



Supporting Autism in Schools – Essential Observations

Vicki Gibbs
Clinical Psychologist
Diagnostic Assessment Service
Autism Spectrum Australia

overcoming the isolation of autism

Focus of Presentation

- **Core deficits versus associated features**
- **Observable characteristics of ASD in mainstream schools**
- **Commonly used screening tools**
- **Components of a comprehensive assessment process**

Core Deficits in ASD

1



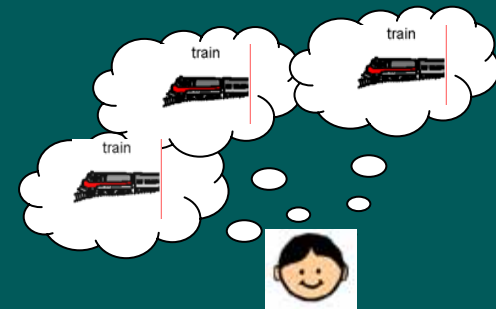
IMPAIRED COMMUNICATION

2



IMPAIRED
SOCIAL RELATING

3



REPETITIVE BEHAVIOURS
& RESTRICTED INTERESTS

overcoming the isolation of autism

1. Social Interaction

Lack of socio-emotional reciprocity refers to social give and take, connectedness with other people.

e.g. not smiling when smiled at, inappropriate social responding like laughing for no apparent reason, failing to offer comfort to others in distress

Difficulty developing/sustaining peer relationships.

Children with ASD may be uninterested in other children their age or may demonstrate very “clumsy” social interactions.

e.g. wanting to go to John’s house to use the play station rather than for the opportunity to play with John, may ignore approaches of other children

Social Interaction (cont).

Limited use and understanding of socio-emotional cues such as facial expression, vocal tone, body gestures, eye gaze

e.g. poor eye contact when conversing, unusual voice quality, little use of communicative gesture

Lack of shared enjoyment/interests

e.g. not showing parent after making new train route, not offering to share things, not pointing out objects of interest

2. Communication

Delay in, or total lack of, spoken language

(without compensation through alternative modes of communication, i.e. gesture)

Difficulty initiating and sustaining reciprocal conversation

e.g. no interest in “social chat” **OR** talking **AT** someone rather than conversing **WITH** someone

Communication (cont).

Idiosyncratic, stereotyped, repetitive use of language

e.g. using the term “rain doctor” to refer to an umbrella, “TV talk”

Impaired imaginative and imitative play appropriate to developmental level

e.g. does not enjoy social games, little pretend play with dolls, teddies etc, does not play role play games with other children.

3. Restricted and repetitive interests and behaviours

Attachments/interests that are unusual in their quality, intensity or focus

e.g. knowing all the bus routes and bus registration numbers including how long ago you caught the bus, “obsessed” with certain topic for months or years e.g. Pokemon, Star Wars

Inflexible adherence to non-specific routines and rituals

e.g. refusing to get out of pyjamas until the sun rises, insisting on sitting on a particular chair and having food arranged a particular way when eating

Restricted and repetitive interests and behaviours (cont).

Stereotyped motor mannerisms

e.g. finger flicking, flapping, jumping up and down, spinning

Interest in non-functional object parts

e.g. flicking toy car doors/spinning wheels, staring at the ceiling fan, peering at a collection of toy street signs rather than playing with them

The Autism Spectrum

*Profound degree
of impairment*

*Mild degree
of impairment*



Communication impairment

Impaired social relating

Repetitive behaviours and restricted interests

Associated Features

- **Sensory hyper- and hypo- sensitivities**
- **Motor clumsiness**
- **Self-injurious behaviours**
- **Epilepsy**
- **Allergies, vitamin deficiencies etc**
- **Information processing difficulties**
- **Intellectual impairment (except in Asperger's)**
- **Learning disabilities**
- **Vulnerability to psychopathology, e.g. depression, anxiety (more common in High-Functioning Autism/ Asperger's Disorder)**

