

WHAT IS AUTISM?

A GUIDE FOR PRIMARY SCHOOLS AND PARENTS

Autism Spectrum Disorder (or ASD) refers to a range of conditions characterised by problems in **social communication and interaction** across multiple contexts, and a presence of **restrictive and repetitive patterns of behaviour, activities or interests** (World Health Organisation, 2018).

WHAT ARE THE STRENGTHS ASSOCIATED WITH AUTISM?

Detail-Oriented Thinking

Research has found that children with ASD perform better than typically-developing children at **visual search tasks** (O'Riordan et al. 2001).

Enhanced Mental Imaging

Children with ASD may have a higher ability to **form, access and manipulate mental representations** than children without ASD (Soulières et al. 2011).

WHAT ARE THE DIFFICULTIES ASSOCIATED WITH AUTISM?

Forming Friendships

Children with ASD have been found to have **fewer social relationships**, and have higher rates of **social exclusion** than typically-developing children (Dean et al. 2014).

Learning in the Classroom

Children with ASD have been found to not pay as much **attention** to the teacher in classrooms as typically-developing children, which **negatively** impacts their **learning** (Hanley et al. 2017). Children with ASD also have **deficits** in their **executive functioning**, making some tasks difficult in the classroom (Garon et al. 2018).

CURRENT DEBATES

THE GENDER GAP IN AUTISM

Boys tend to be diagnosed more with ASD than girls, with recent studies finding a **male-to-female** ratio of **4:1** (Fombonne, 2009). Different reasons for the discrepancy are still under debate:

Girls with ASD tend to be diagnosed only after a secondary **mental health condition** is diagnosed (Wilkinson, 2008) or after **violence** in the classroom that prompts teachers to act (Kopp & Gilberg, 1992).

The profile of ASD has been argued to **manifest differently** in girls to boys, giving rise to a 'female autism phenotype' that leads many girls to be **undiagnosed** (Bargiela et al. 2016).

However, although girls with ASD struggle with similar aspects as boys with autism in the classroom, they just may be better than boys at **camouflaging** or **masking** their symptoms (Dean et al. 2017).

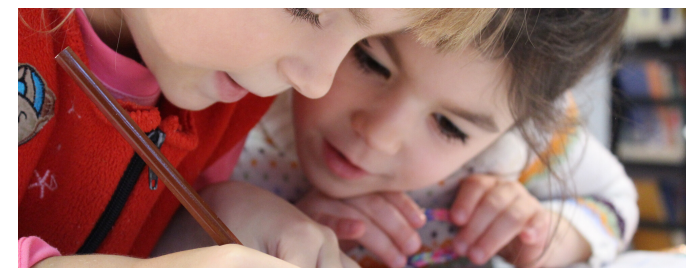
Girls with ASD may also have traits that are passed off as **gender-typical behaviour** such as **perfectionism** and a **fear of failure** (Gould & Ashton-Smith, 2011).

DISORDER OR DIFFERENCE?

The ICD-11 describes and categorises ASD as a **disorder**. This is down to the assumption that the 'symptoms' of ASD deviate **too far from the normal ranges** of child behaviour and ability.

Some individuals however, believe that ASD should **not be classed** as a disorder, and instead should be treated as a part of **human diversity**, known as **neurodiversity** (Singer, 1999).

Neurodiversity assumes that society should not be focusing **within-child** and the **impairments** children with ASD face, but to their **strengths** and how they can benefit the world (Baron-Cohen, 2010).



CAN TABLETS HELP CHILDREN WITH AUTISM?

Tablet technology may provide children with a cost-effective and practical means to education, as well as improving academic engagement and decreasing challenging behaviour in the classroom (Neely et al. 2013; Pennington, 2010).

However, some researchers suggest tablet-use in the classroom could reduce the social interaction of children with ASD and even increase the social isolation of the child (Ramdoss et al. 2011).

DIAGNOSTIC LABELS

Children will often be referred by their GP or Learning Disability Services for a formal assessment for ASD. Diagnosis will be based on **observations** of the child's behaviour in several settings (Baird, 2003).

DIFFICULTIES OF HAVING A DIAGNOSTIC LABEL IN SCHOOL

Low Self-Esteem and Mental Health

Children diagnosed with ASD may be susceptible to doubting their abilities in school. Research has found children with ASD have a lower self-esteem than typically-developing children (McCauley et al. 2019), and are more susceptible to internalising disorders such as depression and anxiety (Stewart et al. 2006).

Lower Expectations from Teachers

Teachers may be prone to expecting the diagnosed child to have lower learning abilities, and not give the child the same attention as other children. This in turn could encourage the child to not try as hard in school, thus turning into a self-fulfilling prophecy for the teacher (Rosenthal & Jacobson, 1968).

Generalisation of Issues

Diagnosing a child with ASD may lead teachers to generalise the child's difficulties as part of their diagnosis and treat all children with ASD the same way (Lauchlan & Boyle, 2007) even though ASD is notoriously child-specific (Anagnostou et al. 2014).

'SAVANT SKILLS' OR SPECIAL TALENTS

Special talents are more prevalent in children with ASD, such as in **memory**, **calculation**, **drawing** or **music** (Meilleur et al. 2015).

Teachers **identifying** and **encouraging** the development of these skills may help bolster the child's **self-esteem** and opportunities for **appreciation** (Happé, 2018).



STRENGTHS OF HAVING A DIAGNOSTIC LABEL IN SCHOOL

Relief and Validation

Following their child's diagnosis of ASD, many parents have described feelings of relief that their child's behaviour is due to the characteristics of the condition and not to their parenting style (Mulligan et al. 2012).

Adaptation of Teaching Methods

An educational strategy that relies on predictable routines and visual communication has been found to be effective for children with ASD (Mesibov & Shea, 1996). Therefore, the child can be supported to meet their individual needs and thrive in school.

Peer Awareness and Acceptance

A focus on acceptance can be employed within the classroom to help foster friendships for children with ASD in the classroom. For example, through utilising picture books in the classroom illustrating ASD characteristics (Maich & Belcher, 2011).

HOW CAN AN EDUCATIONAL PSYCHOLOGIST (EP) HELP?

An EP will become involved with a child with ASD if/when **complex problems** arise that are affecting their **learning** and/or **behaviour**.

EPs work on four levels: the **Individual**, the **Group**, the **System**, and the **Organisation** (Boyle & Lauchlan, 2009), to help **identify** and **understand** problems in the classroom so all children can be **accommodated**.

EPs will follow a model that allows them to coordinate **initial consultations** with the parents and teachers involved with the child, and consequently form **hypotheses** that guide **interventions** (Sargeant, 2019).

A striving for interventions supported by **psychological literature** is often employed by EPs, otherwise known as **Evidence Based Interventions (EBIs)** (Goldacre, 2013).

For example, an EBI such as **self-management interventions** have been found to be effective in improving **classroom behaviour** (Wilkinson, 2005).

EPs can also be involved in the production of **Education, Health and Care Plans (EHCPs)**. These plans can describe the **support** and **educational outcomes** for a child with ASD ("Education, Health and Care plans", 2019).

SUPPORT FOR PARENTS

Parents of children with autism have been found to report **higher levels of stress** than parents of typically-developing children (Blacher & McIntyre, 2006).

Parent—school support groups are effective in providing post-diagnosis support and acceptance for parents, as well as advice concerning **future difficulties** in school (Law et al. 2002).

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- Note.* All images were retrieved from Google Images under “educational psychologist”, “child with tablet” and “girls school”.