Aims and intended outcomes

The aim of this article is to enable practitioners to develop and advance their practice when working with children and adults who have an autism spectrum condition. This article provides information to help healthcare professionals understand and use theories of autism to identify ways to enable children and adults with autism to access facilities and treatments. After reading this article and completing the time out activities you should be able to:

- Explain autism spectrum conditions in relation to the diagnostic criteria of the ‘triad of impairments’.
- Differentiate between autism and Asperger syndrome.
- Explore ways in which the environment can be adapted to make reasonable adjustments for people with autism.
- Describe how practitioners can change or adapt their practice to enable people with autism spectrum conditions to access health and social care services.

Introduction

Autism is a lifelong developmental disorder, characterised by impaired social interaction, social communication and social imagination. An estimated 1% of children in the UK have autism (National Autistic Society 2007). Most studies focus on the prevalence of autism in children, but it has been suggested that similar prevalence rates might exist in the adult population. However, a lack of formal diagnosis in the adult population may mean that these rates are not recorded. Bebbington et al (2009) carried out a survey of a sample of the adult population in 2007 and found an estimated 1% prevalence of autism. A more recent study estimated a prevalence of 157 per 10,000 (Baron-Cohen et al 2009).

Because of the continued development of mainstream services for people with disabilities (Department of Health 2009) more people with autism will be accessing healthcare services, and more health and social care professionals will become more knowledgeable about the condition (National Audit Office 2009). With careful planning, practitioners can make accessing health care for people with autism and their families a positive experience, by drawing on a range of practical ideas and strategies.
This article examines the difficulties experienced by people with autism and outlines practical strategies that might help them to cope in a range of situations. It is emphasised that nurses need to understand the individual with autism and how he or she is likely to react to particular people and places, in order to minimise his or her anxiety.

Individual experiences

The characteristics of autism vary between individuals, and environmental factors will affect people differently. For example, some people may be relaxed at home or familiar surroundings, but become extremely anxious on entering new environments and meeting new people (Aylott 2003). It may not be immediately evident to the observer what exactly is causing the distress. Children often have difficulty predicting how they will respond to stimuli and interactions in different environments. Some young adults will develop a level of awareness of which environments are likely to cause them difficulties and develop practical strategies to manage this.

There is a body of knowledge, in the form of autobiographical accounts, relating to how people with autism are likely to respond to a range of experiences and environments (Grandin and Scariano 1996, Williams 1999a, 1999b, 1999c, Gerland 2000, Lawson 2000, Jackson 2002, Fleisher 2003). No two people with autism are alike and it is important to address individual differences to tailor care to meet each person’s need. Some people with autism may not communicate verbally in the conventional manner – for example they may use words that have idiosyncratic contextual meaning, learned while growing up – and will need a carer or family member to explain the meaning of certain words or phrases. It is essential that healthcare guidance, intervention and support is planned in partnership with a carer, friend or advocate who knows how to communicate with the individual with autism and what support to provide in different and challenging environments (Aylott 2003).

Families are important in forming a ‘bridge’ between the person with autism and a world that is frequently perceived as confusing and distressing. The person may not be able to express how he or she feels in words and family members often have the best understanding of how the person with autism is experiencing the world. The family will be able to provide information on the best method of communication so that the practitioner is equipped with the resources to communicate effectively with the individual.

Autism can cause individuals to experience high levels of stress and distress, particularly when in highly stimulating and demanding environments (Williams 1999a, 1999b, 1999c, Fleisher 2003). This stress often results in ‘exposure anxiety’, which explains the way a person with autism protects him or herself from threatening stimuli in the environment (Williams 2003). Exposure anxiety explains how a person with autism may be able to communicate verbally and by non-verbal means in a quiet environment, without high levels of distracting stimuli, yet may withdraw or ‘shut down’ and refuse to engage in a busy environment with high noise levels and bright lights. Others may avoid social situations (Williams 2003). This is important to recognise as most healthcare services are provided in environments that are busy, noisy, stimulating and demanding.

