



Supportive Skills Department: **ASD Parent Support Booklet 1**

**Autism tips for parents:**  
**collated from different specialist sources**

Dear Parent/Carer

This booklet has been put together using information found on the internet. At the back of the booklet is a list of resources and websites you may also find useful.

Please do have a read and if there is anything missing that you feel works with your child then please let me know so I can add it at a later date.

Kind regards

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Supportive Skills Department  
Sir Harry Smith Community College

Parent Support: green booklet 1

# What is an Autistic Spectrum Disorder (ASD)?

An Autistic spectrum disorder (ASD) is a developmental disorder which affects the way a person communicates with and relates to other people and the world around them. The way in which people are affected varies from one individual to another and by age and intellectual functioning.

Children with ASDs are affected in a variety of ways and to very different degrees. This is why it's called 'the autistic spectrum'. Autism can affect children with any level of intellectual ability, from those who are profoundly learning disabled, to those with average or high intelligence. So, having an ASD doesn't necessarily mean that you have learning difficulties. The more seriously affected children at one end of the spectrum have learning difficulties as well and require high levels of support. At the other end of the spectrum, some people with Asperger syndrome or 'high-functioning autism' are very intelligent academically. They may go on to be successful in their chosen field. However, they still experience significant social and communication difficulties.

*'It's as if your child's brain has been wired up in a different way to usual. This doesn't change, but the ways in which it shows itself, and the extent to which it shows itself, do change.'* — Early Support.

*'It's nothing that you've done. A child doesn't become autistic. It's in them already. They don't learn to be autistic.'* — Early Support.

## What are the signs and characteristics of autistic spectrum disorders?

Children with ASDs have significant difficulties relating to other people in a meaningful way. It is very common for ASD children to have profound sensory issues. This, combined with the triad of impairments, means that children with autism experience the world very differently. The 'triad of impairments', or 'the three impairments' are issues with:

- **social interaction** - difficulty understanding social 'rules', behaviour and relationships, for example, appearing indifferent to other people or not understanding how to take turns.
- **social communication** - difficulty with verbal and non-verbal communication, for example, not fully understanding the meaning of common gestures, facial expressions or tone of voice.
- **rigidity of thinking and difficulties with social imagination** - difficulty in the development of interpersonal play and imagination, for example, having a limited range of imaginative activities, possibly copied and pursued rigidly and repetitively. It is usual that all children with a diagnosis of autism have difficulties in all three of these areas. However, the ways in which they manifest themselves vary enormously. This can make autistic children very anxious.

## Autism: A Guide for Parents and Carers Following Diagnosis

These pin people illustrate some of the ways in which autism is displayed

(Adapted from *Autism is...*, National Autistic Society, based on illustrations used by Professor J. Rendle-Short, Australia and National Society for Autistic Children USA)



Displays indifference



Joins in only if adult insists and assists



Indicates needs by using an adult's hand



One-sided interaction



Echolalic – copies words like parrot



Inappropriate laughing or giggling



Does not play with other children



Talks incessantly about only one topic



Variety is not the spice of life



Bizarre behaviour



No eye contact



Lack of creative, pretend play



Handles or spins objects



But some can do some things very well, very quickly, but not tasks involving social understanding

# Anxiety

One of the things that many parents talk about is how anxious their child seems to be.

High levels of anxiety in children with ASD are often a common feature and it is this feeling of anxiety that might be causing some of the behaviours that you may see in your child.

Your child might be feeling anxious about something but is not able to tell you. In fact, the way of communicating their anxiety is often through behaviour. Some of the behaviours you might see are:

- Tantrums and aggressive behaviour.
- Becoming withdrawn and resisting any interaction with others.
- Experiencing pain.
- Become distressed.

The reason anxiety is mentioned at this point in this booklet is because anxiety is not always talked about when your child is diagnosed. But being aware that your child might be anxious about something is such an important part of helping your child.

Anxiety and autism go hand in hand and it is more prevalent in children with autism because they have difficulty making sense of the world around them and understanding social rules. Causes of anxiety are numerous, which makes it very difficult for parents to know what to do or how to react.

We all experience anxiety, it is part of our everyday life and we all react to stressful situations in a way which is personal to us, but the symptoms of anxiety are often similar. Think of a time when you have felt anxious, you may have experienced feelings such as being scared, panic, increased heart rate, sweating, sickness, not knowing where to turn or what to do next, loss of confidence etc. These are unpleasant feelings and can impact our mood, energy levels and behaviour, so imagine what it must be like to feel anxious every day of your life but not understand why.

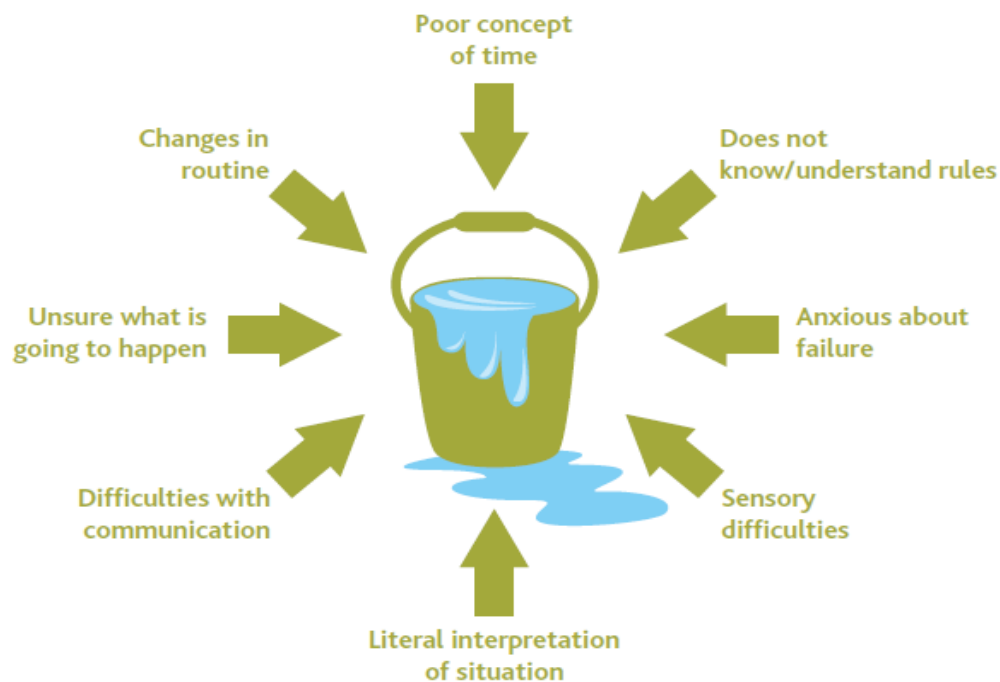
Children with ASD experience anxiety for a variety of reasons, which can include:

- Meeting strangers.
- Being given too many choices.
- Not being able to communicate their needs.
- Changes in routine.
- New activities or places.
- Experiencing unpleasant sensations, e.g. dog barking, flashing lights, crowded and noisy environments, overpowering smells.
- Transition from one activity to another – even small transitions.
- Trauma – remembering unpleasant events e.g. having a haircut, seeing the dentist or doctor, which when being asked to repeat makes them anxious.

