

## Top Tips for Therapy...

### Working with a child with ASD

#### What is Autism Spectrum Disorder (ASD)?

ASD is a lifelong neurodevelopmental disorder which is characterised by difficulties in social communication, social interaction and restricted and repetitive patterns of behaviour and interests.

The most recent survey has found that 1 in 68 children have a diagnosis of ASD.

Research has shown that children with ASD are more likely to have a mental health problem, especially anxiety, than typically developing children. High rates of mental health problems are also found in adults with ASD, demonstrating that children do not 'grow out of' their difficulties. Therefore, early intervention is essential.

This Top Tips for Therapy guide will discuss key challenges for children with ASD and how to adapt therapy to help them to engage. Children with ASD differ quite a lot from one another and some of these top tips will be relevant to some children and not others and vice versa. Discussing with a parent which of these adaptations might be relevant for their child might be useful. This could be structured using the accompanying leaflets '*what is important to know about me/my child*'.

#### Arranging appointments

For children with ASD, uncertainty about novel events or meeting new people can be anxiety provoking. Children with ASD are often upset by changes in their routine.

- Some children might benefit from some preparation about what to expect ahead of session 1 e.g. photos of the building, waiting room, therapist; letter from the therapist; or a social story.
- Children will benefit from having one consistent therapist co-ordinating their care. Wherever possible, any transitions in care should be carefully planned e.g. current therapist and new therapist to co-lead sessions, adequate notice given to child, a new social story.
- Ideally, appointments should be in the same location and clinic room (where possible).
- Try, wherever possible, to maintain consistency in lay out of waiting room, clinic room etc. If changes are made letting the child know in advance will be helpful.
- Consider scheduling appointments on the same day and time, so they become part of the child's routine.
- Flexibility about the location of an appointment may be needed for some children, who are especially anxious about visiting new places or meeting new people. Choose somewhere where the child feels comfortable e.g. school, home or GP surgery.

- When scheduling appointments, be aware of any classes (school or after school clubs) that the child is worried about missing and avoid these times e.g. science is their favourite, they don't want to miss Mr. Smith's class because he sets tricky homework or they're worried about not being chosen for the football team if they miss P.E. Some children may feel distressed if they miss any school e.g. if they think they might fail, if they get a treat for 100% attendance or if they think they might be teased by their peers for being off. For these children, it may be helpful to schedule appointments outside of school hours.

## Communication

- Use simple, short sentences to aid understanding of verbal and written communication.
- When giving instructions, give one instruction at a time.
- If you are concerned about a child's understanding - take your time, repeat and ask them to repeat back in their own words.
- Avoid metaphors and idioms e.g. it's raining cats and dogs or I had butterflies in my tummy – use clear concrete language.
- Be aware that some children with ASD will speak very eloquently using complex vocabulary but they may not fully understand the meaning of these words or they may use them out of context.
- Allow more processing time – children with ASD may take longer to process information, answer questions or think about questions they may wish to ask you.
- Keep therapy sessions short – approx. 30 minutes, depending on developmental age.
- Offer information in accessible formats – often children with ASD have a preference for visual over verbal information. It may be possible to offer: printed information, pictures or audio recordings. Let them choose.
- Consider using social stories and visual timetables – these may be helpful for therapy but also for parents and/or teachers to use in other settings.

## Emotional literacy

- It may be helpful to spend some time in initial sessions developing emotional literacy skills – children with ASD often have difficulties identifying their emotions such as happy, sad, anxious or angry.
- Introduce rating scales – children with ASD often see things as “black” or “white” with no in between. Rating scales will help children to identify different intensities of emotions. Research suggests that these ratings scales should be individualised to the child so it is helpful to have different scales to hand and see which one “makes sense” to the child you are working with.
- Encourage parents and teachers to maximise opportunities for incidental teaching of emotions e.g. pointing out different emotions in the child, in themselves or of characters on TV. This will help children to generalise outside of the therapy setting.
- Develop a shared vocabulary to talk about emotions i.e. what words are meaningful for the child you are working with e.g. does the child feel anxious, scared, worried,

nervous, terrified or fearful when they are presented with an anxiety provoking situation. Use this language when talking to the child.

