

An Autism Evidence Based Practice Toolkit for use with the SCERTS™ Assessment and Planning Framework

Marion Rutherford and Lorna Johnston
National Autism Implementation Team

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Preface

This guidance was developed through evidence review and in consultation with experienced multi-disciplinary partners working in NHS Lothian and City of Edinburgh Council Communities and Families and the Scottish Government National Autism Implementation Team (NAIT). This guidance can be used alongside CIRCLE resources and other universal inclusive supports.

The purpose of the guidance is to support practitioners, across multi-agency teams, who work with school staff and families to provide targeted and specialist supports.

It is relevant to a range of professionals in making effective decisions in planning to meet additional support needs arising in autistic learners and those with related needs and their families. It was designed for use following SCERTS planning and assessment but it can equally be used alongside other approaches to planning.

The document is focussed on evidence based approaches, which:

- Positively address 'distressed behaviour' and anxiety through individualised, anticipatory support
- Are commonly applied in naturally occurring environments of home and school
- Are developmentally relevant
- Support positive communication, emotional regulation and engagement in learning
- Increase the predictability and desirability in day to day life

Authors:

Marion Rutherford and Lorna Johnston
National Autism Implementation Team (NAIT), Queen Margaret University
Queen Margaret University Drive, Musselburgh
East Lothian, EH21 6UU

Email: NAIT@qmu.ac.uk

An Evidence Based Practice Toolkit

For use with the SCERTS™ Assessment and Planning Framework

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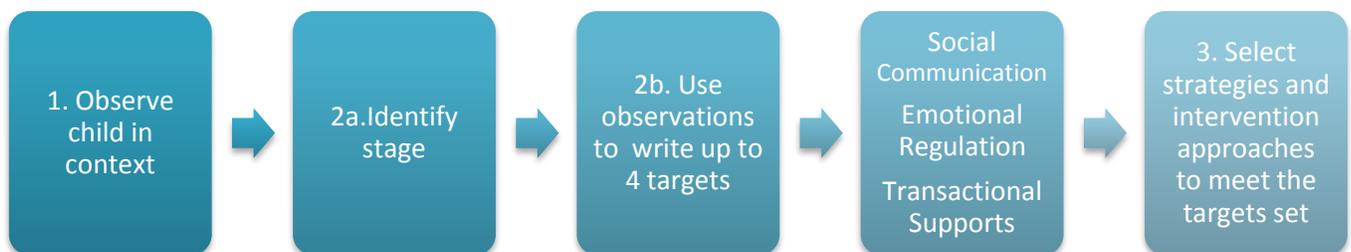
Introduction

Autism is a lifelong condition and support needs of individuals vary with age and with context (no support should be diagnosis dependent). There are some recommended **universal supports** and inclusive practices which benefit all children with a range of additional support needs (e.g. CIRCLE resources – see reference list).

SCERTS™ provides a framework for assessment and planning, which takes account of social communication, emotional regulation and transactional supports at three developmental stages, when there is a need for more **targeted support**:

- Social partners: have fewer than 10 meaningful words
- Language partners: use phrase speech
- Conversation partners: communicate in sentences across several turns (Prizant et al., 2005)

The process for assessment and planning is as follows:



A process for selecting interventions and supports

1. Observation

The team around the child observes the child or young person in context.

- You may need to make request for assistance or referral to another agency to ensure staff with the appropriate skills and experience have been part of the observation, assessment and planning process. This will be based on individual needs. Information about how to make such requests should follow local processes.
- Even while waiting for such assistance, you can proceed with your current observations and update targets at a later date.
- Include parent observations and reporting in your planning, where possible.

2. Identify stage and set targets

- The team work together using SCERTS paperwork to identify the child's stage (see SCERTS Manual and training resources)
- Agree a maximum of 4 targets.
- Only after the targets are set, should we be thinking about what we will do to meet those targets.

3. Select strategies and intervention approaches to meet the targets set

The team select autism friendly strategies and appropriate supports and interventions, which focus on providing the predictability and desirability needed to successfully achieve targets set, through adapting the learning environment,

- As far as possible we aim to draw on approaches with a strong evidence base, which are recommended in clinical or education guidelines by experts who have reviewed the evidence.
- There is no single intervention which is recommended for all individuals with ASD.
- A person is not a strategy. The strategy is what the people do.
- The following approaches have been reviewed and are recommended.
- Some may require specialist training. This document can inform local training plans, to ensure that there are staff in each locality who can provide expertise in each of these approaches.
- You may need to make request for assistance or referral to another agency to ensure staff with the appropriate skills and experience have been part of the observation, assessment and planning process. This will be based on individual needs.

