

Your Literally Ausome Teacher's Guide to Understanding Autism (ASD) and ADHD



Introduction

The purpose of this document is to provide information relating to Autism Spectrum Disorder (ASD) and ADHD (Attention Deficit Hyperactivity Disorder) and other neurological conditions* and how they affect a child's overall functioning and how they affect learning.

The information provided in this document provides details and facts about ASD and ADHD and provides context and framework relating to the presentation and behaviours of children with these neurological conditions.

It is not expected that educators become experts in identifying or diagnosing a child, as that is the role of Psychologists, Speech therapists and Pediatricians (i.e. multidisciplinary assessment team), rather to be knowledgeable enough to support children in their classrooms and care and provide the best learning environment for all students.

*Neurological conditions i.e. ASD, ADHD, Dyslexia, Dysgraphia or Dyscalculia

Introduction

For a child to receive a diagnosis for ASD, ADHD etc, a multidisciplinary assessment team completes comprehensive diagnostic evaluations and screening tools including the child's behaviour and development, cognitive ability, language skills etc.

This multidisciplinary assessment team must all agree that the child 'meets the criteria' in order for a final diagnosis to be made. It's an extensive (often expensive) and an emotionally exhausting process over weeks (sometimes months) with input from parents/caregivers and educators.

The assessment process is extremely thorough and must be undertaken by a multidisciplinary assessment team.

* Diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Introduction

Negative/poor behaviour of any kind (verbal, physical, violent, abusive etc) is **not** a characteristic or diagnostic feature of ASD, ADHD or any other neurological condition.

These behaviours can occur as a result of feeling anxious, frustrated, not being able to express one's feelings and thoughts, lack of control, impulsivity or sensory/stimuli overload.

ASD/ADHD etc may be the reason or cause for challenging behaviour but NEVER an excuse for it.

Educators need to be provided with tools and strategies to support these children, to minimise the onset or outcome of any challenging behaviour.

We hope this document provides the support you need and deserve.

What is Autism Spectrum Disorder (ASD)?

Autism spectrum disorder (ASD) is a neurodevelopmental disorder which is characterised as persistent deficits in social communication and social interactions across contexts as well as the presentation of restricted, repetitive patterns of behaviour, interests, or activities.

- There is no Asperger's Syndrome anymore - new diagnostic criteria, DSM-5, no longer recognises Asperger's as a diagnosis on its own. It's now part of 'a broader category' called Autism Spectrum Disorder (ASD).
- This new diagnostic criteria has moved those with Asperger's (considered a 'mild form of Autism') onto the Autism spectrum. This has resulted in comments like 'you/they/he/she doesn't look Autistic' due to the frame of reference for Autistics being like Raymond or Warren or those with Autism that are non-verbal or have a learning disability.

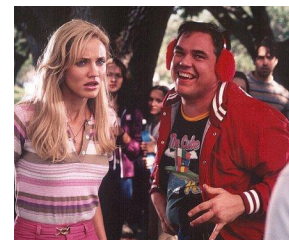


He/She doesn't
look Autistic.

©literally ausome 2021

And you don't look
like an arse-hole,
yet here we are.

**literally
ausome**
Talking Neurodiversity... Literally



Communication and Socialisation Challenges

- Difficulty reading body language, gestures and other non-verbal cues
- Difficulty understanding emotions through tone of voice and facial expressions.
- Struggle understanding sarcasm and jokes
- Very literal understanding of language
- Conversations are usually one-sided and the child may talk excessively about **their own** interests only with no consideration of anyone else involved in the interaction.
- They can become intensely interested in one topic, often to the exclusion of other activities or interests.
- The child may only interact with others when they need to.
- The child may only interact with others if the topic or activity is of something that interests or benefits them in some way and will only continue with the interaction if it remains beneficial to them.

Note: Children with average-high language skills (i.e. high IQ) will still have challenges understanding tone of voice, body language and facial expressions.

Other features of ASD

- Certain words and sounds are verbally repeated repetitively (called echolalia). (Repetitive behaviour)
- The child may only continue with a social interaction if the topic remains or is brought back their own special interest(s).
- Children use 'stimming' behaviours - self-stimulatory behaviours - to regulate themselves. This can be anything from fidgeting, intentional body movements or any behaviour that is repetitive and ongoing.
- Children may lose interest very quickly if the topic doesn't interest them (hypofocus) but can also be intensely focussed on something they are interested in for extended periods, sometimes shutting the world out as a result (hyperfocus).
- Alexithymia - those with ASD also have a condition called Alexithymia - (literally means 'no words for feelings') - and refers to a person's inability to identify or verbally describe his or her feelings. Responses to 'how are you?' or 'how did it make you feel?' are often learned responses and not always accurate. (See more on page 34 on how this affects children).

Other features of ASD

- What we mean by 'restricted and repetitive behaviour': Excessive need to follow routines, ritualised patterns of verbal or nonverbal behaviour and excessive difficulties with coping with change e.g. motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes.
- Highly restricted, fixated interests such as strong attachment to or a preoccupation with unusual object.
- Excessively limited interests or purposeless behaviour (e.g. words, thoughts, activities, strategies or emotions).
- Highly inflexible thinking patterns.
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects). Heightened senses can also impede functioning having to dilute them before engaging in socialisation and learning.

A few more things about ASD

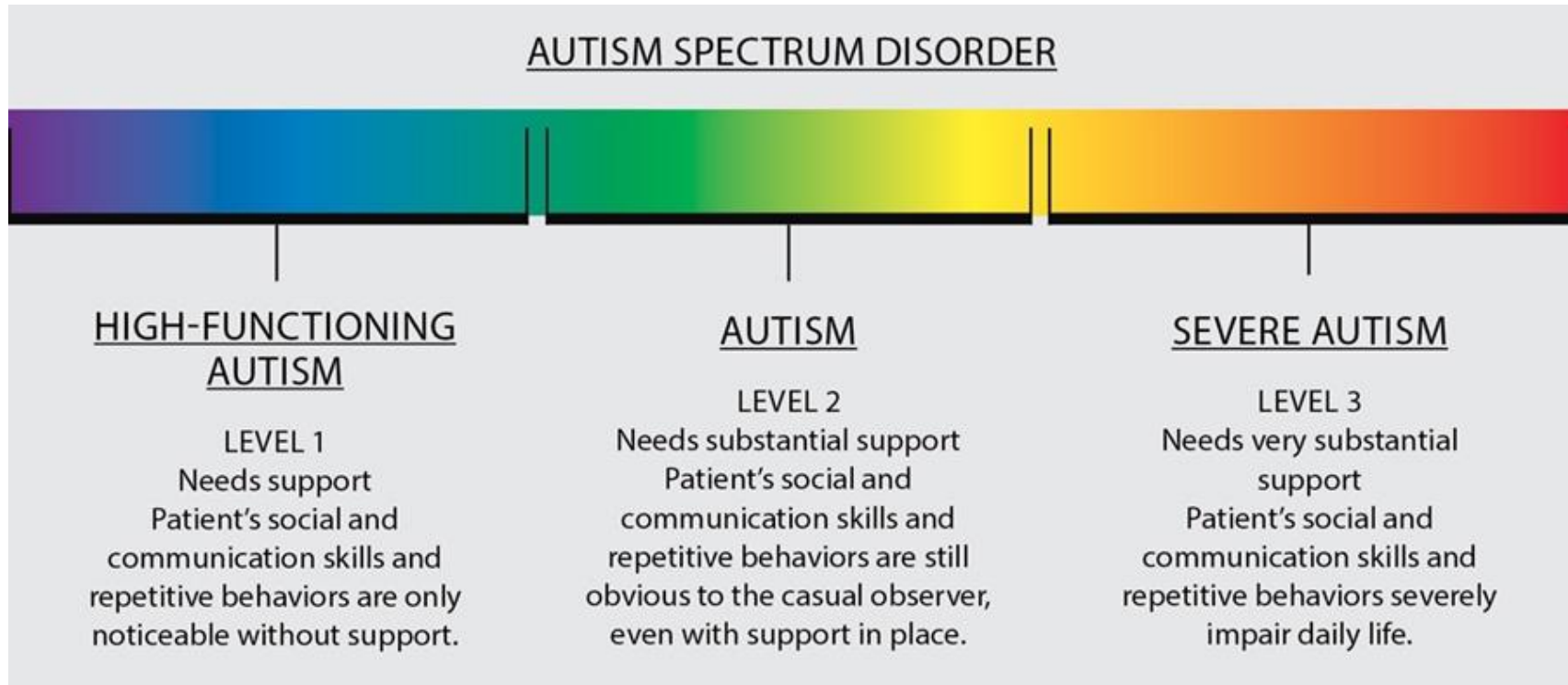
- We don't know what 'causes' Autism however the latest research suggests 80% of cases are reliant on inherited genes, with environmental causes being responsible for just 20% of the risk.
- ASD is a lifelong disorder with no cure.
- ASD is not an illness or a disease.
- ASD is not a learning disability
- Psychology, speech therapy, occupational therapy etc can greatly assist and support children with ASD, and their families^{**}.

No two children with ASD are the same – if you've met one person with Autism, you've only met one person with Autism!

