

MANUAL for COMMUNICATION STRATEGIES

For parents, professionals, carers and
other individuals working with children
and adults with

AUTISM SPECTRUM DISORDER



This pamphlet is for informational purposes, it details various techniques that may be employed to aid communication with children and adults with ASD; however these may not work with every individual. These strategies have been compiled by discussion with parents and wider research.

WHAT IS AUTISM SPECTRUM DISORDER?

Autism Spectrum Disorder is an umbrella term used to describe; Autism Disorder, Asperger's Disorder and Pervasive Developmental Disorder – Not otherwise specified (PDD- NOS)ⁱ. They are talked about collectively because they share very similar characteristics especially in terms of problems with communication.

Young people with an ASD often demonstrate significant problems with language and communication. The abilities and difficulties emerge *uniquely* in each person, but common issues can include:

- disordered understanding and use of nonverbal communication,
- problems with the understanding and use of conversational skills,
- difficulty understanding spoken and signed language,
- unusual speech patterns (voice tone, echolalia, accent),
- delays in the acquisition of speech.ⁱⁱ

WHAT IS COMMUNICATION?

Communication is about using a range of **purposeful behaviours** which within the structure of **social exchanges** help to transmit **information** observations or internal thoughts to an **audience**ⁱⁱⁱ. This includes verbal as well as nonverbal cues such as;

1. VISUAL
2. AUDITORY/ SOUNDS
3. TACTILE

WHERE TO START

BE SENSITIVE AND ACKNOWLEDGE AND ACCEPT THAT THEY ARE AN INDIVIDUAL.

Every individual with ASD is unique and that is much more than a label or definition can describe. Be sensitive in your use of language to describe individuals with ASD and related disorders, avoid statements like "Nathan is an autistic." It is more accurate and more sensitive to say, "James is a boy with Asperger's" or "Lisa has Autism." Furthermore parents and individuals will appreciate the use of sensitive language.

AVOID PSYCHIATRIC TERMINOLOGY OR JARGON

When speaking to individuals and parents, as a professional avoid psychiatric terminology. Describing behaviour with rational, accurate labels increases effective communication and builds rapport among all team members, parents and individuals. Remember that also as a professional you must be accurate, non-judgmental and defensible.

Instead of obsessions and compulsions, describe behaviour in terms related to ASD such as restricted, repetitive interests, highly liked activity or intensely focused interests. Families use terms like 'melt down' to describe when an individual has an emotional outburst in response to a trigger. Words such as 'tantrum' and other words with negative connotations that suggest judgment of the individual can hinder communication with families and the individual.

SPECIFIC COMMUNICATION SKILLS

GAIN THE INDIVIDUAL'S ATTENTION BEFORE ATTEMPTING TO COMMUNICATE

Giving information or instructions to a person with an ASD who is heavily involved in an activity is unlikely to immediately attract their attention. First, try to ensure you are reasonably near to the person before communicating. Ensure there are no other distractions in the environment such as multiple speakers and other activities.

USE OF THE INDIVIDUAL'S NAME

It is often difficult for young people with an ASD to understand who and what they should be listening to. In some instances pair instructions with a person's name; however you do not need to put the person's name at the beginning of instructional cue. The individual may miss instructions unless they hear their name paired with the instruction, for example, "Amy, come here". Be flexible and realise the individual's capabilities and do not belittle them. Gain the individual's attention, pause, and then give the instructional cue.

PHYSICALLY PROMPT A RESPONSE.

When someone initiates communication with an individual with ASD, and the individual does not react visibly, you can use physical cues to draw attention. You can try gently turning the individual towards the person who spoke to him/her or tapping them softly on the shoulder. Hand gestures along with phrases "Please look

at me or can you listen to me". You can place your finger near your mouth which enables the individual to direct his/her gaze to what was requested and repeat "Stop what you are doing".

This can also an important learned behaviour and can become a goal for speech/language therapy or social skills training. This allows children to learn appropriate response so that when someone speaks directly to the individual, they will orient their body towards the speaker.

Avoid turning the head and face of another person, or forcing eye contact. This can be intrusive and be very uncomfortable for some children with ASD. Constant repetition of "please look at me" may also be inappropriate for some individuals because they may be unable or uncomfortable with eye contact and it can cause further distraction. Remember this is a trial by error process and eventually you will be able to figure out what is the best method.