Key messages

No support or intervention is diagnosis dependent and we aim to work to meet needs regardless of diagnosis. There are some universally accepted approaches, that we recommend for all children and young people where ASD is suspected or diagnosed:

For schools:

- Have a Child or Young Person's Planning Meeting a minimum of once per year
- Have an agreed communication system between home and school that occurs regardless of whether there is positive or negative news
- Ask for help
- All staff to attend whole school ASD training every 3 years
- Signpost to parent/ family supports and local parent supports map (see example below)
- Consider participating in the Visual Support Project, to implement visual supports across the school

For children:

- Provide an individual visual timetable appropriate to child's developmental stage
- Reduce your language
- Provide a suitable safe space for every child
- Provide movement breaks as required
- Practice, prepare and plan for predictability
- Use an 'autism lens' to understand why? why? why? negative or 'distressed' behaviours occur
- Provide opportunities for children to initiate and take turns

Evidence Based Toolkit: Part 1

ASD Interventions and Supports Map

Supporting autistic children and young people in school and at home

Applicability of each intervention

There is no single intervention recommended for all individuals with ASD all of the time across the lifespan and 'one size does not fit all'. Individualised planning is recommended.

- Staff should recommend and use approaches underpinned by good research evidence, which are relevant to the child's current stage and context.
- Staff should avoid approaches which are not evidence based. This is not an exhaustive list and if in doubt or to find out whether an intervention not listed is recommended, consult with colleagues with up to date knowledge and understanding of autism research.
- For further evidence summaries see (SIGN 2016, NICE 2011 and Wong et al 2015)
- The following supports have been identified in research and clinical guidelines as being commonly used and beneficial to some individuals with ASD.
- To guide staff in selecting approaches appropriate to the developmental stage of the individual, the coloured boxes below indicate which stages the approach is most appropriate for.
- The Autism Toolbox is a good source of information for many of these approaches <http://www.autismtoolbox.co.uk/>
- 'Uniquely Human', by Prizant & Fields-Meyer (2015) provides useful background reading to support understanding of 'behaviour' in autism

Effective approaches and interventions for those with diagnosed or suspected autism are likely to focus on three key target areas:

Social Communication:

These focus on joint attention, interaction with other people and opportunities to engage socially

Emotional Regulation:

These target activities or resources that support self or mutual regulation

Transactional Supports:

Using these adults or people around the individual with ASD adapt the physical or social environment and the curriculum

ASD Interventions and Supports Map: Supports relevant to each stage

Intervention or approach	Social Partner	Language Partner	Conversation Partner	Key target areas
1. Objects of Reference				SC, TS
2. Song Signifiers				SC, TS
3. Hanen Programmes				SC, ER, TS
4. Play two way				SC
5. Personalised photo book				SC, ER, TS
6. Communication Passport				TS
7. Intensive Interaction				SC, ER
8. Signalong				SC
9. PECS				SC, ER
10. Now Next timetable				ER, TS
11. Sensory Diet				ER
12. Sensory Circuits				ER
13. Safe Space				ER
14. Movement breaks				ER
15. Fidget toys				ER
16. Playboxes				SC, ER
17. Home school diary				SC, ER, TS
18. TEACCH and Structured Teaching				ER, TS
19. Targeted Visual Supports				SC, ER TS
20. Visual Timetable (symbols)				ER, TS
21. Social Thinking				SC, ER, TS
22. Zones of Regulation				ER, TS
23. Social Stories				SC, ER, TS
24. Comic Strip Conversations				SC, ER, TS
25. PEERS Programme				SC
26. CBT based interventions				ER
27. Social Communication groups				SC

These are in no particular order. The supports highlighted in bold are recommended for all children with autism or related needs. Some interventions have a fixed format or can only be delivered by staff who have received the appropriate training. Most can be delivered by anyone in the team but some are profession specific.

The following pages outline training linked to each approach, where relevant and provide a summary of information and links to where to find out more.

1. Objects of Reference

An object of reference is any object which is used systematically to represent an item, activity, place, or person. Understanding real objects is the first stage of symbolic development. Therefore using objects is considered the most concrete way of representing a word.

