CHCCCS024
Support individuals with autism spectrum disorder

Release 1

Learner guide

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Support individuals with autism spectrum disorder

Learner guide

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Contents

Before you begin

This learner guide is based on the unit of competency *CHCCCS024 Support individuals with autism spectrum disorder*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Icon	Feature	How you can use each feature
	Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
	Examples	▶ These highlight key learning points and provide realistic examples of workplace situations.
	Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
	Summaries	▶ Key learning points are provided at the end of each topic.
	Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going ▶ Making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes. Reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1: Understanding autism spectrum disorder	1A Diagnosis of autism spectrum disorder 1B Common issues for people with ASD, their families and carers	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Considering personal values and attitudes 1D Identifying opportunities for professional development	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2: Responding to the needs of individuals with autism spectrum disorder	2A Providing interventions and supports for individual needs	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Responding to diagnostic assessment and varied learning styles	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Using measurable and evidence-based interventions and support strategies	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3: Following a legal and ethical framework and professional standards	3A Undertaking support activities according to organisational requirements	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Conducting work according to professional standards	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn about:

Understanding autism spectrum disorder

Autism spectrum disorder (also known as autism or ASD) is a lifelong neurodevelopmental disorder.

Although ASD presents differently in individuals, two key areas can be identified:

▶ difficulties with social interaction and communication

▶ restricted and repetitive behaviours and interests.

Everyone who supports individuals with ASD must have a thorough understanding of the nature of the condition and the impact of the condition on the individual, their family and carers.

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.

Understanding ASD

Every person with autism is a unique individual.

People with autism have a wide range of strengths, interests and challenges. While ASD presents differently in each person, DSM-5 outlines common characteristics and how these may be diagnosed.

As well as having difficulty communicating and engaging in restricted and repetitive behaviours, a person with ASD may experience sensory stimuli such as sight, sound, touch, taste and smell differently to people without ASD. This means a person with autism can be much more or much less sensitive to things like bright lights, clutter, uncomfortable clothing, loud noises and pain.

Common characteristics	How these may present in a person with ASD
Difficulties with social interaction and communication	▶ Not responding to social interactions ▶ Difficulty understanding other people's body language ▶ Uncomfortable with eye contact ▶ Difficulty adjusting behaviour to different settings
Restricted and repetitive behaviours and interests	▶ Repetitive movements, such as flapping hands ▶ Saying the same word or phrase repeatedly ▶ Distressed by small changes ▶ Strong attachment to or fixation on an object

Adapted from: American Psychiatric Association (2013), *Diagnostic and statistical manual of mental disorders (DSM-5)*

You can read more about criteria for diagnosis according to DSM-5 at: http://aspirelr.link/autism-diagnosis-criteria-dsm5.

Impact on daily life

The impact of ASD on an individual and their ability to function varies widely.

Here are examples of some of the ways ASD impacts daily functioning.

Interpersonal interactions	These can range from basic interpersonal interactions (such greeting people, asking and responding to basic questions) to complex interpersonal interactions (such as maintaining a conversation and participating in an informal group discussion).
Emotional functions	These functions include regulating and expressing emotions appropriate to a situation.
Attention	Some individuals are unable to sustain attention and focus for a specific amount of time.
Mental functions of language	These can include understanding and communicating in verbal, written and other forms of language.

Other significant but less common impacts of ASD on daily life include:

▶ carrying out daily routines

▶ making decisions

▶ looking after one's health

▶ reading and calculation.

The Australian Institute of Health and Welfare distinguishes between a profound and severe limitation:

▶ Profound limitation – An individual is unable to independently carry out a core activity.

▶ Severe limitation – An individual sometimes has difficulty and/or sometimes needs help carrying out a core activity.

For example, a person with a profound limitation in communication would always need help to understand what other people are saying, whereas a person with a severe communication limitation would sometimes need help with that task.

Current facts and data

While data exists about the causes and prevalence of autism, much remains unknown.

Here is a summary of some facts and data about ASD.

How common is autism spectrum disorder?	Autism was once thought to be rare, affecting a very small proportion of the population. However, research shows that autism is relatively common.
	The World Health Organization states that one in 160 people worldwide have autism. In 2018, Autism Spectrum Australia (Aspect) estimated that the rate may be as high as one in 70, based on the most current research findings.
	Since the early 2000s, there has been a worldwide increase in the prevalence of children diagnosed with ASD.
	This may be due to a number of reasons:
	▶ Diagnosis: The criteria for an autism diagnosis has broadened. As a result, more people meet the diagnostic criteria for ASD.
	▶ Surveillance and screening: There has been an increase in the surveillance and screening of children to identify those who have ASD. This means that children with ASD who previously would have been undiagnosed or misdiagnosed are being identified.
	▶ Awareness: Parents and professionals have become more aware of autism. As a result, they are more likely to identify potential signs of ASD in children and, therefore, more children are being tested for ASD.
	For more information on the increased prevalence of autism, access this article: http://aspirelr.link/autism-prevalence-article.

Causes of autism spectrum disorder	The exact cause of ASD is unknown. It is most likely caused by a combination of genetic and environmental factors:
	▶ Genetic factors: Some families have multiple family members with ASD, which suggests that genetic factors may be one of the causes of the condition. It is likely that a combination of genes, rather than a single gene, plays a role in ASD.
	▶ Environmental factors: Factors in the environment may contribute to autism; however, no single environmental factor has been identified as a clear cause.
	Reliable research has identified some of the factors in a child's environment that may contribute to ASD. These include:
	▶ having older parents at the time of conception
	▶ bacterial and viral infections during pregnancy.
	For more information about the causes of ASD see:
	▶ http://aspirelr.link/causes-of-asd
	▶ http://aspirelr.link/causes-of-autism.
Who is affected by Autism Spectrum Disorder?	Autism affects people from every social class and ethnic group. In Australia, autism is most prevalent among children aged 5–14 years. This reflects the increase in diagnosis of autism among school-aged children.
	Boys are, on average, four times more likely to have autism than girls. Although numerous theories exist, it is still unclear why this is the case.
	It is widely believed that the actual incidence of autism among girls may be higher than is currently estimated. This is because when compared to boys with ASD, girls with ASD are more able to disguise their symptoms. As a result, some girls with ASD are never diagnosed or misdiagnosed.
	However, even if every girl with ASD was correctly diagnosed, the proportion of boys with ASD would still be higher.
	For more information about autism in Australia, see: http://aspirelr.link/autism-in-australia.
	For more information about gender and autism see: http://aspirelr.link/autism-and-girls.

Secondary diagnosis

Some medical conditions are more common among people with autism than the general population.

This means someone diagnosed with ASD is more likely to receive one or more of the following secondary diagnoses.

Epilepsy	Epilepsy affects a third of people with ASD, compared to 1–2% in the general population.
Attention deficit hyperactivity disorder (ADHD)	ADHD affects between 30–60% of people with ASD, compared to 6–7% of the general population.
Obsessive compulsive disorder (OCD)	OCD appears to be more common among children and teenagers with autism when compared to the general population.
Gastrointestinal disorders	Gastrointestinal disorders are one of the most common medical conditions associated with autism and include chronic constipation, chronic diarrhea and reflux.
Feeding disorders	Feeding disorders, including issues with chewing and swallowing, not eating enough of the right food, chronic overeating and pica (eating non-food items) are common among children with autism. There is a high rate of obesity among both children and adults with autism due to chronic overeating and nutritional deficiencies.

You can read more about secondary diagnoses here: http://aspirelr.link/autism-associated-medical-conditions.

A report on autism and health can be found at: http://aspirelr.link/autism-and-health-report.

Commons myths and misconceptions

Generalisations about ASD are common among the general population.

Misinformation can make life harder for people with ASD and, in some cases, contribute to discrimination towards them and reinforce stereotypes.

Here are some common myths and facts about autism.

Myth	Fact
People with autism want to be alone and don't want friends.	Most people with autism want to connect with others and socialise. However, socialising can be challenging for people with autism because they can struggle with social interaction and communication.
People with autism cannot feel emotions.	People with autism experience the full range of emotions, but they may have difficulties communicating how they feel, or may express their emotions in a unique way.
People with autism don't understand other people's emotions.	People with autism may have difficulties interpreting unspoken emotional cues, such as body language or facial expressions. However, when emotions are communicated directly – rather than through unspoken cues – people with autism can feel and demonstrate empathy and compassion.
Autism is an intellectual disability.	Some people with ASD have an intellectual disability in addition to having ASD, but ASD itself is not an intellectual disability. Many people with autism have an average or higher than average IQ.

Myth	Fact
Bad parenting causes autism.	The exact cause of autism is not yet known, but we know that bad parenting does not cause autism.
Every person with autism is an 'eccentric genius'.	Everyone with autism has strengths and a small minority are especially gifted in a specific area, such as visual art or numerical calculation. The myth of the 'eccentric genius' does not accurately reflect most people who have ASD.
Autism is caused by childhood vaccinations.	The exact cause of autism is not yet known, but we know for certain that childhood vaccinations do not cause ASD.

Understanding the diagnostic process for ASD

A diagnosis of ASD usually occurs in childhood because it is difficult to diagnose when a child is under the age of two.

There is no single reliable test for ASD. A diagnosis can only be made by a qualified professional or team of professionals using appropriate standardised tools. The team could include medical professionals, psychologists, psychiatrists, speech pathologists and occupational therapists. The diagnosis of autism is based on observation of a person's behaviour. The process typically involves the steps of screening, assessment and diagnosis.

Screening

A screening process, involving the use of a screening tool for a child or a self-report (used for an adult), determines whether an individual has enough symptoms to warrant a thorough assessment.

Assessment

Where a screening tool indicates the need for a thorough assessment, this is undertaken by multiple specialists and professionals (for a child), or for an adult may be undertaken by a single professional, such as a psychologist.

Ideally, the assessment would involve:

▶ An assessment of behaviour and family history: An inquiry into family history is usually followed by a formal interview about the individual's development, such as if and when the individual started talking.

▶ An assessment of communication skills.

▶ IQ testing (where appropriate, depending on age) to assess cognitive ability.

▶ Medical assessments consisting of a physical examination, hearing and vision tests.

Diagnosis

Once an assessment has been completed, the professionals who have conducted the assessment will discuss their findings and decide whether a person meets the criteria for a diagnosis, referring to the *Diagnostic and statistical manual of mental disorders* (DSM-5).

Diagnostic and statistical manual of mental disorders

The Diagnostic and statistical manual of mental disorders is a reference book used by professionals across the world to diagnose mental disorders.

The most recent version of the DSM is the fifth edition (DSM-5).

DSM-5 lists the signs and symptoms of ASD and indicates how many of these need to be present to confirm a diagnosis.

The diagnostic criteria for ASD, as outlined in DSM-5, are:

1. Persistent deficits in social communication and social interaction across multiple contexts

2. Restricted, repetitive patterns of behaviour, interests, or activities

3. Symptoms must be present in the early developmental period (but may not manifest until later in life)

4. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning

5. Disturbances are not better explained by intellectual disability

When a diagnosis of ASD is made, a severity level is also identified. The severity level indicates how much support the individual needs.

These levels of support are outlined in full in the DSM-5. Severity levels are based on the two key areas of difficulty: social communication impairments and restricted repetitive patterns of behaviour. A separate severity ratiing is given for each area of difficulty.

The following provides examples of how to identify different severity levels in someone diagnosed with ASD.

Severity level	Social communication	Restricted, repetitive behaviours
Level 1 – Requiring support	▶ Deficits cause noticeable impairments ▶ Difficulty initiating social interactions ▶ May have decreased interest in social interactions ▶ Difficulties with to and fro conversation ▶ Consistent difficulty making friends	▶ Inflexibility of behaviour causes significant interference with functioning in one or more contexts ▶ Difficulties switching between activities ▶ Problems with organisation
Level 2 – Requiring substantial support	▶ Marked deficits in verbal and non-verbal communication skills ▶ Limited initiation of social interaction ▶ Speaking in limited sentences	▶ Difficulty coping with change ▶ Restricted/repetitive behaviour is obvious to the casual observer ▶ Distress/difficulty changing focus

Severity level	Social communication	Restricted, repetitive behaviours
Level 3 – Requiring very substantial support	▶ Severe deficits in verbal and non-verbal communication skills causing severe impairments in functioning ▶ Very limited initiation of social interactions ▶ Using few or no words ▶ Only responding to very direct social approaches	▶ Extreme difficulty coping with change ▶ Restricted/repetitive behaviour markedly interferes with functioning in all spheres ▶ Great distress/difficulty changing focus

Source: Autism Speaks, 'Autism diagnosis criteria: DSM-5': https://www.autismspeaks.org

Assessment tools

Standardised tests and questionnaires are used during the process of screening and assessment to diagnose ASD.