Autism spectrum conditions

Autism has been described as ‘an evolving concept’ because of the inclusion of a number of subtypes of autism over the past 20 years (Berney 2000). The autism spectrum now consists of five specific conditions, including autism, Asperger syndrome, pervasive developmental disorder not otherwise specified (PDD NOS), Rett syndrome and childhood disintegrative disorder (also known as Heller’s syndrome). The latter two disorders are more rare (Matson and Neal 2009). In cases of PDD NOS, the child or adult experiences some aspects of autism, but the presenting symptoms are not sufficient for a diagnosis of one of the four autism spectrum conditions. For ease of reference, the use of the term ‘those with autism and Asperger syndrome’ will be used throughout the article, although the support issues referred to apply equally to a person with any one of the other autism spectrum conditions.

Triad of impairments

Autism and Asperger syndrome are defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) (American Psychiatric Association 1994). Healthcare professionals in Europe might prefer to use the World Health
Organization’s (1992) diagnostic criteria. Both sets of diagnostic criteria are framed in the ‘triad of impairments’, which include difficulties with social interaction, social communication and social imagination (Wing and Gould 1979).

Asperger syndrome is a form of autism and people with autism and those with Asperger syndrome will experience difficulties in relation to the triad of impairments. People with autism are more likely to communicate through a range of different mediums (Figure 1), for example through behaviour, sensory expression, the use of pictures, objects of reference or signing, in addition to some spoken language. They may also have associated learning disabilities. The type of words used may not always be appropriate; for example, the person may repeat a line from a favourite video or television programme. He or she may lack the language and social skills necessary to engage in social contact, but will still seek out social contact, which may be inappropriate – for example, smelling someone else’s hair or invading their personal space. Practical strategies may be required to help the person develop his or her short-term memory.

Asperger syndrome is a form of autism and people with autism and those with Asperger syndrome will experience difficulties in relation to the triad of impairments. People with autism are more likely to communicate through a range of different mediums (Figure 1), for example through behaviour, sensory expression, the use of pictures, objects of reference or signing, in addition to some spoken language. They may also have associated learning disabilities. The type of words used may not always be appropriate; for example, the person may repeat a line from a favourite video or television programme. He or she may lack the language and social skills necessary to engage in social contact, but will still seek out social contact, which may be inappropriate – for example, smelling someone else’s hair or invading their personal space. Practical strategies may be required to help the person develop his or her short-term memory.

This might be in the form of a check list or prompt sheet to remind the person what he or she needs to do in the morning to get washed and ready for college or work.

Some individuals may experience high levels of exposure anxiety, particularly in the presence of healthcare professionals (Williams 2003).

It may be helpful if the healthcare professional does not speak to, look at or attend to the person for a few minutes to give him or her time to adjust to the practitioner’s presence. Some people may wish to take an item of special interest into hospital or to a GP appointment. Speaking about the item and even just having it in their possession can reduce anxiety, helping individuals to relax and focus on the appointment, thus enabling them to process information more effectively.

There are a number of approaches that can be used to reduce anxiety when engaging with an individual with autism. The best strategy or approach can be ascertained by speaking to someone who knows the individual with autism well, for example a family member or carer, before the appointment.

People with Asperger syndrome are likely to have an extensive vocabulary, but may not

---

**FIGURE 1**

**Autism and the triad of impairments**

<table>
<thead>
<tr>
<th>Social interaction</th>
<th>Social communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with autism may:</td>
<td>Individuals with autism may find it difficult to understand:</td>
</tr>
<tr>
<td>Find it difficult to make friends.</td>
<td>Conversational clues – facial expressions or tone of voice.</td>
</tr>
<tr>
<td>Initiate social contact, but lack the skills to carry this out effectively; for example, they may initiate an inappropriate conversation or appear to be insensitive to others’ feelings.</td>
<td>Concepts such as ‘more’ or ‘less’ or ‘now’ and ‘later’.</td>
</tr>
<tr>
<td>Use unusual facial and/or physical gestures.</td>
<td>Other people’s point of view.</td>
</tr>
</tbody>
</table>
| Have problems with social distance, for example standing too close to another person. | Nuances of language; they may demonstrate a literal understanding of language, and think people mean exactly what they say, for example ‘pull your socks up’.
| | Pronoun usage, for example ‘me’ and ‘you’.