- See Home Visual Support Project (Home VSP) 'How to guides' and Local SLT team

2. Song Signifiers

Simple songs used to signify to a child that a transition or activity is about to happen (e.g. a snack song, a going home song). Adults would often use these when children are at an early stage of symbolic development.

- See Home VSP guides
- <https://oaklandsedinburgh.com/our-school/communicating-together>

3. Hanen Programmes ®

There are two Hanen parent programmes for children with ASD or related difficulties run by qualified Speech and Language Therapists (SLTs):

The More Than Words Program was designed specifically for parents of children ages 5 and under on the autism spectrum and with other social communication difficulties. Addressing the unique needs of these children, the program provides parents with the tools, strategies and support they need to help their children reach their full communication potential.

More Than Words does this by empowering you to help your child reach the following three goals:

- Improved social communication and back-and-forth interactions
- Improved play skills
- Improved imitation skills

Here are some of the valuable things parents learn through the More Than Words Program:

- What motivates your child to communicate
- How to use your knowledge about your child to set appropriate and realistic goals
- How to make interactions with your child last longer
- Tips for using pictures and print to help your child's understanding
- Strategies for how to talk so that your child understands you
- Strategies for developing your child's play skills
- Ways to help your child make friends

The TalkAbility Program is specifically designed for parents of verbal children ages 3-7 with social communication difficulties, the Program teaches parents practical ways to help their child learn people skills.

By "people skills", we mean the ability to "tune in" to the thoughts and feelings of others by paying attention to non-verbal cues such as body language, facial expressions, eye gaze, and tone of voice. The

ability to consider other points of view and to have empathy for others is essential for successful conversations and for making friends. Children with social communication difficulties require extra help to develop these skills.

When parents take the *TalkAbility* Program, they learn:

- How your child carries on conversation and the next steps to take to help him have back-and-forth conversations
- How to encourage your child to pay attention to the social messages people send non-verbally
- How to talk so your child can tune in to what others are thinking
- How to help your child tell stories and play imaginatively
- How to help your child make friends

- <http://www.hanen.org/Programs/For-Parents.aspx>
- <http://www.hanen.org/CMSPages/PortalTemplate.aspx?aliaspath=%2fHome>
- <http://www.lets-talk.scot.nhs.uk/Pages/default.aspx> to access an SLT

4. Play two way

This is an approach developed in NHS Lothian. It is a brief intervention, over 5 visits, delivered by Speech and Language Therapists (SLTs) working with a parent and their pre-school child to model and teach interactive play techniques, which can be used and practiced at home by parents. This is based on strong evidence about supporting parents to communicate and play with their young children. Similar targeted and specialist approaches, delivered by SLTs may have different names in different localities.

Contact your local SLT Team to discuss this or similar approaches.

5. Personalised photo book

For individuals just learning to communicate, photos of people, things and places they know can be highly motivating. It allows repetition in hearing and using key vocabulary and sentences. This is something anyone can make up for a child.

- For further information about low tech AAC supports, you can speak to an SLT or look at:
- <https://keycommaac.wordpress.com/>
- <https://www.callscotland.org.uk/Home/>

6. Communication Passport

Personal Communication Passports are a practical and person-centred way of supporting children, young people and adults who cannot easily speak for themselves. Passports are a way of pulling complex information together and presenting it in an easy-to-follow format. Passports aim to:

- Present the person positively as an individual, not as a set of 'problems' or disabilities;
- Provide a place for the person's own views and preferences to be recorded and drawn to the attention of others;
- Reflect the person's unique character, sense of humour etc.;
- Describe the person's most effective means of communication and how others can best communicate with, and support the person;

- Draw together information from past and present, and from different contexts, to help staff and conversation partners understand the person and have successful interactions;
- Place equal value on the views of all who know the person well, as well as the views of the specialist professionals.

The advantage of Passports is that they are easy to read, informative, useful and fun. They are highly personal, so guidelines to good practice are outlined in this book to protect the children and vulnerable people who use Passports.

The only disadvantage is that Passports (good ones, anyway!) take longer to make than you might think. Therefore this book also includes suggested strategies to support their creation and use.

- <https://www.communicationpassports.org.uk/Home/>

7. Intensive Interaction

An approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties and/or autism and who are still at an early stage of communication development. This is usually carried out 1:1 with an individual. The support adults are responsive to delayed or subtle communication of an individual, that may be intentional or non-intentional and observe and respond to desirable and motivating shared moments. Intensive interaction can take place in a range of environments and is delivered by appropriately trained staff.