Associated characteristics of thinking and learning

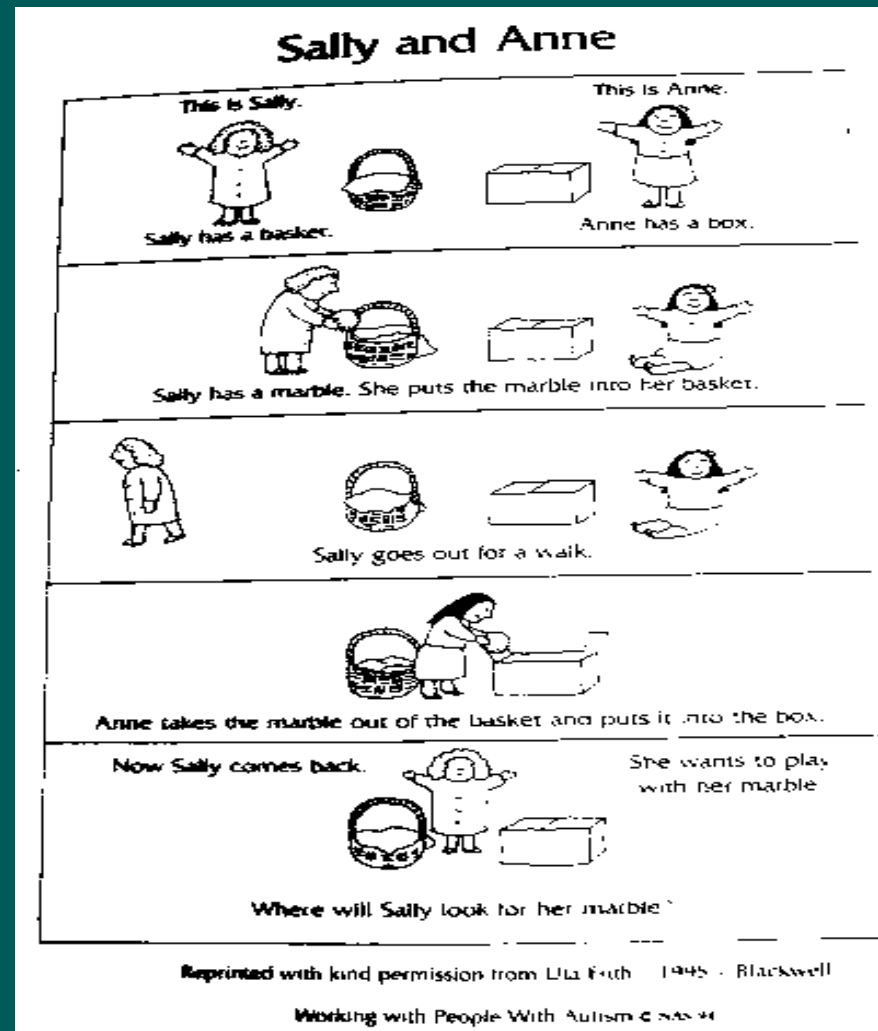
1. Theory of Mind

Baron-Cohen et al (1985)

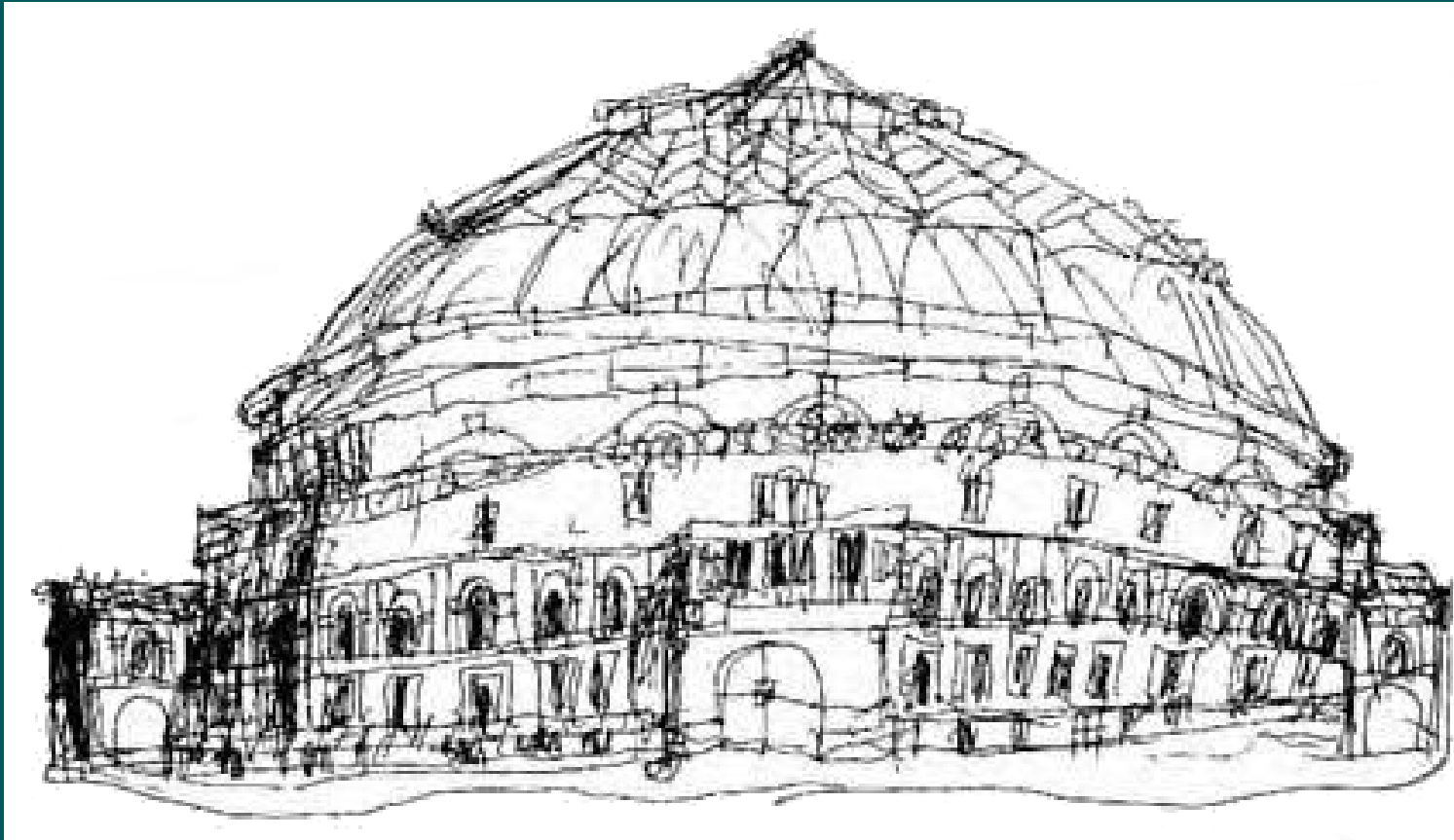
False belief test;