<table>
<thead>
<tr>
<th>Social imagination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with autism may find it difficult to:</td>
</tr>
<tr>
<td>Engage in activities that require imagination. For these individuals, play is often learned and repeated, and interests may become obsessions.</td>
</tr>
<tr>
<td>Distinguish between that which is real and not real.</td>
</tr>
<tr>
<td>Accept changes in routines and new situations.</td>
</tr>
<tr>
<td>Cope in new or unfamiliar environments.</td>
</tr>
</tbody>
</table>
fully understand the meaning or appropriateness of particular words and may experience difficulties with social understanding and in communicating with others (Figure 2).

Social communication

The theory of weak central coherence may help practitioners to understand why people with autism have specific cognitive difficulties in communicating and interacting with others (Happé and Frith 2006). The theory explains that most individuals not on the autism spectrum might look out of a window and process ‘global information’ about what they see. If they are asked to recall what they saw, they might give an overview of key characteristics and then fill in the gaps of what they thought they saw, by drawing on their experience of what is likely to be there. People who do not have autism often remember the gist of a story, having a sense of understanding the bigger picture of what is being presented to them. This enables the vast majority of individuals to transfer learning from one environment to another. However, people with autism will focus on the detail rather than the global view, to the point of excluding the context of that global view.

This preference for detail may explain why people with autism commonly prefer systems and order that build on attention to detail. People with an autism spectrum condition will have fully understand the meaning or appropriateness of particular words and may experience difficulties with social understanding and in communicating with others (Figure 2).

Social communication

The theory of weak central coherence may help practitioners to understand why people with autism have specific cognitive difficulties in communicating and interacting with others (Happé and Frith 2006). The theory explains that most individuals not on the autism spectrum might look out of a window and process ‘global information’ about what they see. If they are asked to recall what they saw, they might give an overview of key characteristics and then fill in the gaps of what they thought they saw, by drawing on their experience of what is likely to be there. People who do not have autism often remember the gist of a story, having a sense of understanding the bigger picture of what is being presented to them. This enables the vast majority of individuals to transfer learning from one environment to another. However, people with autism will focus on the detail rather than the global view, to the point of excluding the context of that global view.

This preference for detail may explain why people with autism commonly prefer systems and order that build on attention to detail. People with an autism spectrum condition will have
always try to organise a pre-appointment visit happening with helping him to get better. confusing as he may not associate what is find the hospital appointment distressing and anxious and distressed. using the theory of weak systemising, the less generalisation, since variance in the system. the higher the level of systemising, the less generalisation, since systemising involves identifying laws that tend to only apply to the current system under observation.

**TABLE 1**

<table>
<thead>
<tr>
<th>Levels of systemising</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low levels of systemising</strong></td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>These people have little or no interest or drive to systemise and thus can cope with change. Such individuals will have no difficulty socialising.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Most females in the population systemise at this level, reflecting typically female interests, such as socialising. This level explains the popularity of television soap operas, which are devoid of systems.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Most males in the population systemise at this level, reflecting typically male interests, for example mechanics.</td>
</tr>
<tr>
<td>Level 4</td>
<td>These individuals systemise at a higher level than average. Scientists are good systemisers, for example, and score higher than non-scientists on tests for autism characteristics. Others include individuals who can understand systems with moderate variance, for example the stock market, law and engineering.</td>
</tr>
<tr>
<td><strong>High levels of systemising</strong></td>
<td></td>
</tr>
<tr>
<td>Level 5</td>
<td>Individuals with Asperger syndrome tend to systemise at this level. It is argued that the person can easily systemise totally lawful systems (systems that rely completely on order), such as train timetables and historical chronologies, or the person can systemise highly lawful systems (systems that are completely reliable), for example technical equipment such as computers, computer games and mathematical formulae. Evidence suggests that people with Asperger syndrome score higher than average on tests for autism spectrum characteristics and perform at a normal or high level on tests of intuitive physics. They also score high in physics, mathematics or computing and have a superior attention to detail in art.</td>
</tr>
<tr>
<td>Level 6</td>
<td>There is some evidence that people with high functioning autism systemise at this level. High functioning autism is a diagnostic category of autism that explains why people who are likely to be highly articulate relate to the world through the triad of impairments (Figure 1).</td>
</tr>
<tr>
<td>Level 7</td>
<td>Individuals with medium functioning autism (those who have moderate learning disabilities) are thought to systemise at this level.</td>
</tr>
<tr>
<td>Level 8</td>
<td>People with low functioning autism (those likely to have more profound learning disabilities, complex needs and often without verbal communication) are thought to systemise at this level.</td>
</tr>
</tbody>
</table>