* "Association of Genetic and Environmental Factors With Autism in a 5-Country Cohort", JAMA Psychiatry. 2019; 76(10):1092-1093, Dan Bai, MSc; Benjamin Hon Kei Yip, PhD et al

** See appendix 1 on page 39 for more information on ASD therapies.

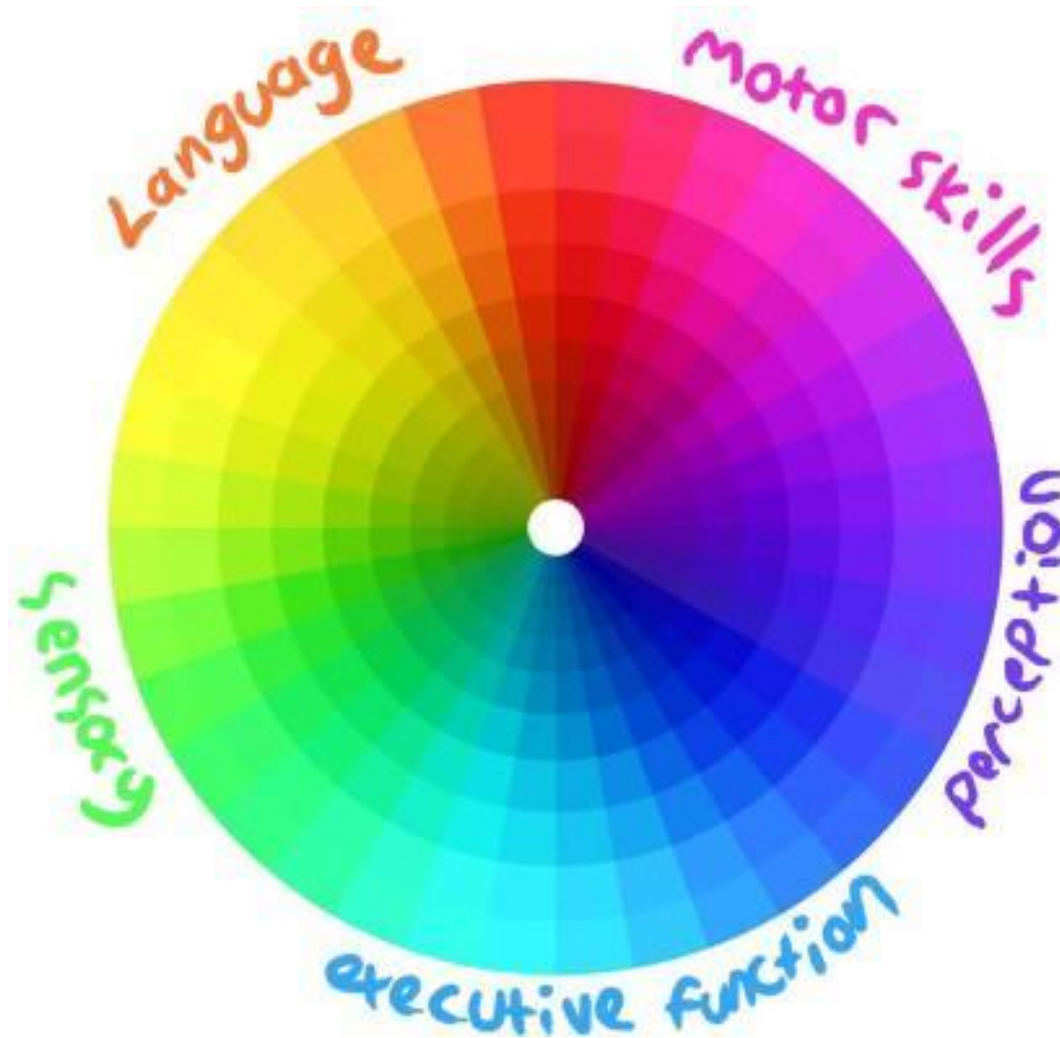
The Traditional Autism Spectrum - The Linear Spectrum



The Spectrum - Expanded

The Diversity of Autism					
Communication	Non-Verbal		Verbal		
Social Interaction	Aloof	Passive	Active/Odd		
Repetitive Behaviour Restricted Interest	Mild			Marked	
Sensory Processing	Hyposensitive			Hypersensitive	
Learning Style	Strong Visual Spatial Skills	Visual learner	Kineasthetic Gestalt Learner	Poor Executive Functioning	Detail -Focused
Intellectual Ability (IQ)	Severe	Moderate	Mild	Average	Gifted

The Autism Gradient



Source: <https://the-art-of-autism.com/understanding-the-spectrum-a-comic-strip-explanation/>

Are we Over Diagnosing Disorders?

- No! More is known about the 'Spectrum' and its presentation.
- Asperger's (and now ASD) was considered a male-only condition. Diagnostic criteria is still based on the male presentation.
- The traditional 'male' presentation/traits is being challenged. (i.e. 'no eye contact' and restricted interests like trains).
- No! There is a lost generation of male and female Autistics that struggled with a lifetime of misdiagnosis, social isolation, mental illness (as a result of misdiagnosis, anxiety, isolation and exclusion), they often self-medicated with alcohol and drugs and there are also many cases of those that died by overdose or suicide.
- This 'over-diagnosis' provides much needed self-awareness, understanding, insight and validation and most importantly, accurate and necessary support.

 thecoffeebee

"We didn't used to have all this ADHD and Autism and stuff" I think what you mean is that people used to go undiagnosed and get absolutely no help and were forced to suffer through their life because they had no support or understanding whatsoever but sure, Janice, pretend my generation invented Autism.

High Masking NOT High Functioning

“[So-called] Mild Autism doesn’t mean one experiences Autism mildly... It means YOU experience their Autism mildly. You may not know how hard they’ve had to work to get to the level they are”.

- Adam Walton

The worst thing about high-masking Autism is that you're too weird to be considered normal, but too normal for people to believe you're Autistic.

**literally
ausome**
Talking Neurodiversity..... Literally

Labelling someone as 'high functioning' is a misconception as it assigns an expectation that the individual is able to function adequately at school, work &/or in the community when in actual fact, are still confronted with & have to physically & emotionally regulate themselves through their significant social, communication & sensory challenges.

©literally ausome 2021

The term 'high functioning' is literally misleading as well as dismisses & diminishes the daily struggles of Autistics.

**literally
ausome**
Talking Neurodiversity..... Literally

I have what's called high-functioning autism, which is a terrible name for what I have, because it gives the impression that I function highly. I do not.

- Hannah Gadsby, 'Douglas'

**literally
ausome**
Talking Neurodiversity..... Literally

High functioning
Autism
does not mean
'Easier Autism'.

**literally
ausome**
Talking Neurodiversity..... Literally

High Masking Autistics

Female* presentation/traits and high-masking males

The profile of the high masking Autistic:

- Children/adults are often misdiagnosed with social 'difficulties' or anxiety disorders. i.e. shy, passive or reserved etc
- Increased social imitation skills - mimic behaviours and phrases, then often used in the wrong context or setting.
- Desire to interact with others as opposed to the previously identified preference of self-play.
- Better linguistic abilities developmentally
- Better imagination
- Eye contact during social interactions.
- Interests that focus on animals, people, cars, movies, climate change/environment or sport, being more 'socially acceptable' and 'age appropriate', than the previously identified fascinations with Thomas trains or dolls.

* Over the last decade, professionals are identifying general characteristics of females with Autism. Females with Autism should not be expected to 'fit' within the narrow guidelines of a male dominated diagnosis. (Source: Lai, Lombardo, Auyeung, Chakrabarti, and Baron-Cohen, 2014).

See appendix 1 on page 40 for more examples of the female presentation of ASD.

FAQs about ASD

→ Why is routine and predictability so important for Autistics?

For many children with ASD, obsessions, routines and rituals are a response to stress and anxiety. The world can be a very confusing and unpredictable place so their obsessions, routines and rituals let them feel more in control of their environment.

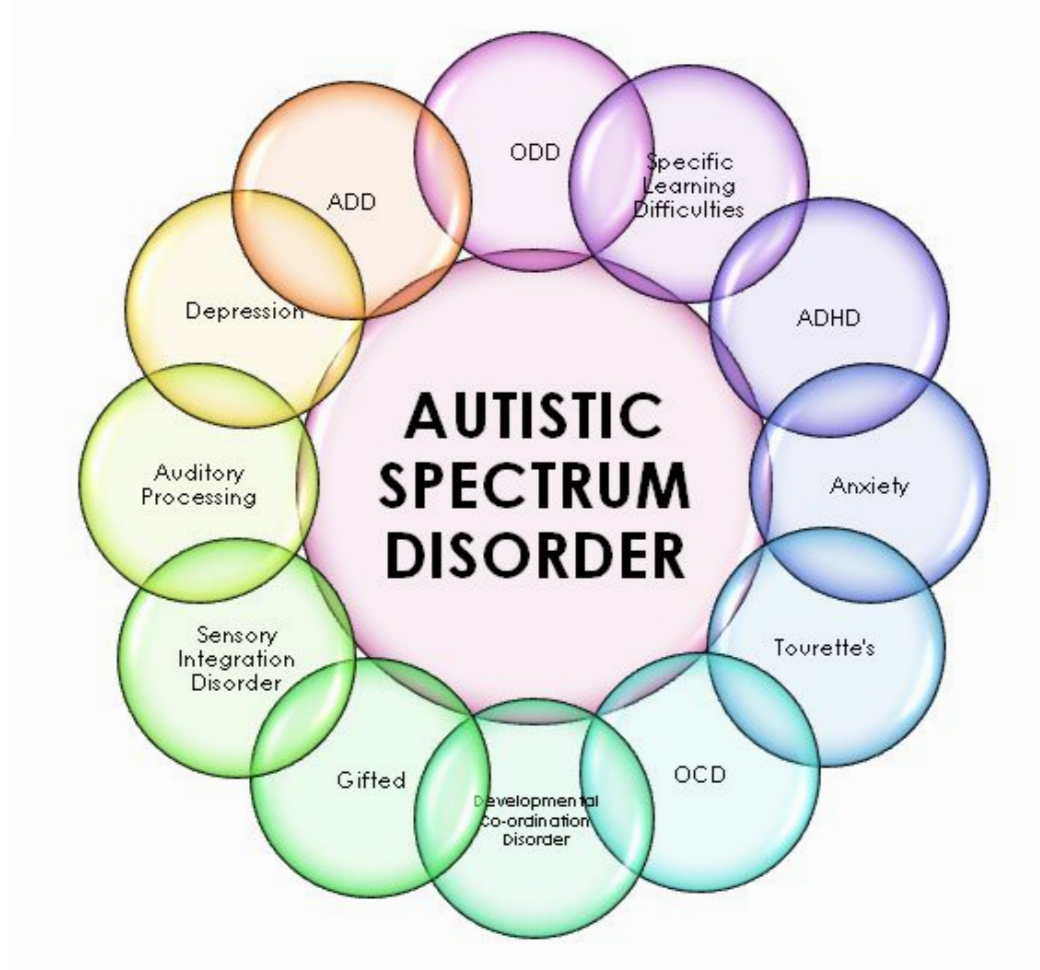
→ Do Autistic children lack empathy?