These tools can only be administered by trained professionals.

Tool	What is it?	How is it used to diagnose ASD?
Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5)	A handbook used by professionals to diagnose mental disorders	DSM-5 lists the signs and symptoms of ASD and indicates how many of these need to be present to confirm a diagnosis of ASD.
International statistical classification of diseases and related health problems 10th revision (ICD-10)	A medical classification list developed by the World Health Organization that is used to classify diseases	The ICD-10 is used to make diagnostic decisions relating to ASD
Childhood autism rating scale (CARS)	A behaviour rating scale that is widely used by professionals to assist in the diagnosis of autism in children	CARS can be used to screen and/or assess ASD. The tool involves observing and rating an individual's behaviour. Once completed, the tool generates a score ranging from non-autistic to severely autistic.
Autism Diagnostic Observation Schedule (ADOS)	A tool that uses social interaction tasks to diagnose and assess ASD	The ADOS is a detailed assessment tool. The individual being assessed undertakes tasks that involve social interaction with the examiner. The examiner observes and categorises the individual's behaviour, which is used to generate a score for analysis.

Tool	What is it?	How is it used to diagnose ASD?
Autism diagnostic interview – revised (ADI-R)	A structured interview that is used to diagnose and/or plan treatment for ASD	The clinical interviewer asks a parent or carer a series of questions to assess the individual's history and behaviour. The responses are coded, scored and interpreted to help support a diagnosis of autism.

Example

Recognising the diagnostic process

Adeline works as an early childhood educator at a kindergarten. Debbie's son, Jarvis, attends the kindergarten where Adeline works. When she comes to pick up Jarvis, Debbie tells Adeline that she's had a very stressful week. Her GP suggested she take Jarvis to a specialist clinic that assesses and diagnoses autism spectrum disorder. Debbie doesn't know anything about the processes used to diagnose ASD. She's worried that Jarvis may have to go to hospital and undergo a lot of tests (he's very afraid of needles).

To help alleviate Debbie's stress and uncertainty, Adeline explains the process for diagnosing ASD and together they read information from several websites which provide information about the diagnostic process.

Practice task 1

Question 1

Which of the following statements about autism are correct? Select yes or no for each one.

a. One in 1,500 Australians have autism spectrum disorder. ✳ Yes ✳ No

b. Genetic factors are one of the possible causes of autism spectrum disorder. ✳ Yes ✳ No

c. Autism spectrum disorder is an intellectual disability. ✳ Yes ✳ No

d. Girls are just as likely to be diagnosed with autism spectrum disorder as boys. ✳ Yes ✳ No

e. The symptoms of autism spectrum disorder typically emerge during adolescence. ✳ Yes ✳ No

f. Epilepsy is more common among people with ASD than the general population. ✳ Yes ✳ No

Question 2

Which of the following are symptoms of autism spectrum disorder according to the DSM-5?
Select all that apply.

☐ Social interaction and communication

☐ Poor pronunciation

☐ Insensitivity to physical pain

☐ Restricted and repetitive behaviours and interests

☐ Sensitivity to loud noises

Question 3

Match each assessment tool on the left to its description on the right.

✱ *Autism diagnostic interview – revised* (ADI-R)

✱ *Childhood autism rating scale* (CARS)

✱ *Autism Diagnostic Observation Schedule* (ADOS)

✱ *Diagnostic and statistical manual of mental disorders*, fifth edition (DSM-5)

✱ *International statistical classification of diseases and related health problems,* 10th revision (ICD-10)

✱ A handbook used by professionals to diagnose mental disorders

✱ A medical classification list developed by the World Health Organization that is used to classify diseases

✱ A behavior rating scale that is widely used by professionals to assist in the diagnosis of autism in children

✱ A tool that uses social interaction tasks to diagnose and assess ASD

✱ A structured interview that is used to diagnose and/or plan treatment for ASD

Question 4

Which of the following are common examples of the impacts of ASD on daily functioning?
Select all that apply.

☐ Difficulties with interpersonal interactions

☐ Inappropriate emotional responses

☐ Difficulties with memory

☐ Difficulty sustaining attention

☐ Difficulty with verbal communication

1B Common issues for people with ASD, their families and carers

In Australia, most of the regular care and assistance provided to people with ASD is undertaken by family and friends.

Caring for someone with ASD can pose unique challenges for the whole family.

Some of the common issues experienced by people with ASD are outlined below.

Communication	People with autism find it difficult to communicate with others. The nature of these difficulties varies depending on the individual. For example, some people with autism do not speak, whereas others have no difficulties speaking but may struggle with the nuances of communication, such as making eye contact and interpreting body language.
Social interaction	Social interaction can be difficult for people with autism. They may have difficulty understanding when and how to respond in social situations, and struggle with the social skills that come intuitively to others, such as maintaining a back-and-forth conversation.
Dealing with change	People with autism typically like routines and rituals. Changes in routine, such as doing activities in a different order or going to an unfamiliar place, can be stressful for a person with ASD.
Physical health problems	Physical health problems, such as cardiovascular disease, gastrointestinal disorders and obesity are more common among adults with autism than adults who do not have autism.
Anxiety	Anxiety is a common issue for all people with autism, regardless of age. Australian research indicates that more than half of Australian adults with ASD have been diagnosed with anxiety. People with autism may also have difficulty communicating feelings of anxiety. For more information on this, go to: ▶ http://aspirelr.link/adults-with-autism ▶ http://aspirelr.link/autism-common-challenges.
Issues with sleep	People with ASD commonly experience sleep difficulties, such as insomnia, waking up during the night and sleep apnoea. Sleeping difficulties among children with ASD sometimes improve as a child gets older, but may continue into adolescence and adulthood.
Difficulties with attention and concentration	People with ASD may find it difficult to concentrate on tasks that don't interest them. When they are interested in something, they can often maintain intense concentration on an activity.
Bullying	Children and adults with autism are more likely to experience bullying at school, in the workplace and in other settings, including on social media. Children with autism who attend mainstream schools are especially at risk of being bullied.

Educational barriers	The social demands of school can be difficult for children with ASD. Factors such as bullying can interfere with a child's learning and undermine their self-esteem. In Australia, people with ASD are less likely to obtain an educational qualification after they finish secondary school, when compared to people who don't have autism, including people with other types of disability.
Employment barriers	People with ASD can face difficulties entering the job market and/or finding fulfilling work. These difficulties are sometimes the result of the challenges people with ASD face in relation to communication and social interaction, but can also be due to discrimination and stigma. In Australia, people with autism are less likely to be employed than people without autism, including people with other types of disability.

Issues for carers and families

There are a number of common issues that may affect carers and families of someone with ASD.

Not all carers or families of people with ASD will experience these issues. The extent to which carers and families are affected by challenges depends on how the condition affects the person with ASD, such as the level of severity and the resources they can access, such as extended family support, educational support and respite care.

Common issues for carers and families are outlined here.

Social isolation	Carers of people with ASD can become socially isolated as a result of the demands of their responsibilities or may feel the stigma attached to ASD in the community. For example, they may avoid social gatherings because they fear how other people will react to the behaviour of the individual they are caring for.
Financial stress	Caring for someone with ASD can limit employment opportunities and working hours, leading to financial stress. Paying for therapy and medical expenses can place a further financial burden on a family.
Psychological stress	The issues that a person with autism can experience, such as unusual sleeping patterns and difficulties with social skills and communication, can place stress on the people caring for them. Parents of children with autism may experience stress related to their child's diagnosis, such as worrying about their child's future. As their child gets older, parents may be concerned about their child becoming more independent.
Mental health difficulties	The stress associated with caring for someone with ASD can increase a carer's risk of mental health difficulties, such as anxiety and depression.
Physical health difficulties	Caring for someone with autism can be physically exhausting and contribute to chronic fatigue. This can lead to carers being vulnerable to physical health difficulties.
Frustration	Carers of people with ASD can become frustrated by: ▶ the individual's behaviour ▶ other people's judgments of them or the individual with ASD ▶ accessing services for the individual with ASD or for themselves.

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 stared 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.

Practice task 2

Question 1

Which of the following statements about issues affecting people with ASD are correct? Select yes or no for each one.

a. People with autism spectrum disorder typically like routines and rituals.　　　　✱ Yes　✱ No

b. In general, adults with ASD have fewer physical health problems than adults without ASD.　　✱ Yes　✱ No

c. Anxiety is more common among adults with ASD than adults who don't have ASD.　　✱ Yes　✱ No

d. Difficulties with sleep are a common problem for people with ASD.　✱ Yes　✱ No

Question 2

Which of the following are issues commonly affecting the families and carers of people with ASD? Select all that apply.

☐ Social isolation

☐ Compulsive behaviour

☐ Mental health difficulties

☐ Financial stress

Question 3

Which of the following issues commonly affect the siblings of people with ASD? Select all that apply.

☐ Embarrassment

☐ Fears and concerns

☐ Aggressive behaviour

☐ Poor academic performance

☐ Sadness

1C Considering personal values and attitudes

Everyone has values and attitudes that develop throughout their lives.

The values and attitudes of people with ASD are just as diverse as the general population. In the planning process and when support and interventions are being discussed, the values and attitudes of people with ASD need to be determined so goals can be established.

When this happens it's important to consider the way you communicate. Certain styles of communication, such as asking a number of questions all at once, can cause some people with ASD to feel overwhelmed and stressed.

Values and attitudes

Values and attitudes influence a person's behaviour, how they treat other people, how they approach situations and the decisions they make.

Values are long-lasting beliefs about what is important, whereas attitudes are mental dispositions towards other people and circumstances.

Values and attitudes are influenced by a range of factors, including:

▶ family and friends

▶ past experiences

▶ cultural background

▶ faith/religion

▶ education.

Once personal values and attitudes are determined, goals can be set, and activities and supports can be identified to help meet those goals.

Aligning support activities

When providing support to anyone, it is important to consider their values and attitudes.

Where a person you are working with is not able to make sound judgments, their advocate, family or carer will play a central role in explaining the individual's values and attitudes. However, as much as possible it is the person with ASD who should be consulted and involved in all decision-making regarding supports and interventions.

Here are three reasons to consider a person's values and attitudes:

▶ When an activity aligns with a person's values and beliefs, they are more likely to attend, participate and benefit from the activity.

▶ Activities or supports that align with an individual's personal values and beliefs are more likely to be effective, which is important for demonstrating the effectiveness of a program, intervention and/or service.

▶ Respecting the values and attitudes of clients strengthens the relationship with the client and helps to build trust.

Types of values or attitudes	Examples
Family roles, responsibilities and structures	▶ 'My family is the most important thing in my life.' ▶ 'We expect our son to look out for his younger sister at school.' ▶ 'My extended family has a big say in how my child is raised.' ▶ 'My family only expects me to go to the funerals of close family members.'
Gender roles	▶ 'Men should play an equal role in caring for their children.' ▶ 'The best place for a woman to be is at home looking after her children.' ▶ 'Women are naturally better at caring for people.'
Health and illness	▶ 'To make sure my kids stay healthy, I encourage them to play sport and eat well.'
Behaviour	▶ 'My children are not allowed to refer to their aunts and uncles by their first name only. I expect them to say, Uncle Cam and Aunt Dimity.' ▶ 'I expect my children to dress conservatively when we visit their grandparents.' ▶ 'My daughter is only 15. She's not old enough to go out on dates with boys.'
Attitudes towards service providers	▶ 'My son was really struggling with a drug addiction, so I called a local service and asked for advice.' ▶ 'Counselling is a waste of time.' ▶ 'You cannot trust anyone who works in community services. They'll take your kids away from you.'

Discussing values and attitudes

Consider the way you communicate when identifying someone's values, attitudes and personal goals.

The UK Department of Health has developed some communication tips and tools that can be used with adults who have autism:

▶ Talk in calm, soft tones.

▶ Avoid jargon and abstract language.

▶ Allow time for the person to think, reflect on and process what you've said – bombarding a person with a lot of information all at once can be stressful for someone with autism.

▶ Ask one thing at a time and give the person time to respond.

▶ Don't offer a lot of options at once as this can be overwhelming for a person with ASD.

▶ Keep in mind that your body language might not have any effect on someone with ASD, or may be misinterpreted.

Source: UK Department of Health (2015), *A manual for good social work practice: Supporting adults who have autism*: https://assets.publishing.service.gov.uk

Example

Considering personal values and attitudes

Dinesh works as a youth worker and runs a fitness club for teenagers with ASD. To celebrate the group's success in a recent marathon, and to encourage their social skills, Dinesh asks the group whether they would like to go out to dinner or to the movies one Saturday evening. Most of the group are keen but Christine, a 16-year-old who has been coming to the fitness club since it started, says she won't be able to come. She tells Dinesh that her parents won't allow her or her sisters to go out in the evening with boys they don't know. Dinesh proposes a day-time movie instead and the group agrees. He tells Christine that her parents are welcome to come along and meet the group after class one day, in the hope that they will become more comfortable with Christine attending other social events in the future.