- <https://www.intensiveinteraction.org/>

8. Signalong

A sign-supporting system intended to be used alongside speech (The Signalong Group, 2010). It is based on British Sign Language, but is easier to use as there is no grammatical structure. Other sign systems are available.

- <http://signalong.org.uk/>
- To find out about local Signalong tutors contact your local SLT or Education Support team

9. Picture Exchange Communication System (PECS)

With the Picture Exchange Communication System (PECS) children learn to communicate within a social context, by giving a picture of a desired item to their communicative partner in exchange for the item using a specified process. This helps young people to develop the ability to initiate communication, and to develop an understanding of the power of communication. There are then six phases of PECS to follow as communication competence grows.

Training in the approach is recommended.

This approach can be used with social partners but careful consideration should be given to the child's symbolic understanding (whether they know that an objects or picture represents an object, action, place or activity. For those at a pre-symbolic level, progress may be limited.

- <https://pecs-unitedkingdom.com/pecs/>

10. Now Next Timetable

This is a form of visual timetable for Language Partners, with two symbols or photos – one indicates what is happening now and one indicates what will happen next. The symbol can be used to support transition. Social Partners might understand an object timetable indicating what is happening now, with an object to take to the next activity to support transition.

- See Home VSP guides
- Ask a Speech and Language Therapist

11. Sensory Diet

A sensory diet has nothing to do with food. It is a carefully designed series of physical activities and adaptations, which are designed to give each individual child the sensory input they need. Sensory diets can be used alongside other supports. Completing a sensory diet routine each day can help children to get into a “just right” state, which can help them pay attention in school, learn new skills and socialise with others.

- Ask your Occupational Therapy Team for more information and advice
- <https://www.understood.org/en/learning-attention-issues/treatments-approaches/therapies/sensory-diet-treatment-what-you-need-to-know>

12. Sensory Circuits

A Sensory Circuit is a structured set of activities, designed by Occupational Therapists, which are active, physical and fun. Sensory Circuits can be run for individuals or small groups and are often held on arrival at school or after lunch, to support children to be well regulated on return to classroom activities. It can stay set up in a room for children to access as necessary throughout the day. The circuit takes no more than 20-30 minutes to complete.

A circuit runs in 3 sections, based on the theories of sensory processing and sensory integration and the practical consideration of providing a structured sensory motor input.

1. Alerting activities

2. Organising activities

3. Calming activities– this is very important to provide input to ensure that as children leave the circuit and enter the classroom they are as calm and centred and ready for the day as possible.

- Ask your Occupational Therapy Team for more information and advice
- <http://www.cambscommunityservices.nhs.uk/docs/default-source/leaflets---sensory-strategy-leaflets---april-2015/0218---sensory-circuits---info-for-teachers---april-2018.pdf?sfvrsn=8>

13. Safe Space

A Safe Space is an area of the learning environment where a child can choose to go when they feel overwhelmed or need time and space to regulate behaviour. This might be a range of things depending on the individual and the context. (e.g. a pop up tent, a blanket they can crawl under, a high backed chair in a quiet area). It does not contain activities or objects to play with. Children and staff should be taught to understand what it is and how to use it. It is important that the child makes a choice to use this and they are not directed to go.

Safe Spaces should be:

- Readily accessible to the child so that they can go safely and independently when they need to
 - Available whenever they are needed by the child, for as long as they are needed
 - Specific to one child, with their name on it and not a shared space. In some classes you may need several individual Safe Spaces
 - When they are in there, it's as if they left the building
- Read NAIT Safe Space Guidance
 - Ask your Occupational Therapy Team for more information and advice

14. Movement breaks

Planned and scheduled or spontaneous breaks where the individual or group is given the opportunity to move to support self or mutual regulation. The movement choice can be personalised and a movement break can be done anywhere, anytime. You don't need a huge classroom or a large room to do this, you don't need to put everyone into their PE kits, you don't need to be outside, the weather doesn't need to be a certain temperature, and you don't have to have set times.

- <https://teachingautism.co.uk/movement-breaks-what-and-why/>
- <http://standupkids.org/movement-break/>
- Ask your Occupational Therapy Team for more information and advice

15. Fidget toys

A fidget toy is a great self-regulation tool that helps individuals to focus, calm, and help with paying attention and retaining information. The act of squeezing, pushing, pulling or moving a small fidget object can help get a student to sit and listen. It is a great physical outlet allowing the brain to focus. Different people have different preferences and you might want to have a (carefully chosen and individually risk assessed) selection for the child to choose from. A range of fidget toys are available and for some children, common objects can also be useful (e.g. blu tac to squeeze, a paperclip, a piece of textured, shiny, fleecy or furry fabric).