No. Autistics are actually extremely empathetic (and feel this pain also) however struggle with how to express their concern or sympathy or the correct ways (gesture, tone, facial expressions etc) required to support a friend/colleague etc.

→ Why don't people with Autism seem to care about or think about others?

Autistic people lack 'theory of mind', which is the understanding of the minds and thoughts of others in terms of their emotions, feelings, beliefs and thoughts. This comes across as self-centeredness and selfishness and is a very challenging concept to support. 'Thinking about others' does not come naturally and never will. Those with ASD that do social skills therapy learn when and how to 'check in' with others and also memorise scripts on how to go about this. 'Faking it til you make it' is a very common strategy. (See more on page 35).

ASD Co-existing Conditions



Attention Deficit Hyperactivity Disorder (ADHD)

- The name of the condition is misleading, as ADHD is not always a lack of attention (hyperfocus)
- ADHD has replaced ADD in the new DSM-5 diagnostic criteria.
- ADHD is a neurological condition NOT behavioural

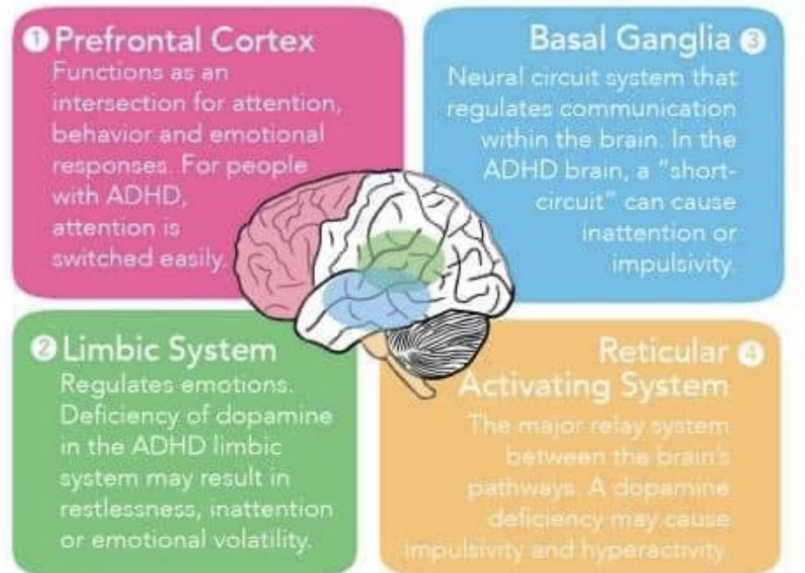
See page 21 for more information on executive functioning and how this affects functioning and learning.

What's the difference between ADHD & ASD?

© Literally AUS .me 2019	ADHD	Autism
Inattention	✓	✓
Easily distracted	✓	✓
Hyperactivity (movement)	✓	✓
Hyperactivity (talkative)	✓	✓
Impulsivity	✓	✓
Sensory Processing Challenges	✓	✓
Auditory Processing Challenges	✓	✓
Poor Executive Functioning Skills	✓	✓
Inability to stick to routines	✓	✓
Rigid adherence to routines		✓
Sleep issues/disturbances	✓	✓
Social awkwardness	✓	✓
Social & Communicaton Challenges		✓
Hyperfocus	✓	✓
Variety of Interests	✓	✓
Narrow Interests		✓
Balance & Coordination Issues	✓	✓



How ADHD affects the brain



Attention Deficit Hyperactivity Disorder (ADHD)

There are 3 types of ADHD: Inattentive type, Hyperactive/Impulsive type and Combined type.

The 3 Types of ADHD

©literally ausome 2020

Inattentive

People with inattentive ADHD make careless mistakes because they have difficulty sustaining attention, following detailed instructions & organising tasks & activities. They are forgetful, easily distracted by external stimuli & often lose things.

Hyperactive/Impulsive

People with hyperactive ADHD feel the need for constant movement. They often fidget, squirm, & struggle to stay seated. They appear to act as if 'driven by a motor' & often talk &/or run around excessively. They interrupt others, blurt out answers & struggle with self-control.

Combined

People with combined-type ADHD demonstrate six or more symptoms of inattention & six or more symptoms of hyperactivity & impulsivity.

**literally
ausome**
Talking Neurodiversity..... Literally

See page 43 for the female presentation of ADHD.

Challenges for children/students with ADHD*

- Paying attention
- Controlling impulses and emotions
- Awareness of time (time passing, unrealistic judgements of time i.e. how long things actually take and punctuality)
- Writing, spelling, note-taking and long-term projects e.g. essays and reports
- Social skills
- Staying still/seated
- Difficulty following directions
- Forgetting tasks/completing tasks/failure to do or complete
- Reading and writing tests may require more time as there may be difficulty demonstrating knowledge on tests.
- Difficulty with organisation, starting tasks or assignments & homework

These are examples of Executive Functioning Challenges. See over for more information.

* See appendix 2, on page 41, for further information

Executive Functioning

Executive Function is described as ‘the CEO of the brain’, where mental skills consolidate to help us get things done.

When children struggle with these executive functioning skills, it directly impacts their learning. Children with ASD and/or ADHD have issues with processing information and executive functioning.

The three main areas of executive function are:

- Working memory
- Cognitive flexibility (also called flexible thinking)
- Inhibitory control (which includes self-control)

Executive function develops over time so children may struggle in different ways and at different stages. Children with ASD and/or ADHD can be between 3-5 years behind their peers (neurotypical children).

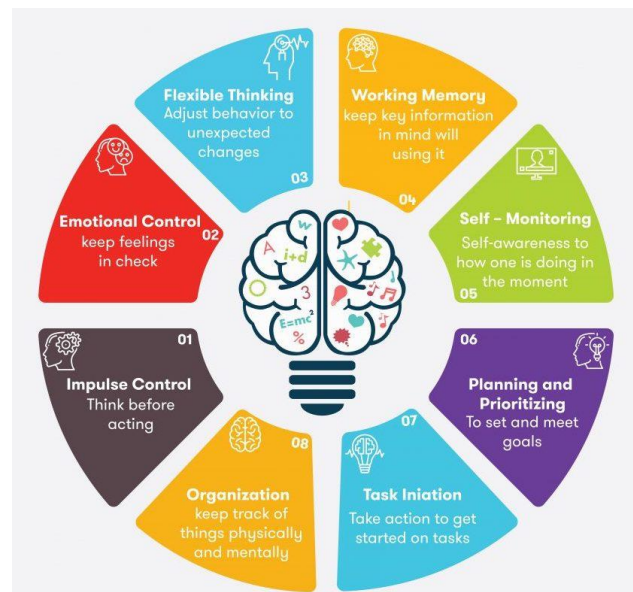


Executive Functioning

Executive function is responsible for a number of skills, including:

- Paying attention
- Organising, planning and prioritising
- Starting tasks and staying focused on them to completion
- Understanding different points of view
- Regulating emotions
- Self-monitoring (keeping track of what you're doing)

* See appendix 3 on page 45 for further information on executive functioning.



3 Areas of Executive Function

Not all experts look at executive function (EF) in the same way. But many view it as a group of three skills that allow kids to manage their thoughts, actions and emotions in order to get things done. They also enable kids to plan, manage time and organize.

Kids with ADHD struggle with executive function. That's because the three main EF skills are responsible for attention and self-regulation.

1. Working Memory

Being able to keep information in mind and then use it in some way. A child might use this skill to read a passage on an English test, hold on to the information, and use it to answer questions.

2. Cognitive Flexibility (also known as flexible thinking)

Being able to think about something in more than one way. A child might use this skill to answer a math problem in two ways or to find relationships between different concepts.

3. Inhibitory Control (includes self-control)

Being able to ignore distractions and resist temptation. A child might use this skill to keep from blurting out an answer in class. It helps kids regulate their emotions, and keep from acting impulsively.

Executive function is responsible for these five skills:



- Paying attention
- Organizing and planning
- Initiating tasks and staying focused on them
- Regulating emotions
- Self-monitoring (keeping track of what you're doing)

Skills Related to Executive Function



Hot Executive Function

This skill comes into play in situations that aren't emotionally "neutral." It helps kids manage their emotional reactions so they can use their executive skills to perform a task. A child might rely on hot executive function during a spelling bee to keep his excitement or anxiety in check. Kids also use it to resist temptation in order to get a larger reward.



Reflection

Reflection is a process that allows kids to notice challenges, pause, think about their options and put things into context before they respond. This skill is central to solving problems, and kids can build it. The more they practice reflection, the easier and faster the process becomes.



Processing Speed

Kids need to go through the reflection process quickly and efficiently to solve problems on time. That's where processing speed comes in. Some experts view this skill as the engine that drives how well kids can use their executive skills to solve problems and achieve goals.

Understood

for learning & attention issues

For more tips and resources, go to [understood.org](https://www.understood.org)

Copyright © 2017 Understood.org USA LLC

Generalised Anxiety Disorder (GAD)

There is considerable evidence that those with ASD and/or ADHD are at increased risk of anxiety and/or anxiety disorders. Anxiety is one of the most prevalent co-occurring symptoms in those with ASD and/or ADHD.

Anxiety presents itself in many different ways...