*‘Reality to an autistic person is a confusing, interacting mass of events, people, places, sounds and sights. There seem to be no clear boundaries, order or meaning to anything. A large part of my life is spent just trying to work out the pattern behind everything. See routines, times, particular routes, and rituals all help to get order into an unbearably chaotic life.’ (Joliffe, 1992, p16).*

Sometimes, children with an ASD can be anxious about more than one thing at a time causing overload, which could then lead to extreme anxiety behaviours (meltdown).

Below is the analogy of a bucket overflowing. When levels of anxiety get too high it can result in the extreme anxiety and inappropriate behaviour.



For all of these reasons and more, it is no wonder that children with ASD experience anxiety. Their quest in life can become one of routine and predictability. Some children may want to control situations or take part in things only on their terms. This might be because being in control reduces their anxiety levels.

Some top tips for managing your child's anxiety:

- Always consider anxiety levels when deciding how to manage your child's behaviour or when introducing them to change or new activities.
- Be empathetic – remember how it feels when you are anxious.
- Allow for the autism – be patient and tolerant.
- Maintain a neutral and calm tone of voice – your own anxiety, anger or frustration can make a child more anxious.
- Keep a diary of your child's behaviour and you may be able to identify a trigger for their anxiety.
- Establish routines and stick to them. If you do need to change a routine, provide your child with as much notice that is possible. Explain what is going to happen instead.
- Small transitions can be a big deal to a child with an ASD e.g. taking a bath and then cleaning teeth straight away might cause anxiety. Allow time between activities wherever you can.
- Give one instruction at a time.
- Give your child time to process information.

- 'Fiddle toys' such as stress balls, play dough, etc. may help a child to lower their anxiety levels.
- If your child is upset, distressed or behaving in a challenging way, consider whether this is being caused by sensory issues. Sometimes it may be the fear of what might happen which will make them anxious.
- Identify a 'safe place' that your child can go to when they are feeling anxious, for example their bedroom. Provide your child with a time out mechanism for when things are getting too much. Use of a 'time out' or 'break' card can be useful or even coloured cards to relay how they feel e.g. red might mean time out now, green might mean okay for now. Alternatively, you could have a verbal code or hand gesture. If your child is older you could try teaching them an anxiety scale using numbers e.g. 1=calm, 2=very happy, 3=feeling worried, 4=very anxious, 5=extreme anxiety behaviours.
- If your child has a way of calming themselves which you find difficult or annoying, be tolerant as your child is doing this to reduce the unpleasant feelings they are experiencing.
- Help your child to understand social rules. Social stories or visual structures can be helpful.
- Learn as much as you can about autism.

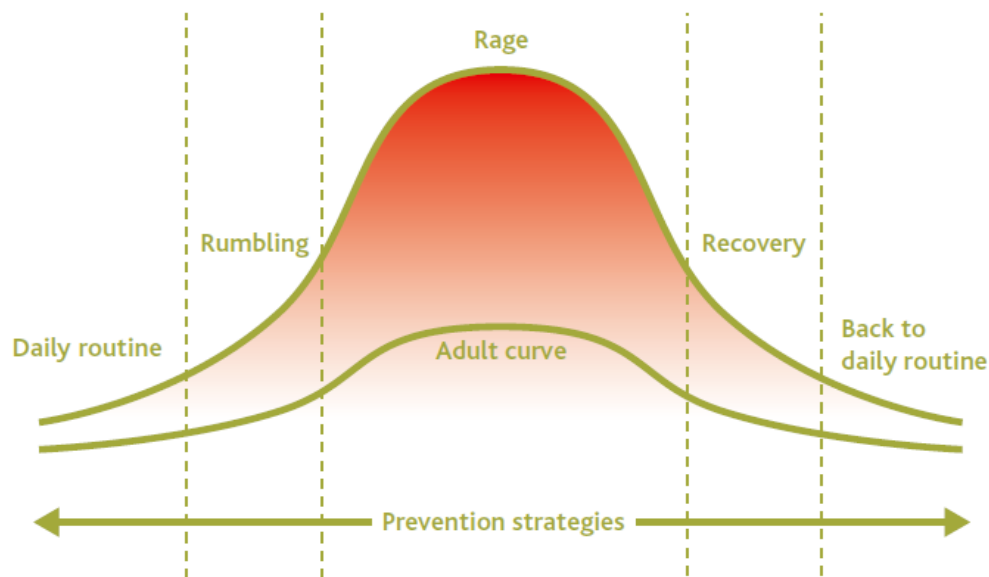
## **Supporting your child with different behaviour**

Everyone displays 'behaviour difficulties' at some time because it is a way of communicating what they are thinking or feeling. Those with autism may seem to display challenging behaviour more frequently than other children but this is because they see the world differently.

They do not always understand social rules, may have difficulty expressing themselves and may struggle to cope with changes in routine and understanding how other people may be feeling, all of which can lead to very stressful situations for them. This, together with any sensory issues they may have, can be overwhelming for them to deal with and their only way to cope and to let you know that they are struggling is through inappropriate or 'challenging' behaviour (sometimes described as tantrums, rage and meltdowns).

Tantrums, rage and meltdowns can mean different things for different individuals but they usually occur in three stages which are rumble, rage and recovery (following diagram). The rumble phase is the start of the behaviour, also known as the trigger or antecedent. It is the most important phase because this is the point where the child is building up to the rage phase and there are usually opportunities to defuse the situation. Every child is different but you may notice certain 'rumbling' behaviours such as fidgeting, making noises, foot tapping, pulling faces/grimacing etc.

## Three Stages of Behaviour



*Adapted from Curtis and Dunn 2000*

These behaviours may initially appear to be minor and unrelated to the ensuing meltdown or they may be more obvious but over time you will be able to more easily identify what your child's rumbling behaviour is. Later in this section we will describe the 'cause, behaviour, function' chart and how to use it to identify the triggers, the rumbling behaviours and the reasons behind these. This in turn will help you to identify the best way to intervene at the rumbling stage and to develop some prevention strategies to stop your child reaching the rage phase.

The rage phase is the 'acting out' behaviour or meltdown. Again, this will be individual to your child but may include externalised behaviour (e.g. screaming, hitting, biting, destroying property, etc.) or internalised behaviour (e.g. becoming withdrawn). If your child reaches this stage, the main thing to do is to try to remain calm and to ensure the safety of the child and those around them.

The recovery phase is when the behaviour has passed. The child may be tired/sleepy or may apologise whilst others may deny the behaviour or even not remember what happened.

Also, think about the function of the behaviour – what do they get from doing the behaviour?

I scream and shout → Mum/Dad gives me the sweets or they take me out of the shop.

To try and find out what is causing or triggering the behaviour it can be useful to look at the cause, behaviour and function (purpose) of the behaviour.

**Cause** – This is the trigger for the behaviour. This can sometimes be clear cut such as somebody saying 'no' to a request but in individuals with ASD it can be more difficult to identify because the cause may be related to sensory issues such as loud noises or specific sounds or related to the need for predictable routines.

**Behaviour** – It is important not to jump to conclusions about behaviour as many individuals with ASD have difficulties in expressing their feelings in an appropriate way. For example, anxiety may present as worry but could also present in repetitive behaviours or aggression.