To prompt a response, gestures can be paired with language and can be goals for learning. These include extending a hand for a handshake, pointing, handing an object to another, taking an object offered by another, moving towards or away from a person or thing, etc.

If the individual is uncomfortable with or resists physical prompting, do not use force. In these cases you can use visual techniques; story telling cards, PEC cards that illustrate responses for individuals to model. . Learning these social cues will help your interaction with individuals and prevent isolation from the family, peer group, instructional staff and members of the community.

PATIENCE IS A VIRTUE. WAIT

Individuals with ASD may have a delay in processing; therefore they may often need an additional few seconds after being spoken to before they can respond. The individual will need some extra time to think, react, recall and respond.

DON'T ADD MORE INFORMATION. WAIT FOR A RESPONSE.

You must resist the urge to ask multiple questions or add more information until the individual has responded to you in some way. If you make a statement to them or ask a question, wait quietly without adding additional information for at least 10-15 seconds.

If the person has difficulty in processing what is said, non-verbal additional cues may delay understanding and responding as well. Gestures, facial expression, eye contact or moving towards the individual may distract and slow down processing. Additional information delivered without giving the individual some processing time can result in confusion/frustration and the loss of the information the individual was trying to process.

Over time and with observance you will be able to determine how much time each individual needs to formulate and communicate a response.

FOLLOW UP.

Make sure you make verbal requests of an individual and then follow-up to help her/him respond, comply, refuse or negotiate. It is important to teach children that when you make verbal request, it warrants a response and cannot be ignored and if he/she needs help, you will provide it.

DON'T ASK, TELL.

When an individual with ASD is having difficulty understanding, working or complying do not multiple questions about what he should be doing, what the other people are doing, where he is supposed to be, etc. Instead, tell him/her directly using concise, concrete language what to do. Questions like "Tom, what are you supposed to be doing right now? What is it time to do?" can be substituted by instructions like "Tom, it is time for breakfast. Come to the table."

Remember that these suggestions may be not be needed with some individuals and this are skills are dependant on where on the spectrum the individual is.

If the individual appears to be reacting to a phobia or dislike; like a loud noise, don't ask questions to provoke or stimulate that fear. Avoid questions like "Tom, what's the matter? What's bothering you?" Instead, you could tell Tom what he can do to respond to the situation. You could say, "Tom, tell John to please be quiet." Telling is more likely to help the individual to respond rather than asking. Alternatively, in this type of scenario, you can try removing the phobia or removing the individual from the vicinity of the phobia.

BARGAINING AND NEGOTIATION

Use sparingly and do not underestimate individuals and the ability to negotiate. As the parent or carer make sure you are the one in control when you are negotiating, do not let the situation escalate to a point where the child has the upper hand in the interaction. Set small and achievable goals of what you want the outcome to be and reward them sparingly for their achievements. Do not always make of habit of rewarding as this will become habitual and your desired outcomes will not be achieved.

TEAM WORK SKILLS

You can try different techniques to involve individuals in performing activities and engaging in team work;

Modelling: "Can I please have the puzzle."

Self-Talk: "I am building the puzzle."

Parallel Talk: "You are helping me with the puzzle."

Expansion: "Corner pieces." "Middle pieces."

Turn Taking: "Can you find the next piece to fit the puzzle?" "Can you let Emily put in the next piece?"

Choice Making: "Would you like the dog puzzle or the fire truck puzzle?"^{iv}

LANGUAGE

MAKE QUESTIONS AND STATEMENTS SOUND DIFFERENT.

This may be an obvious but remember to use a different tone of voice and communication affect when asking a question vs. giving an instruction. If you ask a question, stand quietly and wait for an answer with a look of anticipation on your face.

BE PRECISE AND SIMPLE WITH LANGUAGE AND GESTURES

Long pieces of verbal information or instructions and exaggerated gestures and body language can be very confusing for people with an ASD. Try to use short, direct phrases accompanied by simple physical cues which are more likely to be effective than verbose or complex cues.

ONE VOICE

In order to aid communication, when speaking to an individual make sure they are not being bombarded with information from various sources. Try not to have many people talking at the same time or repeating or rephrasing. Try using physical prompts, visual cues, written cues or gestures to help individuals understand and respond appropriately.

