

# *the H.I.S. project*

Happy In School - autism education & advocacy

Suzy Rowland

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## About Suzy

Suzy is an author, Autism & ADHD Specialist Trainer, Cognitive Behaviour Therapist & poet. She founded the #happyinschool project to help families educators, effectively manage the significant issues around educating neurodiverse youngsters.

My passion is to raise the bar for wellbeing for children in schools, particularly for autistic and ADHD children, using mindfulness, CBT, group work, storytelling and listening as the key tools. My book S.E.N.D. in the Clowns, is a handbook for everyone interested in the early stages of ASC, ADHD diagnosis. [www.suzyrowland.com](http://www.suzyrowland.com)



# #happyinschool project AIMS



#happyinschool project wellbeing, empowerment & agent for change for autistic YP in educational settings.



Enhance relationship between school & home



Equip parents with skills to advocate for their children



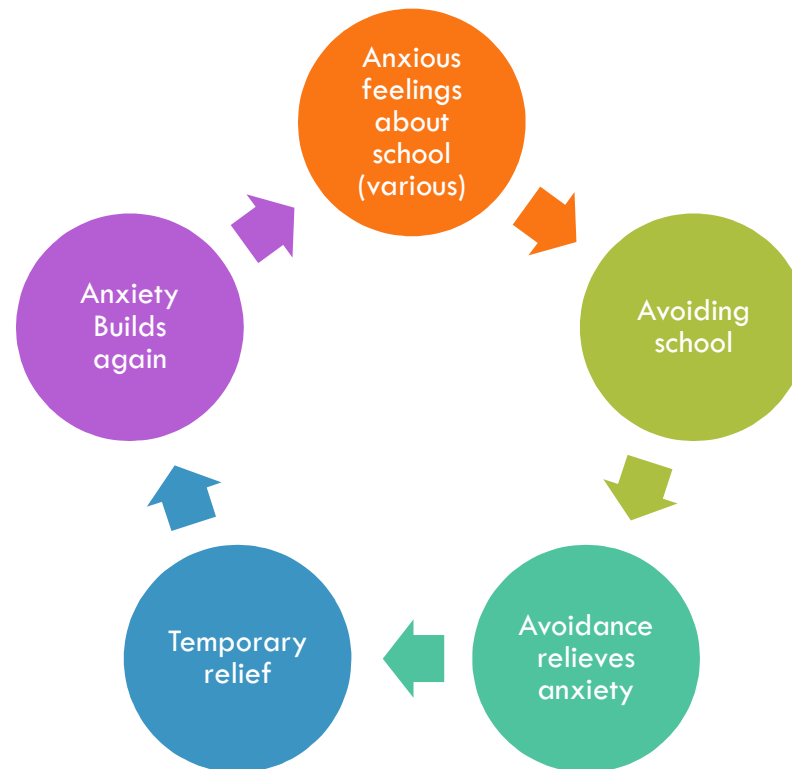
Increase collaboration between, educators & employers, health agencies, other partners



# Autistic behaviours at school

- What is the function of the behaviour?
- Some examples

# Functional behaviour 1 school avoidance





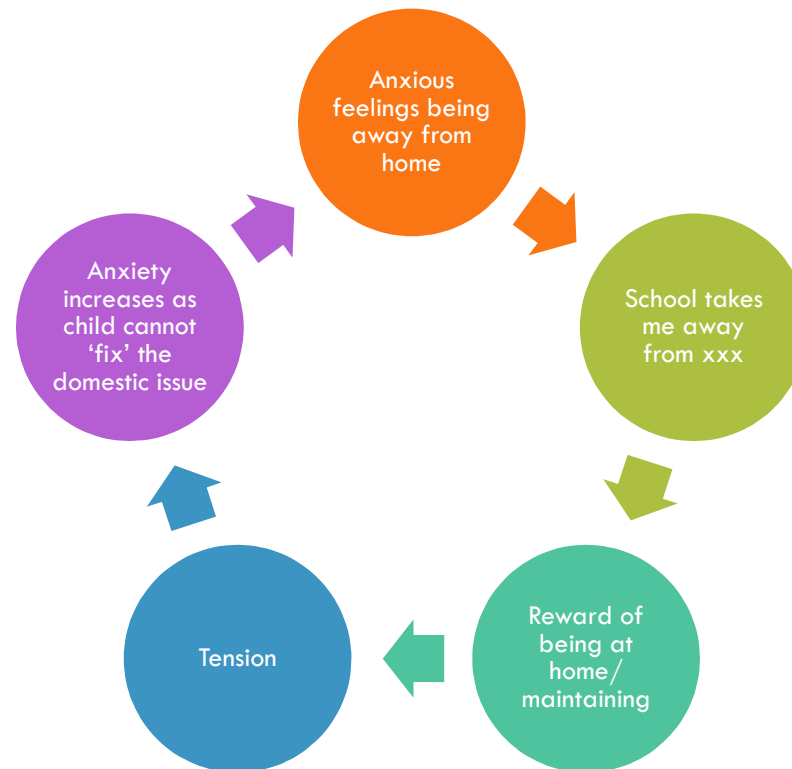
## How best to intervene?

