



Research Articles

Working With Individuals on the Autistic Spectrum Disorder: Training and Support for Staff Practitioners

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Abstract

Background: Individuals with Autistic Spectrum Disorders (ASDs) often need very specialized and individualized care provision in order to address some of the challenges and vulnerabilities they experience (Berkell Zager, 1999). Specialized and highly trained staff practitioners should not only be knowledgeable about autism in general and its related areas of impairments (Wing & Gould, 1979), but they should be adequately equipped to deal with often challenging situations that can easily lead to emotional and physical exhaustion. Key Points: This paper proposes a conceptual framework to positively support staff practitioners who work with clients on the ASDs, highlighting the following key areas: Knowledge and Applied Understanding of ASD, Ecological Awareness, Positive Behaviour Support, Low-Arousal Approaches, Role of Role-Plays, Role of Debriefing and Emotional Regulation. Through discussion of the conceptual framework suggestions are made to promote best practice in the positive management of training and support for staff practitioners working with individuals with ASDs.

Keywords: training, autism, challenging behaviour, positive behaviour support, debriefing

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Some recent research indicates that one in 100 of the UK child population is affected to some extent by the lifelong impairment associated with an Autistic Spectrum Disorder (ASD) (Baird et al., 2006). A vast body of literature has attempted to give explanations of its aetiology and development with some theorists leaning towards a more neurological and genetic cause (Rutter, 2005). There are several theorists, who have tried to give more of a cognitive explanation, specifically looking at the so called 'Theory of Mind' (TOM) proposed by Baron-Cohen (1993). Deficits in the TOM can lead the individual to experience difficulties in recognizing other people's mental states and intentions, leading to impairments in communication, social interactions, emotions and intentions. Others suggest that their impairments are originated by deficits in the executive functioning area situated in the pre-frontal cortex. This tends to give an explanation of why individuals with ASD are more inclined to give attention to details and disconnect information rather than looking at integrating and processing meaningful information as a whole (Russell, 1997). Other characteristics can be manifested by unusual play, by inappropriate social behaviour, by indifference, and amongst others by obsessive and stereotypic routines and rituals. This lifelong developmental condition can impact not only individuals affected by it but their entire families through a relentless search for appropriate and specialized provisions which can and should be equipped to support these individuals, through highly skilled and individualized programmes.

Staff working and supporting individuals with ASDs should be trained in dealing with often highly charged emotional situations and the demands associated with a range of maladaptive and challenging behaviours. This is not an easy task for either staff practitioners or organizations. However its importance and the long-term impacts are a critical success factor for the development of the individual with ASD, their well-being and their families. A specialized environment with trained and skilled staff practitioners will have a positive impact on the organization as a whole. Hastings & Remington (1994) suggest that in order to understand the real practical impact of staff training on outcomes for individuals with ASD and other developmental learning disabilities, we need a functional analysis of staff behaviour so that staff training interventions are based on functional hypothesis which have followed evidence-based practice in treating and managing challenging behaviours. McClean et al. (2005) reported significant reductions in the rate and severity of challenging behaviours for 138 clients with challenging behaviour, as a result of person-focused training. In their proposed model, staff received training in functional assessments and positive behaviour interventions. By developing a behaviour support plan for an individual experiencing challenging behaviour, they facilitated the acceptance and practicality of such plans thus avoiding some of the barriers associated with their implementation.

Rather than looking exclusively at the individual with ASD, this article proposes a conceptual framework that can assist staff practitioners who are working with individuals with ASD. This can be achieved by supporting those who work and support these individuals through their own personal development, through reflective practice, through the acquisition of new skills and potentially the application of alternative responses to specific situations in a collaborative way. Kolb (1984) suggests through a model of adult learning four stages which follow from one another: a) concrete experience b) reflective observation (on a personal basis), c) abstract conceptualization and d) active experimentation. Whereas the third stage (abstract conceptualization) is the application of general rules to the experience or the adaptation of known theories to it, the fourth stage (active experimentation) is the realization of ways of modifying the next occurrence of the experience. The learning cycle may happen over a period of time or in a flash and there might be other mini-cycles within the main one (Atherton, 2002). By adopting potentially a similar learning cycle it will eventually reflect in more positive general outcomes for individuals with ASD, staff practitioners and organizations as a whole.