VISUAL

Visual cues are helpful in establish and maintaining information. Visual information is non transient as opposed to auditory information and therefore is available for the individual to see it, take in the information and respond to it. Individuals can go back over it to further understand and remember.

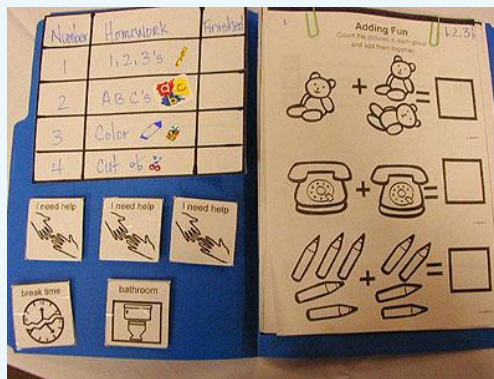


Visual tools and supports won't fix every problem that individuals have and will not be helpful with every individual, but can provide a valuable framework to support their communications and interactions.

- Calendars
- Timetables
- Choice boards
- What-to-do stories
- Social stories
- Cue cards
- Reminder lists
- PECS cards

Some individuals respond to routine and do not like to deviate from what has been learned. Therefore timetables and calendar can be good to visualise the information and prompt responses. Choice boards or books which allow alternating activities can be helpful to

allow individuals to be more flexible with time. For example you can breakdown the tasks needed to be completed for homework.



Picture Exchange Communication System (PECS) was developed by Andrew Bondy and Lori Frost in 1985 to help individuals quickly acquire a functional means of communication. They can be used to develop skills and learn appropriate and functional behaviours. For more information on PECS

<http://www.pecsaustralia.com/pecs.php>.



COMMUNICATION BREAKDOWN

Children with Autism have significant language comprehension difficulties therefore communication breakdowns will eventuate despite all your attempts to be an effective communicator. Individuals are then often as being non compliant when they do not respond appropriately to verbal information. That is why careful consideration should be given to the child's ability to comprehend and respond to verbal information (as opposed to visual information) to determine the reason for the breakdown in the communication.

Remember communication is a two way street; therefore you need to be responsive to individuals attempt to express what they want

TAKE HOME MESSAGE

Talk to other parents, carers and professionals and discuss what strategies worked. Remember that as with any parenting activity, it is a trial by error process. Don't be afraid to try different techniques, this isn't an exam and you cannot fail, it is about developing a tailored approach.

Consistency is key, with non verbal and verbal cues use the same ones for similar scenarios to reinforce the message. This will allow the individual to learn appropriate and inappropriate behaviours.

Individuals with ASD are unique and eventually you too will learn what the most effective communication is for them.

RESOURCES

Autism Advisory and Support Service

Address: 88 Memorial Avenue,
Liverpool, NSW, 2170.

Phone: 02 9601 2844 (Mon - Fri 10am - 2pm)
Hotline: 1300 222 777 (24 Hours, Australia Wide)
info@aass.org.au

Free online learning portal for parents, carers,
teachers and schools

www.autismtraining.com.au

For PECS cards; there are free cards available for
parents to print out and laminate yourself. This site
<http://www.do2learn.com/>

References

ⁱ Positive Partnerships Online Learning Portal

<http://www.autismtraining.com.au>

ⁱⁱ Lord, C. and McGee, J. P. *Educating Children with Autism* (2001). Washington D.C.: National Academy Press [access from the website

<http://www.learningplace.com.au/deliver/content.asp?pid=8332>]

ⁱⁱⁱ Stokes, S. *Developing Expressive Communication Skills for Non-verbal Children With Autism*. CESA 7 and Wisconsin Department of Public Instruction. [e-version <http://www.specialed.us/autism/nonverbal/non13.html>]

^{iv} Sadlers, K. *Communication Strategies for Autistic Children Setting Goals for Students with Limited Verbal Abilities*. [access from the website

<http://www.suite101.com/content/communication-strategies-for-autistic-children-117929#ixzz0zYvK2Unj>]

^v <http://www.do2learn.com/>

^{vi} <http://www.do2learn.com/>

^{vii} <http://www.do2learn.com/>

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<http://usevisualstrategies.com/VisualStrategiesInformation/WhatAreVisualStrategies.aspx>