The desire to control people and events



Difficulty getting to sleep



Feeling agitated or angry



Defiance and other challenging behaviors



Having high expectations for self, including school work & sports



Avoiding activities or events (including school)

Pain like stomachaches and headaches



Struggling to pay attention and focus



Intolerance of uncertainty



Crying and difficulty managing emotions



Over-planning for situations and events



Feeling worried about situations or events

www.thepathway2success.com Clipart by Kate Hadfield & Sarah Pecorino

Generalised Anxiety Disorder (GAD)

Children with GAD experience excessive anxiety and worry about multiple events and/or activities. They find it difficult to control these feelings and this can interfere with their ability to pay attention to, or complete tasks.

Symptoms of GAD significantly impacts everyday functioning.

What does GAD look like?

- Restlessness/on edge
- Excessive worry and apprehension with future events
- Tire easily and difficulty with concentrating
- Irritability
- Difficulty sleeping (Falling asleep, staying asleep, and/or quality of sleep)
- Muscle tension
- Other physical experiences e.g. increased heart rate, shortness of breath, sweating, nausea and/or diarrhoea.

How anxiety impacts a child at school

Children that learn and think differently are more likely to have anxiety. In some cases, learning and thinking differently can create anxiety and in other cases, there may be a genetic link between anxiety disorders and certain differences.

Children with ASD and/or ADHD are up to three times more likely to have anxiety, often worry about school and their performance and may also adopt perfectionism as a coping mechanism.

Anxiety can make a child uncomfortable at school and this discomfort can be distracting and affect their concentration and absorption of information almost impossible.

Anxiety is often the most common cause of task avoidance in the classroom, school avoidance and/or refusal & challenging behaviour in the classroom.

Highly recommend watching Jacob Ham's video on 'Understanding Trauma: Learning Brain vs Survival Brain': <https://www.youtube.com/watch?v=KogaUANGvpA>

* See appendix 4 on page 46 for further information on anxiety.

Meltdowns and Shutdowns

A meltdown is NOT a tantrum

Tantrum vs Meltdown

©literally awesome 2021

- | | |
|--|--|
| ☹️ The child is looking at you for a reaction. | ☹️ The child is NOT looking at you for a reaction. |
| ☹️ The child is considering their own safety. | ☹️ The child is NOT considering their own safety. |
| ☹️ The child is making an effort to communicate their needs. | ☹️ The child is NOT making an effort to communicate their needs. |
| ☹️ The child is in control of their behaviour. | ☹️ The child is NOT in control of their behaviour. |
| ☹️ The child is able to calm down after the situation is resolved. | ☹️ The child is UNable to calm down after the situation is resolved. |

**literally
awesome**
Talking Neurodiversity..... Literally

Meltdowns and Shutdowns

©literally awesome 2021

Meltdowns

- ☹️ These happen when a person is emotionally overwhelmed by unpleasant feelings that can no longer be controlled or hidden from others.
 - ☹️ Behaviours may show extreme behaviours like shouting, self-harm, aggressive behaviour & repetitive behaviours.
 - ☹️ Meltdowns are time-limited.
 - ☹️ During meltdowns, there may be a risk of harm to the person themselves or to others.
- Meltdowns can be very distressing for the person as well as the people supporting them.

- ☹️ During a meltdown, a person finds it extremely difficult to process verbal language & will be more threatened & anxious by the words coming at them which they can't comprehend or reply to.
- ☹️ A child will likely operate a fight or flight response, so provide them with a safe place to go to calm themselves down. Make sure the person is safe & not a threat to themselves or anyone else.
- ☹️ If destructive or aggressive behaviour occurs during a meltdown, discussing these during the meltdown is not the time.
- ☹️ These behaviours need to be dealt with & discussed during times of calm not during times of crisis. Discussing the, during the meltdown will only serve to inflame the situation further. Once the young person is fully calm after the event, they can be asked about what happened & decisions about consequences can then occur.

Shutdowns

- ☹️ During a shutdown, a person may either partially or completely withdraw from the world around them. They may not respond to communication anymore, retreat to their room or lie down on the floor.
- ☹️ They may also no longer be able to move from the situation they are in, no matter what it is (for example, a shopping centre or a classroom).
- ☹️ Shutdowns tend to be more discreet than meltdowns & may sometimes go unnoticed. However, like meltdowns, they are a person's response to reaching a crisis point.
- ☹️ The only thoughts the person's having is ruminating about what caused the shutdown.

- ☹️ Give the person time to withdraw & recover from their shutdown.
- ☹️ Discuss with the person when they are not distressed how they would like to be supported during a shutdown.

**literally
awesome**
Talking Neurodiversity..... Literally

The Disability Standards for Education

The Disability Discrimination Act states that it's against the law to discriminate against someone because of their disability.

The Disability Standards for Education explain what these laws mean for students with a disability, that they have the same right to take part in their education as students without disability.

'Student with a Disability' is any student who has a physical disability, visual impairment, severe behaviour disorder, intellectual disability, hearing impairment, autism spectrum disorder and/or severe language disorder with critical educational needs.

Any student with a disability, funded or unfunded, has the right to have Student Support Group (SSGs) each term with the school (principal, wellbeing coordinator or teacher) to go over their child's education and wellbeing needs.

The school is also legally required to make 'reasonable adjustments' to the curriculum to support any student with a disability. This is also known as an Individual Learning Plan (ILP) or Individual Education Plan (IEP).

How you can support and assist students

- Team approach - Consistent language/terminology* and behaviour management that is used by the child's therapists. (If the child does not have any therapists, request information from the child's parents on what strategies to use and when).
- Follow the ILP and attend and be vocal at SSGs as you are the child's best advocate having insights on their learning styles, capabilities and challenges. (Ensure your reports reflect any adjustments made).
- Ensure thorough handover to the child's teacher the following year/or if you are going on leave for an extended period.
- Ensure your team (year level and specialist teachers) knows about your students conditions.
- Share information with your team (year level and specialist teachers) on how to manage/look after your student if they meltdown or shutdown.
- If you're unsure about strategies or ways to approach or engage with a student, ask the child's parents or Wellbeing Coordinator.
- Ensure your CRT documentation has been updated and consistent with your team's information.

* See over for explanation of terminology.

How you can support and assist students

- Terminology - Use terms such as 'expected' and 'unexpected' behaviour and hard limits/hard no's, 'move on' from unhelpful thoughts and feelings, being a 'flexible thinker' and 'thinking of others', which is consistent with the terminology that is being used in your student's therapy sessions and social skills groups.
- Ensure your rules in terms of expectations and the classroom rules you have established are clear and consistent. (Make sure you stick to the rules too!)
- Set up ways to communicate with your student i.e. if they are prone to shutting down, develop hand signals/sign language for you/them to tell/show what action needs to take place.
- Develop strategies for your student to express their need for a time out - non verbal and discreet.
- Have a visible daily schedule of activities (and keep them consistent) and prepare students about transitions. Warn/prepare students of changes to the schedule (when possible), allowing time for your student to process these changes (if time permits and/or if necessary for a particular student).

How you can support and assist students

- Limit directions to two steps at a time making allowances for slow processing speed and challenges with following directions.
- Provide your student with a predetermined and agreed upon designated time-out place and time period for your student to decompress. (A time timer is useful as it will alert both you and the student when it's time to return to class/their desk/table. It may never be utilised, however, knowing there is an option for time out may provide adequate reassurance).
- Encourage flexible thinking
- Don't force your student to look at you when you're talking. Sometimes looking away helps with their focus. You can use hand signals to ensure your message was understood and they were listening.
- Use visual reminders of the steps required for a task e.g. write your name and date at the top of the page, answer questions 1-5 and use 'story ladder/mountain*' visual to help the student with creative writing tasks.

* Google 'Story ladder' or 'Story Mountain' for use.

How you can support and assist students

- Literature - Develop character profiles in texts so that your students can complete tasks that require prediction and inference in texts. The social and communication challenges of ASD/ADHD will otherwise impact their ability to work out what's occurring in a story and/or what will happen next, how the character feels/might feel etc.
- If a student in your care is starting medication (or trialing), or is already medicated, provide honest feedback on their presentation during the day when asked.

Note: Because medication is stigmatised, parents are often advised by their Pediatricians to do 'blind trials', which is not divulging teachers about the child being medicated. Mentioning to parents that you're not adverse to medication (only, of course, if this is the case) will open up lines of communication about this.

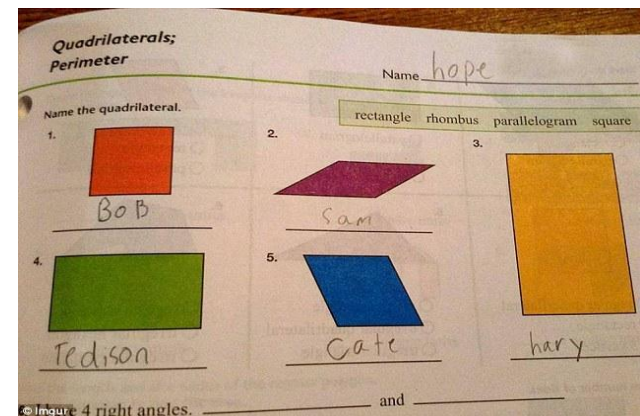
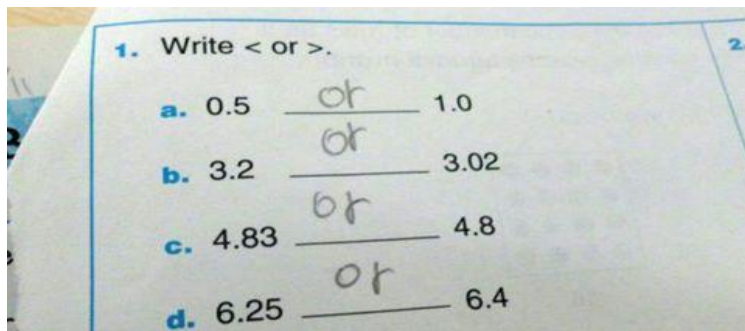
- Use/make visual scripts/social scripts (i.e. social stories) to help explain new activities and/or procedures to your student/s.

