

# Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder



Dr. Hayley van Zwanenberg and Megan Griffin



A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

# Are you an autism/ADHD friendly school?

1. Are children that misbehave, do not listen, get distressed or aggressive naughty?
2. Do you enjoy using sarcasm with your pupils?
3. Do you insist on blanket conformity?
4. Do you ever think about noise levels in school other than those from pupils?
5. Do you make pupils sit and wait for instructions?

# Are you an autism/ADHD friendly school?

6. Do you think pupils with behavioural difficulties are the responsibility of support staff?
7. Do you often give oral instructions as pupils should be listening?
8. Do you think parents are often responsible for their children's behaviour?
9. Do you tell off all children who forget homework?
10. Do you think fidgety, anxious or distracted children are trying to avoid work?

If you have answered yes to any of these it is likely you are not a completely ADHD/ASD friendly school.

# True or false?

1. There is a cure for ADHD
2. Only 70% of children with ADHD will respond to medication
3. ADHD runs in families
4. The only treatment for ADHD is medication
5. Too much time on computers and watching TV can lead to ADHD
6. There are more boys than girls affected with ADHD and ASD
7. ASD is most prevalent in middle classes

# True or false?

8. ASD has close links with epilepsy
9. People with ASD should be in a specialist education environment
10. People with ASD often have unusual responses to lights, sounds or textures.
11. There is no treatment to manage behaviours related to ASD

# Service user experience in school

Megan and Levi and their Video

# What is ADHD?

- Chronic condition.
- Affects boys more than girls.
- Not diagnosed by a single test.
- Difficult to distinguish symptoms from normal behaviours before age 4.
- To diagnose: information from home and school, symptoms present for at least 6 months, abnormal for age + stage development.



# Symptoms

## Inattention:

- Easily distracted.
- Miss details.
- Forget things.
- Struggle to focus on one thing/follow instruction.
- Trouble completing homework assignments.
- Daydream.

# Symptoms

## Hyperactivity:

- Squirming in seat/fidgeting.
- Talking when should not.
- Constantly in motion.
- Playing with things they should not.

# Symptoms

## Impulsivity:

- Impatient.
- Inappropriate comments blurted out.
- Difficulty waiting for things or taking turns.
- Interrupts conversations.
- Engages in risk behaviours.

# Myths

## Medication is the only treatment for ADHD

- Education.
- Behaviour therapy.
- Support at home and school.
- Sleep, exercise, proper nutrition.

# Case example

9 year old boy. Constantly swinging in his chair, shouting out answers, making noise, tapping his pencil. Getting up and walking around the classroom. Unable to do more than one stage of a task. Ignoring you when you are giving instructions. Not completing homework and forgetting his pencil case/games kit. Climbing fences in the playground and getting into fights. Jumping the queue at lunch. When he gets home he is hyperactive, this persists through the night and he is only have 5-6 hours sleep per night.

How are you going to manage the different aspects of his presentation?

# Advice for in school

- Do not take ADHD behaviours personally.
- ADHD is a reason for the behaviours but not an excuse. You need to help the young people learn to control their behaviour better.
- Keep in contact with parents to share problems and same approach.
- Sit the child close to you. Ideally between 2 calm well-behaved children, away from doors, windows and possible distractions.

# Advice for in school

- Provide legitimate opportunities for physical activity. Let them go and fetch something you need or wipe the board.
- Try to find a way to let them fidget without interfering with peers. Eg tangles, stress balls, chew necklaces.
- They may struggle to plan their activity or do it in the right order. Break there tasks into small steps and give a written checklist.



# Advice for in school

- Beware of changes to their routine or activity. This can be upsetting to them and they need to know in advance and have it repeated.
- Work on their self esteem. Praise in public for good behaviour and reprimand quietly.
- Give them an older “Buddy” who they make take advice from, copy their behaviour and talk to if being teased/bullied.