*Baron-Cohen 2006*

---

**Time out 3**

David is a 26-year-old man who has recently been diagnosed with cancer. He has been referred to the radiotherapy department for treatment. David has also been diagnosed with PDD NOS. David’s mother assists him to his appointment. David’s name is called by the radiotherapist and he is led into the treatment room. He does not have any verbal communication skills, but is able to process information in a sequence using photographs. David’s mother is told that he might need to be strapped down to enable him to have treatment. Staff try to explain to David what he needs to do to receive treatment, but he starts humming and flapping his hands in front of his eyes. He begins to rock back and forth in an agitated state.

How might you have used the theories of autism – weak central coherence and the hyper-systemising theory – to help you to communicate with David and his mother in preparation for his appointment?

David’s behaviour suggests he is becoming anxious and distressed. Using the theory of weak central coherence it is possible that David will find the hospital appointment distressing and confusing as he may not associate what is happening with helping him to get better. Always try to organise a pre-appointment visit for patients with autism. This will help them to know where they are going to go, who they will see and what will happen. Using the hyper-systemising theory it would help David if the information could be presented in a...
learning zone developmental disability

pictorial form, such as a photograph of the department, photographs of the staff and photographs of the sequence of events.

The person’s family can use the pictures to help prepare the patient for hospital admission. The pictures will also help the person to orientate him or herself in a new and different environment. Minimal language should be used, offering the person the opportunity to process the pictorial information. Pictorial information is easier to process when a person is feeling anxious.

Sensory sensitivity

Hyper and hyposensitivity Unusual sensory responses are present in the majority of children with autism and were identified by Kanner (1968) and Asperger (1991). Sensory responses include sound, vision, touch, taste, smell, proprioception and vestibular responses, and include hypersensitivity, hyposensitivity and sensory overload. It is suggested that these responses are the earliest indicators of an autism spectrum condition in early childhood (Crane et al 2009). The most widely used tool to investigate sensory processing is the sensory profile (Dunn 1999), which differentiates children with autism from those with attention deficit hyperactivity disorder and children with learning disabilities (Crane et al 2009).

Crane et al (2009) used a 60-item self-report questionnaire to assess levels of sensory processing in everyday life. Results showed that 94.4% of the sample of people with autism spectrum conditions reported extreme levels of sensory processing on at least one sensory quadrant of the adult/adolescent sensory profile. Another study focused on extreme auditory processing experiences in 72 adolescents with autism (Jones et al 2009). One in five of the sample experienced enhanced (hyper) frequency discrimination ability – heightened auditory sounds at a frequency level that those without autism will not experience. It was suggested that enhanced auditory abilities may affect the degree to which sounds are detected or missed in the environment (Jones et al 2009).

People with autism and Asperger syndrome may experience pain and distress as a result of heightened stimuli in the environment. With research findings suggesting that hypersensory sensitivities are experienced by a large number of people with an autism spectrum condition (Jones et al 2009), reasonable adjustments should be made to accommodate people with autism and their families.

Disability discrimination legislation suggests that public services have a responsibility to plan and consider how people with disabilities may need to use or access a particular service. It is important that service providers acknowledge barriers that individuals may face when accessing services. Some examples of reasonable adjustments that could be made to improve the way that people with autism access such services could include adjusting the timing of an appointment to a time when fewer people are around and using alternative methods of communication such as pictures or diagrams.