How you can support and assist students

- Group work can be challenging as social and communication challenges i.e. body language, gestures and tone of voice needs to be decoded on top of understanding the task and staying on task.
- Group work can be challenging around idea generation and the sharing of ideas when a student with additional needs is not being flexible around other people's ideas, ways of doing things or taking over completely (as a strategy to avoid being identified as not being flexible). If relevant/appropriate, dividing the group tasks and having your student complete work on their own and then contributing it to the group once complete may be a strategy for the student to feel valued and included).
- Group work - be clear if the overall results will be for all members of the group or individual results.
- Be mindful of sensory sensitivities: cooking classes (smells and wanting to clean hands often), music class (noise), sport classes and the use of whistles, horns and starter pistols.

How you can support and assist students

- Students with additional needs are expected to join neurotypicals (those that don't have ASD, ADHD, dyslexia, dysgraphia and dyscalculia) into their world. Knowing the child's special interest (Minecraft, Lego, Star Wars, the anatomy etc) allows you to use these themes to explain social situations, social issues as well as encouraging with tasks in the class. We need to spend some time in their world too.
- Avoid sarcasm and literal language. Think about how instructions can be interpreted.



How you can support and assist students

- When you're talking to an ASD/ADHD student, consider they are decoding what you're saying in relation to your body language, tone and gestures, decoding language when it's literal in nature and at the same time trying to understand the content of what you're saying based on the environment/setting you're in.
- Slow Processing Speed can be attributed to this decoding and deconstruction as they have to access their learned mental images of what each expression and gesture means and also interpreting the tone of voice being used and if this matches their learned mental images.
- Alexithymia makes it very difficult for children with ASD to describe how they're feeling, not due to slow processing speed, but due to their inability to identify or verbally describe their feelings. High masking ASD children tend to respond using pre-rehearsed or common replies which may not be accurate.

How you can support and assist students

- Problem solving and frustration - a child's level of distress can be escalated to the point of physical and/or emotional pain, so giving up quickly or avoiding tasks ends this pain. Visual stories and real life examples can be used to reduce the intensity of these feelings.
- Checking in with your student during the day using a feelings thermometer (which the student can develop) can release their frustration/confusion/anger valve reducing the severity of their after school meltdown.
- Making mistakes can be extremely distressing to the point of phobic reactions due to the fear of appearing stupid, and often a 'don't try and then you won't make a mistake' approach is adopted. Reinforcing that mistakes are part of learning can have a very positive impact.
- Be mindful of your students struggle seeing other people's perspectives when explaining both real and hypothetical social issues due to due to the lack of 'theory of mind' (as seen on page 16) in Autistic children. They're genuinely unable to understanding of the minds and thoughts of others in terms of their emotions, feelings and beliefs.

Unhelpful Comments to Parents

→ ‘We’re all a little bit Autistic’

No we’re not. The spectrum doesn’t start at neurotypical. It starts at Autism. You can’t be a little bit pregnant or a little bit dead. You also can’t be a ‘little bit Autistic’. Saying this also dismisses and diminishes the reality and struggles someone with ASD experiences every day and their families.

→ ‘Isn’t that a little late to get a diagnosis? Wouldn’t you know by now? Don’t these things get picked up earlier.’

Yes early diagnosis for those children that present with the typical traits and characteristics as per the DSM-5 criteria is done at an earlier age and by the time they enter primary school have had years of early intervention and therapy. The average age of ‘high masking’ children being diagnosed is 8 year for boys and 12 years for girls.

This statement is also triggering for parents who feel as if they’ve failed their child(ren) and feel immense guilt for ‘not seeing it’ and not having their child(ren) diagnosed earlier (even though no one else ‘saw it’ either).

Unhelpful Comments to Parents

→ ‘Really? I just don’t see it or ‘Are you sure?’

It’s really ok that you can’t or don’t see it as our children are complex and mask their traits very well. This is precisely why these children are not diagnosed until mid-end of primary school.

The presentation of males and females is very different and very subtle. Some boys also present with these female characteristics and why they also get missed or overlooked.

Parents have obviously been struggling with their child’s(ren’s) behaviour at home which has led them down the path of assessments and diagnosis. This comment can feel very minimising of the struggles this family is going through. There also may be some families that have endured years of their child(ren) being misdiagnosed or dismissed by professionals and have had to fight just to have their child(ren) assessed.

We know these comments/questions are not meant to be hurtful or insulting, but can be met with very defensive responses.

You don’t have to see it, just please, don’t dismiss it.

Unhelpful Comments to Parents

→ ‘They’re obviously high functioning’

No, they’re high masking. Trust parents when they tell you that there is a cost to their masking at the end of the school day.

→ ‘It’s such a shame they’re missing so much school because of all of their therapy appointments’

Before school and after school appointments are almost impossible to get so there will be times that children need to miss part of their day for therapy.

Those children with late(r) diagnosis’s have come as a result of there being severe or challenging behaviour at home, making therapy integral and necessary to the child’s, and often the family’s, functioning.

Appendix 1 - ASD Supports

Most children with ASD have one or more therapies that is personalised to each child's needs and the nature of their impairment/s.

- ✓ **Speech therapy:** Helps children improve their language and social skills - pragmatics, back and forth conversation.
- ✓ **Behaviour therapy:** Strategies to assist with anxiety, emotional regulation strategies and also provide support at home - routine and behaviour supports.
- ✓ **Social skills development:** Assists children to developing social and communication skills.
- ✓ **Occupational therapy:** Assist children who are oversensitive to hearing, visual input or touch.
- ✓ **Department of Education:** Student Support Group (SSGs), Individual Learning Plans (ILPs) and/or funding for an aide.
- ✓ **Medication:** May be helpful in some specific situations.

Access to supports are via Medicare Mental Health Care Plans (10 sessions per year), Enhanced Care Plans (5 sessions per year), Better Access to Mental Health plan from Pediatrician (20 sessions per lifetime). Therapy financial support from the NDIS.

The female presentation of ASD

Are you concerned your daughter isn't coping socially or emotionally?

Does she have anxiety or sensitivities to food, clothes or noise? Have you considered **autism**?

Girls often present differently to boys, and are often mis-diagnosed, mis-understood, or missed completely. But with better understanding we can change this. Learn more about the common traits in girls below:

Common traits in girls

- She may display **extreme focus** on her special interest (commonly animals, nature, books, art)
- She may be described as being either **extremely shy** or **not aware of 'social boundaries'**
- She may **withhold her anxiety** in public but then **melt-down** or **shut-down** once home
- She may be **overly dependent or reliant** on one friend and have trouble coping without them
- She may be extremely **interested in socialising**, but **unsure** how to approach making connections
- She may have **sensory sensitivities** (eg. noise, clothing, temperature)
- She may exhibit **extreme reactions**, compared to the size of the problem
- She may **interpret language literally**
- She may be more **fluid in her gender identity** (eg. prefers less 'girly' clothes or be extremely 'girly')
- She may be **extremely empathetic, nurturing and sensitive**

Find a clinician that understands the female presentation of autism. Go to www.yellowladybugs.com.au for more information.



Yellow Ladybugs is a volunteer community group who proudly create social events, similar to birthday parties, where autistic girls can come together and have the opportunity to meet and bond over their similar journey. Our vision is to foster a strong bond, which will ultimately create a network of friends outside of school.

For more information, or to register your interest for future events go to www.yellowladybugs.com.au

AUTISM and GIRLS THE HIDDEN GENDER



Unlike stereotypical autistic boys, autistic girls may have:

- **NO language delay problems**
- **NO interest in technical things** (like spinning wheels)
- **Autistic girls often:**
 - Are very shy
 - Are less prone to aggressive outbursts (especially away from home)
 - Want to make friends
 - Copy social behaviour
 - Only have one mother hen friend at a time
 - Are highly intelligent & academically gifted
 - Have very good memories (such as for facts or events)
 - Say NO a lot
 - Have poor eye contact, especially with strangers
 - Enjoy arranging toys into groups or sets
 - Are very creative & imaginative
 - Create elaborate fantasy worlds
 - Have obsessive interests (such as in animals, songs or books)
 - Are hypersensitive to stimuli (like sunlight or sudden noises)
 - Have over the top seeming emotional reactions

- **By age 7 or 8**
 - Social alienation increases as peers use more complex nuances.
 - Stress increases at home, whilst being model pupils at school.

EARLY DIAGNOSIS CAN PERMANENTLY REDUCE THE IMPACT OF AUTISM AND TRANSFORM LIVES.

Poster created by L Style, autistic mother. Content endorsed by Professor David Skuse MD FRCP FRCPsych FRCPCH, Behavioural and Brain Sciences Unit (Head), Institute of Child Health, University College London. The National Autistic Society was not involved in the creation of this flyer, but they also have information and advice about autism and gender, which can be viewed at: www.autism.org.uk/gender.

Effects of Autism: Boys vs. Girls

<ul style="list-style-type: none"> • More repetitive behaviors • More "restricted" or overly focused - interests • Tend to have trouble with vocabulary and word knowledge 	<ul style="list-style-type: none"> • Fewer repetitive behaviors, like hand-flapping or spinning • Restricted interests tend to be more socially acceptable • Better vocabulary and word knowledge
---	--

AUTISM IN GIRLS?

www.littlepaddins.ie

BEHAVIOUR

SPECIAL INTERESTS: more than a hobby, become ritualistic and obsessive. Often can involve animals and/or literature

MASKING: Learns to watch human behaviours and masks their own difficulties by imitating what has been learned.

SORRY: May apologize & try to appease in social situations

ANXIETY: Prone to anxiety when changes occur unexpectedly.

STIMMING: May be milder externally but may be internalised together with intense thoughts

PERFECTIONISM: in certain aspects of life, as a means of control.

SENSORY: may have aversions or attractions to certain stimuli ex. foods, textures, sounds etc

COMMUNICATION

VOCAB: May have an exceptional vocabulary.

MIMIC: Will mimic rather than exhibit an appropriate natural response in conversation

NON-VERBAL: Struggle with non-verbal communication, such as body language, gesturing, facial expression, tone of voice.