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**Kearney and Silverman (1990) suggest that choice of intervention should be governed by a functional analysis of school avoidance behaviour.**

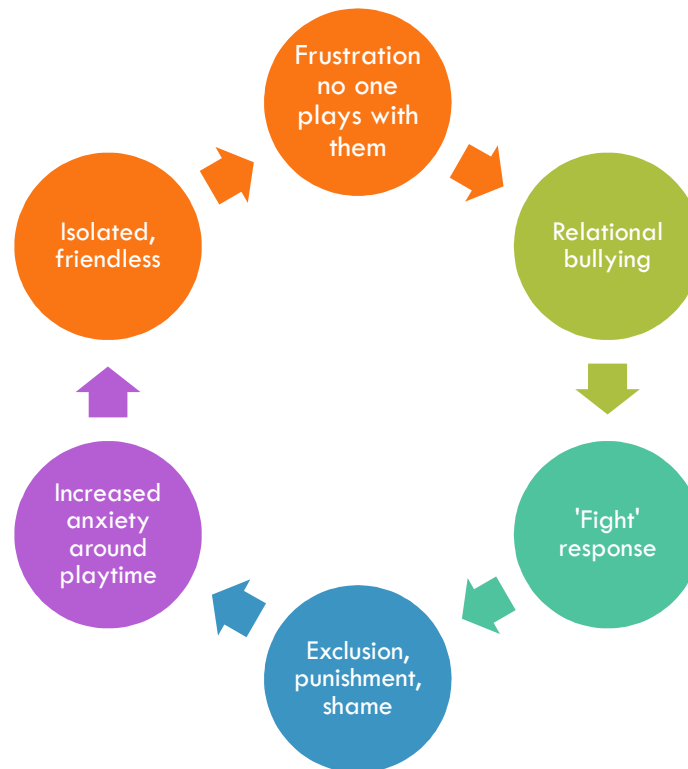
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## Functional behaviour 2 insecure attachment





## Functional behaviour 3 social interaction



# Cycles become embedded

- ATTENDANCE LEVELS DROP
- CHILD GETS BEHIND SCHOOL WORK
- SCHOOL POLICIES KICK IN
- POSSIBILITY OF EXCLUSION (EDUCATION ACT 1996 – LEGAL DUTY ON ALL PARENTS TO ENSURE THEIR CHILD HAS AN EDUCATION)
- STRESS MAKES CHILD & FAMILY FEEL WORSE
- ISSUE/S REMAIN UNRESOLVED