How the person accesses the building and the waiting room are important factors to consider. Any technical equipment that has a noise or vibration level may be heard differently by people with autism if they have a hypersensory sensitivity to sound. The next section discusses an example of hypersensitivity to touch, but with each of the senses there may be a need to make some level of reasonable adjustment to accommodate the individual’s needs.

Hypersensitivity to touch Nursing is a tactile profession, which involves regular physical contact and may make some people feel uncomfortable. Touch is often used in nursing for assessment and treatment, but it is also used when counselling patients or providing reassurance. For people with autism, touch is not always a form of communication that feels comfortable, particularly if they are unaware that it is about to be used. Using the sensory theory of autism, touch can overload and flood the senses and act as a barrier to the processing of verbal information. Healthcare professionals should inform patients with autism when they are about to touch them and should advance towards them slowly so that they have enough time to process what is about to happen. It is best to avoid touch in any other situation, even a harmless touch of the elbow.

When working with people with autism it is important to be attentive to verbal sounds, key words and non-verbal behaviour that may indicate that the individual is struggling to make sense of what is being said. The practitioner needs to be alert and prepared to move back, stop talking or change the way he or she is doing things if the person appears to be communicating distress or exposure anxiety (Williams 2003).

Practical strategies

The weak central coherence and hyper-systemising theories help to explain some of the difficulties and strengths of children and adults with autism spectrum conditions. Practical strategies can be used to help individuals with autism to address and overcome any barriers that they may experience (Table 2).
TABLE 2
Practical strategies to enable better access to health and social care services

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting to know and engaging with the person</td>
<td>People with autism tend to develop 'special interests', which have in the past been mistakenly referred to as 'obsessions'. If a person is overwhelmed by an environment he or she may seek reassurance from what he or she knows best. Special interests will vary and practitioners can use this information to make individuals more comfortable, for example by talking to them about their subject of interest.</td>
</tr>
<tr>
<td>Short-term memory and difficulties with knowing the time and days of the week</td>
<td>Using a system to help compensate for short-term memory, for example a chart on the bedroom wall. Some people have difficulties understanding the concepts of 'now' and 'later'. This can sometimes be better communicated on a wall chart, showing detail of the weekday (or part of the day) as 'now' and afternoon or evening activities as 'later'.</td>
</tr>
<tr>
<td>Rigidity and lack of flexibility to change. Social isolation.</td>
<td>Social stories can be used to explain social rules (Gray and White 2002), for example why people queue up or why people take turns to speak in a conversation. Forming support networks, buddy systems in schools and friendship groups. Computer and social networking sites may decrease social isolation in adults.</td>
</tr>
<tr>
<td>Obsession with topics.</td>
<td>Individuals can be taught the consequences of obsessive and inappropriate behaviour through traditional behavioural approaches such as applied behavioural analysis (ABA) (see Richman (2001) for further information).</td>
</tr>
</tbody>
</table>

Social stories
Social stories can be used as a practical strategy to enable the person with autism to communicate, to understand social situations and to deal with obsessions (Gray and White 2002). Social stories provide people with accurate information about situations that they may find difficult or confusing. A social story is a short factual story that uses specific language in a certain style and format that the individual with autism can understand. It describes what happens in a particular situation, explaining elements and factors that are obvious to most people, but not to those on the autism spectrum. The story also describes the likely reactions in a given situation. It explains a situation, but also the social rules attached to the story. A social story is made up of several different types of sentences which are presented in a particular combination (Table 3).

The sentence type described in Table 3 needs to be put together in a certain combination (social story ratio) to make a social story. In each story, there should be no more than one directive or control sentence and at least two, but no more than five of the remaining sentence types.

One such social story could explain that children need to have their bodies checked to stay well. For example: ‘The nurse will ask me to sit on a large couch and stretch out my arm. I will try to let the nurse touch my arm but she will tell me when she will do this. The nurse will need to put a band around my arm and this will feel funny but I will sit still. The nurse will put a needle into my arm and draw out some blood to check. I will look at my favourite DVD cover and talk to my mum while the nurse is doing this. When the nurse is finished she will talk to me about my DVD and I can talk to her about my collection’ (NAS 2007).

