Dubai
Supporting Children with Learning Difficulties
A Guide for Parents and Carers
What is Autism?

Autism is a lifelong developmental condition that affects the way an individual relates to his or her environment and their interaction with other people.

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Autism Spectrum Disorder (ASD) can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some children with ASD excel in visual skills, music, math and art.

Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age.

The main areas of difficulty are in social communication, social interaction and restricted or repetitive behaviours and interests.

People on the autism spectrum may encounter:

- **Language delay**
- **Social difficulties**
- **Intellectual disability**
- **Unusual behaviour**

There is no cure for Autism, but parent’s education and early intervention can be successful in helping Autistic children function in day-to-day life.

What Does It Mean to Be “On the Spectrum”?

Each individual with autism is unique. Many of those on the Autism Spectrum have exceptional abilities in visual skills, music and academic skills. About 40 percent have average to above average intellectual abilities. Indeed, many persons on the spectrum take deserved pride in their distinctive abilities and “atypical” ways of viewing the world. Others with autism have significant disability and are unable to live independently. About 25 percent of individuals with ASD are nonverbal but can learn to communicate using other means.
Symptoms and Diagnosis

Typical symptoms of Autism involves:

- Lack of social interaction skills
- Speech and Language delay
- Avoiding eye contact
- Failing to respond to questions
- Resisting physical contact
- Repeating words or phrases
- Non-functional language
- Strict Rituals
- Fascination with very specific object(s)
- Do not take much instructions given
- Some may have lower than normal intelligence, while others are extremely intelligent.
- Sensory Integration Disorder
Watch for the signs of Autism. Detect Early.

- Aloof in manner
- Avoids eye contact
- Difficulty in mixing and playing with other children
- No understanding of fear and real danger
- Echoes words and phrases
- Can do something very well, but not tasks involving social understanding
- Enjoys spinning and rotating objects
- Indicates needs by leading adults by the hand
- Lack of pretend play or unusual and repetitive pretend play
- Does not point with the index finger to indicate interest
- Likes sameness in everyday routine, does not enjoy change
- Sometimes doesn’t like to be hugged or touched
- Unusual behaviour or body movement such as flapping hands or rocking and jumping
- Doesn’t respond when called, sometimes appear to be deaf
- Inappropriate attachment to objects
- Inappropriate laughing and giggling
- Does not enjoy change
- Extreme restlessness, hyperactivity or extreme passivity
- Crying tantrums, extreme distress for no apparent reason
- Apparent insensitivity to pain
- Not responsive to normal teaching methods

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Treatment

There is no cure for Autism, but early individualised intervention can help children learn skills and control behavioural issues. Early Intensive Behaviour Intervention involves a child’s family working closely with a team of professionals. In some early Intervention programs, therapists come into the home to deliver services. This includes; parents training with the parent leading therapy sessions under the supervision of the trained therapist. Other programs deliver therapy in a specialised centre, classroom or preschool.

Typically, different interventions and support become appropriate as a child develops and acquires social and learning skills.

A good Early Intervention Program has at least four benefits; It will provide your child with instruction that will build on his or her strengths to teach new skills, improve behaviours, and remediate areas of weakness. It will also provide you with information that will help you better understand your child’s behaviour and needs.
ABA is the application of the principles of learning and motivation from behaviour Analysis; the procedures and technology derived from those principles, to the solution of problems of social significance. Many decades of research have validated treatment based on ABA. ABA methods are used to support individuals with Autism in at least six ways:

- Teaching them new skills (e.g., systematic instruction and reinforcement procedure, teach functional life skills, communication skills and social skills)
- To increase behaviours (e.g., reinforcement procedures increase on-task behaviour, or social interaction)
- To maintain behaviour (e.g., teaching self control and self-monitoring procedures to maintain and generalise job-related social skills)
- To generalise or to transfer behaviour from one situation or response to another (e.g., from completing assignment in the resource room to performing as well in the mainstream classroom)
- To restrict or narrow conditions under which interfering behaviours occur (e.g., modifying the learning environment) and
- To reduce interfering behaviours (e.g., self-injury or stereotypy).

ABA is an objective discipline. ABA focuses on the reliable measurement and objective evaluation of observable behaviour.

