Centre for Autism

Middletown

Case Study / Transdisciplinary Team Working

Lorraine Scott
Head of Learning Support and Assessment

Suzanne McCanney
Learning Support Manager

‘The quality of provision for educational assessment, training and research is outstanding’

Joint Departments of Education Inspection Report June, 2012
Learning Outcomes

• To understand the role of a Transdisciplinary team.

• To gain information on how this relates to teaching children with autism.

• A case study.
The Advice and Guidance Service

The service provides:

- A comprehensive assessment and learning support plan (LSP)
- Training
- Home support with parental and/or caregiver advice and training

17 children and young people - indirect support to >300
Other Services

• Research - Bulletins, Working Memory, Sensory Processing and Case Studies
• Training 25,000 parents and participants since 2007.
Points to remember

• These young people with autism are young people first.

• Learners with autism need a programme designed to meet their unique needs.
'We have been described as being in a world of our own – but we are not in a separate world at all – just paying attention to very different aspects of this one.'
• Understanding autism and the individual child.

• Viewing the challenging behaviour as not usually deliberate or manipulative.

• Respond to learning styles.

• Positive attitude.
1. Social Communication

2. Repetitive behaviours and restricted interests
Team Members

• Parents
• Three autism specialist teachers
• Two autism specialist occupational therapists (OTs)
• One educational psychologist (EP)
• One autism specialist speech and language therapist (SLT)
• One autism specialist behaviour intervention therapist (BIT).
Benefits of Trandisciplinary Model

• Holistic approach for the child/young person and family
• Less fragmented approach
• Reinforcement of clear established targets by everyone involved
• Role development
  – Role enrichment
  – Role expansion
  – Role exchange
  – Role release
Transdisciplinary Model (MCA)

• Coordinator allocated to each child or young person referred to the Centre

• Coordinator can be any member of the team

• Other team members provide specialist assessment and advice

• Intervention plan is coordinated and delivered by the coordinator for the referral
Transdisciplinary Model

• The model allows support to be provided by the coordinator;
• The model is fluid and is built on a culture of ongoing observation of the child and capacity-building support to the family and entire school staff.
• Professional roles are respected; however, staff working in the transdisciplinary model are encouraged to extend their practice outside of their traditional roles
• This is supported by regular team meetings and comprehensive continuous professional development (CPD).
Role of SLT

• Assessment, advice and intervention:
  – Functional use of language
  – Advice on communication levels
  – Advice on communication systems
  – Advice and training to home, school and other agencies
Role of OT

• **Assessment, advice and intervention:**
  – Sensory processing
  – Motor skills
  – Functional life skills and independence
  – Adaptations and resources for school and home
Assessment, advice and intervention
- Functional Assessment
- Behaviour Support Plans
- Risk Analysis
Role of the Teacher

• **Assessment, advice and education:**
  – Educational Assessments and outcomes
  – Pupil Profile
  – Co-ordinate specific IEP (decide on targets in liaison with team)
  – Deliver the curriculum
Autism recognises few boundaries and as such cross-disciplinary provision for children and young people with this condition must be seamless. Support is more than class based education – it is context based education in academic and functional life skills. Linked Article MCA
Case Study Priority Goals

• Shea 12 years old. Enrolled in a Special School for Children and Young People with Severe Learning Difficulties.

• Spitting and smearing saliva (the main issue both at home and in school)
• Transport - ensuring his safety to and from school in the school bus
• Acceptance of new learning; ways to help increase his tolerance of specific environmental stimuli
• Tolerating other people in his personal space at school
• Tolerance of self-care routines, cutting hair/toileting
• Reduction of episodes of challenging behaviour (rapid escalation)
• Reduction in episodes of long periods of crying
• Home support to address behaviour and sensory issues
## Table 1: Assessment results

<table>
<thead>
<tr>
<th>Summary scores / comment</th>
<th>PEP-3</th>
<th>British Ability Scale</th>
<th>Reynell Developmental Language Scales</th>
<th>Sensory Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean age 23 months across five domains.</td>
<td>Difficulties in the areas of social interaction, social communication, play, verbal, non-verbal and spatial abilities.</td>
<td>Mean age three years across five domains of communication.</td>
<td>Dislike of loud noise or unexpected auditory input. Dislike of light touch. This impacts on personal care activities. Enjoys the sensory input gained by spitting and playing with saliva.</td>
</tr>
</tbody>
</table>
• Whole school staff training.
• Providing an alternative source of sensory input i.e. a water bottle with sports lid
• Adapting the classroom environment
• Provide consistent approaches across settings.
• Promoting understanding of the day and flexible thinking using a schedule and transition card.
• Presenting developmentally appropriate, visually based tasks across academic and functional areas.
• Teaching life skills, haircutting, toileting.
• Training for bus staff and environmental check on bus.
• Develop a functional communication system
Classroom Environment
Promote understanding of the day/evening using a full day photo schedule across contexts.
• The team recommended the use of a transition card when he was upset (Figure 8) to re-direct him to his work station where repetitive tasks were made accessible to him as he found them calming.
Promote new academic and functional skills, e.g. hand strength and fine/gross motor movement skills.
• The programme of intervention was conducted alongside on-going observations, and regular meetings were held with carers and professionals. Monthly meetings of the transdisciplinary team were also a key factor in updating the LSP and ensuring a transdisciplinary approach to intervention.
• Reported, Observed, Analysis, and Recommendations (ROAR). A total of 51 ROARs were completed throughout the 13-month intervention.