Sally-Anne test

Perspective – taking,
ability to predict
other's behaviour



2. Central Coherence – attention to detail rather than looking at the “big picture”.



Stephen Wiltshire : Royal Albert Hall, drawn aged 9

3. Executive Functioning

- inattentiveness
- poor planning and problem-solving
- inflexible thinking style
- difficulties with emotion regulation
- impulsivity

5. Literal Thinking



“We’ll go in a
minute”



“pull up your
socks”



“give me a
hand”

6. Visual Processing Style

- Difficulty shifting attention between auditory and visual information
- Better memory for non-verbal material
- Stronger skills in encoding visuo-spatial information compared with auditory information.
- Better at understanding and remembering information that remains stable and poorer at understanding transitory information such as speech.
- These visual strengths and auditory weaknesses have a significant impact on the ability to attend to, encode, understand and remember auditory information

Quill, 1997

Essential Observations – What can you look for?

Teachers and school staff are invaluable sources of information for paediatricians or psychologists who are assessing a child for possible ASD. As autism is primarily a social impairment, observations of a child's functioning in a social setting with same-aged peers can provide vital information.

- **Eye contact – does the child make direct eye contact with you when talking with you?**
- **Facial expression – does the child exhibit a range of facial expressions, including subtle expressions, that are directed to you to communicate affect? Are they appropriate to the situation/subject matter? Any inappropriate laughing/smiling?**
- **Use of gesture – does the child use communicative gesture e.g. nodding and shaking his head, shrugging shoulders, descriptive gestures when speaking**

- **Does the child have age appropriate peer relationships? Are they mutual relationships with same age peers? Do they initiate contact with other children and respond appropriately when other children approach them?**
- **Are they able to engage in cooperative group play? Take turns? Understand rules?**
- **Do they share enjoyment and excitement with others? Do they demonstrate empathy e.g. offering comfort to another child who is distressed?**

- **Conversational skills – can the child converse about a range of everyday topics? When answering questions do they elaborate on their responses for your benefit? Do they respond to comments in a way that shows some interest in what you have just introduced? Do they understand humour? Any evidence of overly literal interpretation? Do they “chat” with their peers just to be friendly?**
- **Unusual speech/voice features – does he/she speak with appropriate pitch, tone, inflection, rate? Are there any repetitive or unusual speech patterns?**