Practice task 3

Question 1

Which of the following statements about values and attitudes are correct? Select yes or no for each one.

a. Our cultural background influences our values and attitudes.   * Yes   * No

b. People with ASD have values and attitudes that are just as diverse as the general population.   * Yes   * No

c. When a person's values and attitudes align with an activity, they are more likely to benefit from that activity.   * Yes   * No

d. Education has no influence on values and attitudes.   * Yes   * No

Question 2

Match each value or attitude on the left to the relevant statement on the right.

* Gender roles

* Attitudes towards service providers

* Family roles, structures and responsibilities

* Behaviour

* 'It's not my son's job to look out for his younger sister at school.'

* 'There should be more female CEOs in Australia – women are just as competent as men in leadership positions.'

* 'My kids should be able to express themselves freely in how they dress, regardless of what others think.'

* 'This is a private family issue. It's not appropriate to go to a professional and ask for help.'

Read the case study, then answer the question that follows.

Case study

Rabia is providing weekend in-home respite care for Justin, a 24-year-old with ASD who lives with his parents and requires substantial support. Justin's parents have told Rabia about what Justin does and doesn't like, but Rabia would like to get to know Justin a bit better so she can make sure their weekend together is enjoyable for him.

Question 3

Which of the following things will help Rabia communicate effectively with Justin? Select all that apply.

☐ Talk to Justin in a calm way.

☐ Use slang to show Justin that she can relate to him.

☐ Provide Justin with a lot of different options so he does not feel restricted in his choices.

☐ Ask Justin one question at a time and wait for him to respond before asking him another question.

☐ Use facial expressions and gestures to show Justin that she shares his enthusiasm.

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.

For example, if your supervisor can see how building the skills of staff in a certain area will help the organisation achieve specific outcomes, they may be more willing to invest in a professional development program that will benefit one or more staff members.

Organisations have different arrangements and policies regarding professional development:

▶ Some organisations decide a year in advance which professional development opportunities will be made available to staff.

▶ Others decide on a case-by-case basis.

▶ Some provide each staff member with a set budget for their professional development.

▶ Others have a pool of funding for staff.

▶ Some require staff to provide feedback to their colleagues to share what has been learnt.

Most community services organisations have a limited professional development budget and, even when professional development is low-cost or no-cost, they may not be able to provide backfill for staff who attend professional development activities.

Tips for identifying opportunities for professional development

▶ Ask colleagues and people in your professional network about professional development activities they have undertaken that have helped them support clients with ASD.

▶ Speak with a supervisor about:

– opportunities for your own professional development, including formal and informal opportunities

– knowledge or skills you could develop and how they would benefit you and your colleagues, and help the organisation maintain its service delivery outcomes.

▶ Contact organisations that specialise in ASD advocacy and awareness to find out whether they:

– provide professional development-related services, such as in-house training

– know of other organisations that provide those services.

▶ Follow organisations on social media that undertake research or advocacy relating to ASD so you can keep up to date with professional development opportunities.

▶ Attend workshops, seminars and conferences relating to ASD, then:

– follow up with people who present and ask them for suggestions about professional development

– speak with the people at information booths and ask about professional development opportunities

– sign up for newsletters and bulletins from organisations that provide information about professional development opportunities relating to disability or ASD.

Organisations in Australia that specialise in ASD advocacy and awareness include:

▶ Amaze: http://aspirelr.link/amaze

▶ Autism Awareness Australia: http://aspirelr.link/autism-awareness-australia

▶ Autism Spectrum Australia (ASPECT): http://aspirelr.link/aspect

Example

Identifying opportunities for professional development

Lan has just started working as a disability support worker for an organisation that provides community-based services for older adults who have disabilities. She would like to learn more about the different methods she might be able to use to communicate more effectively with those clients with autism who are non-verbal. She speaks with her supervisor, Dylan, about the professional development opportunities she is aware of. She also asks her colleagues about the professional development activities they have undertaken that have helped them work effectively with those clients.

She takes some time to review the service delivery outcomes of her organisation and prepares a proposal for Dylan outlining why she would like to enroll in a professional development activity that will help her to learn more about aided augmentative and alternative communication techniques. Lan outlines to Dylan the benefits of her undertaking an upcoming three-day workshop on this topic.

Practice task 4

Question 1

Which of the following options explains why understanding the service delivery outcomes of an organisation will help staff members make a case for professional development?

☐ It demonstrates their commitment to the organisation.

☐ It will impress their supervisor.

☐ It will help their supervisor see how a professional development activity would benefit the organisation.

☐ It shows that they have leadership qualities.

Question 2

Match each informal professional development activity with its description.

✳ Coaching

✳ Supervision

✳ Communities of practice

✳ Mentoring

✳ A supportive relationship between an experienced, knowledgeable practitioner and a less experienced practitioner

✳ Groups of practitioners who come together to impart knowledge and experience about a shared professional interest

✳ A formalised relationship between a senior and less senior employee

✳ A peer-to-peer relationship where one practitioner helps another develop skills or improve their practice

Summary

▶ Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder.

▶ ASD affects how a person communicates, behaves and interacts with the world around them.

▶ People with ASD usually have difficulties in two key areas:
  – social interaction and communication
  – restricted and repetitive behaviours and interests.

▶ Autism is a spectrum disorder, meaning it presents differently in different people.

▶ Autism is diagnosed by qualified professionals through observation, using standardised assessments.

▶ The exact causes of autism are unknown, but the most likely causes are a combination of environmental and genetic factors.

▶ Common issues experienced by people with autism include dealing with change, physical health problems, anxiety, and educational and employment barriers.

▶ Common difficulties for carers and families of people with autism include:
  – social isolation
  – financial and psychological stress
  – mental and physical health difficulties.

▶ Siblings often experience feelings of guilt, resentment and sadness.

▶ When support activities align with clients' values and attitudes, they are more likely to engage in and benefit from the activity.

▶ It is important to be proactive and identify opportunities for professional development to enhance the support you can offer.

Learning checkpoint 1
Understanding autism spectrum disorder

Part A

1. Which of the following statements about the diagnostic process for autism spectrum disorder are correct? Select yes or no for each one.

   a. Autism spectrum disorder can be diagnosed through a blood test.   ✳ Yes   ✳ No

   b. The only valid tool to diagnose ASD is the *Diagnostic and statistical manual of mental disorders* (DSM-5)   ✳ Yes   ✳ No

   c. It is difficult to diagnose autism spectrum disorder in a child under the age of two.   ✳ Yes   ✳ No

   d. Asking about family history is usually part of the process for diagnosing autism spectrum disorder.   ✳ Yes   ✳ No

   e. ASD is no longer considered to affect a very small proportion of the population.   ✳ Yes   ✳ No

   f. ASD is most prevalent among children aged 5–14 years due to the increase in diagnosis of autism among school-aged children.   ✳ Yes   ✳ No

2. Which of the following statements about the key issues affecting individuals with autism spectrum disorder are correct? Select all that apply.

   ☐ Going to an unfamiliar place can be stressful for a person with ASD.

   ☐ People with autism can have difficulty communicating feelings of anxiety.

   ☐ People with ASD are generally unable to maintain intense concentration on activities.

   ☐ Some medical conditions are more common among people with autism than the general population.

3. Which of the following statements relate to carers and family members of people with ASD? Select all that apply.

☐ They can become socially isolated as a result of the demands of their responsibilities.

☐ Caring for someone with ASD can limit employment opportunities and working hours.

☐ Families are more likely to live in disadvantaged areas.

☐ Carers of people with ASD can become frustrated by other people's judgments of them or the person with ASD.

☐ Families can be under financial stress because they are more likely to send their children to private schools.

4. When planning support activities, why is it important to consider the values and attitudes of clients? Select all that apply.

☐ When an activity aligns with a person's values and beliefs, they are more likely to attend, participate and benefit from the activity.

☐ It demonstrates to clients that the professional is following correct procedures.

☐ Activities that align with an individual's personal values and beliefs are more likely to be effective.

☐ It strengthens the relationship between the client and the professional, and helps to build trust.

☐ It reassures clients and their families about the intention of the professional and the integrity of the organisation.

5. Which of the following are correct in relation to professional development opportunities? Select all that apply.

☐ Research is reflecting new insights into the lived experience of people with ASD.

☐ It helps organisations maintain and enhance the quality of their services.

☐ Formal training is better than informal training because it will ensure knowledge is current.

☐ An example of a community of practice is a professional network that you follow on social media.

Part B

Read the case study, then answer the questions that follow.

Case study

Eden is a family support worker who has been working with the Tadros family for a year. The family comprises Tomas and Nancy and their four-year-old son Johannes. Johannes is having an assessment for autism, and Tomas and Nancy ask Eden to find out what is involved in the assessment.

1. Which of the following might a professional use as part of the diagnostic process to assess Johannes? Select all that apply.

    ☐   A series of questions so a plan can be developed for Johannes

    ☐   Interactions with a professional who will categorise Johannes's social interactions

    ☐   Mobility assessments, such as checking his gait (walking)

    ☐   A mental health assessment

    ☐   A statistical measure developed by WHO used to classify ASD

    ☐   Resources and supports assessment to see what the family can afford

    ☐   Observing Johannes and rating his behaviour

2. Tomas tells Eden that he has watched a movie about a child with autism, who is an 'eccentric genius', but is not interested in making friends and unable to read or understand other people's emotions. He asks Eden if that's what Johannes will be like when he grows up.

    Identify **three** common misconceptions about ASD that Tomas has and what you can say to dispel each of these and address Tomas's concerns.

3. Tomas asks, 'Will Johannes ever be able to talk?'

    Describe **two** things Eden could say about autism and communication.

4. Nancy says she has heard that there are more children with autism now than there were in the past because parents no longer know how to raise children properly. She wants to know if that's correct.

   What are **three** things Eden can tell Nancy about the causes of autism? These can either be factors that most likely cause autism or factors that do not cause autism.

5. After Nancy and Tomas leave Eden's office, she goes to the staff kitchen to get a cup of coffee. Her colleague Andreas stops her in the hallway. 'You've had some experience working with families who have a child with autism,' he says. 'Is social isolation something I should take into consideration if I have a family in that situation?'

   What are **three** things Eden can tell her colleague about the types of challenges the families who care for someone with autism often face?

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.

2A Providing interventions and supports for individual needs

When responding to the support needs of individuals with ASD, you need to identify their specific needs so effective and meaningful interventions can be planned.

Focusing on the principles of person-centred care will help ensure you pay attention to the self-defined goals of the individual.

Identifying specific needs

There is a range of support needs that people with ASD may request or require.

Some people with ASD do not need support outside their own network of family and friends. Some occasionally need help with certain tasks, such as paying bills, whereas others need substantial support with daily living tasks.

The needs of an individual can be categorised into these broad areas:

▶ communication
▶ social skills
▶ behaviour
▶ learning

▶ dealing with change
▶ daily living skills
▶ motivation.

In practice the needs of individuals with ASD will vary considerably for each person. For example, one person might want support to communicate their basic needs, another might want help to recognise the subtle cues involved in everyday social interactions.

Here are some examples for each of the broad categories.

Communication	▶ Adapting communication to context, e.g. talking about appropriate topics in a social context
	▶ Acquiring gestured communication for those people who do not have verbal language skills
Social skills	▶ Learning the rules of social interaction
	▶ Reducing social isolation
	▶ Managing social anxiety
Behaviour	▶ Reducing self-harm
	▶ Understanding appropriate online behaviour
	▶ Managing anxiety
Learning	▶ Maintaining focus and attention
	▶ Understanding organisation and planning
	▶ Understanding the big picture as opposed to the details

Dealing with change	▶ Dealing with the social demands of a new job
	▶ Preparing for moving away from the family home
	▶ Coping with grief, e.g. death of close family member
Daily living skills/skills for independence	▶ Learning how to cook and clean
	▶ Completing hygiene and self-care
	▶ Filling out forms
Motivation	▶ Being motivated to learn about topics outside specific interests
	▶ Being motivated to engage in social interactions

More information can be accessed here:

▶ http://aspirelr.link/how-asd-affects-development

▶ http://aspirelr.link/asd-life-stages

Person-centred practices

When working with anyone in a support role, you must use a person-centred approach.

This requires that you assist the individual to achieve their self-defined goals, and do not impose your own ideas, values and assumptions onto them.

The principles of person-centred practice are:

▶ respect for individuality, diversity, difference and ability

▶ treating the person as a whole, not focusing on perceived problems

▶ working with respect, compassion and empathy

▶ collaborating with other individuals or services to provide the best possible care

▶ empowering the person and recognising them as the expert in their own lives

▶ being led by the person, their choices and goals.