# Avoiding the negative spiral

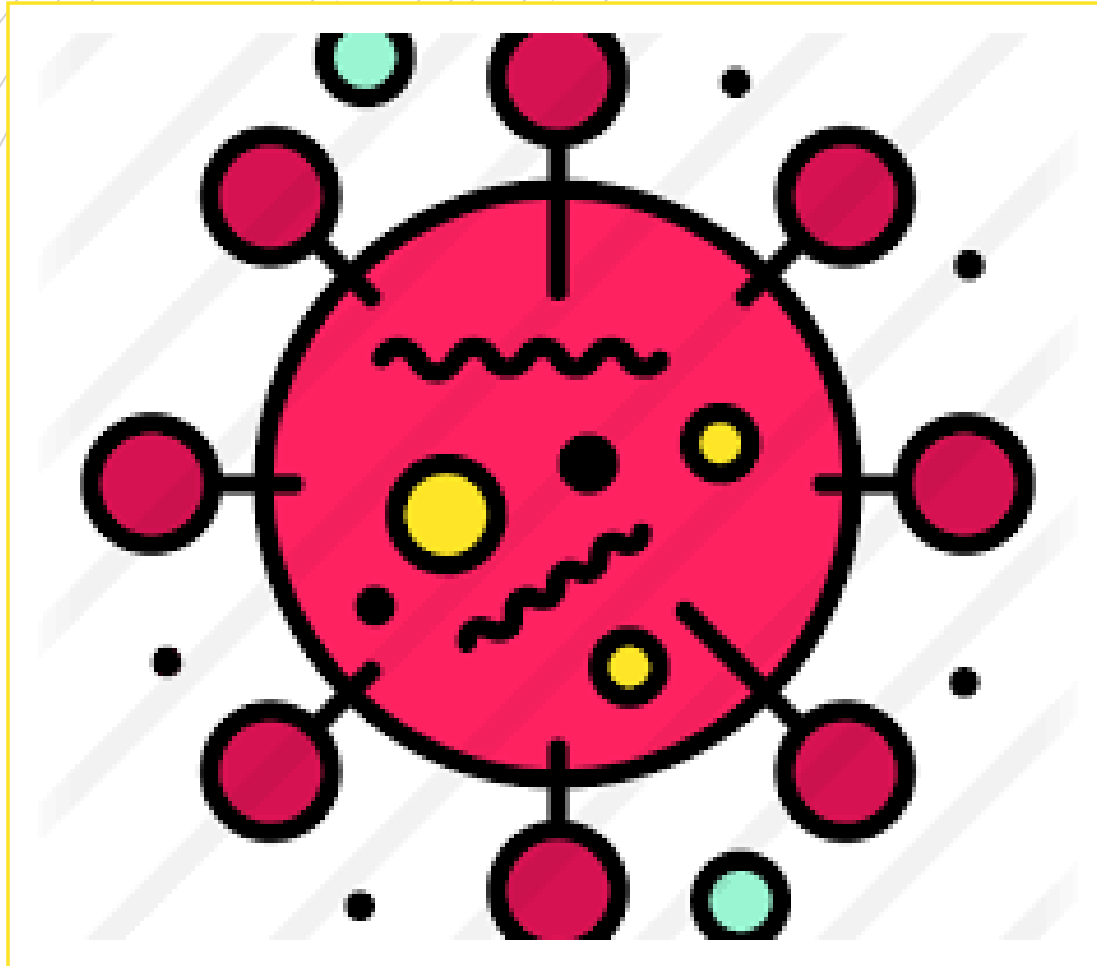


INCLUSIVE SCHOOL

WELL-TRAINED  
PASTORAL TEAM,  
SOCIAL MODEL

WHOLE SCHOOL  
EMOTIONAL  
WELLBEING &  
RESILIENCE PRACTICE

CHILD-CENTRED  
COMPASSION FOCUSED  
APPROACH TO  
RESOLUTION



## The Covid effect

Confusing: surveys revealed contrasting autistic experiences

- Positive for some – reduced demands/issues of social interaction disappeared overnight
- Others missed routine /differentiation between home and school /friends /social interaction
- Differences between lockdown 1 & 2.
- Managing uncertainty long-term

