETING PROBLEMS

Some children with an ASD find toileting very difficult, especially if they have learning difficulties. You may find that a child who is dry at home may need nappies at nursery. Other children may use other places than the toilet, not realising that this is inappropriate. Autism Spectrum Disorders makes it very difficult for the child to understand social rules. They are not being naughty.

To tackle any toileting problems it is important to take it one step at a time. Try to establish a routine. For example, take the child to the toilet or potty about 20 minutes after every meal. You can also look out for non-verbal signals that indicate the child wants a wee or poo. Take the child to the toilet and encourage them to sit on the toilet or potty. Try and get them to sit for a short period of time, say five minutes, before you let them off. If they don't do anything let them off but return a short while later, especially if they give signals that they are about to do something in their nappy or pants.

It is important to keep a record when a child goes to the toilet – a simple w/p key (w=wee/p=poo) when using the toilet e.g. did a wee, did a poo, pants wet, just sat etc. This will give useful information in order to determine whether visits to the toilets should have shorter/longer intervals and whether a child wets/poos at around the same time daily.

Timings of visits can then be adjusted accordingly. For a child who dislikes using the potty/toilet, it may be useful to give them a favourite book/toy to use while getting them to tolerate just sitting down. For a child who holds on to their urine, it might be worth plying them with their favourite drinks throughout the day. Rewards for using the toilet need to be instant so that the child relates the reward with the correct action. It may be an idea to set up a reward system when toilet training. Rewards can be anything from praise to allowing the child to undertake a favourite activity, for example.

PROBLEMS WITH EATING

Lunch time can be particularly difficult for children with an ASD at nursery. Some are very sensitive to certain textures or flavours, or are frightened of trying new foods. Many are overactive and find it hard to sit down and eat at a table. It is therefore important to take things in small steps and praise the child for their progress. They may find eating as part of a group overwhelming – sitting the child at their own table and gradually introducing other children may help.

Lunch time must be a very consistent routine with, perhaps, a personal table mat so that the child with ASD knows that it is time to sit down and eat. Encourage the child only to eat when sitting. Keep returning him to his chair to sit for a few minutes to eat. Be very clear what you are working on, e.g. favourite foods, so that the child wants to sit down and eat.

Gradually build up the amount and variety of food presented to the child. During the early days, only present the foods that the child knows and likes. Then put one small new item in middle of a favourite food e.g. one pea in a jacket potato and gradually build up. If he shows interest in other foods, by all means then try the new food, unless the child is on a special diet. Give praise once the food has been swallowed, and not before. If the child leaves food on their plate, just remove their plate without comment. Do not make a big fuss about what is left. Accept it may be better for a child to initially use his fingers, rather than a spoon/fork, if you just want him to eat. Teach one skill at a time.



OBSESSIONS

Many children with an ASD will have one or more obsessions e.g. Thomas the Tank Engine or dinosaurs. A child may talk repeatedly about the object. It may be necessary to have rules such as he can only bring one engine to the Pre-School (or none if you have a rule about not bringing toys to the Pre-School) and that he can only talk about Thomas at certain times. The visual timetable can be used to implement this.

However, a child's special interest can be used as a tool. For example, Thomas and the other engines can be used to teach numbers and colours.

CHOICE OF ACTIVITY

During free-time, the child with an ASD may find it very difficult to choose what to do. He may stand on the perimeter engaging in self-stimulatory activity, such as flicking his fingers. Slowly build up the choices that are available to the child – initially offer him a favourite activity together with something he does not enjoy. Gradually build up to two desired activities. Alternatively, he may always choose the same activity, such as playing with the toy train. A picture timetable can be used, alternating the train play with other activities.



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TANTRUMS

Some children with an ASD have tantrums because they are unable to communicate what they want or express their feelings in any other way. Furthermore, they may have difficulty in understanding what they are being told. The use of picture cards may help overcome some of these problems. It is also essential to keep your language clear and brief and to emphasise important words.

However, don't just assume it is a communication problem. Evaluate as much information as possible prior and around the tantrum:- did he sleep well, did he have breakfast, is he ill, frightened etc. If a child tantrums often, it would be helpful to record these – time, date, what was happening just before the incident, during the incident, and how did the child calm down. A pattern might emerge which might identify triggers. If a child with ASD is non-verbal it would be helpful to teach a child to initially point or take an adult's hand to items they want. This will reduce the frustration of not having some of their needs met.