UNEXPECTED: Has difficulty dealing with unexpected verbal responses

AWARE: May be more aware of the need for social interaction

REACTIONS: May have over the top reactions to events and interactions

SOCIAL

SHY: appears excessively shy, avoids interactions where possible and usually won't make a first move

CONVERSATIONS: may make them feel uncomfortable & eye contact may be difficult for them

FITTING IN: May want to have friends but finds it difficult to fit in with their friends of their own

MOTHERED: may be mothered by others in primary school but may be bullied in Secondary School

EXPLODES: at home they may explode into meltdown but can somehow hold it together in public

FRIENDS: May have only 1 or 2 close friends if any

Girls with autism

Social

Appears excessively shy or avoids interacting with others or making the first move socially

Seems uncomfortable during conversation and may struggle with eye contact

Usually has only one close friend at school

May play appropriately with toys and engage in pretend play or may focus on organizing objects or toys

Often shows empathy and compassion but may be confused by non-verbal social signals

May have difficulty fitting in with peers due to clothing and hairstyle choices

Behaviour

Less prone to act out physically or aggressively

Intense focus on a particular subject, often involving animals or classic literature

Appears anxious when there are changes in routine

Practices rituals that appear to have no function

May play with dolls or toys well beyond the typical age for these items

Appears to have attractions or aversions to sensory stimuli, such as textures, foods, sounds, or visual patterns

May engage in limited self-stimulating behavior, such as hand flapping, rocking, spinning, or shifting from foot to foot

Communication

May have an exceptional vocabulary

Tends to mimic rather than providing natural responses

May converse in predictable, "scripted" ways

Seems to struggle with non-verbal aspects of communication, such as body language and tone of voice

May use odd inflection

Appears to have difficulty dealing with unexpected verbal responses

<http://autism.lovetoknow.com>

Females on the Autism Spectrum

Behaviour

Less prone to act out physically or aggressively

Intense focus on a particular subject, often involving animals or classic literature

Appears anxious when there are changes in routine

Observes human behaviour, learning to mask difficulties

Practices rituals that appear to have no function

May play with dolls or toys well beyond the typical age for these items

Tenacity toward perfectionism in certain aspects of her life

High risk of having episodes of eating disorders and self medication

Stimming behaviors, such as hand flapping, rocking, or spinning can appear much milder. They can also be internalised/thoughts instead of external behaviours

May apologise and appease when they make a social error

Often more socially aware and driven

Communication

More aware of the need for social interaction

May have an exceptional vocabulary

Tends to mimic rather than providing natural responses

May converse in predictable, "scripted" ways

Seems to struggle with non-verbal aspects of communication, such as body language and tone of voice

May use odd inflection

Appears to have difficulty dealing with unexpected verbal responses

More able to follow social actions through observation

Usually has only one or two close friends at school

May have difficulty fitting in due to clothing and hairstyle choices

May make greater efforts to avoid drawing attention to themselves

Appears excessively shy or avoids interacting with others or making the first move socially

Can be quite controlling in play

Seems uncomfortable during conversation. Can struggle with eye contact

Often "mothered" by others in primary school but bullied in high school

May play appropriately with toys and engage in pretend play or may focus on organizing objects or toys

Often shows empathy and compassion but may be confused by non-verbal social signals

Usually holds it together well while out and explodes at home

www.theblackduck.com.au

©Copyright the little black duck 2018. All rights reserved. Advice is general in nature. Not to be reproduced without prior permission.

Appendix 2 - Supporting Students with ADHD

Explaining ADHD to Teachers

Share this infographic, created by Chris A. Zeigler Dendy and Alex Zeigler, with your teacher (artwork adapted by ADDitude magazine).

The Tip of the Iceberg: The Obvious ADHD Behaviors

Hyperactivity

- > Can't sit still
- > Fidgets
- > Talks a lot
- > Runs or climbs a lot
- > Always on the go

Impulsivity

- > Lacks self control
- > Difficulty awaiting turn
- > Blurts out
- > Interrupts
- > Intrudes

- > Talks back
- > Loses temper

Inattention

- > Disorganized
- > Doesn't follow through

- > Doesn't pay attention
- > Is forgetful
- > Doesn't seem to listen
- > Loses things
- > Late homework

Hidden Beneath the Surface: The Not-So-Obvious Behaviors (2/3 have at least one other condition)

Neurotransmitter Deficits Impact Behavior

- > Insufficient levels of neurotransmitters, dopamine and norepinephrine, results in reduced brain activity.

Weak Executive Functioning

- > Working memory and recall
- > Getting started, effort
- > Internalizing language
- > Controlling emotions
- > Problem solving

Impaired Sense of Time

- > Doesn't judge passage of time accurately
- > Loses track of time
- > Often late
- > Forgets long-term

- projects or is late
- > Difficulty planning for future
- > Impatient
- > Hates waiting
- > Time creeps
- > Avoids doing homework

Sleep Disturbance (56%)

- > Impacts memory
- > Doesn't get restful sleep
- > Can't fall asleep
- > Can't wake up
- > Late for school
- > Irritable
- > Morning battles

3-Year Delayed Brain Maturation

- > Less mature
- > Less responsible
- > 18-year-old acts like 15

Not Learning Easily from Rewards and Punishment

- > Repeats misbehavior
- > May be difficult to discipline

THE ADHD ICEBERG
Only 1/8 of an iceberg is visible. Most of it is hidden beneath the surface.

- > Bipolar (12%)
- > Tourette Syndrome (11%)
- > Obsessive Compulsive Disorder (4%)
- > Oppositional Defiant Disorder (54-67%)

Serious Learning Problems

- > Specific Learning Disability (25-50%)
- > Poor working memory
- > Can't memorize easily
- > Forgets teacher and parent requests
- > Slow math calculation
- > Spelling problems
- > Poor written expression
- > Difficulty writing essays
- > Slow retrieval of information

- > Poor listening and reading comprehension
- > Difficulty describing the world in words
- > Disorganization
- > Slow cognitive processing speed
- > Poor handwriting
- > Inattention
- > Impulsive learning style

Low Frustration Tolerance

- > Difficulty controlling emotions
- > Short fuse
- > Emotionally reactive
- > Loses temper easily
- > May give up more easily
- > Doesn't stick with things
- > Speaks or acts before thinking
- > Difficulty seeing others' perspective
- > May be self-centered

ADHD is often more complex than most people realize! Like icebergs, many problems related to ADHD are not visible. ADHD may be mild, moderate, or severe, is likely to coexist with other conditions, and may be a disability for some students.

HANDOUT FROM ADDITUDE. REPRINTED FROM ADDITUDE. ©2011, ALEX ZEIGLER

ADHD classroom tips

tips to assist with homework

ADHD students often have difficulty with following instructions, being accurate, completing homework and prioritizing.

- break large tasks into steps
- post examples to model after
- assist the child with time management
- organization & management aids will be required

tips to assist with behaviour

ADHD students who experience impulsivity, distractibility & hyperactivity may present a behavioural challenge.

- use proactive strategies
- allow time for lesson breaks to move around
- use discreet private cues to redirect
- use preferential seating system

tips to assist with social interactions

ADHD students often have difficulty understanding social cues, how to behave appropriately towards their peers and in competitive situations.

- model frustration control
- role play social situations
- provide social opportunities
- give positive recognition

more tips

Set your ADHD students up for success:

- self-esteem**: Allow your students to demonstrate their strengths in front of others.
- transitions**: Provide students with a definite purpose for activity. (We are going to the library to...)
- ask questions?**: Assist students in preparation for starting tasks; ask "What do you need to be able to do this?"
- be clear**: Use a multi-sensory approach with both visual and oral instructions - ask students to describe to you what their assignment is. Allow time for processing.
- be positive**: Stress effort and enjoyment for self, rather than competition with others.

to learn more visit pinterest.com/adhdcanada

What ADHD looks like in a classroom

Symptoms and Examples of ADHD in the Classroom

Symptom	Elaboration/Explanation	Examples
Failing to pay close attention to detail	ADHD brains have difficulty filtering thoughts – it's like constant internal noise – it can be hard to focus on specific details when there is so much going on internally. People with ADHD often get 'lost' in thoughts triggered by a conversation and tune out of what is being said to them.	• Daydreaming, appearing 'spacey'
Getting easily distracted		• Reacting to external stimuli, e.g. noises, other people talking and moving, when others don't
Having difficulty listening, even when speaking one-on-one		• Missing non-verbal cues for attention
Constantly needing redirection or prompting		• Not responding to questions accurately or at all • Looking to other students for cues on what they should be doing • Inability to identify what they have just done or said. When a child with ADHD says "I don't know", chances are, they mean it



Symptoms and Examples of ADHD in the Classroom

Symptom	Elaboration/Explanation	Examples
Failing to complete tasks	The executive functioning issues related to ADHD mean working memory is poor. A person with ADHD may know something but have trouble accessing it when needed. Time-blindness is also a feature of ADHD, meaning we have difficulty creating a mental image of the processes involved in multi-step instructions or imagining accurately how long something will take. This can result in the failure to finish tasks due to poor time management or missing important steps in instructions. It is important to understand that there is no correlation between ADHD and intelligence. These functions are separate in the brain. People with ADHD have the same spectrum of intelligence as neurotypical people. However, both significantly low intellect and significantly high intellect can make behavioural symptoms of ADHD worse due to the frustration this causes.	• Missing important parts of instructions
Making frequent, seemingly careless, mistakes		• Asking for instructions to be repeated frequently, even after they have confirmed they understand
Having difficulty following multi-step instructions		• Losing equipment frequently
Losing or forgetting things		• Not 'seeing' where things are
Poor organisational skills		• Starting a task before they have everything they need
Reluctant to engage in tasks that require sustained mental effort		• Skipping lines/words/paragraphs in writing tasks
		• Misspelling known or familiar words
		• Answering the wrong questions on assignments or tests
		Note: The following symptoms are not manipulative. They are 'fight-flight-freeze' responses to something the brain finds threatening.
		• Making 'excuses' to avoid starting work or staying on task. These may be apparently helpful, such as picking up rubbish, helping others etc, and this is frequently missed as a symptom
		• Arguing with peers or teachers as a defensive mechanism to avoid work
		• Leaving the classroom or hiding