**Function** – This is the purpose of the behaviour which may be to gain something they wanted, to avoid something or simply to communicate feelings to others.

If, however the behaviour is not appropriate or desirable you may need to start some work around changing the behaviour.

## Working Directly on Behaviour

If you want to change a behaviour, try working using these two behavioural principles:

- If you reward a behaviour you will see more of it.
- If you ignore a behaviour you will see less of it.

When trying to decrease an unwanted behaviour, it is important that you teach a new way of behaving appropriately at the same time. This will prevent other negative behaviours developing. To do this you will need to remove all rewards from the unwanted behaviour and look for ways to reward a behaviour that is wanted.

For example, ignore the individual when they interrupt you talking by asking for something, but respond immediately if they say 'excuse me'. In this situation the individual will learn that they will only get the response they are seeking by saying 'excuse me' first.

In order to help the learning of new behaviours it is important that your response is clear and consistent, you must respond in the same way each time.

Sometimes, the 'reward' for a behaviour is the attention you give to it. We can give attention to a behaviour in a number of ways including praising, giving rewards such as stickers/money, shouting, asking for explanations etc. Sometimes we do not even realise we are rewarding a behaviour because we are shouting or being negative to try and stop it.

Some top tips for supporting your child with different behaviour:

- Be positive and praise good behaviour. Make sure praise is given quickly and clearly so that your child knows what you are praising them for.
- Don't try to change too much too soon. Tackle one or two things at a time and perhaps try to choose something which will be easier to change first.
- Improve the way you communicate with your child (see section on Communication).
- Help your child to understand and change their behaviours through, for example, social stories and explaining about other people's thoughts and feelings.
- Use calendars and other visual information to help your child understand the concept of time.
- Plan ahead for activities and changes to routines (see section on managing change).
- Find out what relaxes your child so that you can help them calm down.



# Communication

Individuals with ASD have difficulties with both social communication and social interaction, and this can cause problems in giving information to and gaining information from your child. Being aware of these difficulties and adapting your own communication style will go some way to ensuring that your child understands what you are asking them and ensuring you get the most accurate response.

Long questions and explanations can cause confusion for someone with ASD, so try to avoid using them.

People with ASD will often have a very literal understanding of language. Idioms, metaphors and similes may be very confusing or create misunderstandings. Here are some examples of everyday sayings that can cause confusion for an individual with ASD:

**Idioms:** Make up your mind.  
You're barking up the wrong tree.  
Pull your socks up.  
Don't make a mountain out of a molehill.  
That's the pot calling the kettle black.

**Metaphors:** She's an old flame.  
Dad is a rock.  
You are an angel.  
Billy is a snake.  
My head was spinning.

**Similes:** He is as rich as a king.  
She is as cool as a cucumber.  
You are as cold as ice.  
As bright as a button.

When interpreted literally, these phrases are very strange and can have a totally different meaning so avoid using them. Don't be misled by the individual using metaphors, it does not necessarily mean they will understand yours, especially if they are not familiar with them.

People with ASD often have an unusual way with eye contact and some describe feeling uncomfortable with maintaining eye contact. Just because your child is not maintaining eye contact does not mean that they are not paying attention to you.

Because people with ASD may have problems interpreting social cues such as eye contact and body language, they may not realise that you are addressing them. Start by saying their name and making sure you are in their view before speaking.

If your child has sensory problems, it may be difficult for them to focus on what you are saying if the area around them is busy. Try and reduce noise, smells and bright lights before talking to them.

Try not to rely on your tone of voice, facial expression or eye contact to convey a message as the individual with ASD may not be able to understand these subtle ways of

communicating. Sarcasm is even more confusing and often relies on somebody reading tone of voice, facial expression and then contrasting them with the words being used. Individuals with ASD will often be unable to do this, and will assume the words used are accurate. So if your child's hair is looking messy, say this rather than saying it looks lovely and making a funny face.

Some top tips for supporting communication:

- Ensure you have their attention, say their name before beginning.
- Minimise sensory distractions such as noise, bright lights and busy lights and busy rooms.
- Use a clear, calm voice.
- Keep things short and simple.
- Allow your child some time to process information and check that they've understood.
- Beware of using idioms, metaphors and similes – ensure they know what you mean.
- Use facts to explain things, avoid analogies and never use sarcasm.
- Don't rely on body language, gestures and tone of voice.
- Ask specific questions.
- Use pictures to help explain things.
- Always check that you have been understood.

## **Top tips for Common Issues**

Some top tips to try around diet:

- Spend some time monitoring your child. Keep a food diary to see how many different foods your child is eating. You may find that they are eating a wider variety of foods than you thought.
- Be a 'detective' and try and guess why they are eating in a certain way. If they have language, ask them why they can't eat or if they can write, ask them to try and write it down, or draw what's wrong.
- A place mat which is 'their area' to eat from can help.
- If your child finds eating with others difficult, make sure they are not sitting directly opposite another person.
- If eating at school is difficult, ask what the environment is like at school or even visit the school during a meal time.
- Try and make meal times predictable. Serve three meals and planned snacks and try and establish a routine.
- Visual prompts/timetables (pictures and or words, PECS (Picture Exchange Communication System)) can be helpful.
- Choice boards/choice books – these can have the foods your child eats in the front and foods they may like to try at the back, the aim being to bring the 'Today I Will Try' picture forward.
- Try writing a social story – these can be used to help your child try new foods or to explain why eating a varied diet is important (your ASD professional may be able to help you with this).
- Expose your fussy eater to food at every opportunity, get them to handle food, play with food, and help in the kitchen, so food and eating becomes relaxed and fun.

- Use your child's interests as motivators, e.g. make the food into a train, line up peas, maybe their favourite character could come to 'tea'.
- Try and make eating and being around food a pleasure not a chore!
- Remember, you need to persevere. You often have to expose your child to a new food a lot (15 or more times!) before they accept it as new food and will try it.
- If your child has PICA look at what they are eating. Can you offer them something 'safer' or more acceptable to give them the sensation they are seeking but in a more acceptable form?
- Ask for help if you think you need it.

If you decide you want to try a special diet, there is more information on these via the National Autistic Society. It is strongly recommended that you seek impartial advice about this before embarking on this road. Many of the diets are expensive, a few can be harmful, and for children who seek routine a drastic change in what they are given to eat can be very distressing. This is especially true if your child is an extreme fussy eater. Here are two of the most popular:

- **Gluten and Casein Free Diet (GFCF Diet)**  
This diet involves removing all gluten (a protein found primarily in wheat, barley, rye and oats) from the individual's diet, i.e. avoiding ordinary bread, pasta, crackers, many cereals, etc. It also removes Casein (a milk protein) so no cow's milk, ordinary cheese, yogurt, etc. from the child's diet. It is based on the theory that ASD individuals have a 'leaky gut' which affects their mental function and behaviour.
- **Fish Oils and Supplements High in Omega 3**  
Omega 3 is a type of fat which is found in a number of foods (including oily fish – salmon, sardine, mackerel, herring, etc.) which is important for brain function. Taking a supplement high in Omega 3 has been reported to help ASD individuals attend and concentrate better. The amount of Omega 3 a child should take is not clear, however encouraging your child to eat oilier fish is not a bad thing.