Method

If we consider training as a form of 'coaching', we can suggest that coaching -and thus training - is a form of conversation related to a specific context or situation where the 'focus person' - staff practitioners - are experiencing something challenging or significant. By 'challenging', we mean here a need for some in-depth reflection about one own practice, and an understanding of the management of the focus person with certain circumstances in their work (Stober & Parry, 2005). Coaching and thus training becomes a form of learning and development where the learner (or practitioner) enters in a fundamental preparation in order to gain a renewed understanding, acquire skills and more importantly develop applied knowledge through reflective practice in relation to a specific context. The trainer/coach's professional intention is to support the focus person in order to examine and acquire reflective skills which will support them in similar and novel situations. This seems to be the kind of training we should think of when providing training and support to staff practitioners who are working with individuals with ASDs. Facilitating reflection about practice is the cornerstone for learning and development which the focus person is involved in, and which should lead towards a new extended knowledge and understanding of the focus person's practice (Stelter, 2007). Coaching and guiding staff practitioners in the critical and constructive reflection of their practices



results in a more organic and holistic way to promote and bring change rather than delivering training from a top-down perspective.

Four main sources of data and field notes were used in order to develop the proposed conceptual framework:

- 1. Reflective diary notes during a period of 12 months
- 2. Quarterly focus group meetings with professionals from a wide range of disciplines and backgrounds
- 3. Meeting notes from Teachers and learning support assistants
- 4. My experience as a reflective practitioner psychologist

Reflective diary notes were collected through case studies notes and included analysis of implementation and evaluation of programmes. A total of four mini focus groups (4 to 5 professionals each) were assembled to capture qualitative data and insight by listening to others' experiences which further stimulated ideas and sharing. A total of six meetings amongst teachers and learning support assistants took place for between ½ hour and 1 hour over a period of 12 months. Finally my own reflection as a practitioner psychologist served to interpret the meaning of these experiences and by providing an interpretative analysis. Analysis of the textual structure led to the coding of text segments, which in turn led to the emergence of categories. The categories are then transformed into higher concepts which support the deduction of main themes or core categories.

In some forms of qualitative data analysis (QDA), the theory emerges and interlinks with those processes necessary for theory construction; ideas, conceptualization and categorization processes which are emerging, explored and then woven from the data back into the fabric of theory. The construction of a theory therefore becomes a creative rather than mechanical process, where the emerging theory is part of the same process of theory construction rather than a sequential phase from the analysis. Links are explored, created, tested and ideas are reworked and expressed.

The suggested training needs cover different but interlinked areas which assist staff practitioners to reflect on the interventions and strategies adopted in the work place. Through reflection individuals are able to objectively and consciously (subjectively) revisit the context and situation in which their knowledge, understanding and skills were tested. There is an important distinction here stemming from a qualitative epistemology to be made between 'Listening To' and 'Listening For' (Hollway, 2012). The former is critically preferable when engaging in an observation of a client and/or situation, when trying to tease out a new understanding rather than pre-determined knowledge and when, through observation and collaboration, the reflective practitioner engages in a supportive relationship with the client.

Results & Discussion

Through consideration and analysis of field notes, reflective diary notes and the above sources of information a conceptual framework is suggested (see Figure 1 below) that highlights key areas that can inform the training provided to staff practitioners working with individuals with ASDs. Each component will now be presented and discussed.

Ecological Awareness

When looking at the conceptual framework, ecological awareness sits within other elements of the framework including positive behaviour support, low-arousal approaches, role-plays training and debriefing and emotional



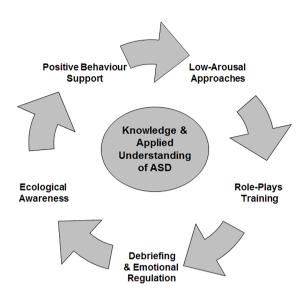


Figure 1.Framework for Staff Training

regulation. All too often we take our environments for granted, in their physicality and their resources, whether that is how we use them, or whether we create our living spaces. Despite being the backdrop or space where everything else follows, we can often forget about its influence and indeed its importance. Ecological awareness is here intended as the recognition and understanding of an environment that has a fundamental role in the way we act, respond, behave and react to the demands placed upon us. Ecological awareness in the context of providing educational and care programmes to our clients means optimally adapting the environments to their needs, so as to address all impairments caused by their autism. The environment becomes therefore a facilitating vehicle for learning and development. The environment becomes the very starting point where everything else follows. Facilitating, creating and manipulating environments which help and assist learning can but enhance the growth of individuals with ASDs as learners.

TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children) approaches (Schopler, Mesibov & Baker, 1982) draw on person-centred programmes based on individualization, structured learning and environmental adaptation (and manipulation). It uses amongst other interventions rule-based principles and clear, structured visual cues in the environment, providing the individual with the skills to process and understands the context in which all stimuli occur. Ecological awareness can assist staff practitioners in the efficacy and delivery of programmes, both educational and therapeutic.

Positive Behaviour Support

A central problem for care systems and educational services is that staff and carers find it difficult to sustain therapeutic and educational programmes for long enough time to provide the learning opportunities that will eventually have an impact on individuals' life (Woods & Cullen, 1983). Such shortcomings can be explained by the slow rate of behavioural change that can be seen in the individual faced with the challenge; this is also associated to the difficulties encountered to sustain a change that has eventually occurred (Brown, 2006). In order

to avoid (or at least reduce to a minimum) what we know as staff 'burn out' Emerson, Hastings & McGill (1994) identified some factors which can influence the delivery of a therapeutic programme:

- 1. the behavioural characteristics of clients
- 2. the planned strategies operating in the organization
- 3. the unplanned interventions operating in the organization
- 4. the resources available to staff

Positive behavioural support implies an underlying ethos in the organization which sees the challenges of the clients as opportunities and all the strategies and interventions are seen as been delivered in a very positive and non-confrontational way. Training in positive behaviour support means looking and identifying client's strength and working on developing related functional skills, positive programming, focused strategies, and ultimately reactive strategies, which all will assist the individuals to manage their responses. Positive behaviour support can lead to a more in-depth understanding of the needs of these individuals, through the identification of antecedents, triggers, cues and functions of their behaviours. Furthermore through the identification of precursors and cues, these can advise the best practice at the time of the on-set of the target behaviour. This means where ever possible, asking the individual through creative systems e.g. pictorial cues, cue cards, modelling, object of reference, symbols, picture exchange communication (PECs), more appropriate responses rather than using negative sentences or 'punishments'. It requires looking at the individual holistically so that the environment, the way programmes are delivered, and the interpersonal styles of delivery are all aimed at providing a nurturing and positive context in which the individual can develop. This also implies that skilful staff should learn how to 'listen to' the individual who is experiencing difficulties and/or exhibiting challenging/maladaptive behaviours. Learning what an individual with autism is trying to say through their gestures, their body postures, their behaviours, their responses both verbal and non-verbal will help staff practitioners in their understanding of the person. This does not overlook the fact that some challenges have their functions other than communicative. But listening to the individual with autism means being able to see the world from their perspective rather than impose our own.

Low-Arousal Approaches

Low-arousal approaches are defined as being a range of behaviour management techniques which specifically attempt to avoid aversive interventions designed to rapidly reduce aggression (Studio III, 2007). They work on the principle of proactive and non-aversive approaches, which tend to provide an adaptive functional equivalent or functional alternative response behaviours (Hawkins, Allen & Jenkins, 2005). The work is based on three main assumptions:

- a. Individuals who present challenging behaviours are usually extremely aroused at the time.
- **b.** A large proportion of challenging behaviours are usually preceded by demands and requests, therefore it's implied that reducing these should help to reduce the frequency and perhaps the intensity of the incidents.
- **c.** Most communication is predominantly non-verbal, therefore we should be aware of the signals we communicate to people who are upset and/or are experiencing challenging behaviours.

These approaches are looking at the ecological manipulation, the use of distractors and defusing techniques, the use of non-aversive techniques and physical interventions which are being used as a last resort through the so called 'breakaway' techniques (Studio III, 2007) rather than relying on restraint procedures which all too often work on the basis of pain compliance (Hawkins, Allen & Jenkins, 2005). Low arousal approaches also focus on



our own responses to individuals who exhibit maladaptive behaviours, the way we address them, the way we position and present ourselves when interacting with them, the way we give and sustain eye contact, the way prompting and gestural guidance are used. These and other strategies such as the ability to remain calm in a highly emotionally charged situation and the ability to assess, monitor and plan any immediate danger can assist staff to better manage and resolve the challenging situation. These are all skills that can be acquired through training, reflection and communication. Ager & O'May (2001) suggest that staff training which targets a reappraisal of assumptions may have a subsequent beneficial effect on actual staff behaviour with respect to clients and the implementation of behavioural support. It is worthwhile to mention that some representative studies have supported this approach by looking at the effectiveness of such interventions (Berryman, Evans & Kalbag, 1994; Grey, McClean & Barnes-Homes, 2002). How can we achieve this approach and master such skills as staff practitioners working with individuals with ASDs?