Symptoms and Examples of ADHD in the Classroom

Symptom	Elaboration/Explanation	Examples
Fidgeting, tapping feet or 'squirming'	The ADHD brain has been described as "A Ferrari engine with bicycle brakes". Even those with inattentive subtype share this trait but for those with the hyperactive subtype, it's more outwardly obvious. These outwardly hyperactive symptoms aren't deliberate or conscious 'bad' behaviour, rather, the neurochemical differences affecting ADHD brains mean people with ADHD don't have the same impulse control as others. They cannot just 'stop' and they can't remember that you have just told them to stay seated or stop fidgeting.	• Tapping pencils, swinging on chairs, banging the desk
Leaving seat when expected to stay seated, even when reminded		• Wandering around the room for no reason and seem surprised when you mention it, as they may not realise they are doing it
Running or climbing in inappropriate situations		• Making verbal noises without realising they are doing it
Having difficulty playing or working quietly		• Forgetting to raise their hand, even when reminded frequently
Talking excessively		• Arguments with peers over turn taking and sharing
Blurting out answers before a question is completed or without being called on		• Not respecting personal space
Having difficulty waiting their turn		• Difficulty 'fitting in' with peers because they don't understand boundaries or personal space
Interrupts or intrudes on others		• A strong sense of fairness (note that this is what they perceive as fair, not necessarily what is fair)



The female presentation of ADHD



GIRLS WITH ADHD
NOT WHAT YOU THINK

ADHD is not just a boys' disorder. Just as many girls have ADHD but they go undiagnosed. This makes their life harder than it needs to be.

Girls with ADHD often suffer in silence. They may appear 'less difficult' or 'less active' than boys.

Signs of ADHD in girls:

- Fidgety, overly chatty, scattered;
- Forgetful, withdrawn;
- Deeply frustrated by simple tasks;
- Low tolerance to stress;
- Overly emotional;
- Extremely sensitive to criticism;
- Interrupting and speaking out of turn;
- Messiness or disorganisation;
- Trouble finishing tests/assignments on time;
- Work hard to conform;
- Hard time saying no to others;
- Difficulty making decisions;
- Learning and/or social problems.

ADD/ADHD Checklist of Possible Symptoms for **Girls**



- Daydreaming – Recurring inattention
- Fidgeting – Not able to sit still for extended periods
- Talking excessively
- Combination of fidgeting and talking excessively
- Strongly emotional during learning processes
- Easily upset or over-reactive
- Delayed skills development
- Clumsiness or poor balance
- Inability to follow through and stay with something
- Easily distracted
- Unorganized and messy
- Forgetfulness
- Poor time management

ADHD is NOT

©literally ausome 2020

ADHD IS

- 🗨️ A learned/bad behaviour
- 🗨️ A discipline problem
- 🗨️ A spoiled child
- 🗨️ A temper tantrum
- 🗨️ A choice
- 🗨️ An excuse for poor behaviour
- 🗨️ Bad parenting
- 🗨️ A deficiency of attention, rather attention being payed elsewhere
- 🗨️ A neurological condition
- 🗨️ Being inattentive, impulsive, hyperactive, impatient & often emotionally dysregulated
- 🗨️ Executive functioning challenges around planning, organising, commencing tasks, staying on task, completing tasks & time management issues.
- 🗨️ Managing intense emotional responses & occurances such as Rejection Sensitivity Dysphoria (RSD) & Reward Deficiency Syndrome (RDS).

ADHD is real. Don't dismiss or minimise it or those of us that have it. Children & adults with ADHD are not naughty, lazy, crazy or stupid. We deserve your acceptance, accommodations, understanding & support. Literally.

**literally
ausome**
Talking Neurodiversity..... Literally

ADHD is defined as inattention, hyperactivity, impulsivity & executive functioning challenges.

©literally ausome 2020

Another way to describe ADHD is it literally being a combination of emotional dysregulation & attention dysfunction.

**literally
ausome**
Talking Neurodiversity..... Literally

ADHD is NOT a behavioural problem or personality type.

©literally ausome 2020

ADHD is when our brains scurry around trying to find dopamine because we don't register or make enough of it. When we find it, we hyperfocus on the thing/area/act that released the dopamine to our frontal cortex.

ADHD is NOT a lack of attention, it's the result of giving attention, often, to the wrong things.

**literally
ausome**
Talking Neurodiversity..... Literally

Appendix 3 - Executive Functioning Supports

8 Key Executive Functions

Executive functions are skills everyone uses to organize and act on Information. If your child has executive functioning issues, he may struggle with some or all of the following skills.

Skill	What it means	How it looks
Impulse Control	Impulse control helps your child think before acting.	Kids with weak impulse control might blurt out inappropriate things. They're also more likely to engage in risky behavior.
Emotional Control	Emotional control helps your child keep his feelings in check.	Kids with weak emotional control often overreact. They can have trouble dealing with criticism and regrouping when something goes wrong.
Flexible Thinking	Flexible thinking allows your child to adjust to the unexpected.	Kids with "rigid" thinking don't roll with the punches. They might get frustrated if asked to think about something from a different angle.
Working Memory	Working memory helps your child keep key information in mind.	Kids with weak working memory have trouble remembering directions--even if they've taken notes or you've repeated them several times.
Self-Monitoring	Self-monitoring allows your child to evaluate how he's doing.	Kids with weak self-monitoring skills may be surprised by a bad grade or negative feedback.
Planning and Prioritizing	Planning and prioritizing help your child on a goal and e plan to meet it.	Kids with weak planning and prioritizing skills may not know which parts of a project are most important.
Task Initiation	Task initiation helps your child take action and get started.	Kids who have weak task initiation skills may freeze up because they have no idea where to begin.
Organization	Organization lets your child keep track of things physically and mentally.	Kids with weak organization skills can lose their train of thought--as well as their cell phone and homework.

www.NCLEXQuiz.com

Classroom Accommodations to Help Students With Executive Functioning Issues

What can help students with executive functioning issues? Here are some common accommodations teachers can make to pave the way to learning.

For Teaching



- Give step-by-step instructions and have the student repeat them back.
- Give the student an outline of the lesson.
- Say to the student, "This is important to know because..."
- Have a daily routine that doesn't change.
- Give a short review before teaching new skills.
- Check in frequently to make sure the student understands the work.

For the Classroom



- Post schedules and directions, and make sure the student sees them.
- Say directions, assignments and schedules out loud.
- Make written directions very simple and concrete.
- Highlight key words and ideas on worksheets.
- Give the student colored strips to place under sentences when reading.

For Organization and Time Management



- Keep a daily to-do list on the desk so the student can check off assignments.
- Create an assignment notebook for teacher and parents to check.
- Provide an extra set of books for the student to keep at home.
- Keep folders and baskets of supplies available.
- Break down big projects into smaller pieces with more deadlines.
- Create checklists of steps for complex assignments.

For Work and Test-Taking



- Provide a rubric that describes what a successful assignment contains.
- Allow different ways to answer questions, such as circling or saying them.
- Give the student the test format ahead of time so he can focus on content.
- Grade based on work completed, not points off for work not completed.
- Use computer speech-to-text software for writing.
- Use organizers and mind-mapping software.

Appendix 4 - Anxiety

8 WAYS A CHILD'S ANXIETY SHOWS UP AS SOMETHING ELSE

1. Anger

The perception of danger, stress or opposition is enough to trigger the fight or flight response leaving your child angry and without a way to communicate why.



Chandeliering is when a seemingly calm person suddenly flies off the handle for no reason. They have pushed hurt and anxiety so deep for so long that a seemingly innocent comment or event suddenly sends them straight through the chandelier.

4. Chandeliering



2. Difficulty Sleeping

In children, having difficulty falling asleep or staying asleep is one of the hallmark characteristics of anxiety.



5. Lack of Focus

Children with anxiety are often so caught up in their own thoughts that they do not pay attention to what is going on around them.

FOCUS

6. Avoidance

Children who are trying to avoid a particular person, place or task often end up experiencing more of whatever it is they are avoiding.

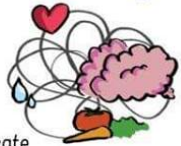


7. Negativity

People with anxiety tend to experience negative thoughts at a much greater intensity than positive ones.

3. Defiance

Unable to communicate what is really going on, it is easy to interpret the child's defiance as a lack of discipline instead of an attempt to control a situation where they feel anxious and helpless.



8. Overplanning

Overplanning and defiance go hand in hand in their root cause. Where anxiety can cause some children to try to take back control through defiant behavior, it can cause others to overplan for situations where planning is minimal or unnecessary.



Anxiety presents itself in many different ways...