## Sleep

Many children with ASD will experience difficulties with sleep at some point. When a child has difficulty sleeping, it means the whole household has difficulty sleeping which can lead to a tired, irritable family. Children may have problems getting to sleep or may wake periodically throughout the night. The child may catch up on sleep during the day or may seem to require much less sleep than the rest of the family.

Many children display behavioural problems during the day purely because of tiredness and a lack of sleep during the night.

Often sleep problems can be rectified with behavioural interventions, sometimes even a small change can make a big difference. It is easy to 'give in' to behaviours in the night in order to settle the child for the whole house to get some sleep.

Individuals with ASD often prefer to have predictable routines. Ad hoc times and routines of going to bed can cause anxiety which will in turn cause the individual to have difficulty in sleeping. Busy environments can also cause difficulties in settling to sleep, especially if the child has sensory issues.

Some top tips for managing sleep difficulties:

- Set up a regular night time routine and stick to it. Try to start 'winding down' at least an hour before bed time. Baths, stories and a milky drink will all help your child to relax before bed. Avoid stimulating activities such as exciting TV, computer games and physical play.
- Create a non-stimulating bedroom where possible. Switch TV off, switch off or dim lights and try to control noise.
- Encourage your child to settle alone in their own bed. If you usually cuddle your child to sleep, gradually change this. Each night withdraw yourself a little more; sit next to the bed, away from the bed, in the doorway, on the landing etc. until your child can settle alone.
- Repeat these steps if your child wakes in the night.
- Have clear rules and explain them to your child e.g. 'you must stay in your own bed', 'you are not allowed to watch TV in your room after 7pm'.
- Do not allow your child to sleep in your bed because it is easier, it will only make more problems in the long term.
- Encourage your child to stay in their own bed by using a reward chart.
- If problems persist, speak to your GP, Health Visitor, Social Worker, etc. for more help.

## Toileting

Some children with ASD may be prone to constipation or diarrhoea and some benefit from a special diet. They may experience both, at different times, or at the same time (if the bowel is blocked, then only liquid matter can pass the blockage). If difficulties persist, or you are concerned in any way, contact your GP or another health professional involved in the care of your child to provide advice and, where necessary, to consider possible medical reasons for their difficulties.

Some top tips for toileting:

- Ensure that everyone involved with your child is aware of the approach that you have decided to follow so that you are all consistent.
- Use your child's preference for routine to support the learning process.
- Be aware that your child may not like change and therefore it may be easier not to toilet train using a potty as this will involve a further change from potty to toilet.
- Observe your child to try and establish when they wee and poo so that you can try and establish when you are likely to need to take them to the toilet.
- Have a visual sequence beside the toilet to help your child understand what to do.
- Some children may find bowel movements frightening so it may be useful to explain the digestion process.
- Some children may prefer the feel of a full nappy and be reluctant to change.
- Consider the toilet/bathroom environment and how this will affect your child's sensory issues.
- Some children enjoy the feel of smearing and therefore alternative acceptable activities need to be provided instead.
- Consider what alternatives are available if your child does not like the texture of toilet paper (e.g. wet wipes, etc.).

- Avoid childlike terminology as it may be difficult to change language later in life.
- Use the same toileting routine in the community and when visiting new places as you do at home.
- If difficulties persist, contact your GP or another health professional involved in the care of your child to provide advice and, where necessary, to consider possible medical reasons for their difficulties.

## **Body Awareness (Behaviour and Boundaries)**

Talking to your child about body awareness, sexual issues and relationships can seem quite daunting but it is important that all children and young people, including those with autism, are taught clearly and calmly in a way which they will understand.

People with ASD can have difficulty in understanding body language, facial expression and tone of voice. They often have difficulties in reading social situations and are sometimes unaware that their behaviour is inappropriate. This can lead to confusion, misunderstandings and upset. They may also be confused or worried about changes that are happening to their bodies and their feelings.

Some top tips for supporting your child with body awareness:

- Socially appropriate behaviour needs to be adopted long before puberty begins. However, if your child displays 'inappropriate' behaviour make sure that you determine the purpose of the behaviour as it may be different to your assumption!
- Comment on inappropriate behaviour when it occurs but explain what is inappropriate about it and how the matter/situation could have been handled.
- Be calm, clear and consistent – repetitive messages support learning.
- Ensure your child has understood – ask them to tell you in their own words.
- Talk to your child's school to find out what will be covered during PSHE lessons, etc. – to make sure that you are happy with what is being taught to your child and to try to ensure that you are working together.
- Some Community Health Nurses have expertise in supporting parents and children on sexual matters – they can be contacted via your family GP.
- Monitor television and film viewing – you may need to check their understanding of any sexual content.

## **What about Family, Friends and the Child Themselves?**

Once you have come to terms with your child's diagnosis, you will also want to consider how you tell your other children, members of your family, your friends and the child with ASD themselves. In this section we provide some information and top tips about:

- Siblings.
- Extended family and friends.
- How do we tell our child they have ASD?

## Siblings

*“Understandably, when a child is diagnosed the thoughts and advice flow to the parents, but people do have a tendency to forget about the siblings and how it can impact upon them too. There are many difficulties that can be encountered, however these are equally measured with the good times and memories that can be created.” – (Sibling).*

Other children will often find things difficult too. They may find it difficult to understand the behaviours of their brother or sister with ASD. They may feel rejected if their sibling does not want to play with them, or does not respond to their social advances in the way they would like.

Sometimes, other children can feel as if you are not giving them as much attention, or even as if you do not love them as much. Children, especially younger ones can find this difficult to explain to parents. Their feelings may be displayed in the way they behave which may not be how they would usually behave or how parents/family like. Sometimes other children start to behave differently as a means of securing parent's attention.

Providing siblings with information about autism will depend on their age and level of understanding. There are different ways to give information and this will depend on the needs of the individual child. For example, some will prefer to read a book; others would rather watch a DVD, whilst others will be happy to discuss it face-to-face with you or someone else. It may be helpful to provide them with a basic overview and then answer questions as and when they arise, giving simple and specific information.

*“Aside from what can seem as the bad part of living with an autistic sibling there can also be good times, just like living with any other person.” – (Sibling).*

Some top tips to support siblings:

- Talk about their feelings, tell that it is okay for them to feel angry, sad, etc. and that they may need some support themselves to deal with this.
- Give them the opportunity to discuss their feelings with someone else they trust/feel comfortable with – sometimes young people would like to talk to someone else because they don't want to worry you.
- Reassure your child(ren) that having to spend more time helping their brother or sister does not mean you love them any less.
- Encourage them to interact with their sibling.
- Help them to understand their sibling's behaviours and difficulties, but also explain their strengths and the things they are good at.
- Acknowledge their role in the family – they are an important part of the family and whilst they are not their sibling's carers, they may want to be involved in helping and supporting you and their siblings.
- Give your child(ren) the opportunity to have their own space – older siblings may appreciate privacy to do homework, have friends round, etc. without interruptions.
- Allow them to have a safe place to keep important items, particularly if their sibling is prone to breaking things.
- Make individual time with your child(ren), just 10 minutes a day can make a difference – explain that this is their time rather than simply excluding their ASD sibling.