- Ask your Occupational Therapy Team for more information and advice

16. Playboxes

Developed by Dr Helen Marwick of the University of Strathclyde, Playboxes is a fun and engaging joint play intervention that aims to develop the play and interaction of children on the autism spectrum. Playboxes can be easily implemented within the everyday practice of education and health professionals trained in this approach. The Playboxes method has been the subject of several research studies and has been linked to developments in:

- Play skills
 - Joint attention
 - Interaction
 - Expressive language
- A team based in Scotland deliver training in this approach

- <https://strathprints.strath.ac.uk/45274/>
- https://www.edinburgh.gov.uk/directory_record/1102914/asl_autism_-_play_intervention_for_learners_in_pre-school_or_early_primary_playboxes_the_joint_play_method_-_practical_training_for_psas

17. Home School Diary

A Home School Diary can be used in a range of ways to support communication between home and school. These can be used for parents or the school to: share information about changes or possible events that may be unpredictable or undesirable; to share successes and achievements; to keep in touch about an ongoing target or strategy; to understand the '24 hour child' and the effect one environment can have on the other or to ensure an 'autism lens' is on expectations, such as homework or other school routines. It should not be used to report extreme or negative experiences – this should be done through direct conversation where possible.

They can be written (for the adults) or visual (for the child) for example there can be symbols or photos, for the child to circle or refer to, to support them with sharing information across contexts.

Frequency and mode of home school communication should be agreed at the start of each year and reviewed as necessary. For some parent/ school partnerships, this is daily, weekly or monthly; for some it is a phone call once a week and for others it is a written diary that goes home in the schoolbag or it can be an email.

- <https://www.autism.org.uk/about/in-education/homework.aspx>

18. TEACCH and Structured Teaching

The TEACCH approach includes a focus on the person with autism and the development of a program around this person's skills, interests and needs. The major priorities include centring on the individual, understanding autism, adopting appropriate adaptations, and a broadly based intervention strategy building on existing skills and interests. By focusing on the individual we mean that the person is the priority, rather than any philosophical notion like inclusion, discrete trial training, facilitated communication etc. TEACCH emphasises individualised assessment to understand the individual better and also "the culture of autism," suggesting that people with autism are part of a distinctive group with common characteristics that are different, but not necessarily inferior. Emphasising assessment and the culture of autism requires us to understand people with autism as they are and to build our programs around where each person is functioning. This does not suggest lower or higher expectations; it simply requires starting where people are and helping them to develop as far as they can go. This is different from espousing a model of "normal" behaviour for everyone and requiring people with autism to fit into that mould, whether that is comfortable for them or not.

Structured teaching is an important priority because of the TEACCH research and experience that structure fits the "culture of autism" more effectively than any other techniques we have observed.

Organising the physical environment, developing schedules and work systems, making expectations clear and explicit, and using visual materials have been effective ways of developing skills and allowing people with autism to use these skills independently of direct adult prompting and cueing.

- <https://teacch.com/>

19. Targeted Visual Supports

There are a range of 'non-manualised' visual supports which can be used to:

- Reduce anxiety
- Increase predictability
- Support communication
- Increase independence and participation

These might be at an object, photo, symbol, picture or word level and include:

- Visual schedules for daily or social routines; task or activity schedules explaining the resources required and steps in an activity
- Timers or visuals to indicate the passage of time
- Environmental visual labelling – to make it clear what happens where, where things go or how many people should be at an activity
- Communication Supports, such as choice boards, social interaction supports, turn taking boards, talking mats
- Technology based visual supports and apps

- Home VSP resources
- Rutherford, M., Baxter, J., Grayson, Z., Johnston, L., & O'Hare, A. (2019). Visual supports at home and in the community for individuals with autism spectrum disorders: A scoping review. *Autism*, 1362361319871756.
- Arthur-Kelly, M., Sigafos, J., Green, V., Mathisen, B., & Arthur-Kelly, R. (2009). Issues in the use of visual supports to promote communication in individuals with autism spectrum disorder. *Disability and rehabilitation*, 31(18), 1474-1486.

20. Visual Timetable (symbols)

An individual visual timetable is recommended for all children with ASD.