The desire to control people and events



Difficulty getting to sleep



Feeling agitated or angry



Defiance and other challenging behaviors



Having high expectations for self, including school work & sports



Avoiding activities or events (including school)

Pain like stomachaches and headaches



Struggling to pay attention and focus



Intolerance of uncertainty



Crying and difficulty managing emotions



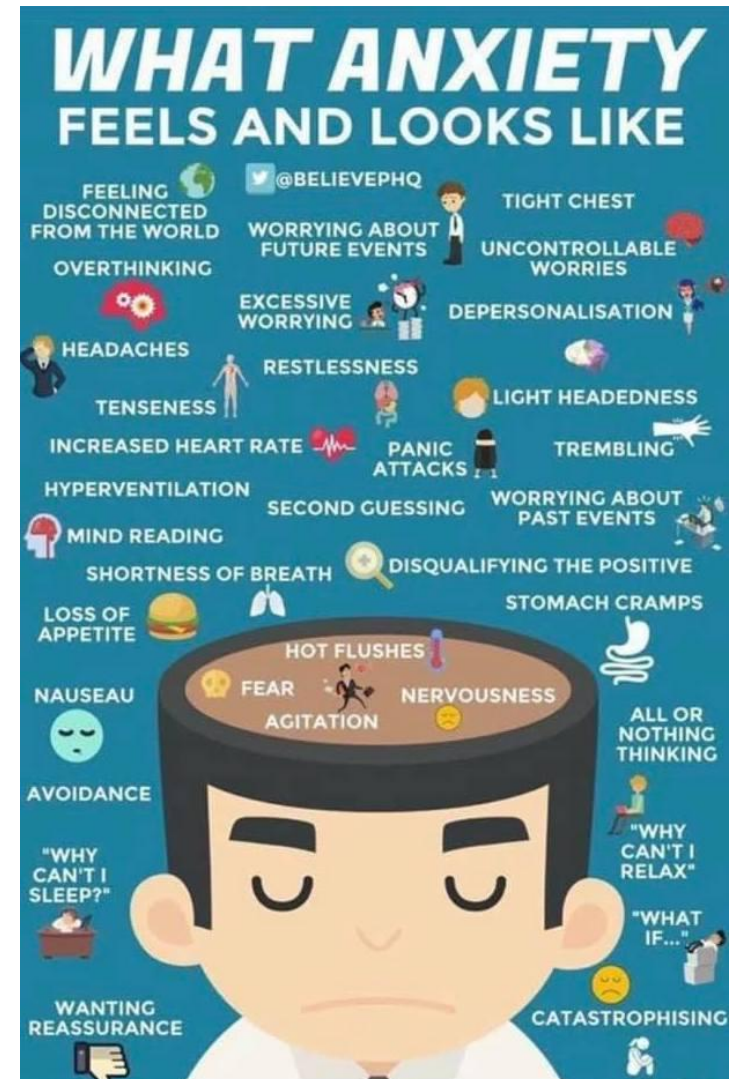
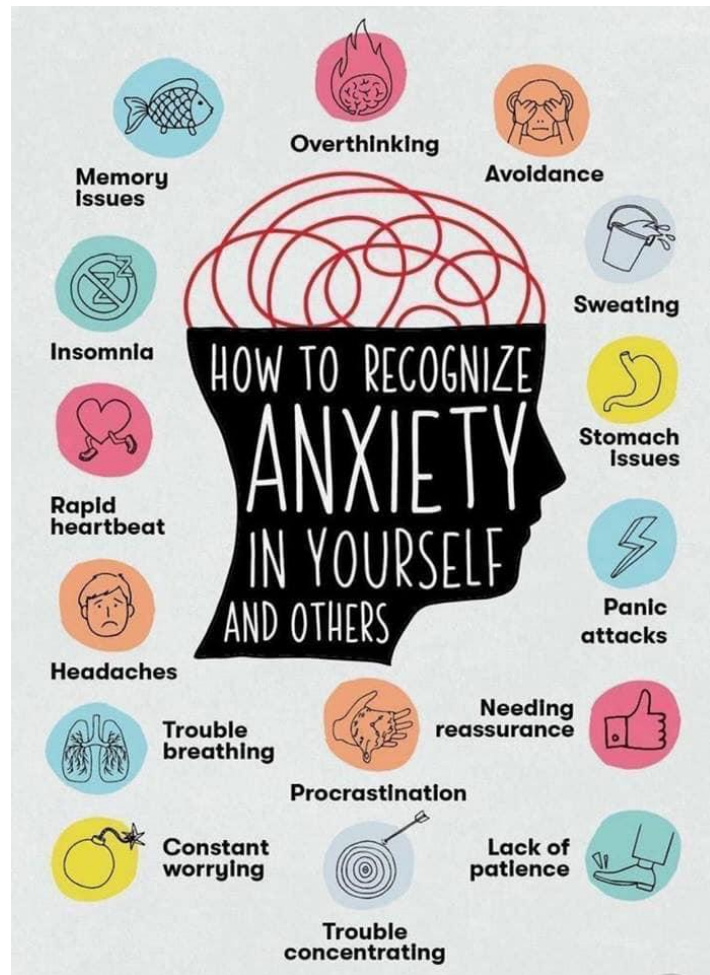
Over-planning for situations and events





Feeling worried about situations or events

www.thepathway2success.com Clipart by Kate Hadfield & Sarah Pecorino

Signs of Anxiety

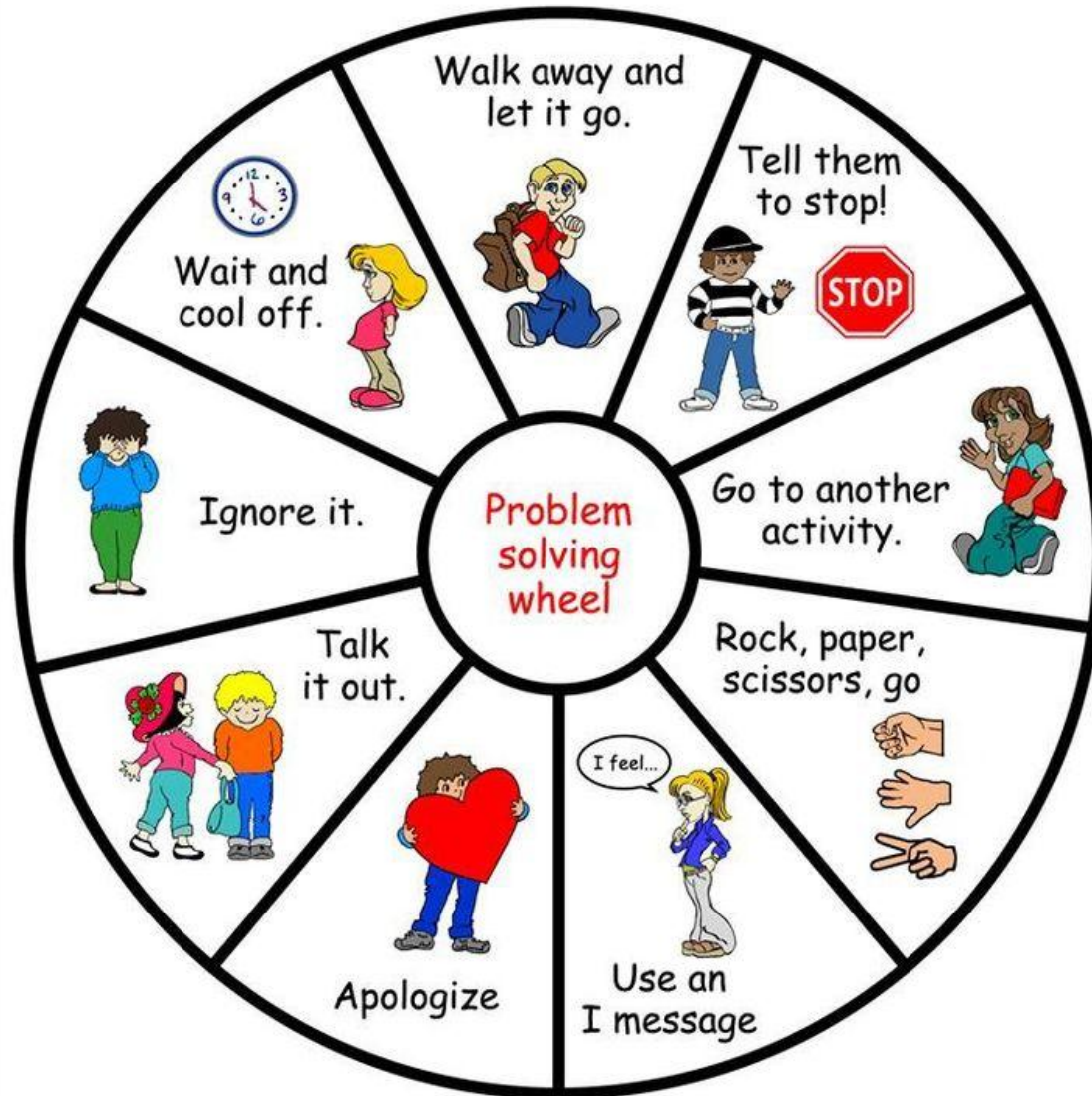


Resources

- Your students / Ask their parents
- literallyausome.com.au (going live November 2019)
-  facebook.com/literallyausome
-  [@literallyausome](https://instagram.com/literallyausome)
- yellowladybugs.com.au (Facebook page)
- Amaze website
- ADDitude website/Facebook page
- Free downloads for educators:
 - ◆ <https://www.additudemag.com/category/parenting-adhd-kids/school-learning/download-school-learning/>
 - ◆ <https://www.understood.org>
 - ◆ <https://www.twinkl.co.uk/resources/australian-resources>
- Victorian Department of Education and Training Website:
 - ◆ <https://www.education.vic.gov.au/school/teachers/learningneeds/Pages/information-and-resources.aspx>
 - ◆ <https://www.education.vic.gov.au/school/teachers/learningneeds/Pages/default.aspx>

Behaviour visuals

What can I do?





When I'm Angry I STOP. I can
choose to calm down



Take 3 deep breaths



Walk away



Have a drink of water



Read a book



Watch TV



Count to ten



Get a hug



Squeeze my stress ball



Run



Think







Play a game



Talk to someone

The ZONES of Regulation®

			
<p>BLUE ZONE</p> <p>Sad Sick Tired Bored Moving Slowly</p>	<p>GREEN ZONE</p> <p>Happy Calm Feeling Okay Focused Ready to Learn</p>	<p>YELLOW ZONE</p> <p>Frustrated Worried Silly/Wiggly Excited Loss of Some Control</p>	<p>RED ZONE</p> <p>Mad/Angry Mean Terrified Yelling/Hitting Out of Control</p>

Size of the Problem

Remember the size of your reaction has to match the size of the problem!

How big do others see the problem?

How big should your reaction be?