Role-Play Training

Role-play training is the next step of the framework. They can be presented as part of the low-arousal approaches. Role-plays have two main functions:

- **1.** To offer an opportunity to practice and apply a range of techniques acquired through a look a-like situation where the emotions are entwined with the ability to assess and intervene rationally.
- 2. To offer an opportunity to witness how it might feel to be involved in a challenging and often highly emotional situation.

Problem emotions are seen as interfering with rationality, harmful to decision making processes and as suggested by Speedy (2005), they need to be managed in the workplace in order to reduce unpredictability. Role–play can give an opportunity to staff practitioners to practice in a safe environment all the different skills acquired through training, whether these include how to present verbal or gestural instructions, how to use their tone of voice when presenting those instructions, how to monitor body language and posture. Rather than processing the emotions in the challenging situation as hindering the way we should respond, staff can develop the capacity to regulate their emotions, and this can lead to the notion of the emotions actually assisting the reasoning process by focusing our attention on the challenge. This process allows the individual to pay attention to features of the situation that may escape otherwise (Pizarro, 2000). During training sessions staff practitioners can also witness how one implements the acquired skills and reflect on their own practices but in a safe environment without having to intervene or assist. Successful emotional regulation is a pre-requisite for adaptive functioning. This leads me to the final key point: debriefing and emotional regulation.

Debriefing & Emotional Regulation

Debriefing is a specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure. Debriefing allows those involved with the incident to process the event and reflect on its impact. Ideally, debriefing can be conducted on or near the site of the event (Davis, 1992; Mitchell, 1986; Davis, 1998). It is a method for de-coupling emotional responses from the memory of challenging events or/and incidents. It is a means for normalizing and validating the crisis experience. It is a way to show support and concern of administration, boost morale and confidence in staff working with individuals with ASD. The way it works is by interrupting the internal processing of crisis memories, offering initial education about stress and emotional regulation and demonstrating immediate support. It is important to note that debriefing is not professional counselling, therefore it can be provided by someone with whom the person feels confident. It is



essentially a confidential process, and all staff practitioners should be offered the opportunity to debrief following an emotional incident regardless of their role in the organization. It is by resolving the emotional state, that the focus person will be able to better resolve a future event rather than exclusively trying to resolve the event without addressing the emotional impact that the event has had on the person in the first instance. Therefore, a close temporal (time) relationship between the critical incident and the initial debriefing is imperative for this technique to be most beneficial and effective (Davis, 1993, Mitchell, 1988; Davis, 1998). Including a debriefing training module as part of the framework will assist staff practitioners to learn about its relevance related to stress, emotional regulation and possible burnout in the workplace. Reaching an optimal emotional regulation following a distressing event is paramount for optimal performance. A large body of research has looked at the positive but also at the less positive effect of debriefing especially in crisis interventions and significant traumatic critical events; it is however beyond the scope of this article to cover such body of literature.

Conclusions

The present paper suggests a conceptual multi-factorial framework for staff practitioners working with individuals with ASDs. The central factor is the foundation from which all the other elements emerge: knowledge and applied understanding of Autism. Without knowledge and its applied understanding it would be difficult to successfully provide support to staff practitioners and individuals with ASD. As shown in Figure 1, the conceptual framework includes five elements - ecological awareness, positive behaviour support, low-arousal approaches, role-plays training, and debriefing/emotional regulation. These key elements are interlinked and should be thought as complementary rather than mutually exclusive. Low-arousal approaches should be integrated with positive behaviour support plans, learning and development and adopted in an environment which is conducive to the management of challenging and maladaptive behaviours. Role-play training should be an integral part of implementing such theoretical knowledge into our practices, whilst debriefing and emotional regulation should assist and guide the individual to resolve and also reflect on our practices. By addressing cognition (thinking) and emotions (feelings) and transcending these usually thought binaries, we should become better practitioners. Therefore this conceptual framework should be given careful consideration when planning professional development and training in care and educational services. Staff practitioners working with individuals with ASDs are faced on a daily basis with the demands of challenging and highly charged emotional situations and as a result they are more exposed to experience physical and psychological stress. There is an unequivocal need to identify effective training needs and appropriate methodologies that can serve as a solid foundation for successful care and educational services for these individuals so that they can access and indeed receive the highest standards of care and support. Despite a great amount of time and money spent for training staff practitioners working with individuals with ASDs, there is still a lot of debate around issues of practicality, resources and attitudes. It remains the aim and focus of future empirical research to establish the positive outcomes of such interventions. It is hoped that the suggestions presented in this article will spark further discussion and research in this field.

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