It can support predictability and desirability each day. It supports transitions and managing familiar and unfamiliar as well as unexpected and expected events. The length and type of timetable depends on the child's stage.

In addition you may use a whole class visual timetable.

- It is a sequence of symbols usually organised from left to right.
- On the left is the current activity square and the rest of the symbols indicate the sequence of events for all or part of a day.
- When an activity is finished the child put the symbol in a finished pocket and puts the next activity on the current activity square.
- The child is taught to use it and the adults support it by ensuring that it is true (i.e. the symbol on the current activity square is what is happening now) and that it is accessible and visible.

- <https://www.autism.org.uk/about/strategies/visual-supports.aspx>
- See VSP 'How to Guides'

21. Social Thinking®

Social Thinking® is not a singular tool, but instead a constellation of concepts and related strategies to help all people better understand the social experience and how it can be taught through cognitive behavioural techniques.

Social Thinking strategies can be used by anyone teaching, counselling or living with a person with social learning challenges. Social Thinking® strategies are also being adopted for use with typically developing learners. Areas that Social Thinking tackles include but are not limited to:

- Working and learning as part of a group
- Social self-regulation and social skills
- Strategies to interpret others' social intentions and emotions
- Strategies to identify how learners function socially based on the level of their social mind
- Connecting the dots between our thinking, our feelings and our mental health
- Strategies to encourage the growth of one's perspective taking and socially based executive function skills
- Assessment of social competencies in the here and now
- Connecting one's social mind to their social skills as well as to their social academic interpretation and expression (written, oral, etc.)
- Teaching conflict resolution and social problem solving skills
- Teaching concepts and skills for relationship development
- Providing information to assist with understanding transition to adulthood choices
- Providing strategies for adults in the workplace

*NB it is important that Social Thinking is delivered by staff with suitable knowledge and that this approach is not used as 'behaviour control'. This message is emphasised in training delivered by the authors.

- <https://www.socialthinking.com/>
- Discuss this approach with your Speech and Language Therapist

22. Zones of Regulation®

This is a systematic, cognitive behavioural approach used to teach self-regulation by categorising all the different ways we feel and states of alertness we experience into four concrete coloured zones. The Zones framework provides strategies to teach learners to become more aware of and independent in controlling their emotions and impulses, manage their sensory needs, and improve their ability to problem solve conflicts.

By addressing underlying deficits in emotional and sensory regulation, executive functioning, and social cognition, the framework is designed to help move learners toward independent regulation. The Zones of Regulation incorporates Social Thinking® (www.socialthinking.com) concepts and numerous visuals to teach learners to identify their feelings/level of alertness, understand how their behaviour impacts those around them, and learn what tools they can use to manage their feelings and states.

*NB it is important that Zones of Regulation is delivered by staff with suitable knowledge and that this approach is not used as 'behaviour control'. This message is emphasised in training delivered by the authors.

- <http://www.zonesofregulation.com/index.html>

23. Social Stories™

A Social Story accurately describes a context, skill, achievement, or concept according to 10 defining criteria.

- It can support the person with the predictability or desirability of a social situation, to support positive engagement and reduce anxiety.
- The specific criteria guide Social Story research, development, and implementation to ensure an overall patient and supportive quality, and a format, “voice”, content, and learning experience that is descriptive, meaningful, and physically, socially, and emotionally safe for the child, adolescent, or adult with autism.

- <https://carolgraysocialstories.com/social-stories/what-is-it/>
- <http://www.autismtoolbox.co.uk/resources/interventions-and-approaches/social-stories/>
- <https://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>

24. Comic Strip Conversations

An approach designed by Carol Gray, which combines stick-figures with “conversation symbols” to illustrate what people say and think during conversations.

- Illustrated interactions that teach conversation skills to students with autism and related disorders.
- Showing what people are thinking reinforces that others have independent thoughts – a concept autism spectrum children don’t intuitively understand.
- Children can also recognize that, although people say one thing, they may think something quite different – another concept foreign to “concrete-thinking” children.
- Children can draw their own “comic strips” to show what they are thinking and feeling about events or people. Different colours can represent different states of mind. These deceptively simple “comic strips” can reveal as well as convey quite a lot of substantive information.

<https://www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx>

25. PEERS® Programme and PEERS in the Curriculum

PEERS is a manualised, social skills training intervention for youth with social challenges. It has a strong evidence-base for use with verbal and able adolescents and young adults with autism spectrum disorder, but is also appropriate for pre-schoolers, adolescents, and young adults with ADHD, anxiety, depression, and other socioemotional problems.