THE CURRICULUM

As with all children, children with an ASD will be required to follow the foundation stage of education from the age of three to the end of reception year. However, children with an ASD have differences in their brains and they may have difficulties in learning those skills which typically developing children learn naturally. Essentially, a young child needs to develop 'learning to learn' skills in order to access a curriculum – sitting for short periods, looking, listening, attention, concentration, enjoyment, simple self help skills e.g. toileting, dressing etc. A lot of practice may be needed.

Cumine, Leach and Stevenson (2000) give an outline as to how this curriculum can be adapted to meet the needs of children with ASDs. They emphasise the child's special needs and give hints on teaching, with case study examples.

Personal, social and emotional development - what a child learns in the early years is crucial in the development of his social competence. Specific social interaction skills need to be taught – using real social situations.

Communication, language and literacy – similarly, the child with an ASD may have great difficulty in understanding communication, verbal and non-verbal. Again, this may need to be taught.

Mathematical development – this may be an area of strength. However, mathematical experiences will need to be made meaningful for the child with an ASD.

Knowledge and understanding the world – the child with an ASD may not be naturally inquisitive and this will need to be fostered. However, they may have extreme curiosity for certain things. Help will be needed to make sense of past, present and future events.

Physical development – be vigilant with those children whose agility outstrips their sense of danger. Clear safety rules that the child understands will be necessary.

Creative development – help the child reflect on previous experiences and learning and help them make connections between past and present learning.

PLAY

Play for children with an ASD can be particularly difficult. Research has shown that for young children with an ASD, sensory motor play (e.g. mouthing objects) dominates beyond the verbal mental age at which it declines in children without an ASD. They may also use objects in an inflexible way, for example spinning the wheels of a toy car rather than playing a racing game. They may often prefer to play by themselves, rather than with other children.

Children with an ASD, especially those with Asperger syndrome, sometimes want to play with other children, but do not know how. Adult assistance may greatly help these children. Interactive play, such as singing games, can also be very popular. Sherratt & Peter (2002) give a wide range of practical strategies for teaching play, depending on the child's level of functioning. Some of these can be used on a one-to-one basis; others involve other children. Moor (2002) also has a wealth of practical advice to offer on play ideas. Imaginary play (e.g. doctors and nurses) is rare. Often when it does appear, it is in fact an enactment of something they have seen on television and they will repeat the same scene over and over again.

Many young children with an ASD have poor self occupancy skills and lack the imagination to truly experiment and examine toys. Because of their rigid behaviours they may not want to try new toys/experiences. One-to-one teaching of how to use functional toys may not necessarily teach a child with ASD how to 'play' but, through routine, they may learn to occupy themselves in a more constructive and appropriate way. The child's range of toys could be systematically increased thus increasing the child's ability to make choices. The more familiar a child becomes with a range of toys, the more they are likely to use them.



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IDEAS FOR TOYS AND LEISURE ACTIVITIES

As with all children, children with an ASD have a wide range of likes and dislikes. Shields (1999) has compiled a lists of toys that have been demonstrated as being popular with young children with autism. They include toys which are visually interesting (e.g. bubbles, shape and colour matching or sorting toys, jigsaws, Jack-in-the-box, lego, videos especially Thomas the Tank Engine, Pingu and Disney); books, especially those with flaps or items to touch, puzzle books, word books etc.; physical activity toys e.g. swing, slide, trampoline, rocking horse, ride-on toys, climbing frame, football etc.; games to play with other people e.g. tapes of singing and dancing games, picture lotto, snap, Connect 4, snakes and ladders, ludo, chess; and computer software – early years programmes, characters (e.g. Thomas the Tank Engine, Pingu, Disney), software to develop vocabulary, factual software.

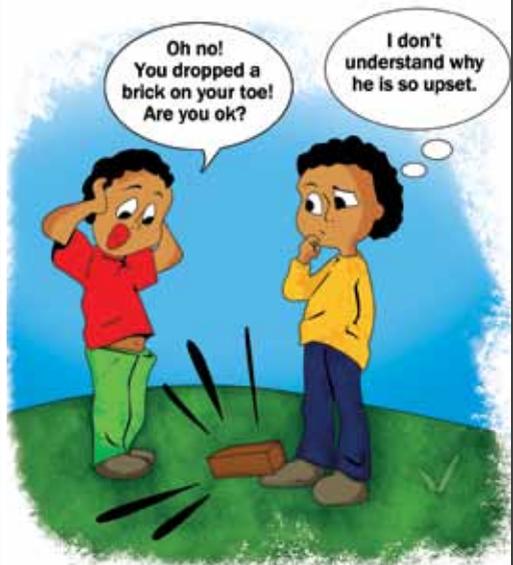
HEALTH AND SAFETY

Some children with an ASD do not seem to react to pain. They may not cry when hurt and show little or no awareness of danger. It is therefore advised that they are carefully monitored when playing on play equipment.