## Sensory considerations

Children with ASD can find some sensory stimuli aversive. This can cause distress for some children. Being aware of a child's sensory sensitivities can help you to tailor the environment, if necessary. Some considerations may be:

- Think about the waiting room – is it noisy, crowded, are the lights too bright? Is there somewhere else that the child can wait or can they come at a quiet time?
- Is there somewhere for the child to go if sensory sensitivities or social interaction becomes too much? E.g. a pop-up tent or a sensory room.
- Children traveling to appointments by bus might wish to travel at quieter times i.e. avoid rush hour to reduce sensory stimuli.
- The sound, texture or smell of some pens, felt-tips or pencils can be unpleasant.
- Noisy board games, pop up toys, playdough etc. may not be appropriate for some children.

Some children seek sensory input because it is calming or soothing. They may seek sensory stimulation because it feels pleasant or because it is comforting when they are anxious or distressed. Some sensory seeking behaviours that children may display include:

- Repetitive stereotyped behaviour e.g. spinning, hand flapping, echolalia
- Fiddling with or holding toys, special objects
- Looking at fibre optic lights
- Smelling a handkerchief with a favourite smell
- Using chew toys
- Listening to favourite sounds
- Using weighted blankets
- Sitting on bean bags
- Balancing across chairs, lying on the floor etc. (provide deep pressure)

It might be helpful to include some of these in therapy if they do not cause distraction to help the child feel calm and engaged. It may also be useful to ask the child to think about how they feel when engaging in these activities to help them to recognise feeling calm and relaxed.

## Special interests

Children with ASD often have one or more special interest(s). A special interest is a preferred topic/person/item which a child is intensely interested in. They may know lots about their special interest and spend lots of time talking about and/or engaging with their special interest.

It can be helpful to use a child's special interest to engage them in therapy.

- Talking to children about their special interest can help build a rapport.
- Special interests can be used to help children to engage with specific tasks e.g. when helping a child to think of brave, coping thoughts you could ask them "what would superman/Elsa/Beyonce do/say?"
- Use special interest as a reward i.e. "once you have finished X we can have some special interest time".

## Setting homework

Homework is a routine aspect of most therapeutic work. Some children with ASD find the idea of homework stressful. This might be because it reminds them of school; many children with ASD find school an unpleasant experience. This may be because of: sensory overload; unpredictability of social interactions with peers and/or teacher; unstructured break times and difficulty initiating activity; perfectionism and “just right” tendencies; and “black or white” thinking e.g. even if they scored 9/10 on a spelling test they may see this as a failure. Thinking of a different term to use instead of homework may be helpful. You may wish to choose a term together. Some examples include:

- Experiments
- Detective work
- Tasks for home
- Tool testing
- Practice

## Other helpful ideas/adaptations to therapy

- Relaxation – some children with ASD may initially find relaxation (especially progressive muscle relaxation) difficult or even unpleasant or painful. Encouraging children to practice small chunks of relaxation at a time to become acclimatised to this sensation may be helpful. Encouraging parents to incorporate this in the child’s daily routine will make the activities more predictable and familiar.
- Guided imagery – children with ASD have difficulties with imagination and often have the ability to pay very specific attention to detail. This means children may struggle to create an image in their head or they may get ‘hung up’ on needing to every detail of the image. Encouraging the child to develop their own image, perhaps of somewhere they have been before may be helpful. Picture cards can also be helpful for some children to aid their imagination.
- Praise – some children with ASD may not like praise. This is usually due to the excitement (higher volume and pitch) that you display when giving praise. Offering praise in a more matter of fact manner (e.g. good job, that was a smart move) or giving indirect praise (e.g. telling a parent how well they have done) may be helpful.
- Involving parents – children with ASD often have difficulties generalising what has been learnt in therapy to other situations. Involve parents in therapy sessions so that they can encourage the child to use their learning and strategies in their wider life.

If you have any comments, suggestions or feedback on this document, please contact [Jacqui.rodgers@newcastle.ac.uk](mailto:Jacqui.rodgers@newcastle.ac.uk)

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