Reliable measurement requires that behaviours are defined objectively. Vague terms such as anger, depression, aggression or tantrums are redefined in observable and quantifiable terms; so their frequency, duration or other measurable properties can be directly recorded. For example, a goal to reduce a child’s aggressive behaviour might define “aggression” as: “attempts, episodes or occurrences (each separated by 10 seconds) of biting, scratching, pinching and pulling hair.” “Initiating Social Interaction with peers” might be defined as: “looking at classmate and verbalizing and appropriate greeting.”
ABA interventions require a demonstration of the events that are responsible for the occurrence, or non-occurrence, of behaviour. ABA uses methods of analysis that yield convincing, reproducible, and conceptually sensible demonstrations of how to accomplish specific behaviour changes. Moreover, these behaviour are evaluated within relevant settings such as schools, homes and the community. The use of single cases experimental design to evaluate the effectiveness of individualised interventions is an essential component of programs based upon ABA methodologies.

This process includes the following components:

- Selection of interfering behaviour or behavioural skill deficit
- Identification of Goals and Objectives
- Establishment of a method of measuring target behaviours
- Evaluation of the current levels of performance (baseline)
- Design and implementation of the intervention, with modifications made as necessary to maintain and/or increase both the effectiveness and the efficiency of the intervention.
Learning Difficulties Mind Map

**Dyspraxia**
Difficulties with planning movements, co-ordination and practical tasks, balance & poor spatial awareness

**Dyslexia**
Difficulties with reading, writing, spelling and phonological processing

**Dyscalculia**
Difficulties with calculation & number concepts

**Autism Spectrum Disorder (ASD) & Asperger’s Syndrome**
Difficulties with social relationships, communication and social imagination & flexible thinking

**ADHD**
Difficulties with attention and concentration

**People with specific learning difficulties can also be intellectually gifted**

**Word finding & speech problems**

**Over & under-sensitive to sensory stimuli**

**Lack of concentration, distractibility**

**Executive Function**
Triggers for Children with Autism & Sensory Processing Disorder

- too fast
  - "Stop the world! I want to get out!"
- too overwhelming
  - "I can't take it!"
- too high
  - "You expect way too much of me."
- too unfamiliar
  - "New people make me uncomfortable."
- too close
  - "Back off!
- too haptic
  - "Screams and4piments are too much for me."
- too loud
  - "I don't like loud or sudden noises."
- too hectic
  - "Scary things are too much for me."
- too new
  - "I dislike going to new places."
- too bright
  - "Don't wash me. Turn off those4ements!"
- too vague
  - "I can't figure out what you want from me."
- too unexpected
  - "Don't spring any changes on me."
- too loose
  - "Too clothing always annoys me."
Any person/child who is Autistic, often has trouble interacting with other people and Communication with others, their play skills, interests and activities may also be limited. Occupational Therapy (OT) may help people with Autism by developing these skills either at home or at their schools.

**What’s the role of Occupational Therapy (OT) in treating Autism?**

Occupational therapists study human growth and development and a person’s interaction with the environment through daily activities. They are experts in the social, emotional, and physiological effects of illness and injury. This knowledge helps them promote skills for independent living in people with Autism and other developmental disorders.

Occupational therapists work as part of a team that includes parents, teachers, and other professionals. They help set specific goals for the person with Autism. These goals often involve social interaction, behaviour, and classroom performance.

**How is Occupational Therapy useful for evaluation of Autism?**

The therapist observes children to see if they can do tasks they are expected to do at their ages. For example, getting dressed or playing a game. Sometimes, the therapist will have the child videotaped during the day in order to see how the child interacts with his or her environment so that he or she can better assess the kind of care the child needs. The therapist might note any of the following:

- Attention span and stamina
- Transition to new activities
- Play skills
- Need for personal space
- Responses to touch or other types of stimuli
- Motor skills such as posture, balance, or manipulation of small objects
- Aggression or other types of behaviours
- Interactions between the child and caregivers
How does Occupational Therapy help a person with autism?

Once an occupational therapist has gathered information, he or she can develop a program for your child. There is no single ideal treatment program. But early, structured, individualised care has been shown to work best.