They may also lack awareness of other children's safety e.g. pushing another child aside. This is not to intentionally hurt the child, rather they are unaware that the other child may get hurt or be angry at being pushed aside.

Important points

- All staff need to be aware of the rules and expectations of the child with ASD and that these are consistently applied.
- Language should be clear and simple. Avoid ambiguity.
- Use rewards not punishment, particularly special interests
- Share information/experiences with primary carers
- Be aware of what might upset the child.



FURTHER READING

- * Carter, M.A. and Santomauro, J. (2007) *Pirates: an early-years group program for developing social understanding and social competence for children with autism spectrum disorders and related challenges*. Shawnee Mission, Kansas: Autism Asperger Publishing. 9781931282345
- * Coucouvanis, J.A. (2008) *The potty journey: guide to toilet training children with special needs, including autism and related disorders*. Shawnee Mission, Kansas: Autism Asperger Publishing. 9781934575161. Available from NAS Publications Dept. Code NAS781
- * Cumine, V., Leach J. and Stevenson, G. (2000) *Autism in the early years*. London: David Fulton. 1853465992. Available from NAS Publications Dept.
- * Hannah, L. (2001) *Teaching young children with autistic spectrum disorders: a practical guide for parents and staff in mainstream schools and nurseries*. London: The National Autistic Society. 1899280324. Available from NAS Publications Dept
- * Hannah, L. (2007) *My friend Sam: introducing a child with autism to nursery school*. London: The National Autistic Society, 9781905722228. A book for preschool children about autism. Available from NAS Publications Dept. Code NAS692
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- * Moor, J. (2002) *Playing, laughing and learning with children on the autism spectrum: a practical resource of play ideas for parents and carers*. London: Jessica Kingsley. 1843100606
- * Peters, C. *That's not fair!* (2007) Leicester: Leicester City Council. A book for preschool children about autism. Available from NAS Publications Dept. Code NAS723
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- * Shields, J. (1999) *Ideas for toys and leisure*. In: *The autistic spectrum - a handbook* 1999. London: The National Autistic Society. 189280022. Available to download: www.autism.org.uk/toys
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Autism South Africa has the following brochures available either as downloads from www.autismsouthafrica.org or as hard copies that may be requested from the Autism South Africa office.

The material contained in booklets numbered 1 through to 12, was provided by UK National Autistic Society under a Memorandum of Understanding with Autism South Africa.

1. **Early Years and Autism Spectrum Disorders.** By Christine Deudney and Lynda Tucker.
2. **Going to the Shops: a guide for parents of children with autistic spectrum disorders.** By Catriona Hauser
3. **Bullying and how to deal with it: a guide for pupils with an Autism Spectrum Disorder.** By Patricia Thorpe.
4. **Going to the doctor: a guide for children with an Autism Spectrum Disorder.** By Emma Jones.
5. **Patients with an Autism Spectrum Disorder – information for health professionals.** By Christine Deudney.
6. **Classroom and playground support for children with an Autism Spectrum Disorder.** By Prithvi Perepa.
7. **Why does Chris do that?** By Tony Attwood.
8. **Environment and surroundings - How to make them autism-friendly.** By Anh Nguyen.
9. **Asperger's Syndrome from diagnosis to solutions – A guide for parents.** By Tony Attwood.
10. **Working with an Asperger pupil in secondary schools.** By Judith Colley.
11. **The sensory world of the autistic spectrum: a greater understanding.** By Kate Wilkes.
12. **Understanding difficulties at break time and lunchtime guidelines for pupils with an Autism Spectrum Disorder.** By Patricia Thorpe.
13. **Asperger Syndrome.** By Dr Cobie Lombard (Autism South Africa)
14. **Autism – Practical Aspects** (In English, isiXhosa, isiZulu, Setswana, Sesotho, Sepedi and Afrikaans) (Autism South Africa)
15. **Sexuality Brochure – “I’m growing up”.** By Rebecca Johns. (Autism South Africa)
16. **Thoughts of a young sibling.** By Kim Stacey (Autism South Africa)
17. **Dietary Intervention.** By Paul Shattock and Paul Whitely. (Autism South Africa)