Social interaction
When moving from adolescence into adulthood, individuals begin to learn things for themselves without explicitly being told what to do by others, for example their parents. Children with autism will not automatically learn social rules and nuances as part of the socialisation process, and as a result may have difficulty:

- Maintaining the correct social distance from others.
- Taking turns in a conversation and knowing when to begin or finish speaking.
- Participating in a group situation.
- Completing a task because they are not motivated by success.
- Making friends because they may interact inappropriately with peers.

Social stories
Social stories can be used as a practical strategy to enable the person with autism to communicate, to understand social situations and to deal with obsessions (Gray and White 2002). Social stories provide people with accurate information about situations that they may find difficult or confusing. A social story is a short factual story that uses specific language in a certain style and format that the individual with autism can understand. It describes what happens in a particular situation, explaining elements and factors that are obvious to most people, but not to those on the autism spectrum. The story also describes the likely reactions in a given situation. It explains a situation, but also the social rules attached to the story. A social story is made up of several different types of sentences which are presented in a particular combination (Table 3).

The sentence type described in Table 3 needs to be put together in a certain combination (social story ratio) to make a social story. In each story, there should be no more than one directive or control sentence and at least two, but no more than five of the remaining sentence types.

One such social story could explain that children need to have their bodies checked to stay well. For example: ‘The nurse will ask me to sit on a large couch and stretch out my arm. I will try to let the nurse touch my arm but she will tell me when she will do this. The nurse will need to put a band around my arm and this will feel funny but I will sit still. The nurse will put a needle into my arm and draw out some blood to check. I will look at my favourite DVD cover and talk to my mum while the nurse is doing this. When the nurse is finished she will talk to me about my DVD and I can talk to her about my collection’ (NAS 2007).

Social interaction
When moving from adolescence into adulthood, individuals begin to learn things for themselves without explicitly being told what to do by others, for example their parents. Children with autism will not automatically learn social rules and nuances as part of the socialisation process, and as a result may have difficulty:

- Maintaining the correct social distance from others.
- Taking turns in a conversation and knowing when to begin or finish speaking.
- Participating in a group situation.
- Completing a task because they are not motivated by success.
- Making friends because they may interact inappropriately with peers.
Social skills training or group work can help children with autism and Asperger syndrome to develop the social skills that other children will have developed naturally without any formal teaching. A whole school approach should be used to develop social skills training for pupils with an autism spectrum condition in a way that seeks to include all children attending the school. This will help other children to understand the condition and may even help to prevent bullying.

Successful work has been carried out to enable other children in schools to understand the difficulties that children with autism or Asperger syndrome are likely to experience on a daily basis. In 2006 the National Autistic Society carried out research as part of the Make School Make Sense campaign. The findings showed that 40% of children with autism were bullied at school.

TABLE 3

<table>
<thead>
<tr>
<th>Sentence type</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive</td>
<td>Answers the who, what, why, where questions. For example: Where does the situation occur? Who is present? What happens and why? Descriptive sentences need to present information from an accurate and objective perspective.</td>
<td>Christmas Day is December 25. Most children go to school. Sometimes I get sick.</td>
</tr>
<tr>
<td>Perspective</td>
<td>Refers to the opinions, feelings, ideas, beliefs or physical or mental wellbeing of others.</td>
<td>My Mum and Dad know when it is time for me to go to bed. Teachers like it when students raise their hand to ask a question in the classroom. Some children believe in Santa Claus.</td>
</tr>
<tr>
<td>Directive</td>
<td>Gently offers a response or range of responses for behaviour in a particular situation. It is important that these sentences have a positive focus and are constructed in ways that allow flexibility; for example, avoid statements such as ‘I must’ or ‘I have to’.</td>
<td>I will try to cover my mouth when I cough. I might like to play outside during lunchtime. When I am angry, I can go for a walk.</td>
</tr>
<tr>
<td>Affirmative</td>
<td>Statements that enhance the meaning of the previous sentence (which may be a descriptive, perspective or directive sentence) and can be used to emphasise the importance of the message or provide reassurance to the individual.</td>
<td>I will try to hold an adult’s hand when crossing the road – this is very important. Thunder can be very loud – this is okay.</td>
</tr>
<tr>
<td>Co-operative</td>
<td>Sentences that identify how others may be of assistance to the individual.</td>
<td>Mum and Dad can help me wash my hands. An adult will help me when I cross the road. My teacher will help me to try to stay calm in class.</td>
</tr>
<tr>
<td>Control</td>
<td>Statements written by the individual with an autism spectrum condition to provide personal meaning to a particular situation and to assist the person to recall and apply information.</td>
<td>My body needs food several times a day – just like a steam train needs coal to stay running.</td>
</tr>
<tr>
<td>Partial</td>
<td>Incomplete sentences, which allow the individual to guess the next step in a situation, and may be used with descriptive, perspective, directive, affirmative, co-operative and control sentences.</td>
<td>My name is [______________] (descriptive sentence). Mum and Dad will feel ______ if I finish all my dinner (perspective sentence).</td>
</tr>
</tbody>
</table>