If the person you are working with is not able to make sound judgments, their advocate, family and/or carer will play a central role in determining their individual needs. However, as much as possible you should try to include the person in the process.

When working with children and adolescents, it is important to incorporate the priorities and preferences of the family when identifying the person's needs. Family-centred practice is an approach that is often used when working with families to identify the needs of children and teenagers within the context of their family. This approach involves working in partnership with a family to identify goals, expectations and values. In a person-centred approach, the individual is the expert in their own life. In family-centred practice, parents are the experts on the lives of their children.

For more information on family-centred practice, see: http://aspirelr.link/family-centred-approach.

In some workplaces, you will be part of a team that develops a support plan to identify and implement what a person wants. You must work collaboratively, valuing and respecting the skills, knowledge and unique perspectives of each professional, and always keeping the person with ASD at the centre of the decision-making process.

Person-centred outcomes

Person-centred care principles need to be applied to the unique circumstances and context of your work.

Here are some examples of what person-centred care might look like in practice.

Principles of person-centred care	Examples of person-centred outcomes
Respect for individuality, diversity, difference and ability	▶ Adjusting your approach to meet the needs of different people ▶ Using positive and inclusive language to describe diversity and difference ▶ Valuing and celebrating different ways of doing tasks
Treating the person as a whole, not focusing on perceived problems	▶ Getting to know the person as a unique individual, including their likes, dislikes, interests, hopes and expectations ▶ Acknowledging the person's strengths ▶ When you are with the person, speaking to them rather than speaking about them
Working with respect, compassion and empathy	▶ Being flexible to accommodate the needs of people who are upset, distressed or struggling ▶ Avoiding language that focuses on deficits, e.g. using the term 'areas for improvement' rather than 'problems' ▶ Listening to views that differ from your own
Collaborating with others to provide the best possible care	▶ Requesting support from other members of your team or a supervisor to implement a strategy ▶ Planning and implementing strategies in a multi-disciplinary team ▶ Pooling resources between organisations
Empowering the person and recognising them as the expert in their own life	▶ Using praise and encouragement in a meaningful and authentic way to enhance a person's confidence in an activity ▶ Giving people the opportunities to fail and make mistakes ▶ Trusting that the person knows what is best for them
Being led by the person, their choices and goals	▶ Respecting a person's decisions, even if you think they are risky ▶ Not imposing your values and beliefs on individuals ▶ Continuously working to involve the person in the decisions that are going to affect them

Example

Supporting person-centred outcomes

Pia provides home-based respite care to Radha, a 30-year-old woman with ASD who lives at home with her parents. Outside her immediate family, Radha has very few social interactions. Pia believes Radha should go out more and be more involved in social activities. When Pia discusses this with Radha, Radha says she wants to get a job so she can save money for her own place. Recognising that her role is to assist Radha to achieve her goals, Pia and Radha work together to develop a plan to help her find employment. Pia suggests that they discuss social interaction to help her prepare for the social demands of a job if she wants to at a later stage.

Practice task 5

Question 1

Which of the following statements about the needs of people with ASD are correct?

a. Some people need support to communicate complex needs and information, while others need help in everyday social interactions.   ✳ Yes   ✳ No

b. Following the instructions of an authority figure is a common area of difficulty for people with ASD.   ✳ Yes   ✳ No

c. A common area of need is motivation to learn about topics outside their specific interests.   ✳ Yes   ✳ No

d. When a person with ASD has a limited capacity to make sound judgments, there is no need to include them in the decisions that impact them.   ✳ Yes   ✳ No

e. Dealing with change is a common area that people with ASD may need support with.   ✳ Yes   ✳ No

Read the case study, then answer the questions that follows.

Case study

Casper is a youth worker running a group program for young people to enhance their employment-related skills. Jarrah is a 20-year-old man with ASD who attends the group regularly. Casper would like the group to participate in a role-play activity, but he knows Jarrah will be anxious about participating. He approaches Jarrah the week before and asks him if he will be participating in the role-play. Jarrah says he doesn't want to.

Question 2

Which of the following actions that Casper could take demonstrate a person-centred approach? Select all that apply.

☐ Explain to Jarrah he can't attend the program unless he participates in the role-play activity.

☐ Explain to Jarrah that he thinks participating in the role-play will help him deal with his social anxiety.

☐ Ask Jarrah to come up with an alternative activity so he can participate.

☐ Offer Jarrah a few other alternative activities to choose from apart from the role-play.

2B Responding to diagnostic assessment and varied learning styles

When someone is diagnosed with ASD, the level of severity of the condition is also identified.

You need to take this and other information into account when planning and implementing interventions and support strategies.

Understanding the techniques to motivate people with ASD to learn new skills will help to ensure the interventions and strategies you implement are effective and suit the person's preferred learning styles.

Alignment with level of severity

Consider the level of severity identified as part of the diagnostic assessment.

As explained in Topic 1, diagnosis of ASD incorporates a detailed assessment, including the level of severity of the condition, which indicates the level of support the person requires. The classification of these levels of severity are outlined in DSM-5.

The severity rating is given to the two key areas of difficulty: social communication and restricted, repetitive behaviour or interests. Each area may be given one of the following severity ratings:

▶ Level 1 – Requiring support

▶ Level 2 – Requiring substantial support

▶ Level 3 – Requiring very substantial support

There are no set guidelines for selecting or adapting interventions and support strategies to align with the level of severity. However, the level of severity may provide an indication of which interventions or strategies will be appropriate and/or effective to meet an individual's needs. Taking level of severity into account when planning interventions or strategies is part of a person-centred approach because you are respecting people's differences and abilities.

You can ask questions to help decide on interventions or strategies appropriate and/or effective to meet an individual's needs.

Questions to consider	Relevant information about levels of severity	Implications
Does the individual have any difficulties with verbal communication?	Levels 2 and 3 are associated with deficits in verbal communication.	Interventions and strategies that rely on verbal communication may not be appropriate or effective.

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.

For more information on various learning styles of people with ASD and how you can support these, go to:

▶ http://aspirelr.link/learning-strengths-asd

▶ http://aspirelr.link/autism-guide

▶ http://aspirelr.link/visual-supports-asd.

Visual schedules

Visual schedules are commonly used to support people with ASD.

These provide a visual outline of the steps involved in a specific task or activity. For example, a visual schedule might include a series of images, arranged in order, to demonstrate the steps involved in eating a meal together (e.g. an image showing the table being prepared, an image showing food being served and an image showing a stack of dirty dishes). Another visual schedule might show all the activities that are going to be undertaken in a single day, to illustrate and remind someone of what is happening (e.g. an image showing breakfast cereal in a bowl, an image showing someone getting dressed, an image showing a bus, etc.)

For more information about visual schedules, see: http://aspirelr.link/visual-schedule-asd.

Other interventions and strategies that are good for visual learners include:

▶ modelling a task or behaviour so the learner can see the sequence involved and the expected outcome

▶ social stories, such as comic strips that use cartoons to outline a sequence of events or behaviours

▶ using choice boards when rewarding someone for completing activities or tasks, such as a picture of a computer and a set of headphones so someone can choose between two rewards (i.e. computer time or music time).

People with ASD are also often very good at understanding and working with rules. Rules make it easier for people with ASD to understand cues and obligations that are otherwise typically unspoken, such as when a friend comes to the door, invite them into the house. They also provide a structure that people with ASD find easier to follow. A visual schedule can be used to outline a rule or a set of rules using images.

Motivators and de-motivators to learning

People with ASD may have difficulty focusing on tasks, which makes it challenging for them to learn new skills.

The nature of ASD means that some people will have restricted behaviours and interests, which makes it difficult to motivate them to learn new skills.

Suggestions for motivating people with ASD to learn

▶ Increase their physical participation in an activity; for example, ask them to role-play a social interaction.

▶ Use a task sheet that outlines all the steps they need to do to complete an activity, including a reward when the activity is completed, e.g. break time. The timing between the activity and the reward needs to be adjusted depending on the age and capacity of the individual, e.g. young children are likely to need a more immediate reward than older children.

▶ Use a timer such as an egg-timer or stop-watch to show someone how much time they need to spend on a task, rewarding them when the task is completed.

▶ Draw on their special interests by:
  – relating a task to a special interest, e.g. using freight trains as a way of explaining a transition process
  – giving the individual the opportunity to customise a task to their special interest, e.g. arranging food on the plate so it resembles a train
  – referring to their special interest, e.g. developing a child's conversational skills by asking them questions about trains.

Keep in mind that drawing on special interests may be a distraction to learning. It is important to ensure that using special interests is helping someone to stay focused and motivated. In some cases, it may be more effective to use a special interest as a reward for completing a task.

The following approaches are typically de-motivating for people with ASD:

▶ Using statements that tell people what not to do such as, 'Don't leave your friend at the door without inviting them in. Instead use 'if/then' statements such as, 'If you invite your friend into the house, it will make them feel welcome.'

▶ Using approaches that foster a feeling of failure or remind someone of past failures. Although failure is part of life, and building resilience, being reminded of failure damages self-esteem and encourages avoidant behaviour.

▶ Planning for successful outcomes at a distant point in time, rather than planning for successful outcomes in the short-term that build towards the attainment of a skill.

For more information on motivating children with ASD, go to: http://aspirelr.link/motivating-students-with-asd

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Example

Responding to individual needs

Julia is an educator at an out-of-school-hours care facility. Ray is a 10-year-old with ASD who attends the sessions five days a week. Julia is working with Ray to help him manage his anxiety. She wants to support Ray to recognise the physical signs of anxiety. Julia speaks with Ray's mother about the findings of his diagnostic assessment. Ray has Level 1 ASD.

Julia knows that Ray responds well to flowcharts, so she works with Ray to develop a flowchart illustrating what his anxiety feels like, the options for managing his anxiety and the potential outcome of those options.

Practice task 6

Question 1

Which of the following statements about the severity levels of autism spectrum disorder are correct? Select yes or no for each one.

a. An autistic person could have a Level 1 severity rating for social communication and a Level 2 severity rating for repetitive and restricted behaviours.   ✱ Yes   ✱ No

b. Every autistic person who is diagnosed as requiring substantial support with social communication will have the same communication needs and difficulties.   ✱ Yes   ✱ No

c. The DSM-5 provides guidelines for selecting or adapting interventions and support strategies to align with the level of severity.   ✱ Yes   ✱ No

d. When planning interventions and strategies for someone with autism, considering the level of severity of their autism demonstrates a person-centred approach.   ✱ Yes   ✱ No

Question 2

Which of the following are typically de-motivating for people with ASD? Select all that apply.

☐ Using statements that tell people what not to do

☐ Using a task sheet

☐ Using rewards

☐ Planning for successful outcomes at a distant point in time

Question 3

Which of the following statements about the learning styles of people with ASD are correct? Select yes or no for each one.

a. It generally takes people with ASD more time to learn new skills when compared to people without autism.   ✱ Yes   ✱ No

b. Many people with ASD are visual learners.   ✱ Yes   ✱ No

c. People with ASD are not good at understanding rules.   ✱ Yes   ✱ No

d. Drawing on a person's special interest can sometimes be a distraction to learning.   ✱ Yes   ✱ No

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

Evidence-based interventions are strategies that have proven effectiveness.

Some forms of evidence are more reliable ways to show whether an intervention or strategy will work or not. However, the methods by which that evidence is gathered are not always feasible in a community services context. One way of overcoming these challenges is to use a combination of different forms of evidence, also known as evidence-informed practice.

Non-evidence-based interventions and strategies may be ineffective and may even cause harm. Opinions, anecdotes and individual endorsements are not credible forms of evidence.

It is important that any intervention or strategy used is:

▶ Evidence-based – There is evidence to prove the effectiveness of the intervention.

▶ Measurable – The outcomes of the intervention can be measured.

Hierarchies of evidence

Hierarchies of evidence are used to categorise the most and least reliable forms of evidence.

According to the hierarchies of evidence, the most reliable form of evidence comes from randomised controlled trials. These use a randomised allocation to assign individuals to two or more groups, with each group receiving a different intervention. At least one group is the experimental group, while another group is the control. The control group provides a point of comparison.

In trials of prescription drugs, for example, control groups often receive a sugar pill (a placebo), whereas the experimental group receives the drug. When the trial is completed, the results from the control group are compared to the results from the experimental group and this demonstrates the effectiveness of the prescription drug, as opposed to the belief that the participants are receiving treatment.

In a traditional hierarchy of evidence, the most reliable are the studies that have evidence from randomised controlled trials. Less reliable are studies that use control groups, but do not use randomised allocation. Studies that don't use control groups or randomised allocation are considered the least reliable forms of evidence.