• Content analysis of the ROARs reflected an intervention approach that was congruent with the agreed intervention priorities.
Key Themes of Successful Intervention

- Key themes that emerged from were the need for:
- Visual structure and the consistent application of visual strategies across environments, i.e. home and school
- Training for all school staff, including bus staff
- Good communication between home and school
- Transitional support
- Support using visuals and reinforcing media across activities eg promote appropriate toileting
- On-going assessment.
Table 3: Outline of topic areas covered in structured interviews

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Learning (e.g. school work/ability to attend)</td>
</tr>
<tr>
<td>2.</td>
<td>Receptive language (understanding)</td>
</tr>
<tr>
<td>3.</td>
<td>Expressive language (ability to express his wants and needs)</td>
</tr>
<tr>
<td>4.</td>
<td>Functional communication (communication verbally/non-verbally to meet need)</td>
</tr>
<tr>
<td>5.</td>
<td>Social skills with other children</td>
</tr>
<tr>
<td>6.</td>
<td>Daily living skills</td>
</tr>
<tr>
<td>7.</td>
<td>Behaviour at home</td>
</tr>
<tr>
<td>8.</td>
<td>Behaviour at school</td>
</tr>
<tr>
<td>9.</td>
<td>Behaviour on school bus</td>
</tr>
<tr>
<td>10.</td>
<td>Behaviour at grandmother’s</td>
</tr>
<tr>
<td>11.</td>
<td>Understanding of tasks</td>
</tr>
<tr>
<td>12.</td>
<td>Understanding of school day</td>
</tr>
<tr>
<td>13.</td>
<td>Awareness of others (for example, empathy)</td>
</tr>
</tbody>
</table>
Outcomes

- All of the professionals who completed the questionnaire indicated post-intervention improvements in:
  - Learning skills
  - Daily living skills
  - Understanding of the school day
  - Receptive language
  - Expressive language
  - Functional communication skills.

- An increase on developmental age on PEP-3 of 9 months over an 13 month period
Co-ordinators View

• C understood her role as follows: ‘The essence of my role was to provide one-to-one intervention...and to provide capacity-building opportunities for those who worked directly and indirectly with him.’

• C reflected on the importance of the capacity-building model and noted the impact the application of this had on other children in the class and in the school.

• C understood the most important aspects of her work were promoting positive relationships with parents and staff and maintaining a culture of on-going evaluation.

• The importance of consistently using visuals with S across environments is stressed and C recorded that where this consistency was applied, significant improvement in key areas was observable.
Teacher’s View

• Visual structure
• Reduction of sensory stimuli
• Capacity-building approach
• The multidisciplinary nature of the team: ‘Staff were able to work intensively with a multidisciplinary team and then apply their learning to all pupils in the class.’
• Overall the intervention was rated as ‘excellent’ and ‘very positive’.
• ‘The sheer amount of adults in the room sometimes was difficult to manage, especially when trying to run a busy classroom.’
Grandmother’s view

- Calmer and there had been improvements in his behaviour and personal care. S was now able to be showered and to have his hair cut.

- Spitting had reduced.

- He was less prone to displays of challenging behaviour towards his sister.

- Particularly communication, behaviour, social skills and learning skills.

- Visuals and strategies to support toileting to have been the most useful input from the team. She reflected, ‘He is more calm...he is more aware of his achievements. Before he didn’t realise what he could achieve’. L rated the overall experience of working with the team as ‘excellent’. 
S’s mother (O) indicated that there were more positive outcomes at school than at home, although personal care tasks had improved since the intervention. S’s spitting and smearing saliva was still on-going and he still urinated inappropriately, resulting in his bed being changed frequently. Like L, O also indicated improvements across all 13 areas (Table 3) but indicated that improvement was less significant in the areas of behaviour and understanding.
O indicated that although the visuals were helpful, it was difficult to implement these strategies consistently in a busy family home. She reported that at times the intervention ‘was very intense and sometimes overwhelming’. She related the experience of one occasion when she attended a meeting with 13 professionals from education, health and social services who were involved with S, and that she found this experience intimidating.
The co-ordinator is required to maintain a reflective journal during the intervention. Information in the reflective journal is recorded under the following headings: Remembering, Understanding, Applying, Analysing, Creating and Reflecting. Categories in the cognitive domain of Bloom's Taxonomy (Anderson & Krathwohl, 2001)
It was a positive experience overall.
Outcomes very pleasing.
There were too many MCA staff in the room for one day. This was addressed and did not happen again.
Totals on scoring don’t always reflect the overall improvements.

‘the results of SLT assessments indicate that specific gains have not been made....however it should be noted that functional and directional language skills have improved significantly across environments.'