Occupational therapy may combine a variety of strategies. These can help your child respond better to his or her environment. These OT strategies include:

- Physical activities, such as stringing beads or doing puzzles, to help a child develop coordination and body awareness
- Play activities to help with interaction and communication
- Developmental activities, such as brushing teeth and combing hair
- Adaptive strategies, including coping with transitions
Children on the Autism Spectrum often have difficulty understanding the communication of others and communicating effectively with them. In fact a child on the Autism Spectrum may not see any reason to communicate with other people. This may delay their language acquisition and lead to frustration when they cannot make their needs understood. If they find play and social situations difficult and so avoid them, they also have fewer opportunities to learn language.

Children on the Autism Spectrum often have communication problems more complex than straightforward speech and language difficulties. Characteristically, they can find it hard to interpret social behaviour and imagine another individual’s state of mind. Reluctance to interact with the world may be evident in the way they fail to make eye contact, use hand gestures, or understand body language.

A delay in spoken language may be the most obvious indication that something is wrong, and the speech and language therapist (SALT) may be one of the first professionals to meet the child. It is vital, however, that the assessment of the child should take into account all aspects of communication and social functioning, not just speech and language. The assessment should be part of a co-ordinated multi-disciplinary assessment which considers how aspects of the assessment relate to and influence one another. Specialists in speech and language are, therefore, key professionals when it comes to assessment and intervention.

Some children on the Autism Spectrum have limited or even no speech, and their understanding of other’s speech may vary enormously. In such cases therapists may focus on getting the child to communicate using visual methods such as signing, symbols and picture systems. They may spend time helping the child develop listening and attention skills; play and social skills; social understanding; understanding of language and expressive language.
At the opposite end of the spectrum, some children have good vocabularies and can talk on particular topics in great depth. Some, but not many, have problems with pronunciation. Many have difficulty using language effectively, and many also have problems with word and sentence meaning, intonation and rhythm or say things that have no content or information.

The best results are found in children who receive all the above three therapies (ABA, OT and SALT) together. Again, early years intervention and assessment is important in order to plan and tailor the program accordingly for every child to meet their needs.
Small Steps’ Inclusion Centre

Small Steps provides a variety of services to support families at home, school and in our centre. We provide quality behavioural services based on the principles of Applied Behaviour Analysis. Our therapy methods are directed towards helping each individual to increase their overall independence and improve their quality of life by initiating comprehensive assessments such as VB-MAPP and ABLLS-R. We also provide an extensive functional assessment/analysis.

We understand that there is no single solution for the treatment of autism, therefore each plan is specifically tailored for each individual client and implemented in a distraction-free environment by a highly trained behaviour therapist. We design our programs to utilise teaching techniques that have been scientifically proven to be the most effective. These techniques include errorless teaching, teaching to fluency, mixing easy and difficult tasks, and mixing and varying targets. Our teaching strategies focus on breaking down certain skills into smaller, teachable parts and then providing reinforcement contingent upon correct responses. We also address deficits in the areas of communication, social skills, visual performance, receptive language, play skills, self-help, gross motor, fine motor, vocal imitation, requesting, labelling, intraverbal, mand training, answering questions and conversational skills.

We provide education, training, treatment, and consultation services within GEMS Metropole School. It’s a newly built school, offering high quality education for students from foundation state through to year 10. We also give consultation at our centre in Jumeira Village Circle, to individual families; and other behavioural and non-behavioural professionals.

In addition to individual behaviour program development and staff training and development, Small Steps also conducts training courses, workshops, and seminars designed to teach others how to provide the most effective education and treatment possible.

We are certain that each individual has the potential to lead a productive and functional life if given the proper guidance and correct tools to do so. Thus, it is our responsibility at Small Steps to provide our
clients with the tools they require. These tools include communicational skills, play skills, social skills, behaviour management, and functional living skills. We are dedicated to striving that each client leaves with the ability to successfully use the skills taught to function in their everyday life.

**We Serve**

ABA and Behavioural Services are provided to children with:

- Autism Spectrum Disorder
- Asperger’s Syndrome
- Behavioural Disorders
- ADD/ADHD
- Speech and Language Delays
- Fragile X Syndrome
- Downs Syndrome
- Other developmental disabilities