Aim to select the intervention or strategy that has the most reliable evidence to demonstrate its effectiveness.

In the area of community services, however, there are challenges and ethical problems associated with using this approach when working with people.

Ethical considerations	It would be unethical to use randomised allocation to trial an intervention of a person or group of people. As a result, there may be a lack of 'gold standard' evidence to demonstrate the effectiveness of an intervention or strategy to meet a specific need.
Cost and time	Randomised controlled trials can be costly to run and take a long time to complete, which means there are often gaps in the evidence. In many areas, there haven't been any randomised controlled trials undertaken to determine which intervention is most effective.
Conflicting conclusions	Even when a randomised controlled trial has been used to determine the effectiveness of an intervention, the conclusions can be contradictory; one group of researchers may argue that the results show the intervention is effective, whereas another may argue they do not.

Sources: Centre for Community Child Health, *Policy Brief*, 'Evidence-based practice and practice-based evidence: What does it all mean?' (Issue 21, 2011): https://ww2.rch.org.au and Life Without Barriers, *Evidence-informed Strategy*: https://www.lwb.org.au

Evidence-based practice

Evidence-based practice considers a combination of different forms of evidence to determine the effectiveness of an intervention.

Evidence-based practice relies on three forms of evidence:
▶ **Best scientific evidence:**
The findings from multiple randomised controlled trials or the next most reliable form of evidence according to the hierarchy of evidence
▶ **Practice wisdom:**
The skills and expertise of practitioners regarding what is most effective
▶ **The preferences:**
Attitudes and values of the people who are receiving the intervention.

In evidence-based practice, practitioners use a decision-making process that combines all three forms of evidence to select and implement an intervention that is most likely to bring about the desired outcomes for the person.

Rather than selecting the intervention that has been shown through research to be effective, the skills and knowledge of practitioners, as well as the values and preferences of the people they are working with (or their family or carers) are used to select an intervention that will have the best outcome for the person.

An evidence-informed process uses the best available research evidence to determine the approach that is likely to be most effective. In this way, an evidence-informed process is basically an evidence-based approach with some add-on features.

Sources: Centre for Community Child Health, *Policy Brief*, 'Evidence-based practice and practice-based evidence: What does it all mean?' (Issue 21, 2011): https://ww2.rch.org.au and Life Without Barriers, *Evidence-informed Strategy*: https://www.lwb.org.au

Non-evidence-based interventions and supports

There are many interventions and support strategies that claim to be effective at meeting the needs of people with ASD.

However, few of these interventions and supports are evidence-based. A non-evidence-based intervention or support has no credible scientific evidence to demonstrate its effectiveness.

Experts warn practitioners and parents to beware of interventions that are not evidence-based. These interventions may be ineffective, and therefore a waste of time, money and energy for the person receiving the intervention, as well as the professionals and carers who assist with its implementation. At worst, a non-evidence-based intervention can cause harm.

Determining whether an intervention or support is evidence-based can be difficult. Although evidence may be provided to support an intervention, the quality of that evidence may be poor. The Raising Children Network notes that the following are not credible forms of evidence:

▶ personal testimonies

▶ claims by an 'authority figure'

▶ the opinion of a group of professionals.

Further information about the difference between evidence-based and non-evidence-based interventions and supports can be found here:

▶ http://aspirelr.link/testing-interventions-asd

▶ http://aspirelr.link/evidence-based-versus-non-evidence-based

▶ http://aspirelr.link/non-evidence-based-treatments.

Selecting an evidence-based intervention or support strategy

There is no single form of support, intervention or service that can meet the needs of every person with ASD.

The process used for selecting an evidence-based intervention or support will depend on your organisation's policies and procedures as well as your job role.

For example, your organisation may strongly encourage the use of a traditional hierarchy of evidence to determine which interventions or support strategies are implemented. Another common practice uses a combination of best scientific evidence, practice wisdom and the preferences of the person to select interventions or strategies best suited to their needs.

Techniques, strategies and interventions

Evidence-based interventions and strategies can be organised according to three categories: techniques, strategies and interventions.

Techniques	Discrete activities that can be delivered in everyday settings by a range of professionals
Strategies	Generic multi-session support activities that are facilitated by professionals from a range of backgrounds
Interventions	Specialised programs that require intervention-specific training and/or specific professional qualifications (e.g. psychology, speech pathology)

The following provides some examples of techniques, strategies and interventions you could use for a person with ASD. Before you use one of these supports, you may need to check and confirm with your supervisor or colleagues about whether that support is appropriate and feasible in your workplace and with your clients. For example, some interventions and strategies are only effective or appropriate for certain groups, such as young children or people who don't have an intellectual disability.

Type	Name of support	Purpose	Description
Technique	Visual support	Communicate information and help individuals manage change and transitions	Using pictures, objects or symbols to communicate information to someone
	Prompting	Encourage an individual to perform a behaviour	Using a cue or a hint to help a person perform a desired behaviour
	Fading	Build an individual's capacity to perform a behaviour independently	Related to prompting, fading involves gradually reducing the need or strength of a prompt
	Modelling	Encourage the acquisition of a specific behaviour	Modelling a specific behaviour that a learner then imitates
	Incidental teaching	Improve skills for daily living and communication	Using naturally occurring opportunities to teach skills (e.g. shopping at the supermarket and travelling on the train)

Type	Name of support	Purpose	Description
Strategy	Social skills training	Develop individuals' social skills	Using a range of activities to teach skills, such as: ▶ training to read non-verbal cues ▶ understanding social rules ▶ learning appropriate boundaries ▶ preparing for specific encounters
	Social groups	Provide opportunities for people with the same or a similar diagnosis to participate in leisure and social activities	Groups that aim for participating in social activities (as opposed to those that aim to build social skills)
	Behaviour support plans	Address behaviours of concern and enhance quality of life	An adjustable plan that is developed through shared discussion that supports staff to assist a person to behave appropriately
Intervention	Applied behaviour analysis (ABA)	Improve social, communication, academic and life skills, and reduce difficult behaviour	Using a range of strategies and techniques to comprehend and change behaviour
	Positive behaviour support (PBS)	Improve social, communication, life skills and quality of life	Identifying the factors that predict and maintain problem behaviour and developing an individualised support plan to adjust the learning environment and expand existing behaviours
	Cognitive behavioural therapy (CBT)	Treat problematic thoughts and behaviours, including anxiety, a common co-existing condition of ASD	Helping individuals identify and change problematic thoughts and develop useful strategies

Source: Research Autism, 'Types of autism interventions, treatments and therapies': http://www.researchautism.net

Here are examples of reliable and trustworthy online resources that provide information about these and other interventions and strategies:

▶ The Raising Children Network: http://aspirelr.link/asd-therapies-guide

▶ Research Autism: http://aspirelr.link/asd-interventions-treatments-therapies

Developing independence

Developing the skills to live independently can be challenging for some autistic people.

The challenges that autistic people face can make it difficult for them to become independent. These challenges are not only related to the nature of the condition (such as difficulties with social communication and transitions), but also to society in general, which is typically not set up to accommodate people with diverse abilities.

Techniques, strategies and interventions that promote independence are especially relevant to teenagers and young people with ASD who may struggle with the transition into adulthood.

Various techniques, strategies and interventions can be used to help autistic children, teenagers and adults develop the skills they need to become independent. For example, strategies can help people with ASD to:

▶ develop social skills, which can lead to friendships and reduced reliance on family members for support

▶ develop their language skills and communicate in everyday environments (e.g. supermarkets, public transport), which will help them to develop daily living skills (e.g. paying for items, shopping for food and getting to school)

▶ change challenging behaviours, which will make it easier for them to adapt to and succeed in school, social and work environments.

The following table lists other techniques, strategies and interventions that may be especially useful for supporting people with autism to become more independent.

Type	Name of support	Description	Relationship to independence
Technique	Self-management technique	Teaching individuals to monitor and regulate their own behaviour	Can assist people with challenging behaviour to become more independent, self-reliant and responsible for their behaviour
	Transition plan	A plan that is developed in consultation with relevant support people outlining how to help an individual cope with change or a transition	Some people with autism require support to make transitions necessary for developing independence (e.g. primary school to secondary school)

Type	Name of support	Description	Relationship to independence
Strategy	Volunteer and work opportunities (for teenagers)	Volunteering and part-time employment that aligns with someone's interests can help to build skills such as cooperation and punctuality	Helps prepare teenagers with autism for the workforce and identify potential job opportunities after they leave school
	Mentoring	A relationship whereby a more experienced or knowledgeable person provides someone with regular advice, guidance, support and encouragement	Can help teenagers and young adults become more independent by mentoring them during a process, such as job searching
Intervention	Individual counselling	A collaboration between a qualified counsellor and an individual to promote health, wellbeing and self-awareness, and to address concerns	Can help people develop the skills they need to become more independent, such as dealing with transitions
	Structured teaching (school-based)	An instructional strategy that involves attention to the physical structure of a classroom, schedules and task information	Reduces the need for teacher correction and helps children use the skills they learn in the classroom in other settings

Source: K. Hume, R. Loftin, J. Lantz (2009), *Journal of Autism and Developmental Disorders*, 'Increasing independence in autism spectrum disorders: A review of three focused interventions'

For more information on transition plans, volunteering and employment for teenagers with ASD, go to:

▶ http://aspirelr.link/teens-with-asd

▶ http://aspirelr.link/volunteering-employment-teens-with-asd.

Prompting and fading techniques

Prompting and fading are very common techniques used to teach people new skills.

Prompting and fading can be used to teach a person with ASD from any age group. Prompts are cues or instructions to teach someone a new skill.

Type of prompt	Example
Gestures	Pointing to toothpaste to remind someone to put it on their toothbrush
Verbal cues	Providing a verbal instruction such as, 'Put toothpaste on the toothbrush.'

Type of prompt	Example
Visual cues	Using images or symbols to indicate the steps involved in brushing teeth
Physical cues	Putting the toothpaste on the toothbrush and handing it to the person

Fading is the process of reducing the support provided as the individual develops their capacity to undertake the skill independently.

Prompts are categorised according to their level of intrusiveness. At the top of the hierarchy is the least intrusive prompt (proximity control) and at the bottom the most intrusive prompt (physical).

Type of prompt	Description
Proximity control	Coming closer to the individual to help them become aware of their behaviour, e.g. a teacher approaches a student's desk when they are talking to remind the student to listen
Verbal cue	Providing verbal information, including prompting someone to use particular words
Visual cue	Using pictures, photos or text to remind someone about a task
Gesture	Simple gestural prompts (e.g. pointing, nodding) that direct someone to what they need to do or where they need to go
Modelling	Demonstrating a skill to someone
Physical cue	Physical assistance with a task, including: ▶ partial physical assistance, e.g. touching someone's wrist or elbow to remind them to do something ▶ full physical assistance, e.g. holding a child's hand when they're using scissors to help them cut

Verbal prompts may be less effective for people with ASD because many people with the condition have difficulties with verbal processing. For these individuals, modelling is likely to be a more effective prompt because it aligns with a visual rather than auditory style of learning.

When using a prompting/fading technique, individual reactions to different forms of prompts need to be observed. For example, some people may respond negatively to physical prompts.

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.

Implementing supports and strategies

Some interventions will require a structured approach to implementation.

For example, a multi-session intervention might require the use of a manual that clearly sets out what to do during each session. Interventions that require a manual are often referred to as 'manualised programs'.

Other interventions, such as evidence-based techniques, do not require a manual. However, when using them for the first time, you may need support from a colleague or supervisor to implement them appropriately.

Although the process used to implement an intervention or strategy depends on a range of variables, there are three important issues to consider in terms of implementation.

Fidelity

An intervention or strategy will not be effective if isn't implemented correctly. It is important to implement an intervention with fidelity, i.e. as it was intended. This is most relevant to evidence-based interventions (rather than evidence-based techniques and strategies), which typically have essential elements that cannot be modified.

For example, a 12-week intervention for children aged 11–13 with ASD may have been shown to be effective for managing anxiety via multiple randomised controlled trials, but if the intervention is delivered in 10 weeks with children aged 15–17 it may not be as effective, or may be entirely ineffective.

Factors that make implementation successful

A range of factors will ensure the implementation of an intervention or support strategy will be successful. Similarly, a range of factors may make implementation difficult. It is important to consider these factors prior to implementation as they can help guide you regarding which intervention or support strategy will be best for the person you are working with and in the setting where you work.

Factors that are important for ensuring successful implementation include:

▶ approval from senior staff to use the intervention or support strategy

▶ adequate funds to pay for the intervention or strategy

▶ adequate training has been provided to ensure the intervention or strategy is implemented correctly

▶ adequate time is available to implement the intervention or strategy.

How strategies are implemented

How you implement an intervention or support strategy is just as important as what intervention or support strategy you implement.

