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1A Diagnosis of autism spectrum disorder

Autism spectrum disorder (ASD) affects how a person communicates, behaves and interacts with the world around them.

The exact causes of the condition are unknown; however, genetic and environmental factors are likely to play a role.

During infancy and childhood, the brain of a person with autism develops differently to that of a typically developing child. Some people – including some who are autistic – describe autism as being ‘wired differently’, meaning the brain of an autistic person works differently to the brain of someone without autism.



The condition becomes evident during the first three years of a child’s life, although it may not be diagnosed until later in childhood or adolescence. Diagnosis of a child with ASD occurs as a result of a range of professional assessments.

To be diagnosed with ASD, a person’s difficulties in the areas of social communication and restricted and repetitive behaviours must:

- ▶ be (or have been) present in the first three years of a person’s life
- ▶ cause significant impairment in social, occupational or other areas of functioning
- ▶ not be better explained by intellectual disability.

The autism spectrum

Autism is a spectrum disorder because it presents differently in different people.

Some people with ASD have more severe symptoms than others. For example, some people with autism cannot speak, whereas others may have no obvious difficulties with speaking, but struggle with the nuances of communication, such as interpreting body language or maintaining back-and-forth conversations.

In the past, people who showed less severe symptoms of autism were diagnosed as having Asperger’s syndrome. Since 2013, the clinical use of the term has decreased as a result of the removal of Asperger’s syndrome from the *Diagnostic and statistical manual of mental disorders*, fifth edition (DSM-5). In DSM-5, the diagnosis of autism spectrum disorder incorporates less severe forms of the condition, such as those once referred to as part of Asperger’s syndrome. However, some people still use the term ‘Asperger’s syndrome’ to describe their own or another person’s condition. You can read more about this in the following article: <http://aspirelr.link/aspergers-syndrome-article>.

Issues affecting siblings

The brothers and sisters of people with ASD often develop strong, caring relationships with their siblings, but they can also experience unique challenges.

Common emotions experienced by siblings are outlined here.

Embarrassment	The sibling of a person with ASD can feel embarrassed by the person's behaviour in public or in front of others.
Resentment	Siblings may feel resentful or jealous of the amount of time their parents spend with a brother or sister who has ASD.
Guilt	Siblings may feel guilty about being resentful, jealous or embarrassed by their sibling, and may also feel guilty about their own achievements.
Fearful or concerned	Siblings may worry about who is going to care for their sibling in the future and the impact of caring responsibilities on their parents.
Sadness	Siblings may feel sad about the things they can't do with their brother or sister, or about the lack of a typical sibling relationship.
Protectiveness	Siblings may be protective of their brother or sister when they are being bullied or teased.

For more information, go to:

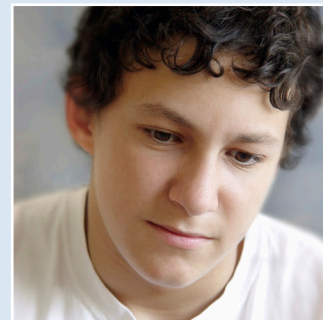
- ▶ <http://aspirelr.link/autism-awareness-siblings>
- ▶ <http://aspirelr.link/siblings-asd>.

Example

Common issues affecting individuals with ASD, their families and carers

Gem works at a community health center as a counsellor. She has just started counselling Elias, a 16-year-old high school student whose 13-year-old brother, Antony, has autism spectrum disorder. Elias tells Gem that he's been stressed ever since Antony started attending high school. Antony is being bullied. Now that they're attending the same school, his father is expecting Elias to look out for Antony.

Elias feels resentful about having to look after Antony when he could be seeing his friends, but feels guilty about being resentful. Gem explains to Elias that the feelings he has about his brother are common and understandable among the siblings of people with ASD. She talks to Elias about some of the things they can do together to make the situation at school easier.



1D Identifying opportunities for professional development

There is still a lot to learn about autism spectrum disorder.

Research is being undertaken across the world to answer unresolved questions about the complexity of the condition. People with ASD are providing unique insights into the lived experience and challenging long-held misconceptions.

For these reasons, it is important for organisations and their staff to stay informed about relevant developments in the field. Professional development is important because it helps to maintain high-quality services, and ensure professionals' knowledge is current and accurate.

Options for professional development

Professional development may be a formal or informal process.

Formal professional development typically involves classroom-based learning, such as tutorials, lectures or presentations provided by an expert. It can also lead to formal training, such as a university degree or VET qualification, or be part of a non-accredited short course.

Informal professional development is typically more connected to direct knowledge and skills required to perform a job. This may take place as part of work and may be self-directed. It is usually approved by an organisation that wants staff to maintain a high standard of service to their clients.



Examples of informal professional development include:

- ▶ supervision or mentoring between a senior and less experienced employee
- ▶ coaching, such as peer-to-peer coaching where one practitioner helps another develop skills or their practice
- ▶ communities of practice where groups of practitioners come together to impart knowledge and experience about a shared professional interest, such as an online network of professionals.

Identifying opportunities

Try to be proactive and identify opportunities for your own professional development.

If you are working directly with clients who have ASD, you will have a unique perspective on the skills and knowledge required to help you work with those clients. Keep a note of the areas you would like to learn more about and discuss these with your colleagues and supervisor.

Keep in mind, professional development is not just about what will benefit you. It is also about helping your organisation achieve its service delivery outcomes. Understanding your organisation's service delivery outcomes may help you make a case for professional development.



Topic 2

In this topic you will learn about:

2A Providing interventions and supports for individual needs

2B Responding to diagnostic assessment and varied learning styles

2C Using measurable and evidence-based interventions and support strategies

Responding to the needs of individuals with autism spectrum disorder

Responding effectively to the needs of a person with autism spectrum disorder requires you to identify their unique needs.