The associated PEERS in the Classroom manualised resource can be used in high school settings to support social communication.

<https://www.semel.ucla.edu/peers>

26. CBT based interventions

Research Autism have provided a review of current recommendations on CBT and Autism:

Cognitive Behavioural Therapy (CBT) is a talking therapy that can help people to manage their problems by changing the way they think and behave. It is designed to help people notice and understand how their thoughts, behaviours and emotions affect each other. It is also designed to help them learn new ways of thinking about and responding to distressing situations.

Anyone delivering CBT with children with autism should be appropriately trained in this method.

There are numerous interventions for people on the autism spectrum which are based on, or which incorporate, the principles of CBT.

- There is a reasonable amount of high quality research evidence to suggest that multi-component CBT programmes may help reduce the symptoms of anxiety in some primary school children and adolescents on the autism spectrum who have an IQ of 70 or more.
- There is insufficient evidence to determine whether CBT programmes can help any child or adult on the autism spectrum with other issues, such as anger or depression or with the core features of autism (sensory, communication and thinking differences, such as context blindness).
- There is insufficient evidence to determine whether CBT programmes can provide any benefit to adults on the autism spectrum.

- <http://www.researchautism.net/interventions/15/cognitive-behavioural-therapy-and-autism>
- Ask your local CAMHS team about CBT based interventions

27. Social Communication groups

Social Communication difficulties in autism are lifelong and such groups do not aim to be a one-off 'cure'. Rather they provide strategies relevant at the current time and context. Ongoing adaptations to support social communication are likely to be required after a group has finished at different points in life.

A range of social communication group activities and approaches are available and these can be effective for some children in some contexts but will not suit all children with autism.

- They are relevant for conversation partners
- These are most effective when they target specific skills and experiences and when there is a clear plan to support generalisation of these skills.
- Joint planning with school staff is essential.
- Parents should be kept informed of plans, targets and opportunities for supporting generalisation at home.

Before deciding to offer this intervention, consider current opportunities or barriers for meaningful social communication arising in day to day life.

- Consider and keep a note of:
 - How is the curriculum or physical environment adapted?
 - How do the people in the environment adapt?
 - What adaptations are already made/ needed/ suggested?
 - What strategies/ routines and opportunities are recommended?
 - Are recommendations being used consistently?

- Review the child's communication stage.
 - This approach suits children over 10 years of age who are Conversation Partners

At this point you may decide that a group is not the most appropriate next step and there might be other ways to meet the social communication target set (e.g. an out of school club or activity where children have a shared interest; adapting routines at school and opportunities for supported interaction or individual support)

If a group is selected as the strategy to meet a target:

- When children are under 10 years (early conversation partners), these should be either:
 - with parents in attendance, so that the impact is modelling support and strategies to parents (e.g. the Social Thinking 'we thinkers' resources can be used)
 - or, organised in the child's school with peers and adults who will support the generalisation of skills learned in the group into other contexts.
- For children in over 10 years (later conversation partners) they can be in school or out of school. To benefit from these children must:
 - Already be able to learn in a group of 5-8 children
 - Be able to generalise learning from one setting to others
 - Be able to manage the short term change of routine involved in attending a group, without undue anxiety, which then prevents their participation
 - Have strategies in place and working to manage anxiety and emotional regulation and success in day to day life at school at home
 - Have good language skills for talking about social communication vocabulary

- See local SLT guidance on supporting Social Communication
- Contact your local SLT team or education support team for more information

Evidence Based Toolkit: Part 2

Parent Supports Map

Parent focussed interventions

Parent mediated interventions and ASD specific parent supports across the age range are recommended in recent evidence based guidelines for ASD (NICE 2011; SIGN 2016) and in the microsegmentation report on costs of autism (Mackay et al., 2018).

- A range of parent supports can be offered
- There is research evidence that focussed, structured parent groups are effective in reducing parent stress, increasing family quality of life and in turn, supporting children with autism
- These supports take different forms to address different ages and stages of children and the location, frequency and type of support parents seek
- They are delivered through collective NHS and Education resources
- They are delivered both during the day and in the evenings, to suit family preferences
- The following programme of supports has been offered in one local authority in recent years through collaborative multi-disciplinary working.