Principles such as respect, trust, partnership and focusing on strengths have been shown to help strengthen relationships between professionals and people they support, which enhances engagement and participation in interventions and strategies.

Maintenance and generalisation

Consider how you can support individuals to maintain the skills you teach them and learn how to perform those skills in different conditions (generalisation).

This can be difficult for people with autism – without reinforcement from another person, people with ASD may not be able to adapt the skills they learn to different environments and may find it difficult to maintain those skills over time.

The prompting/fading technique is an example of a strategy that incorporates maintenance. By gradually fading a technique, you are ensuring the individual is applying what has been learnt without the need for prompting.

You can generalise the skills you teach by using them in a 'real world' context. For example, rather than teaching the unspoken rules of conversation one on one, it may be better to teach those skills in a group where people can role-play conversations with each other.

Sources: Australian Institute of Family Studies, 'Implementation in action': https://aifs.gov.au and Berry Street, 'Strengthening evidence use in practice: An evidence-informed decision-making framework': https://learning.berrystreet.org.au

Example

Choosing appropriate interventions and support strategies

Lila is a respite care worker who provides support to Danny, an eight-year-old girl with ASD. Danny has difficulties sitting at the dinner table to eat and both Lila and Danny's parents need a strategy to help Danny build this important skill.

Lila speaks with her colleagues about the strategies they have tried that have proved effective in similar circumstances, as well as strategies that have the best evidence to support their effectiveness. She also talks with Danny's parents about what strategies they think would be effective and appropriate.

Lila decides on the technique of prompting and fading. The technique is evidence-based, reflects Danny's parents' values and preferences and, based on the knowledge of the other professionals Lila works with, is likely to be effective.

Practice task 7

Question 1

Which of the following is correct in relation to an evidence-based intervention?

☐ It can be measured

☐ It has evidence that proves its effectiveness

☐ It has been endorsed by an expert

☐ It that has been trialled using a randomised controlled trial

Question 2

Which of the following are reasons why experts in ASD warn against the use of non-evidence-based interventions? Select all that apply.

☐ They are ineffective

☐ They are often a waste of time and can be costly

☐ They can cause harm

☐ They are too difficult to implement

Question 3

Prompts are categorised from the least to the most intrusive. Number each of the prompts from 1 to 6 where 1 is the least intrusive and 6 is the most intrusive.

☐ Gestures

☐ Verbal cues

☐ Physical cues

☐ Proximity control

☐ Visual cues

☐ Modelling

Summary

- ▶ People with ASD have common needs for support, such as support with communication, social skills and behaviour.
- ▶ Follow the principles of person-centred practice when working with a person with ASD.
- ▶ Consider the level of severity of an individual's autism to assist with identifying an intervention or support that will effectively meet their needs.
- ▶ A preference for a visual learning style is common among people with ASD.
- ▶ Although many interventions and strategies have been claimed to help people with autism, many of these are not based on credible scientific evidence.
- ▶ Evidence-based interventions and strategies have been demonstrated to be effective through scientific evidence.
- ▶ Evidence-based practice help to identify the most effective intervention/strategy by combining best scientific evidence with practice wisdom and client values and preferences.

Learning checkpoint 2
Responding to the needs of individuals with autism spectrum disorder

Part A

1. Which of the following statements about responding effectively to the needs of individuals with autism spectrum disorder are correct? Select yes or no for each one.

   a. When identifying a client's goals, person-centred practice helps you demonstrate your skills as a professional and build a relationship of trust and respect with the client.   ✳ Yes   ✳ No

   b. Modelling is a strategy that suits a person with a visual learning style.   ✳ Yes   ✳ No

   c. Standard guidelines are used to select interventions for people with ASD that match the severity of their symptoms.   ✳ Yes   ✳ No

   d. Most interventions and strategies for people with ASD are backed by credible scientific evidence that prove their effectiveness.   ✳ Yes   ✳ No

   e. Fidelity is the process of ensuring a client understands what an intervention involves.   ✳ Yes   ✳ No

   f. When using the prompting/fading technique, it is important to fade as soon as possible so the person doesn't become dependent on the prompt.   ✳ Yes   ✳ No

   g. Using statements that tell people with ASD what not to do are de-motivators when they are learning a new skill.   ✳ Yes   ✳ No

2. Which of the following are components of evidence-based practice? Select all that apply.

   ☐ Best scientific evidence

   ☐ Anecdotal evidence

   ☐ Expert opinion

   ☐ Practice wisdom

   ☐ Client values and preferences

3. Which of the following are examples of ways to fade a prompt? Select all that apply.

☐ Use a less intensive prompt

☐ Increase the time before prompting

☐ Encourage the person to do another task

☐ Increase personal distance

☐ Set the individual a homework task

4. Which of the following are principles of person-centred practice? Select all that apply.

☐ Treating the person, not focusing on perceived problems

☐ Maintaining confidentiality

☐ Collaborating with other individuals or services to provide the best possible care

☐ Monitoring outcomes

☐ Being led by the person, their choices and goals

5. Which of the following statements about maintenance and generalisation are correct? Select yes or no for each one.

a. The prompting/fading technique is an example of a strategy that incorporates generalisation.   ✳ Yes   ✳ No

b. When you fade a technique, you are helping a person apply what they have learnt without the need for reinforcement.   ✳ Yes   ✳ No

c. People with autism typically find it easy to adapt the skills they learn to different environments.   ✳ Yes   ✳ No

d. Generalisation means teaching and using skills in everyday real-world environments.   ✳ Yes   ✳ No

Part B

Read the case study, then answer the questions that follow.

Case study

Yuki is a support worker at a residential care facility for teenagers who cannot live with their parents. Brodie is a 16-year-old resident at the facility who has ASD. He is being excluded from group activities at the facility because he has difficulties with social interaction. Brodie tells Yuki he wants to learn how to make friends. Yuki agrees to work with Brodie to achieve this goal.

1. Identify **two** factors that Yuki should consider so that she responds effectively to Brodie's needs.

2. Yuki decides to use a prompting/fading technique to help Brodie learn about non-verbal cues in social interaction. Which of the following are key steps that Yuki needs to include when she is implementing the prompting/fading technique?

   ☐ Determine the type of prompt that Brodie needs

   ☐ Start to fade the prompt once Brodie has begun to demonstrate the new behaviour or skill

   ☐ Follow the manual of prompting and fading

   ☐ Reinforce the behaviour and use a higher level of reinforcement when Brodie demonstrates the behaviour without a prompt

3. In addition to Yuki's support, Brodie starts attending a group program for young people with ASD who want to enhance their social skills. The facilitator of the group notices that Brodie and other group members sometimes finds it hard to maintain focus during the group program activities.

   What **two** things can the facilitator do to motivate Brodie and the other group members?

4. Some of the parents of the young people attending the group support program
    have contacted the facilitator to ask her for advice on how to help their children
    become more independent as they transition from secondary school into the world
    of work.

    Briefly describe **two** techniques, strategies or interventions that the facilitator can
    tell these parents about that can help children and teenagers with ASD become
    more independent.
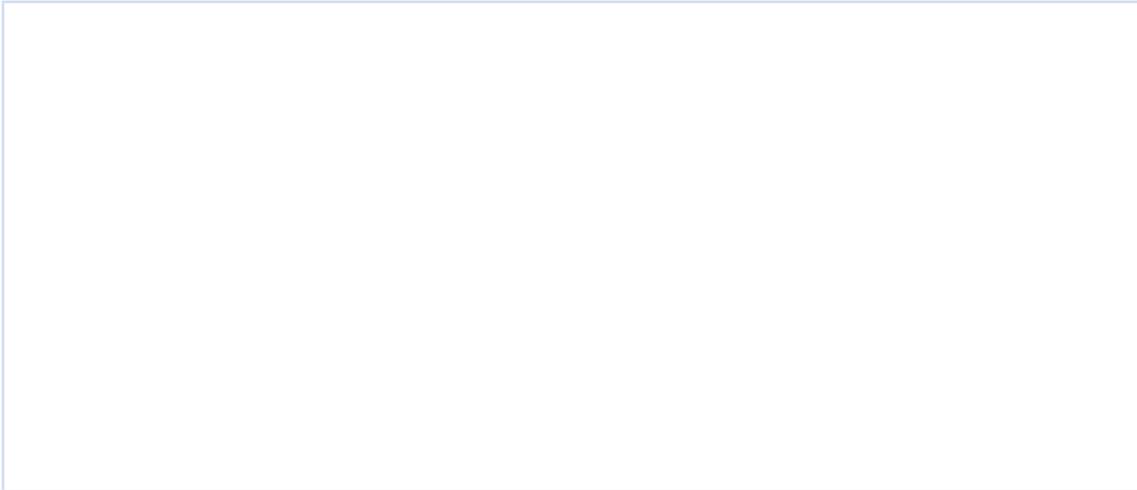
Topic 3

In this topic you will learn about:

3A Undertaking support activities according to organisational requirements

....

3B Conducting work according to professional standards

....

Following a legal and ethical framework and professional standards

The work undertaken by staff in the community services sector is subject to a range of legislative and statutory requirements.

It is also informed and underpinned by the values, principles and professional standards of the sector and the organisation where you are employed.

Legal and ethical frameworks and standards ensure that people with autism who are using services are safe and treated fairly with compassion and dignity. These requirements protect you as an employee, and provide you with a structure to guide your work practices.

3A Undertaking support activities according to organisational requirements

Your organisation's values and philosophies are core principles you should abide by.

The community services sector is made up of workers from a range of areas and professions. As such, the people you work with will represent diverse cultural and social backgrounds and age groups, as well as presenting with various strengths and challenges.

Values and philosophies

As a worker providing support, you must work in a way that reflects the underpinning values and philosophies of your sector or organisation.

Here are some examples of value and philosophy statements, and how they may be implemented in an organisation.

Value/ philosophy	Statement	Examples of how to implement
Equality	Every person has equal opportunity to make the most of their lives and capabilities, regardless of where they come from, where they were born, their beliefs or their disability.	▶ Provide a range of activities to meet the needs of people with differing abilities. ▶ Ensure activities are physically accessible for people with mobility issues. ▶ Adapt a program to account for the cultural beliefs of a person, family or community.
Respect	Value and be responsive to people's views, choices, perspectives and experiences.	▶ Actively listen to someone. ▶ Give someone the opportunity to express their concerns. ▶ Respect diverse views.
Compassion	Be sensitive to the challenges people face, and be willing to help them and promote their wellbeing.	▶ Give someone a second chance. ▶ Go the extra mile for someone who needs support.
Partnership and collaboration	Work together and make shared decisions (with clients and other professionals) to bring about the best possible outcomes for clients and communities.	▶ Work with a person with autism to identify their goals. ▶ Collaborate with professionals from different agencies to plan and deliver an activity. ▶ Use organisational resources, such as staff and facilities, to deliver support activities.

| Value/ philosophy	Statement	Examples of how to implement
Empowerment	Build on people's strengths and enhance their ability to solve problems for themselves.	▶ Recognise and encourage a person's strengths. ▶ Work with the person to develop their problem-solving skills.
Privacy and confidentiality	Respect the privacy and confidentiality of clients and colleagues, and adhere to privacy legislation.	▶ Avoid sharing a client's personal information with other agencies without their consent. ▶ Make sure personal information about clients is stored correctly.
Flexibility	Be flexible in order to meet the diverse and changing needs, circumstances, values and preferences of clients and communities.	▶ Run activities on the weekend to accommodate clients who work during business hours. ▶ Adapt a program session to accommodate a client who is experiencing a crisis.
Quality	Provide a high standard of service to clients, including effective practices and programs, and adequately trained staff.	▶ Deliver support activities in the way they were intended. ▶ Monitor and evaluate support activities with the aim of improving activities to better meet the needs of people with ASD.
Cultural competency	Understand, communicate and effectively interact across cultures, incorporating competency: ▶ among individual professionals working in the sector ▶ within organisations in the sector ▶ within the overall system.	▶ Adapt an activity to meet the needs and preferences of a community. ▶ Help the organisation to embed culturally appropriate practices in its policies and standards. ▶ Ensure cultural competency principles are embedded in governmental policy.

In practice, many of these values and philosophies overlap. For example:

▶ a worker adapting a program session in order to meet the needs of a person in crisis is demonstrating flexibility and compassion

▶ working with a person with ASD to identify their self-defined goals represents the values of respect, empowerment, partnership and collaboration.