An effective response to an individual's needs requires a consideration of the level and types of supports the individual requires, their learning style, and the selection of effective evidence-based interventions and strategies.

A person-centred approach should be used when defining values and goals, and in the planning and provision of supports.

Questions to consider	Relevant information about levels of severity	Implications
How does the individual respond to changing focus?	Level 2 is associated with distress/difficulty changing focus and Level 3 is associated with great distress/difficulty changing focus.	If the individual experiences distress or great distress changing focus, an intervention or strategy that involves switching between activities may not be appropriate or effective.
How does the individual's behaviour impact on their functioning? Does their behaviour impact on a specific area of functioning or on multiple areas of functioning?	Level 1 is associated with inflexibility of behaviour causing significant interference with functioning in one or more contexts, whereas Level 3 is associated with restricted/repetitive behaviours that markedly interfere with functioning in all spheres.	You may need to adjust an intervention or strategies to meet the needs of someone whose behaviour interferes markedly in multiple spheres.

Learning styles

A person's learning style is the educational condition that best allows that person to learn.

There are four commonly recognised learning styles:

1. Visual

Learning by seeing and observing things, such as pictures and diagrams

2. Auditory

Learning through sound, such as listening to instructions

3. Reading/writing

Learning through writing in journals, reading articles, looking up words in a dictionary, etc.

4. Kinaesthetic

Learning through experience or doing things, such as using your hands to touch or do something in order to understand a concept

People with ASD have varied learning styles, but are often visual learners. Therefore, visual resources such as illustrations, pictures, diagrams, flowcharts and maps may be especially useful.

Key steps involved in using the prompting/fading technique

1

Determine when prompting is needed

This is likely to be when a person needs to adopt a new behaviour or is struggling to learn a skill.

2

Determine the type of prompt needed

There are two ways of determining the type of prompt needed:

- ▶ In most cases, you should use the least intrusive prompt first. Use the hierarchy of prompts to determine the levels of intrusiveness. If this prompt doesn't work, use a more intrusive prompt. For example, if a verbal instruction is not enough, you could use modelling or a gesture.
- ▶ In some circumstances it may be more appropriate to use a more intrusive prompt first, such as modelling, and then use a less intrusive prompt, such as a verbal instruction, when the person is doing the task themselves.

3

Use the prompt

When the person is expected to demonstrate a particular behaviour or skill, use the prompt to encourage this behaviour.

4

Start to fade the prompt

Start to fade the prompt as soon as possible so the person doesn't become dependent on the prompt to demonstrate the behaviour or skill. You can fade the prompt by:

- ▶ using a less intrusive prompt as the person's skills develop
- ▶ increasing the time delay before prompting
- ▶ increasing the physical distance between the prompter and the person.

5

Reinforce the behaviour or skill

Use a higher level of reinforcement when the person demonstrates the behaviour or skill without a prompt.

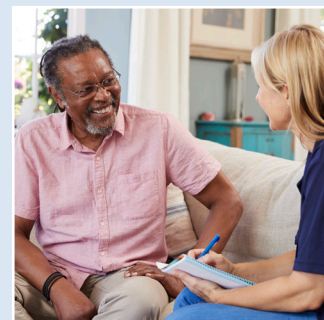
Adapted from: Queensland Government Autism Hub and Reading Centre, 'Prompting': <https://ahrc.eq.edu.au>

Example

Implementing interventions and supports

Arohina is a disability support worker. She is working with Raphael, a 41-year-old man with ASD, to help him become confident about catching a train to visit his girlfriend. Raphael has identified this as a goal and Arohina is helping him to achieve this.

Arohina is using prompting/fading techniques to teach Raphael the skills to communicate with the person at the ticket counter, to use a public transport app and to manage his anxiety about potentially missing his stop. Raphael doesn't like physical contact, but responds well to visual cues. Arohina makes sure she uses visual cues rather than physical contact to reinforce what she is teaching him.



3B Conducting work according to professional standards

There is a range of statutory and legislative requirements that workers must be aware of.

Every support worker who interacts with people with ASD must be aware of and adhere to these requirements.

Duty of care

Staff working with people with ASD have a legal and moral responsibility to keep them safe, known as a 'duty of care'.

According to the requirements of duty of care, you must take reasonable care to avoid someone being injured. It applies to situations where you have a reasonable expectation that an action will affect another person.

Duty of care refers to both acts and omissions (failure to act). For example:

- ▶ Giving a young child a sharp knife to cut up a piece of fruit is an act that breaches duty of care.
- ▶ Not providing adequate supervision of children during an excursion is an omission that breaches duty of care.

Duty of care only applies to those areas that are relevant to the circumstances of care. For example, a doctor has a duty of care regarding the medical treatment she provides, but does not have a duty of care regarding a patient's finances.

The laws around duty of care vary depending on your work role and the type of service you provide as well as the state/territory where you are working.

Dignity of risk

Dignity of risk refers to a person's right to make choices and take risks.

The term 'dignity of risk' was first devised in relation to the care of people with intellectual disabilities in the 1970s. At that time, people with intellectual or developmental disabilities were often viewed as incapable of living independently or making decisions for themselves, which deprived them of the common life experiences that other people take for granted.

Dignity of risk acknowledges that life comes with risk, and that you must support people to experience both success and failure.



It can be difficult for a support worker to encourage a client's decision if they feel that it poses a risk to the person. However, the legal requirement of dignity of risk means that workers need to find a balance between duty of care and the inherent right of individuals to decide what level of risk they are comfortable with.

With many activities, it is not possible to eliminate risk altogether.