- **Unusual interests – does the child have a range of age-appropriate interests? Is there any evidence of odd or unusually intense interests e.g. repeated references to a particular topic or unusual level of detailed knowledge in a narrow area.**
- **Compulsive/Ritualised or repetitive behaviours – any behaviours with a compulsive or repetitive quality e.g. having to follow particular routines that do not have any obvious function or purpose, lining objects up.**
- **Unusual sensory interests e.g. sniffing or peering at objects.**

Screening Tools for School Aged Children Social Responsiveness Scale (SRS) Constantino, J. & Gruber, C. (2005)

- **65 item questionnaire**
- **4 pt Likert scale response format**
- **Parent and Teacher versions**
- **Yields scores across five indexes: social awareness, social information processing, capacity for reciprocal social responses, social anxiety/avoidance and autistic preoccupations/traits.**
- **Also yields an overall score that is converted to a T score (T scores 60 thru 75 – mild to moderate symptoms, associated with diagnoses of Asperger's, PDD-NOS, 76 or higher - severe symptoms, associated with diagnosis of Autistic Disorder).**

Screening Questionnaires (cont)

Social Communication Questionnaire (SCQ) (Rutter, Bailey & Lord, 2003)

- Helps evaluate communication skills and social functioning in children who may have an ASD (anyone over 4.0 years as long as mental age exceeds 2.0 years)
- 40 yes/no questions
- Completed by parent/primary caregiver
- Two forms: Lifetime and Current
- SCQ content parallels with ADI-R and agreement between SCQ and ADI-R scores is high

Screening Questionnaires (cont)

Autism Spectrum Screening Questionnaire ASSQ (Gillberg, Elhers & Wing, 1999)

- **27 items**
- **Investigator based (after observation and information gathering)**
- **20 mins**
- **Scoring – no, somewhat, yes (0,1,2)**
- **Total score 23 plus – diag. follow up**

Screening Questionnaires (cont)

Australian Scale for Asperger's Syndrome (ASAS) (Attwood & Barnett, 1998)

- **3-19 yrs screening**
- **Investigator-based**
- **15 – 20 mins**
- **Interpretive limitations**
- **Not standardised**
- **Total score 13 plus – follow up**

- **Screening measures can assist in identifying children who require comprehensive diagnostic assessment for autism.**
- **Recommendations for optimising usefulness of screening tools:**
 - **questionnaires are administered to parents or teachers by someone with knowledge of autism rather than sending them to be completed (allows for correct interpretation/understanding of items, clarification where necessary).**
 - **when using an investigator-based tool conduct observation and gather as much information about the child prior to completion of the questionnaire.**

Components of a Comprehensive ASD Assessment

- 1. Review of all available background information**
- 2. Parent/carer interview**
- 3. Direct observation of the child in multiple settings**
- 4. Interview with teacher or other carers/service providers**

1. Review of Information Accumulated in General Assessment Stage

- Evidence of global delay, history of epilepsy, birth traumas, family medical history, genetic disorders
- Expressive-receptive language skills, information on language delay vs language disorder
- Results of IQ testing, discrepancies in profile (e.g., low scores on Comprehension and Similarities and relatively high scores on Block Design)
- Evidence of hearing or vision impairment
- Previous assessors' impressions/observations of child (e.g., social skills, communication, level of engagement, attention, special interests)

2. Parent Interview

Interview with the parents or carers covering medical and developmental history, family history, early concerns, current functioning with particular emphasis on social interaction, communication and behaviours.

**May be unstructured or structured,
for example: Autism Diagnostic Interview–Revised
(ADI-R)
(Rutter, Le Couteur & Lord, 2003)**

3. Observation of the child in multiple settings

Observation of the child in the clinic setting and in a natural social environment (school, preschool) where possible.

May be formal (e.g. standardised assessment tool such as the Autism Diagnostic Observation Schedule) or informal i.e. observing the child's social functioning in the classroom and playground.

4. Interview with Teachers/Other Carers/Professionals

Confirmation whether clinical observations are true reflection of “typical school day”

Discussion of:

- **Engagement in group work and individual work, ability to follow instructions, fine motor skills, academic strengths and weaknesses**
- **Playground observations e.g., friendships, structure of play activities, “fringe or thick”, sensory sensitivities, preferred age group**

- **Information is put together and a diagnostic decision made regarding whether or not the child meets criteria for an autism spectrum disorder**
- **Information is clearly conveyed to parents verbally and via written report**
- **Recommendations tailored for the particular child are included in the report along with referral details for relevant agencies**

Q & A

Where can I get more information?

**Autism Information Line
(02) 8977 8377**

**Diagnostic Assessment Service
Tel: 8977 8331**

<http://www.autismspectrum.org.au>