Example

Working according to values and philosophies

Hamid works in a mental health service. He has been working with Jodie, a 24-year-old mother of two, who has ASD as well as a mental health issue. Hamid and Jodie are working together on a parenting program to help Jodie improve her parenting skills. When Jodie turns up to the third session of the program, Hamid can tell she is distraught. Jodie tells Hamid that her partner, Sophie, is leaving her and plans on taking the children with her. Hamid decides to put the program aside and makes Jodie a cup of tea. They talk further until Jodie is ready to complete a small task as part of the program. Hamid and Jodie then make a plan so that Jodie can catch up on the remaining tasks during their next session together.
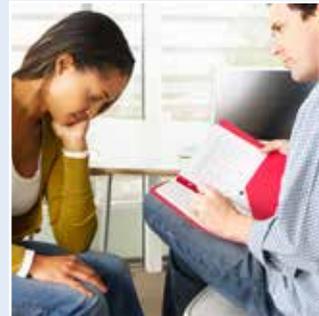
This aligns to the following values and philosophies:

▶ Compassion: Hamid was sensitive to Jodie's challenges.

▶ Respect: Hamid actively listened to Jodie's issues and responded with sensitivity.

▶ Flexibility: Hamid decided to put his program aside for the time being to accommodate Jodie's needs.

Organisational policies and procedures

Organisational policies and procedures differ from sector values and principles because they are developed by and specific to individual organisations.

Organisational policies and procedures demonstrate how the values and principles of the organisation are implemented in everyday work. They also ensure that the work undertaken by the organisation aligns with legal requirements and outlines the specific requirements, processes and rules of that organisation. Policies, which are aligned to legislation, often include procedures that outline how to follow legal requirements.

Organisational policies and procedures generally cover the following areas.

Diversity and inclusion	Policies on working with people from diverse backgrounds
Complaints and disputes	Procedures on how to support people who are dissatisfied or who want to make a complaint about the service or organisation
Health and safety	Policies and procedures to ensure employees and clients remain safe
Privacy and confidentiality	Policies for protecting the personal and sensitive information of clients and the organisation
Delegation	Processes for delegating a task to others if it is beyond your job description and training, or you are overloaded
Critical incident	Procedures for circumstances and events that pose potential harm to a staff member or client
Referral	Processes for referring clients to other agencies or services

Professional standards and guidelines

The Australian Community Workers Association (ACWA) outlines guidelines for professionals working in the community services sector.

Guideline	Description
Ethical practice	Working in accordance with a code of ethics and in alignment with the principles of individual worth and social inclusion
Provision of service and supports	Professional practice is based on the theory of community work and the fundamental human right of people to access appropriate services and support
Confidentiality in the workplace	Understanding and complying with legislation and guidelines that provide for the confidentiality and privacy of service users, colleagues and employers
The regulatory framework	Understanding the frameworks that impact on service provision or the service users they work with
Diversity	Understanding and being sensitive to diversity, and complying with relevant legislation
The workplace	Treating the workplace with respect and taking responsibility to ensure a productive, healthy and safe environment for colleagues and service users
Professional development	Undertaking professional development throughout your career to ensure your knowledge remains current and informs everyday practice
Professional standing	Practising with integrity and not engaging in behaviour that brings the profession or other practitioners into disrepute

For more information on the ACWA guidelines, see: http://aspirelr.link/acwaguidelines.

For more information about the ACWA Code of Ethics see: http://aspirelr.link/acwa-code-of-ethics.

Additional standards

In addition to sector standards, there may be other professional standards you need to follow.

These include:

▶ standards of your organisation or agency (usually outlined in a policy and procedures manual)
▶ standards of your profession, e.g. standards for social workers
▶ standards relating to the type of services you provide, e.g. disability services, out-of-home care or education support.

The following are examples of professional standards that may apply to you:

▶ Australian Association of Social Workers Practice Standards:
  http://aspirelr.link/aasw-practice-standards

▶ The National Standards for Disability Services:
  http://aspirelr.link/national-standards-disability-services

▶ National Standards for Out-of-Home Care:
  http://aspirelr.link/national-standards-out-of-home-care

Example

Working according to professional standards

Rachel and Mina work together in a small open-plan office offering disability support to people with high needs. Rachel regularly approaches Mina's desk to talk about issues that have nothing to do with work, such as her plans for the weekend or her husband's family. Rachel is often loud and inconsiderate of the people who sit near Mina, and Mina's own work is starting to suffer.

Out of respect for her colleagues, and wanting to ensure a productive workplace, Mina takes Rachel aside at lunchtime and asks her if she would be able to discuss subjects that are not related to work with her outside work hours so they are not distracting their colleagues and Mina can focus on her work.

Professional responsibilities

The capacity of an organisation to provide suitable services will depend on the skills and expertise of its staff.

You need to understand how each policy relates to your role and responsibilities. For example, your specific work tasks in an organisation may determine which organisational policies are relevant to you.

Position descriptions are useful documents that describe the roles and responsibilities of every employee in an organisation. These documents include the job title, duties and responsibilities of the job, how performance on the job will be measured, reporting lines, and knowledge and skills required for the role. They often list relevant policies and procedures necessary for the person to perform their job.

If you don't know how to access policies or how they relate to your specific role and responsibilities, you will need to ask someone to help you locate and/or interpret them.

Example

Identifying organisational policies

Jolene works as a financial counsellor in a large welfare organisation. One of her clients wants to make a complaint about another financial counsellor she has spoken with at Jolene's organisation. Although Jolene was briefed on organisational policy a couple of years ago, she is not confident she remembers the details of the complaints procedure. She doesn't know if it's her responsibility to record and register the complaint, or if she is supposed to refer it to someone else within the organisation. Jolene checks in with her supervisor to clarify what her responsibilities are, according to organisational policies.

Practice task 8

Part A

Question 1

Eli provides support to families who care for children with ASD. Match each of the values and philosophies on the left to Eli's actions on the right.

* Flexibility

* Partnership and collaboration

* Empowerment

* Quality

* Eli's organisation conducts a survey with the families to find out what they can do to better to meet clients' needs.

* Eli shows a client how to use an app on her phone to plan her journey to visit a friend.

* Joyce is late for her appointment with Eli. Eli switches around his meeting so his appointment with Joyce can still go ahead.

* Eli works with a professional from a refugee service to deliver a workshop to non-English-speaking parents of children with ASD.

Part B

Read the case study, then answer the questions that follow.

Case study

Budi is a regular attendee at a group program facilitated by two social workers, Jasmine and Kent. Budi is upset because he feels Kent was rude to him in a previous session. Budi approaches Jasmine to talk to her about what upset him. Jasmine actively listens to Budi, giving him the opportunity to voice his concerns.

Question 1

Which values and philosophies is Jasmine demonstrating in her interaction with Budi? Select all that apply.

☐ Cultural competency

☐ Flexibility

☐ Respect

☐ Equality

☐ Compassion

Question 2

Which of the following statements in relation to policies and standards are correct? Select yes or no for each one.

a. Organisational policies outline the specific requirements, processes and rules of an organisation.   ✱ Yes   ✱ No

b. Organisational policies are the same as legislation.   ✱ Yes   ✱ No

c. It is the responsibility of staff members to become familiar with their organisational policies and procedures.   ✱ Yes   ✱ No

d. Position descriptions outline a person's role and responsibilities, and refer to policies and procedures necessary to perform the job.   ✱ Yes   ✱ No

e. Legal and ethical standards ensure that people are safe, and treated fairly with compassion and dignity.   ✱ Yes   ✱ No

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.

The key issue when considering the legal and ethical considerations of dignity of risk is to determine what is an acceptable level of risk for the benefit that the activity offers. These questions should be discussed with the person and their families or carers:

▶ What are the potential risks?

▶ What are the potential benefits?

▶ How can the risks be reduced without reducing the benefits?

Human rights

Human rights are based on the principles of equality and respect.

Human rights acknowledge the value of every person, regardless of background, appearance, thoughts or beliefs.

These rights are about being treated fairly, treating others fairly and having the ability to make genuine choices. They allow every person to contribute to society and feel included. Human rights are reflected in the values and principles of organisations in the community services sector.

The Australian Government supports and respects many of the Universal Declaration of Human Rights developed by the United Nations. These include:

▶ Convention on the Elimination of All Forms of Racial Discrimination

▶ Convention on the Elimination of All Forms of Discrimination against Women

▶ Convention on the Rights of the Child

▶ Convention on the Rights of Persons with Disabilities

In addition, human rights principles are enshrined in a range of Australian laws. For example, equal opportunity and anti-discrimination legislation is designed to ensure that people are not discriminated against based on their age, sexuality, gender, race, ability or religion.

Here are some of the basic human rights that all people are entitled to.

Basic human rights
▶ Free speech
▶ Life
▶ Freedom from torture and other inhumane treatment
▶ Justice and a fair trial
▶ Religious freedom
▶ Freedom from discrimination and abuse
▶ Adequate standard of living, education and health
▶ A family
▶ To participate in the community

Human rights are integrated into work practices, procedures and policies in the following ways.

Practices	The workplace should inherently support individuals' human rights and needs. Workplace practices will observe the right to dignity, privacy, security and safety.
Policies	Policies explain how to implement practices. For example, anti-discrimination policies ensure all individuals are treated equally and fairly.
Procedures	Workplace procedures are step-by-step instructions that underpin policies. For example, health and safety procedures ensure people remain safe.

Disability Discrimination Act

The Disability Discrimination Act 1992 (Cth) (DDA) states that people with disability must be treated equally before the law.

The DDA defines disability as:

- total or partial loss of a person's bodily or mental functions
- total or partial loss of part of the body
- the presence in the body of organisms causing or capable of causing disease or illness
- the malfunction, malformation or disfigurement of part of the person's body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour.

It includes a disability that:

- presently exists
- previously existed but no longer exists
- may exist in the future (such as having a genetic predisposition to that disability)
- is imputed or attributed to a person.

The DDA aims to ensure that people with disability have the same fundamental rights as the rest of the community.

Discrimination

Discrimination can occur in many different areas and contexts.

The following areas of a person's life are covered by the DDA:

- employment, such as applying for a job or a promotion
- education, such as enrolling in a school or university
- access to premises, such as accessing libraries, hospitals and government offices
- provision of goods, services and facilities, such as buying goods or services from a business
- accommodation, such as renting a house or apartment
- buying land, such as buying a house

▶ activities of clubs and associations, such as entering or joining a registered club

▶ sport, such as competing in a sporting activity

▶ administration of Commonwealth Government laws and programs, such as seeking information from government entities and voting.

The following provides descriptions of key terms from the DDA that affects both employers and employees in a workplace.

Term	Description
Direct discrimination	It is unlawful to discriminate against a person on the grounds of the person's disability. A person with a disability cannot be treated less favourably than a person without a disability would be treated in the same circumstances.
Indirect discrimination	Indirect discrimination occurs when there is an unreasonable rule or policy that is the same for everyone, but has an unfair effect on people who share a particular attribute such as a disability. For example, if the only way to enter a public building is by a set of stairs, this indirectly discriminates against people who use wheelchairs as they would be unable to enter the building.

For a brief guide to the Disability Discrimination Act see: http://aspirelr.link/dda-guide.

The table below lists some of the forms of discrimination that are unlawful in Australia and the laws against these forms of discrimination.

Forms of discrimination	Acts
Discrimination based on age	*Age Discrimination Act 2004 (Cth)*
Discrimination based on disability	*Disability Discrimination Act 1992 (Cth)*
Discrimination based on race, national or ethnic origin or immigrant status	*Racial Discrimination Act 1975 (Cth)*
Discrimination based on sex, pregnancy, marital or relationship status, family responsibilities or breastfeeding status	*Sexual Discrimination Act 1984 (Cth)* *Equal Opportunity for Women in the Workplace Act 1999 (Cth)*

Privacy, confidentially and disclosure

In Australia information collected about individuals is regulated by the Privacy Act 1988 (Cth).

The Act outlines the legal requirements of agencies and organisations for handling personal information, including how that information is:

▶ collected

▶ used

▶ disclosed

▶ stored.

Privacy	Privacy means freedom from intrusion and embarrassment. It relates to all information and practice that is personal or sensitive in nature to an individual.
Confidentiality	Confidentiality is about data or information (both verbal and written). It refers to managing access to private information. Confidentiality restricts an individual or organisation from using, storing and disclosing information about a person that is outside the scope (purpose) for which the information was collected.
Disclosure	Disclosure is the act of sharing or releasing private or personal information with another person or making that information public. Examples of disclosure include accidentally emailing someone's personal information to an unintended recipient and publishing someone's personal information online.

Within the Act, a higher level of protection is given to 'sensitive information', such as information about religious affiliation, sexual orientation and criminal records.

In addition to the Commonwealth law regarding privacy, most Australian states and territories have their own privacy legislation.

Any organisation subject to Commonwealth privacy law must have a privacy policy that is clearly written and up to date. It must be available to staff and may be included in organisational policies or displayed in a public area, e.g. a poster in an office.

Collecting and using personal information

Organisations in the community services sector often require clients to provide them with personal information.