A whole school approach needs to be adopted to ensure that children with autism and Asperger syndrome are not isolated and vulnerable to bullying. Guidance has been issued by the National Autistic Society (2009) to promote good practice in this area and should include:

- Autism awareness training for pupils, staff and parents.
- Implementing buddy or friendship systems.
- Promoting positive attitudes towards diversity.
- Encouraging meaningful parental involvement, supported by effective communication in the home and at school.
- Implementing robust anti-bullying practices.
- Recognising that bullying of children with autistic spectrum conditions may take many forms and that children with autism may themselves become bullies.
Support assistants in schools or support workers for adults can help to:

- Prepare the person for change and where possible be there when the change is taking place.
- Break down complex requests and instructions for the person with autism so that he or she can process the information.
- Provide explanations using diagrams or maps appropriate to the person’s level of systemising.
- Give separate instructions to the person when working with others so that he or she can continue to participate in group activities.
- Explain the nuances of language, for example metaphor and sarcasm.

**Time out 5**

Are there any adjustments that could be made in your place of work or to the services that you provide to enable people with autism and Asperger syndrome to access them more easily?

**Disability discrimination legislation**

The Disability Discrimination Act 1995 requires service providers to make ‘reasonable adjustments’ to their services or premises so that people with disabilities can access them easily. People with autism and Asperger syndrome are likely to have as much difficulty accessing such services in terms of communicating with healthcare staff. Practitioners are not trained specifically to communicate with people with autism and may be unsure about how to present information in a format that will be understood. Another area of difficulty is that people with autism may have problems entering new environments and coping with transition within them. Service providers should make reasonable adjustments where possible to accommodate the needs of individuals with autism and Asperger syndrome. Knowledge of autism will help those providing services to make adjustments to improve the following areas:

- Communication.
- Information provision.
- Preparation for appointments.

**Time out 6**

Josh is 17 years old and has autism and severe learning difficulties. He finds new environments and meeting new people daunting and becomes anxious and frightened easily. Josh has limited speech and uses key words and guttural sounds. He likes to look at pictures, which help him to understand more about what is going to happen. He has moved into a new area and needs to register with a GP. You are aware that Josh is attending his first GP appointment this week.

How will you find out what Josh’s needs are and how you can help to make his visit to the general practice a positive experience?

Consider, for example, the need to contact Josh’s mother to prepare for his visit and also whether there are any reasonable adjustments that need to be made at the general practice.
learning zone development disability

Conclusion

There is a large amount of evidence-based information to help improve the way health and social care practitioners provide services to people with autism and Asperger syndrome. A good understanding of autism spectrum conditions and of how reasonable adjustments are used as part of disability discrimination legislation can help to improve the care delivered to patients with autism and their families. This in turn can lead to positive and healthy outcomes. Patients need to be treated as individuals and healthcare professionals need to take the time to learn more about people with autism and Asperger syndrome, for example what makes them anxious and what is their preferred method of communication. This will enable practitioners to implement practical strategies to help people with these conditions to access health and social care, while minimising anxiety and distress, thus enabling them to process information more effectively NS

References


