

Working Together on behalf
of Students with ASD:
Coordination of Medical,
Educational and Family
Expertise

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Objectives

- 1. Understand the differences in focus and approach to ASD from the perspectives of family, medical and educational professionals
- 2. Participate in a discussion of potential improvements in the coordination of programming for students with ASD with inputs from the educational, medical and family perspective

Definitions: Medical

- “Autism/ASD” is an impairment in Social Communication associated with Restricted Interests & Repetitive Behaviours. It is said to be a “Spectrum” because it is often (but not always) associated with a wide range of other capacities (co-morbidities), including:
 - Intellectual (general & specific ie attention, learning styles)
 - Emotional (espec Anxiety: the restricted interests **might** represent OCD)
 - Sensory (many of the repetitive behaviours have a sensory basis)

The goal of Medical care in ASD is to optimize functioning by minimizing the influence of any associated impairments

Definitions: Education

- “Teaching” is the **facilitation** of the acquisition of knowledge, skills, values, beliefs, and habits by another person. By definition, communication (both verbal & social) is involved
- Education is offered in group settings (“classroom”) both for cost-efficiency, and because Curricular Goals include BOTH academic and social development
- A classroom environment may be very structured to facilitate academic skill/knowledge development, or unstructured to facilitate social development

Educational Principles

- All educational activities should be tied to a curricular goal
- Make NO assumptions about capacity: “externalizers” have fairly obvious skills or difficulties, but “internalizers” can be impossible to understand from across the classroom...
- Teaching style can (& should) involve both implicit and explicit instruction. Explicit instruction is tedious for everyone involved, and demands a careful match with competence

Behavioural Learning (aka Explicit instruction)

- 80% success is the standard in Discrete Trial training or ABA, and if you are below this threshold on a particular curricular goal , there are only THREE options:
 - Increase student effort by increasing the value of the reward (be careful about social rewards!)
 - Adjust the approach of the instructor in some way (more control of setting event, more supports for the student, etc)
 - the goal needs to be adjusted backwards
- Everyone should have an understanding of Applied Behavioural Analysis (simply put: all behaviour has meaning)

Key Point re: Education

- We learn from success not failure (the only thing I ever learned from chronic or recurrent failure was AVOIDANCE)

Social Learning Theory (Albert Bandura, 1977)

- 4 principles:
 - attention & focus matter
 - context changes everything
 - reproduction is demand-dependent
 - motivation can be intrinsic or extrinsic

While all of this is TRUE, Social Learning (aka Implicit teaching) is significantly more difficult in the presence of a social communication impairment

Heirarchic structures: (Health & Education)

- rigidly defined roles and boundaries to authority
- everyone has a supervisor, the assumption is that the supervisor knows and understands the roles of everyone under their authority
- (remember the Peter Principle!)
- To deal with such a structure, find a sympathetic entry point (no matter how far up the chain of command), then work your way back down to the sharp edge.

Parents & Families

- Come in many different shapes and sizes; supported by various communities or extended family members
- Not everybody agrees with everyone else (espec in the 50% of families that have broken down or are in that process)
- Know more about their child's capacities than anyone else & may have considerable expertise (in the age of Specialized Services)
- Are not always respected by our professional "experts"
- Many of the impairments or co-morbidities seen in the "Identified Patient" have a genetic basis
- Can have PTSD from ongoing exposure to difficult behaviour

Communication (input and output)

- Medical:
 - information gathering ALWAYS includes at least one parent
 - Never have the chance to observe the child in a group setting
 - Output is usually a formal written report, rarely available for direct discussion
- Education:
 - Makes conclusions from direct observation of the child individually and in a group (over a prolonged period of time), but may not have input from the family except for specific “meet-the-teacher” type events
 - Written reports tend to be generalized and positive, though a specific statement of problems & interventions CAN be provided (IEP/IPP/PLP/BSP)

Communication (input and output) cont

- Family
 - Communication tends to be verbal or on social media
 - Accurate information about the child's function in school is hard to get

The problem

- Children on the Autism Spectrum struggle to deal with classrooms, both because of their impaired Social Communication (espec when matched with a teacher using implicit instruction) AND because of their co-morbid ID, SLD, ADHD, GAD/OCD, SPD, ODD...
- Families of children on the Autism Spectrum may know a lot about their child's atypicalities or learning needs, but may not be able to communicate this expertise effectively to the Education team
- Instructors of children on the Autism Spectrum (this includes, teachers, EAs, other professionals, family members, classmates, ...) may not be able to achieve the "80% success" needed for mastery because they don't understand curricular goals, don't have time or expertise, don't understand the child's atypicalities, get distracted by other issues (eg behaviour), or don't have permission to teach the way they know is required

The problem (cont)

- Medical personnel may hear about the problem but not understand the child well enough to identify their specific area of difficulty, may not know enough about the school situation to understand where the solution might be, may struggle to influence a system they are not directly responsible for, or may get distracted by other things (eg behaviour)

The solution

- **COMMUNICATION** (Who? How? When? Where?)

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