# Useful website/book/referrals

- [www.livingwithADHD.co.uk](http://www.livingwithADHD.co.uk)
- Book: Fintan O'Regan. How to teach and manage children with ADHD (2002), LDA Wisbech.
- Private referrals for assessment and treatment:
- [www.priorygroup.com](http://www.priorygroup.com)

# What is an Autistic spectrum disorder?

- Developmental disability that causes significant social, communication and behavioural challenges.
- Deficits in:
  - Verbal and non-verbal communication
  - Social awareness and interactions
  - Imaginative play (variable interests and behaviours)

# Social interaction

- Poor non-verbal communication.
- Limited eye contact/too intense.
- Difficulty reading body language/facial expressions.
- Struggle to get personal space right.
- Want to play by their rules and no one else's or to play on their own.
- Do not like group activities.
- Lack of social or emotional reciprocity.
- Prefer friendships with older/younger children.

# Social communication

- Impaired ability to initiate or sustain conversation unless about topic of interest.
- Repetitive or idiosyncratic use of language.
- Echolalia, Palilalia.
- Lack of varied or spontaneous make believe play.

# Restricted, repetitive, stereotyped behaviours or interest

- Intense preoccupation with a topic/subject.
- Inflexible adherence to routines or rituals.
- Repetitive motor mannerisms – flapping or twisting.
- Preoccupation with parts of objects or shiny objects.

# Sensory sensitivities

## Auditory:

- Sensitive to certain noises.
- Voices may seem louder.
- May notice noises others do not.
- Hands over ears eg to fire works/ hand dryers/ hate chewing of peers at lunch.

# Sensory sensitivities

## Olfactory:

- Smells lead to gagging/nausea.
- Tell people they smell.
- Want to smell things.
- Sudden odours lead to fight/flight response.



# Sensory sensitivities

## Tactile:

- Refuses to change from shorts/trousers.
- Simple touch perceived as a threat.
- Hates feel of water/hair cuts.
- Needs washing labels out of clothes.
- Hates feel of hand on paper when writing.

# Sensory sensitivities

## Vision:

- Fluorescent lights distressing.
- Sensitive to colours.
- Struggles with bright classroom boards.
- Flashing lights stressful.
- Cannot look at a computer screen straight on.

# Case example

Edward age 11 cannot stand wearing his tie. He gets upset if his foods touch on his plate and anyone touches him, especially while eating. When you are teaching him, he sits looking out the window. He can get quite aggressive with peers at lunchtime and during breaks. He gets very stressed about what comes next in the day and hits peers if they sit in the chair he wants. He tries to join in with group activities but often gets it wrong and then refuses to be part of the group if they do not follow his rules.

How would you help Edward?

# Points to think about in your classroom

- Fluorescent lights have a low hum that can distress young people with ASD.
- Sunlight/bright lights/florescent lights – distress.
- Fluorescent light covers eliminate glare.
- Consider sunglasses, closing blinds and do not sit sensitive child near window.
- Reds and blues are better on walls than bright white – achieve with posters.

# Points to think about in your classroom

- Young person may be distracted by conversations in corridor/ find noise in lunch room too distressing.
- Noise reduction headphones.
- Ear plugs.
- Lunch at a quieter time.

# Points to think about in your classroom

- Students may find smell of perfume/soap distressing or smell of bins no one else would notice.
- Be away of smells of cleaning fluid, your own perfume, location of bin in classroom.
- Consider fragrance in classroom with sensory sensitive pupil.

# Seating

- Difficulty sitting still/sitting up straight. Desks too close together may lead to distress.
- Place desks arms length apart. Not in front of the teacher as items on desk can be distracting and not near window or door. Consider visual boundaries with tape eg for child's chair/desk.
- Can child's feet touch ground, dangling can be distressing. Is chair too hard?



# Organisation of classroom

- Is a daily timetable really clear on the wall in a visual manner.
- Do you write down daily homework for ADHD/autistic children.
- Do you have structure for a pupil with ADHD/autism when finished work before others.
- Consider a place near their desk where they can stand/sit on floor without disrupting classroom.

## Other points to consider.

- Fidget toys.
- 15 minute activity breaks.
- Provide structure and a quiet space for break times.
- They may not understand idioms and be very black and white in their thinking.
- Consider personal stories and visual stories. Eg detailing each part of a school trip.

## Useful resources:

- National Autistic society:

[www.nas.org.uk](http://www.nas.org.uk)

- Association of headteachers of autistic children and adults.

Tel: 020 8998 2700

- Private referrals for assessments and management:

[www.priorygroup.com](http://www.priorygroup.com)