- Think together about activities which can be done as a family and what you can do with them on their own.
- Remember to praise your other child(ren)'s positive behaviour. Look for things to praise such as sitting quietly, sharing, getting dressed without help. This will give attention and stop them seeking it in other ways.
- Explain to siblings that other people may not understand what ASD is or how their brother/sister, so may react differently towards them.

## Extended Family and Friends

Some top tips about extended family and friends:

- Explain to them about your child's diagnosis and provide them with information about autism.
- Encourage them to ask if there is something they don't understand or want to know more about.
- Explain how ASD impacts on your child and your child's behaviour.
- Tell them how best to connect with your child, i.e. talk about their likes and dislikes and the best way of communicating with your child.
- Acknowledge that they may struggle to come to terms with the diagnosis and may need support.
- If someone makes unhelpful comments or is reluctant to accept the diagnosis, try not to take it to heart.
- If family/friends offer to help, accept! If they don't offer it may be because they're not sure how to help so ask, even if it's just to chat and listen.

## Our Child

There is no hard and fast rule about when to tell your child and this will depend on personal circumstances. Their diagnosis may mean that their level of understanding or ability to process language is different to other children their age so the right time or age to discuss the diagnosis will depend on their individual abilities, needs and emotional strength and these are all factors you will want to consider. However, you are their parent and you know them best.

*"(I told my son) when he asked about going out on his own and why I was always with him; he was 11. I think you will know when the time is right and there is no set age. Always do what is right for your family." – (Parent).*

Some parents decide to tell their child when they are young so that they gradually become aware of their differences whilst others prefer to wait until their child is a little older so that they will understand better. If children are told about their condition and provided with the support they need it is suggested that the likelihood of problems occurring decreases. Some children may begin to ask questions and this may be a good time to talk to them. However, be aware that some children may have questions but not know how to express them.

When talking to your child about their diagnosis try and be as positive as possible. Use language and information according to their age and level of understanding. It may be a good idea to provide minimal information to begin with and add more over time. Your child may need some time to process the information and may have mixed emotions about their

diagnosis. It is important to let them know that they can talk to you about how they are feeling or any questions they may have.

*“(My son) still refuses to accept he has Asperger’s – probably because he was 10 when he was diagnosed (he is now 15). I have been watching programmes on ASD and Asperger’s with him and gradually he is coming round to the idea.” – (Parent).*

There are a range of books and DVD’s that may be useful for you to use and you could speak to your doctor/health visitor/another professional or indeed other parents to help you with this.

*“It’s not as if I was born with legs and then I had them taken away from me in an accident. I was born with Asperger’s and I don’t know any different... Maybe I’m one of the normal ones and you lot have the problem!” – (Individual with ASD).*

Some top tips for talking to your child about their diagnosis:

- Use language and information appropriate to their level of understanding.
- Try to be as positive as possible.
- Give them time to process the information and encourage them to ask questions.
- Reassure them.
- Provide information in ways that suit them best – books, websites, DVD’s, etc.
- Have a question box, email or diary system if they find talking face-to-face difficult.
- Ask for help from professionals and other parents.



## **'TIPS FOR PARENTS ON BEHAVIOR & LIFE SKILLS**

The following ten recommendations for teaching, training, and living with children who have Autism have been adapted from the works of Martin A. Kozloff, the Judevine Center for Autism, Applied Behavior Analysis, and many parents, children, and teachers.

### **HAVE HIGH EXPECTATIONS**

Do not assume the person cannot do something just because the person has Autism or Asperger's syndrome. Do not be controlled by the person's IQ score. It is very difficult to accurately measure the IQ of a child who has Autism. Expect the person to behave, to answer you when you ask a question, to come when you call, and to complete a task you assign. The person with Autism may need more time than others to do these things and may need your help, but continue to expect good things from them. Above all, do not excuse bad behavior because you feel sorry for the person with Autism. The first change many of us need to make when we work with those with Autism is to stop thinking of persons with Autism as helpless victims. Persons with Autism are people. They are people with feelings, thoughts, desires, and needs. They respond to positive reinforcement, love, attention, punishment, and all the things we experience in life. However, they may respond in different ways.

### **USE A POSITIVE APPROACH**

Stay positive at all times. Pay attention to and look for appropriate behaviors. When you see them, comment on them and reinforce them with specific verbal praise (e.g., "Carey, I like how you are sitting quietly."). To establish new behaviors, present other reinforcers along with the verbal praise, e.g., physical praise (a pat on the head, a "high five", etc.), a primary reinforcer (a bit of food or candy), or activity reinforcers (access to toys, time to play, etc.). Note: It is very important to find strong reinforcers (a reinforcer is anything that, when given after a behavior, strengthens the behavior). To find a strong reinforcer, talk to the parents, other teachers who work with the child, watch for those things the child chooses on his or her own, and try a million different things to see what is motivating for the child. Once you find a strong reinforcer, keep it under your control and do not allow the child access to it until the child has performed the behavior you are looking to strengthen. Unlimited access to reinforcers devalues them.

## **IGNORE INAPPROPRIATE BEHAVIORS**

Destructive, abusive, or dangerous behaviors may require a consequence, but for most behaviors: start with ignoring. Commenting on, looking at, or paying attention to inappropriate behaviors in any way can be very reinforcing for many children with Autism.

When you explain rules to the person, make sure they are stated in positive terms. That is, say, "Sit on the chair," rather than "Don't stand up." Tell the person what to do, rather than what not to do. If the person makes a mistake, say, "Good try," and have him or her try again. Also, never talk about the person's behavior problems or deficiencies in front of the person. It's rude to do with anyone; and may give the person with Autism a list of things to do to get your attention! Be careful!

## **REQUIRE A RESPONSE**

Never ask a person with Autism to do anything! Always tell them. And never tell a person with Autism to do something that you cannot make happen with your hands-on assistance. When you tell a person with Autism to do something, give them a little more time to respond (about ten seconds). Many persons with Autism have difficulty processing auditory information and/or visual cues and may need more time to decode what you have said and to decide upon a response. If after ten seconds, the person does not respond, prompt the answer.

For example, if you have asked, "Kayla, are you happy today?" And got no response, prompt Kayla by saying, "I am -----." She may fill in the blank. If still no response, prompt again with "I am h-----." (assuming she looks happy). If still no response, prompt a "Yes" or "No" verbal or gestural response. Whatever response comes (even if you have to shake her head up and down for her) make sure you praise her for "Good answering" or "Good talking." Never allow a question to remain unanswered or an instruction to remain uncompleted. Do not drop it and move on to the next child. If you do this, the child with Autism will learn that no response is ever required of them and that what they may have to say is unimportant. Make sure you get a response. Say what you mean, and mean what you say.

## **IGNORE IRRELEVANT SPEECH, VOCALIZATIONS, GIGGLING, LAUGHING, AND ACTIONS**

Check this scene out: All of a sudden, Andrew, a child with Autism, breaks out in loud and animated giggling. The teacher spends the next 15 minutes asking Andrew what is so funny, she laughs with him, and goes around the room pointing out several objects and asking, "Is

this what you are laughing at?" The giggling stops as abruptly as it started. The teacher is puzzled and has no idea what triggered the giggling. She was hoping for a breakthrough moment of connection with Andrew.