Support	What this support is	Age range	Delivered by
Family Follow Up Meeting	A one off (1 hour) post diagnostic meeting for families of school aged children, to offer families the opportunity to discuss the diagnosis; supports and information and the co-ordination of local support	P1-S6	SLTs ASL Teachers CAMHS EPs 2 staff per appointment
Hanen More Than Words programme	A parent mediated intervention focussed on supporting families with a child with ASD or social communication difficulties to understand and adapt communication and play with their child. 5 evening sessions (parent group of around 8 families) and 1 home visit.	0 - 4 years	2 x Hanen Trained SLTs 40 hours each per programme
Hanen More Than Words - 'Keeping Hanen Going'	Drop-in sessions for families who have previously attended Hanen Programmes	0-4 years	2 x Hanen Trained SLTs 10 hours each
Hanen Talkability	A parent mediated intervention focussed on supporting families with a child with "high functioning ASD" or social communication difficulties to understand and adapt communication and play with their child. There is a focus on theory of mind and supporting friendships with peers. 8 evening sessions (parent group of around 8 families) and 3 home visits.	4-8 years	2 x Hanen Trained SLTs 40 hours each per programme

Williams and Wright programme	Parent group education and training (8 - 11 sessions) focussed on understanding ASD and support to plan and use positive behaviour strategies. Parents can bring up additional topics relevant to them (e.g. transitions).	P5 - P7	2 staff from CAMHS, ASL, EP or SLT 40 hours each per programme
PEERS programme	Manualised 14-week programme of 90-minute session with young people with ASD. Parents attend a parallel parent group. Focus on developing peer relationships and participation in community activities; parent-mediated support. Suitable for able and verbal young people with ASD, motivated to make friends.	S2 - S3	SLTs ASL Teachers EPs 4 staff, 50 hours each per programme
Teen Triple P (ASD)	Parent education and training (6 group sessions and 3 x 1:1 sessions or phone calls) focussed on helping parents/carers cope positively with some of the common issues associated with raising a teenager. The programme is not ASD specific but staff delivering it are ASD aware.	Secondary	EP CAMHS 2 staff approx. 30 hours each
Getting ready for P1	One-hour session for parents of children preparing to start school, delivered in local areas. Topics include pathways to support; how support is co-ordinated; how to prepare your child; effective communication with school staff; overview of professionals who may be involved in the child's support.	Pre-school year	ASL, SLT/ OT, EP 2 staff, 6 hours each
Parent Information Sessions (Pre-school)	A block of 6, 2 hour sessions for parents. Topics include ASD at this stage; meeting sensory needs; communication; understanding behaviour and anxiety; play/ leisure; signposting to ASD specific supports	Pre-school	ASL, EP CAMHS, OT and SLT 3-6 hours each per run of sessions
Parent Information Sessions (Special Provisions)	As above	As req'd	As above
Parent Information Sessions (P1-3)	A block of 6, 2 hour sessions for parents. Topics include ASD at this stage; meeting sensory needs; communication; understanding behaviour and anxiety; play/ leisure; signposting to ASD specific supports	P1-3	ASL, EP CAMHS, OT and SLT 3-6 hours each per run of sessions
Parent Information Sessions (P4 - 7)	A block of 7, 2 hour sessions for parents. Topics include ASD at this stage; meeting sensory needs; communication; understanding behaviour and anxiety; play/ leisure; supporting transitions; signposting to ASD specific supports	P4-7	ASL, EP CAMHS, OT and SLT 3-6 hours each per run of sessions
Information Sessions (P1 - 7)	A block of 6, 2 hour sessions for parents. Topics include ASD at this stage; meeting sensory needs; communication; understanding behaviour and anxiety; play/ leisure; signposting to ASD specific supports	P1-7	ASL, EP CAMHS, OT and SLT 3-6 hours each per run of sessions

Parent Information Sessions (Secondary)	A block of 5 or 6, 2 hour sessions for parents. Topics include ASD at this stage; meeting sensory needs and developing skills of independence; communication; understanding behaviour and anxiety; leisure; safe use of social media; sex and relationships; supporting transitions; signposting to ASD specific supports	Secondary	ASL, EP CAMHS, OT and SLT 3-6 hours each per run of sessions
Home Visual Support Project	A brief intervention to support families with 3-5 home visits to access and become confident to use developmentally appropriate visual supports with their child at home.	Early Years and Primary	ASL SLT

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Links to recent studies

SCERTS CSI study: www.ncbi.nlm.nih.gov/pubmed/29939056

SCERTS Hong Kong Study: link.springer.com/article/10.1007/s10803-018-3649-z

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