This information can be obtained in numerous ways, including during a face-to-face interview, over the phone or in documents provided by the client or a third party.

Information you may need to request from a person with ASD

▶ Personal information – This includes a person's name, address, contact details (such as phone number or email address), date of birth and gender.

▶ Sensitive information – This is a special category of personal information and is subject to stricter legal requirements for collection, storage, use and disclosure. It includes information or an opinion about a person, such as their racial or ethnic origin, political opinions, religious or philosophical beliefs, sexual preferences or practices, or criminal record.

▶ Health information – This is sensitive information about a person's physical and mental health, disability, health preferences, use of health services and genetics.

According to privacy law, organisations are required to follow specific principles when collecting and using personal information. For example, where a person provides information about their source of income in order to assess whether they are eligible for a service, that information can only be used to assess the person's eligibility. There are some exceptions to this rule, such as when a person consents to their personal information being used for another purpose.

People have the right to request personal information be removed from the organisation's database under some circumstances.

Organisations cannot disclose someone's personal information to a third party unless the person consents to that information being disclosed, and in specific circumstances outlined below.

You may be required to disclose private or confidential information when:
▶ compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law)
▶ a person's interests require disclosure and there is a serious risk that justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others
▶ there is a duty to the public (for example, there is public threat or concern).

Storing personal information

Organisations must take reasonable steps to protect personal and sensitive information.

They must ensure that the personal and sensitive information they collect and store is not:

- ▶ misused
- ▶ interfered with
- ▶ lost
- ▶ accessed by an unauthorised person
- ▶ modified
- ▶ disclosed.

Tips for protecting personal and sensitive information
▶ Use passwords to protect information that is stored electronically so only authorised staff can access it.
▶ Keep hard-copy personal information in a locked cabinet.
▶ Make sure employees log off when they walk away from their computer.
▶ Place computer screens out of the view of people who are not authorised to view the information, especially visitors.

Maintaining professional boundaries

Professional boundaries protect people with ASD as well as staff.

Here are some strategies that may help with this.

Maintain professional boundaries

Maintaining professional boundaries means keeping to the specifications of your job role and organisational policies and procedures. It also means maintaining personal boundaries in your professional relationships with clients.

Do not blur the distinction between being a professional and a friend when dealing with people with ASD and their families. People with support needs who consider themselves a personal friend of a worker may develop unrealistic expectations about what the support person can do for them and may become disappointed and disillusioned with the service when this does not happen.

Know what not to do

Do not attempt to carry out work that:

▶ is not specified in your job description

▶ cannot be performed safely due to lack of training or practical experience

▶ is unethical, illegal or outside the policies and procedures of the organisation.

Act as a facilitator

The goal of all effective community services workers should be to act as a facilitator rather than a rescuer. In this way, the worker helps people to learn skills to help themselves. New workers may find it a difficult balancing act providing the right amount of support while fostering the person's sense of empowerment and independence.

The following examples of boundary violations indicate when a boundary has been crossed.

Boundary violations include:

▶ lending a client money

▶ socialising with people you support outside of work

▶ disclosing too much personal information about yourself

▶ giving and receiving gifts

▶ negatively affecting relationships clients have with others

▶ becoming involved in a romantic or intimate relationship with a client.

Example

Maintaining professional boundaries

Jarrod has been counselling Chloe, a 14-year-old high school student, for a few months. Chloe is being bullied at school and is socially isolated. She rarely leaves her house except to go to school and to see Jarrod. After a session one afternoon, Chloe tells Jarrod that she has no money to get home and asks if he can lend her $10. Jarrod tells Chloe it would be inappropriate for him to lend her money, but asks if she would like to use the phone at reception to contact her parents and ask them to collect her.

Mandatory reporting

Mandatory reporting laws are the legislative requirements for professionals to report suspected cases of child abuse and neglect.

Every Australian state and territory has mandatory reporting laws, although each has slightly different requirements. These differences relate to:

▶ types of abuse and neglect that have to be reported

▶ who is required to report

▶ what state of mind the reporter needs to have to report the abuse or neglect (e.g. a belief on reasonable grounds or a reasonable suspicion).

Many people who work in the community services sector are subject to mandatory reporting requirements. In some states and territories every person who works in the sector is subject to those requirements. For this reason, you must be aware of mandatory reporting legislation and how it relates to your job role and responsibilities.

Whether you are mandated to report or not, you have a duty of care toward children and are encouraged to report your concerns.

Further information about mandatory reporting requirements is available through the Australian Institute of Family Studies website: http://aspirelr.link/mandatory-reporting-child-abuse.

Information about how to report suspected child abuse or neglect (including a list of relevant reporting authorities in each state and territory) is available at: http://aspirelr.link/state-child-abuse-authority.

Practice task 9

Question 1

Which of the following statements about legal requirements are correct?

a. In a professional context, duty of care only applies to those areas that are relevant to the circumstances of the care.   ✳ Yes   ✳ No

b. Dignity of risk involves balancing the duty of care with an assessment of the likelihood of harm to a client.   ✳ Yes   ✳ No

c. The Disability Discrimination Act (DDA) does not cover people who previously had a disability but no longer have one.   ✳ Yes   ✳ No

d. Every Australian state and territory has the same mandatory reporting requirements.   ✳ Yes   ✳ No

e. Within the Privacy Act, personal and sensitive information mean the same thing.   ✳ Yes   ✳ No

Question 2

Which of the following actions and behaviours align with the legal requirements relevant to community services organisations?

- ☐ Telling a woman with autism not to attend a program if she is going to breastfeed because it may be offensive to some people

- ☐ Preventing a work experience student from accessing files that contain the personal information of a group of people with autism

- ☐ Asking a single father with autism not to attend a relationship workshop because it would be more useful for married couples

- ☐ Using data collected from people with ASD for a research study when the data was originally collected to determine their eligibility for a service

- ☐ Asking a person with autism not to participate in a sporting activity because they might hurt themselves

Question 3

When organisations store personal information of clients, which of the following must they avoid doing to ensure they are adhering to privacy laws?

- ☐ Uploading information onto their personal computer

- ☐ Keeping information in a shared storage unit

- ☐ Modifying information

- ☐ Storing information in the cloud

Question 4

Which of the following are examples of boundary violations? Select all that apply.

- ☐ Socialising with clients outside of work

- ☐ Representing yourself as someone who can rescue people with autism from difficult situations

- ☐ Regularly disclosing personal information about yourself to a client

- ☐ Asking a client to come to your child's birthday party

- ☐ Sharing a joke with a client

- ☐ Speaking with clients about their personal lives

Summary

- Many community services organisations share similar values and principles, such as equality, empowerment and flexibility.

- Organisational policies outline how values and principles are implemented in everyday work.

- Professionals in the community services sector are subject to organisational standards and the standards of their profession, such as social work standards.

- Duty of care is the legal and moral responsibility to keep clients safe. It includes both acts and omissions.

- Dignity of risk refers to a person's right to make decisions and take risks; professionals need to balance duty of care with the inherent right of individuals to decide the level of risk they are comfortable with.

- Human rights are about being treated fairly, treating others fairly and having the ability to make decisions about everyday lives.

- The Disability Discrimination Act requires that people with disability are treated fairly before the law and covers a number of areas of a person's life, including employment, education and access to services.

- Organisations must follow the principles outlined in the Privacy Act when collecting personal and sensitive information from people.

- Professional boundaries ensure that professionals keep within the specifications of their job role; they protect both professionals and the individuals they work with.

- Mandatory reporting laws relate to the legal obligation to report child abuse and neglect; the laws are slightly different depending on the state/territory where a professional is working.

Learning checkpoint 3
Following a legal and ethical framework and professional standards

Part A

1. Which of the following areas of a person's life are covered by the Disability Discrimination Act? Select all that apply.

☐ Employment

☐ Education

☐ Sport

☐ International travel requirements (e.g. visas, passports)

2. Which of the following statements about legal requirements are correct? Select yes or no for each one.

a. Information about a person's ethnic background is an example of sensitive information.	✱ Yes	✱ No
b. A person's religious beliefs are protected by basic human rights as well as anti-discrimination legislation.	✱ Yes	✱ No
c. Forgetting to put a seatbelt on a child would not be considered a breach of duty of care because it does not involve a direct action.	✱ Yes	✱ No
d. Most people working in the community services sector are not subject to mandatory reporting laws.	✱ Yes	✱ No
e. Dignity of risk is a basic human right recognised by the United Nations.	✱ Yes	✱ No

3. Match each organisational policy to the relevant example.

* Delegation policy
* A staff member needs to communicate with a family that does not speak English.

* Complaints procedure
* An agency receives an anonymous phone call about a bomb threat.

* Critical incident
* An employee refuses to sign off on a performance assessment undertaken by their manager.

* Diversity
* A client wants to report unfair treatment from a staff member.

* Conflict resolution
* An employee is overloaded with work and cannot complete it within the time required.

4. Haru has just started working in an agency that arranges foster care placements. He doesn't know what the organisational policies are or how they relate to his position.

   What are some reasonable steps Haru can take to identify those policies and how they relate to his job role? Select all that apply.

   ☐ Wait for his manager to show him where the organisational policies are.

   ☐ Ask for help to locate the organisational policies.

   ☐ Assume that the organisation doesn't have any policies.

   ☐ Use the organisational policies from his previous job to guide him.

   ☐ Ask for help to interpret the policies and how they relate to his role.

5. Which of the following statements about professional standards are correct? Select yes or no for each one.

   a. There are many common values and philosophies in the community services sector.   * Yes   * No

   b. Practising with integrity relates to the standard of ethical practice.   * Yes   * No

   c. Cultural competency is relevant to the policies that inform community services work.   * Yes   * No

   d. Adequately trained staff are an aspect of service quality in the community services sector.   * Yes   * No

6   Which of the following statements about dignity of risk and duty of care are correct? Select yes or no for each one.

   a.   Dignity of risk recognises people's right to life experiences.   ✳ Yes   ✳ No

   b.   Dignity of risk acknowledges that everyone will experience failure.   ✳ Yes   ✳ No

   c.   Duty of care refers to both acts and omissions.   ✳ Yes   ✳ No

   d.   It is not possible to balance duty of care with dignity of risk.   ✳ Yes   ✳ No

7.   Match each professional standard with the correct description.

✳ The workplace	✳ Not engaging in behaviour that brings the profession into disrepute.
✳ Professional development	✳ Working in line with the principle of social inclusion.
✳ Ethical practice	✳ Taking responsibility to ensure a healthy and safe environment for clients and colleagues.
✳ Professional standing	✳ Ensuring current knowledge informs everyday practice.

Part B

Read the case study, then answer the questions that follow.

Case study

Orla works as a family support worker in a service for families experiencing housing insecurity and homelessness. She is meeting with two new clients, Minh and her son Khoi. Khoi is 12 years old and has an intellectual disability and ASD.

Based on the available information, Orla knows that Minh and Khoi are moving to a new apartment in a month, after a long period of insecure housing arrangements. She knows that Minh needs help to prepare Khoi for the move. She also knows that Khoi requires a very substantial level of support and that the family is Vietnamese.

During their second meeting, Orla asks Minh for some more information about her and Khoi to make sure she has all the information for additional support should they need it. During this discussion, Minh tells Orla that she was charged with a criminal offence a few years ago relating to tax evasion and spent some time in prison.

1.   Which of Orla's actions during the first meeting align with the values and principles underpinning the community services sector? Select all that apply.

☐   Orla will work with Minh and Khoi to identify their goals.

☐   Orla listens to Minh's concerns about the move and how it might affect Khoi.

☐   Orla will respectfully ask Khoi to leave the room if he becomes agitated.

☐   Orla prepares for the meeting with a list of ideas of strategies for helping Khoi prepare for the move.

2. Which of the following behaviours align with the relevant legal requirements? Select yes or no for each one.

    a. According to duty of care, Orla must take reasonable steps to ensure Khoi is not exposed to criminal activity.   ✱ Yes   ✱ No

    b. According to mandatory reporting legislation, Orla must report Minh's criminal records to the relevant child protection authority.   ✱ Yes   ✱ No

    c. Orla must share the information about Minh's criminal records with Khoi's school to ensure they are aware of the risks to Khoi's wellbeing.   ✱ Yes   ✱ No

3. Minh and Khoi have now settled into their apartment. In accordance with organisational policy, Orla conducts a follow-up home visit to see how they are settling in.

Which of Orla's behaviours listed below represents a breach of professional boundaries? Select all that apply.

- ☐ Accepting Minh's offer of a cup of coffee

- ☐ Informing Minh's new neighbours about her criminal record

- ☐ Accepting a bottle of wine from Minh to thank Orla for her help

- ☐ Accepting Minh's friend request on Facebook

- ☐ Bringing the family a housewarming present that Orla herself has chosen and paid for