Rather than achieve a "breakthrough," the teacher has just reinforced an inappropriate behavior for 15 minutes! Remember, pay attention to behaviors you want to see repeated and ignore behaviors you want to stop. What's so inappropriate about giggling, you may ask? Nothing, if it is related to what is going on at the time. However, if you see no clear connection with what has just happened or is happening, then ignore it. You need to teach the child with Autism what is relevant speech and actions and what is irrelevant. This goes for self-stimulating behaviors, echolalia, out-of-context words and phrases, screaming, odd actions, and any other behavior that is not related to what is going on.

One of the traps teachers and parents get into with children with Autism is that we want to encourage all communication, because we so rarely get it from the child. However, make sure you differentially reinforce and respond to relevant and irrelevant communication. Otherwise, you will get more and more irrelevant speech and actions because the child sees that it gets your attention. When the child's response or actions are relevant, give lavish praise and point out the connection between what the child said (or did) and the relevant event (for example: "Yes, Andrew, it is funny when Barney giggles!").

### **SPEAK SLOWLY, CLEARLY, AND SPECIFICALLY**

Remember, persons with Autism may have difficulty processing what you say. At first, speak slowly and clearly so the child receives all to most of your verbal cues. (Later you will want to make your speech as normal as possible so the child will understand anyone, not just you.). Make sure the child is looking at your face (more on this later) to assure he or she also picks up on your nonverbal cues.

Be specific in your language. Until you know the child understands colloquialisms or abstractions, do not use them. For example, rather than say, "Take a seat," say, "Sit on the chair." Many children with Autism are very literal and may misunderstand your nonliteral phrases - no matter how common they seem to be. For example, a parent once told me that she was puzzled when her child kept holding his worksheets up to his face, until she realized that she had told him, "Keep your eyes on the paper." Watch your nonliteral speech - it can have unforeseen consequences!

Use nouns as nouns, verbs as verbs, and adjectives as adjectives. For example, if you are teaching colors by showing different color blocks, do not say, "This is blue," rather say, "This is a blue block." Do not say, "This is a cow," if showing a picture of a cow. Instead, say, "This is a picture of a cow."

Also avoid inadvertently asking questions when you intend to give a command. We all do this when we tell a child to do something but add the polite phrase, "Okay?" This changes the command to a request and the child can say, "No." And, since we want to always reinforce appropriate communication, we would have to honor their "no" and stop the activity. Also avoid outright questions, like: "Will you do this?" or "Are you ready to work?"

Other statements to avoid: "Do this for me." (School work is not done for someone else, it is the child's duty). "Let's put on our coat." (Unless that is a very big coat, avoid this "we" talk). Also avoid "Please" and "Thank you" when giving commands or instructions, these are polite words but not needed for expected behavior.

## **USE STRATEGIES SUCH AS SCHEDULES FOR CHANGES IN ROUTINE**

Use a schedule and other methods to predict upcoming events and changes for the child with Autism. Most children with Autism resist change and prefer sameness. Rather than just a stubborn habit, this is probably due to the child's inability to fully comprehend and pay attention to all the cues from their environment that announce a change is upcoming.

Many children with Autism focus on only a small part of the situation rather than the whole. For example, most of us can look around the room and see people getting ready to go home, we hear the rustling papers, see the clock moving, hear the teacher say the "end of the day phrases," etc. Children with Autism may miss all of this and only be focused on the puzzle he or she is completing. Children with Autism need to know what activity is first, next, and last.

Children with Autism should be warned when an activity is about to change (e.g., "In five minutes it will be time to put the puzzle away.") and another is about to start (e.g., "When you are finished with the puzzle, it will be time for math worksheets."). Children with Autism should be warned about visitors coming into the classroom and home. They need to be warned about odd or scary things that are about to happen (e.g., "Kayla, in five minutes the school bell/fire alarm will ring. It will be loud!"). Social stories are stories that explain the reason for things to children with Autism, explain the perspective of others, and talk about expected behaviors from others and the child with Autism. Social stories can be a great way to prepare children for changes and new situations.

## **DO NOT RAISE YOUR VOICE, GRAB, OR THREATEN THE CHILD WITH CONSEQUENCES**

Raising your voice seems like the natural thing to do to get compliance. (It works at home, right?). However, many children with Autism may be sound-sensitive due to sensory problems. They may just avoid you. Also, when we raise our voice to a child, we have probably already gave the command four or five times. What we have taught the child is that the only time we really mean business is when we raise our voice.

The child with Autism knows we don't really expect them to obey us until we are shouting. To get around this, tell the child to do something once or twice, if the child does not comply, assist them in the least intrusive method needed to get the child to comply. For example, if you have calmly told the child to sit down twice and the child is still standing, place your hand on the child's shoulder and guide the child into the seat. Once the child is seated, say, "Good sitting. I like how you follow directions." The child learns from this encounter that you mean business.

Rather than chase after or grab a child who is running away from you (unless the child is facing obvious danger), tell the child what he or she should be doing ("You need to come back here.") and offer the child a contingency for returning on their own. For example, "As soon as you come back and finish the activity, it will be time for snack (etc.)." Do not threaten negative consequences (e.g., "If you don't get back here you can't go outside all day!"). This will lead to a power struggle and/or more avoidance. Stay calm and keep it positive. Teach the child to ask or tell where he or she is going by anticipating their escape behavior and saying, "It looks like you want to go outside. Use your words." And then reward this appropriate behavior with a trip outside (if possible - if not, tell the child when going outside is an option.).

## **DO NOT ALLOW BEHAVIOR PROBLEMS TO SUCCEED IN ESCAPING DEMANDS**

If you give the child an instruction and the child has a tantrum, ignores you, engages in self-stimulatory behavior, walks away, or refuses to comply with your instruction, you must continue to insist that the instruction is completed. Wait the child out, when he or she is calm, make sure the task is completed. Use a contingency statement to improve the child's motivation. For example, "I know you do not like making the bed, but when you are finished, it will be time to ride your bike (or something else pleasant to the child)." This results in a win-win situation, which is what we are always seeking with our children. Allowing a child to escape demands is a very powerful reinforcer for their escape behavior (tantrum, etc.) and this will be a very difficult habit to break once it is established.

## **DO NOT GIVE IN TO RIGID ROUTINES OR FIXATIONS**

Children with Autism often have rituals or routines that they feel compelled to perform. Often, the child will demand that others comply with his or her routines as well. For example, I know a young child who must count ten steps as he walks up the steps. If he miscounts or the steps do not add up, the child insists that Mom and he start all over again at the bottom. This is probably similar to obsessive-compulsive disorder behavior. It's as if the child believes something bad will happen if the correct number of steps is not counted or some other routine or ritual is not followed. This actually becomes a self-fulfilling prophecy.

Once the routine is completed, there is a sense of relief and the "bad thing" doesn't happen. Stopping the child from performing the routine (or ritual) may result in a severe tantrum. Giving in to the routine (or ritual) after this, reinforces the routine (or ritual) and the tantrum - not a good thing! Don't go out of your way to stop all routines and rituals. The ones that are harmless and do not infringe on other's rights (e.g., lining up cars in the toy room), you can simply ignore and not play along. But do not allow the child to demand that others comply with their routine or ritual and do not allow it to take over the entire house or school.

Tantrums are sure to come, but tantrums are always ignored (unless the child is in physical danger). When ignoring a behavior that previously received a lot of attention, the behavior will probably get worse before it gets better. Be patient and ignore consistently for at least three weeks (the time it takes to develop a new habit). If the behavior has not decreased, another strategy may be required (perhaps attention is not the motivation for this behavior).

## **ESTABLISH, REINFORCE & EXPECT THE BASIC "LEARNING/ ATTENDING PROTOCOL"**

Persons with Autism have difficulty attending to what is important. Frequently they are paying attention to irrelevant aspects of what we are saying or doing or distracted by their own interests, actions, or sensory needs. In order to effectively teach the person with Autism, we must first gain their attention.

My first few exposures to Autism came when I was assigned to assess children for eligibility for an early intervention program. My attempts to assess the children with Autism would be comical if it weren't for the serious nature of their condition. I would pull out my blocks and puzzles and the chase was on! My report went something like this: "The child stacked two blocks on the couch, three blocks on the table, and stacked four blocks inside the refrigerator." This may be okay for testing purposes, but teaching is something different.

In order to teach a child, you must have their attention. That means they are in one spot in the room, preferably sitting down, and looking at you. The child's hands are not waving in the air, playing with something, or rubbing their body. Their hands are ready to work. That is exactly what the "learning/ attending protocol" is.

### **The Learning/ Attending Protocol**

*Give the command: "Sit on the chair."* If the child does not sit, make it happen and praise the child for "Good sitting."

*Give the command: "Hands on the table." or "Hands ready."* If the child does not place hands on the table, make it happen and praise the child for "Good hands ready." or "Good following directions."

*Give the command: "Look at me."* If the child does not look at you, wait him or her out, and when you get even a brief eye contact, praise the child for "Good looking" and present a pleasant activity or food reward. Occasionally it is necessary to hold a bit of food or a desired toy up near your eyes to get eye contact. Once eye contact is more regular, fade from holding the desired item near your eye.

Make sure you get these three things to occur before presenting an instruction, activity, or reward. This prepares the child to learn, helps to control extraneous stimuli, and teaches the child the habit of learning and what teaching is all about.

by Gary J. Heffner, creator of The Autism Home Page at MSN Groups.

## Helping your child with autism thrive tip 1: Provide structure and safety

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Learning all you can about autism and getting involved in treatment will go a long way toward helping your child. Additionally, the following tips will make daily home life easier for both you and your child with ASD:

**Be consistent.** Children with ASD have a hard time applying what they've learned in one setting (such as the therapist's office or school) to others, including the home. For example, your child may use sign language at school to communicate, but never think to do so at home. Creating consistency in your child's environment is the best way to reinforce learning. Find out what your child's therapists are doing and continue their techniques at home. Explore the possibility of having therapy take place in more than one place in order to encourage your child to transfer what he or she has learned from one environment to another. It's also important to be consistent in the way you interact with your child and deal with challenging behaviors.

**Stick to a schedule.** Children with ASD tend to do best when they have a highly-structured schedule or routine. Again, this goes back to the consistency they both need and crave. Set up a schedule for your child, with regular times for meals, therapy, school, and bedtime. Try to keep disruptions to this routine to a minimum. If there is an unavoidable schedule change, prepare your child for it in advance.

**Reward good behavior.** Positive reinforcement can go a long way with children with ASD, so make an effort to "catch them doing something good." Praise them when they act appropriately or learn a new skill, being very specific about what behavior they're being praised for. Also look for other ways to reward them for good behavior, such as giving them a sticker or letting them play with a favorite toy.

**Create a home safety zone.** Carve out a private space in your home where your child can relax, feel secure, and be safe. This will involve organizing and setting boundaries in ways your child can understand. Visual cues can be helpful (colored tape marking areas that are off limits, labeling items in the house with pictures). You may also need to safety proof the house, particularly if your child is prone to tantrums or other self-injurious behaviors.



## Tip 2: Find nonverbal ways to connect

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Connecting with a child with ASD can be challenging, but you don't need to talk—or even touch—in order to communicate and bond. You communicate by the way you look at your child, by the tone of your voice, your body language – and possibly the way you touch your child. Your child is also communicating with you, even if he or she never speaks. You just need to learn the language.

**Look for nonverbal cues.** If you are observant and aware, you can learn to pick up on the nonverbal cues that children with ASD use to communicate. Pay attention to the kinds of sounds they make, their facial expressions, and the gestures they use when they're tired, hungry, or want something.

**Figure out the motivation behind the tantrum.** It's only natural to feel upset when you are misunderstood or ignored, and it's no different for children with ASD. When children with ASD act out, it's often because you're not picking up on their nonverbal cues. Throwing a tantrum is their way of communicating their frustration and getting your attention.

**Make time for fun.** A child coping with ASD is still a child. For both children with ASD and their parents, there needs to be more to life than therapy. Schedule playtime when your child is most alert and awake. Figure out ways to have fun together by thinking about the things that make your child smile, laugh, and come out of her/his shell. Your child is likely to enjoy these activities most if they don't seem therapeutic or educational. There are tremendous benefits that result from your enjoyment of your child's company and from your child's enjoyment of spending unpressured time with you. Play is an essential part of learning for all children and shouldn't feel like work.



**Pay attention to your child's sensory sensitivities.** Many children with ASD are hypersensitive to light, sound, touch, taste, and smell. Some children with autism are "under-sensitive" to sensory stimuli. Figure out what sights, sounds, smells, movements, and tactile sensations trigger your kid's "bad" or disruptive behaviors and what elicits a positive response. What does your child find stressful? Calming? Uncomfortable? Enjoyable? If you understand what affects your child, you'll be better at troubleshooting problems, preventing situations that cause difficulties, and creating successful experiences.

HELPGUIDE.ORG

## COPING WITH DIFFICULT BEHAVIOUR

Some of the following strategies may be useful when you are facing particular challenges.

THE BEHAVIOUR	THE STRATEGY
Very bad language	Ignore. Teach safer phrases, such as 'go away', or something else appropriate.
Very abusive remarks to strangers	Discuss their favourite topic when around strangers to distract them.
Obsessive possessiveness toward a person	Usually caused by high anxiety. Provide a schedule of activity.
Unprovoked aggression toward younger siblings	Set up a programme on emotions, concentrating on anger. Discuss their emotions and explain how it affects themselves and others. Use consequences to discourage unacceptable behaviour.
Physical violence and aggression	Check if there is an underlying medical cause, such as epilepsy. Allow them free time during each day. Have regular routines. Prepare a picture and word daily timetable. Constantly tell them about their routine and what is happening.
Obsession with collecting large amounts of items	Help them organise their collection. Encourage them to keep their collection in perspective.
Reluctance to accept change	Introduce new things very gradually. Use visual supports
Difficulty coping with others	Set up a quiet space somewhere in the home.
Expanding interests and ideas	Encourage new activities.
Light sensitivity	Investigate the use of tinted lenses, sun glasses or blue blockers.

THE BEHAVIOUR	THE STRATEGY
Sound sensitivity	Explain what may be causing the noises and what they are if the sounds are unavoidable; forewarn the child, use ear muffs.
Refusing to do activities with others that they don't want to	Encourage short participation. Allow them to stay on the fringes, close enough to hear what is going on but at a comfortable distance from others.
Stress/anxiety	Create visual routines such as pictures in a daily diary. Plan regular 'time out' breaks to minimize stress.
<p data-bbox="252 808 528 831">Doesn't understand emotions</p>  <p data-bbox="292 1167 488 1205"><i>Often don't pick up upon clues about how others are feeling.</i></p>	<p data-bbox="611 797 863 1149">Use a notebook for your child or teenager to record emotions. Encourage the child to draw faces and ask them to draw faces showing emotions. Show facial expressions in front of a mirror and get them to try making them. Use material suitable for their age. Get a scrapbook with photos of people they like, food, places, activities, etc.</p>  <p data-bbox="611 1155 1078 1361">Children may feel overwhelmed by intense feelings. One simple way to begin to understand feelings is to label them. Talk about what people do to make you happy. Ask them what they can do to make people happy. Work on one emotion at a time, such as: happy 2 weeks; sad 2 weeks. Draw a thermometer showing from angry to happy.</p>
Sleeping Problems	Make sure the cause is not a medical one. Establish a night-time routine. Reward your child for sleeping through the night. Do this gradually if anxiety is a problem.

# 10 THINGS EVERY CHILD WITH AUTISM WISHES YOU KNEW



1. I am first and foremost a child.  
I have autism. I am not primarily 'autistic'.

2. My sensory perceptions are disordered.

3. Please remember to distinguish between  
won't (I choose not to) and  
can't (I am not able to).



4. I am a concrete thinker. This means I  
interpret language very literally.

5. Please be patient with my limited vocabulary.



6. Because language is so difficult for me, I am  
very visually oriented.

7. Please focus and build on what I can do  
rather than what I can't do.

8. Help me with social interactions.



9. Try to identify what triggers my meltdowns.

10. If you are a family member, please love me  
unconditionally.

Ellen Notbohm – Author of *Ten Things every Child with Autism wishes you knew*.



Resources and useful websites

## **EDUCATION**

### **The Autism Education Trust**

<http://www.autismeducationtrust.org.uk/>

### **Inclusion Development Programme**

<http://nationalstrategies.standards.dcsf.gov.uk/primary/features/inclusion/sen/idp>

### **NAS information on Education**

[www.nas.org.uk/nas/jsp/polopoly.jsp?d=303](http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=303)

### **For advice on the Early Years/ starting school:**

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

### **Special Educational Needs Code of Practice**

[www.teachernet.gov.uk/docbank/index.cfm?id=3724](http://www.teachernet.gov.uk/docbank/index.cfm?id=3724)

### **SEN Toolkit**

[www.teachernet.gov.uk/wholeschool/sen/teacherlearningassistant/toolkit/](http://www.teachernet.gov.uk/wholeschool/sen/teacherlearningassistant/toolkit/)

### **Special Educational Needs: A guide for Parents and Carers**

[www.teachernet.gov.uk/docbank/index.cfm?id=3755](http://www.teachernet.gov.uk/docbank/index.cfm?id=3755)

### **Transition Information Network**

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

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

### **NAS Education Advocacy** – including Tribunal Support Scheme (0845 070 4002)

[www.nas.org.uk/nas/jsp/polopoly.jsp?d=143&a=3435](http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=143&a=3435)

### **IPSEA** – Independent Panel for Special Educational Needs – SEN Help-line: 0800 018 4016

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

### **Mencap for Transition Guide**

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

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Resources and useful websites

## **EDUCATION**

### **ACE – Advisory Centre for Education** – Help line: 0808 800 5793

[www.ace-ed.org.uk](http://www.ace-ed.org.uk)

### **Parent Partnership** – telephone: 0118 974 6240

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

## **SENDA – Special Educational Needs and Disability Act 2001**

[www.hmso.gov.uk/acts/acts2001/20010010.htm](http://www.hmso.gov.uk/acts/acts2001/20010010.htm)

## **SENDIST – Special Educational Needs and Disability Tribunal**

- Discrimination Help-line: 020 7925 5750

[www.sendist.gov.uk/](http://www.sendist.gov.uk/)

## **ASD Transition Toolkit**

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

## **DfES Guidance on Autistic Spectrum Disorders – Current available guidance**

[www.teachernet.gov.uk/wholeschool/sen/asds/](http://www.teachernet.gov.uk/wholeschool/sen/asds/)

## **Skill – National Bureau for Students With Disabilities**

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

**Connexions** – This service aims to provide a single point of access for all 13-19 year olds to help them prepare the transition to work and adult life.

[www.connexions.gov.uk/](http://www.connexions.gov.uk/)

## **Social Stories™**

[www.thegraycenter.org/socialstories.asp?catID=3](http://www.thegraycenter.org/socialstories.asp?catID=3)

## **Website offering some free picture cards to print out and use as communication tools**

[www.do2learn.com](http://www.do2learn.com)

**TreeHouse** – TreeHouse is the national charity for autism education. We believe that education is key to transforming the lives of children and young people with autism, and the lives of their families. TreeHouse runs a special school for children and young people with autism; provides information and training for parents and professionals; commissions research and campaigns for change. Our vision is that children and young people with autism achieve their potential and live the life they choose.

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

**Talk about Autism** – Talk about Autism is a new campaign by autism charity TreeHouse, supported by TalkTalk. The campaign aims to increase public understanding of autism.

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

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Resources and useful websites

## **ASD RELATED**

**Prospects** – the National Autistic Society employment and training service for people with autism and Asperger syndrome who wish to work

[www.nas.org.uk/nas/jsp/polopoly.jsp?d=473&a=2348](http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=473&a=2348)

## **Berkshire Autistic Society: Support into Employment Project**

[www.autismberkshire.org.uk/BlueTrim%20Files/employment.htm](http://www.autismberkshire.org.uk/BlueTrim%20Files/employment.htm)

**Thames Valley Employers Network on Disability (TVENOD)** – A registered charity and a company limited by guarantee. Formed in 1992 and led by employers, the Network promotes awareness of the issues relating to the employment of people with disabilities. It is based in Reading and serves the Thames Valley area.

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

**Shaw Trust** – a national charity that provides training and work opportunities for people who are disadvantaged in the labour market due to disability, ill health or other social circumstances.

[www.shaw-trust.org.uk](http://www.shaw-trust.org.uk)

**Skill: National Bureau for Students With Disabilities**

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

**Connexions** – service aiming to provide a single point of access for all 13-19 year olds to help them prepare the transition to work and adult life

[www.connexions.gov.uk](http://www.connexions.gov.uk)

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Resources and useful websites

## **EMPLOYMENT**

**National Autistic Society**

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

**Public Autism Resource & Information Service (PARIS) – NAS Information Service**

[www.info.autism.org.uk/Pages/Index.aspx](http://www.info.autism.org.uk/Pages/Index.aspx)

**Asperger and ASD UK on-line forum**

[www.asd-forum.org.uk/forum](http://www.asd-forum.org.uk/forum)

**Autism Connect**

[www.autismconnect.org](http://www.autismconnect.org)

**OASIS – Online Asperger Syndrome Information & Support**

[www.udel.edu/bkirby/asperger/](http://www.udel.edu/bkirby/asperger/)

**Websites by or for people with an ASD**

[www.nas.org.uk/nas/jsp/polopoly.jsp?d=119&a=3794](http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=119&a=3794)

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