# Step 1 investigation anxiety frameworks

- Anxiety baseline - use visuals tools

- Spence Children's Anxiety Scale

<https://www.scaswebsite.com/>

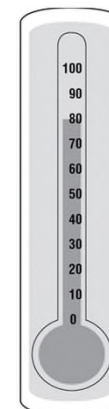
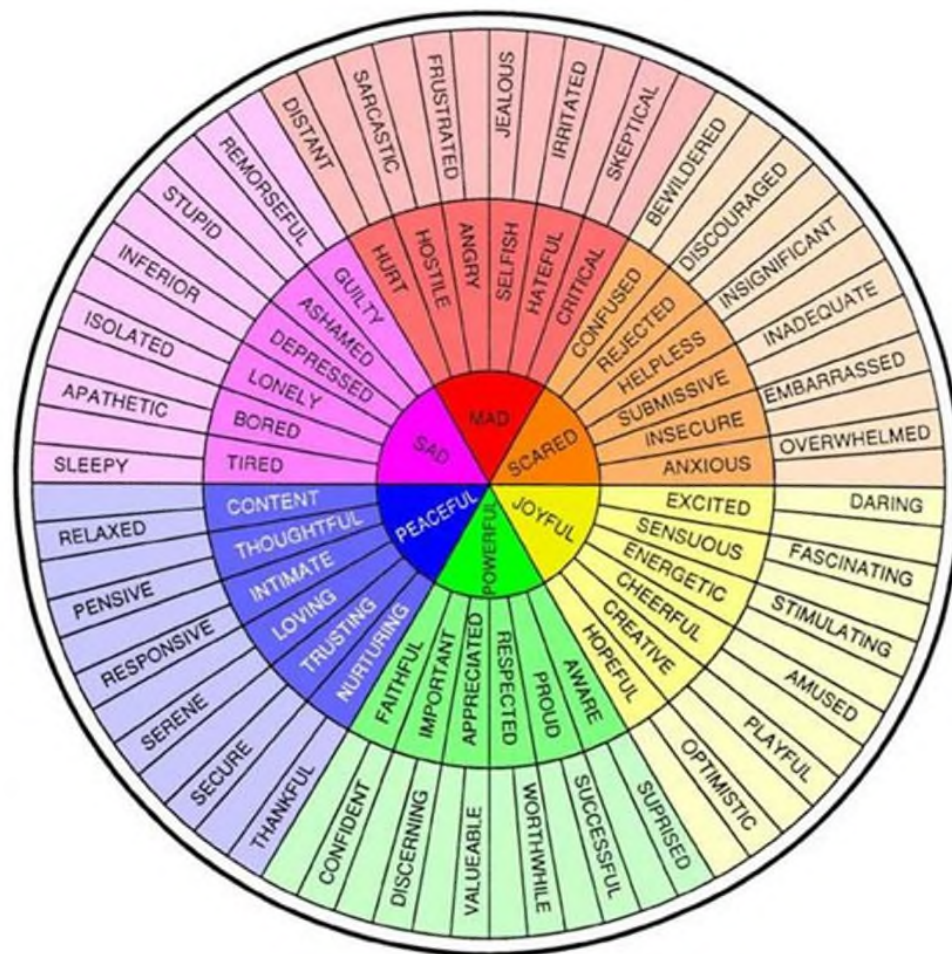
- *Penn State Worry Questionnaire*

<https://thinkcbt.com/penn-state-worry-questionnaire-pswq>

- Feelings thermometer

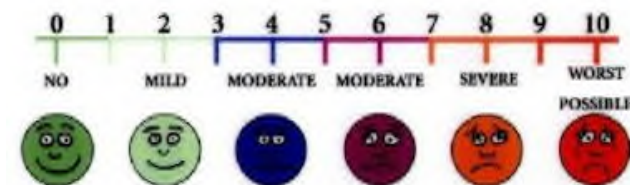
- Naming emotions

- Set up team around the child (TAC)



- 100 – Highest anxiety/distress that you have ever felt
- 90 – Extremely anxious/distressed
- 80 – Very anxious/distressed; can't concentrate. Physiological signs present.
- 70 – Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60 – Moderate-to-strong anxiety or distress
- 50 – Moderate anxiety/distress; uncomfortable, but can continue to function
- 40 – Mild-to-moderate anxiety or distress
- 30 – Mild anxiety/distress; no interference with functioning
- 20 – Minimal anxiety/distress
- 10 – Alert and awake; concentrating well
- 0 – No distress; totally relaxed

Note: "SUDS" stands for "Subjective Units of Distress Scale." Physiological signs may include, for example, sweating, shaking, increased heart rate or respiration, gastrointestinal distress.



## Step 2: format of intervention

Who is in the team? When and where does the intervention take place? Integrated approach

Low sensory environment

Extent of parent involvement?

Input from other partners?

Cyclical process - ensure each emotional 'block or trigger' is successfully worked through

Use psychoeducation visuals to explain physical symptoms of anxiety



# Building trust with child

- Who communicates with child (if they are in the meeting)
- Young person may not trust adults, be aware of cultural factors, be patient
- Child may be in a state of trauma (be aware of trigger words)
- Who supports the child if they become emotionally distressed?
- Do they understand what's happening?

# Creating empathy

- Expect and acknowledge intense emotions during all interactions with autistic child
- Physical impact of anxiety can be overwhelming, especially if child is highly sensitive or has sensory processing sensitivity
- Normalize difficult emotions
- Use visuals e.g. Worry tree & CBT workbooks)
- Check autism friendliness of environment, 'interviews' will create anxiety, seek ways to reduce it
- Ask child if they are comfortable
- Use positive unambiguous language

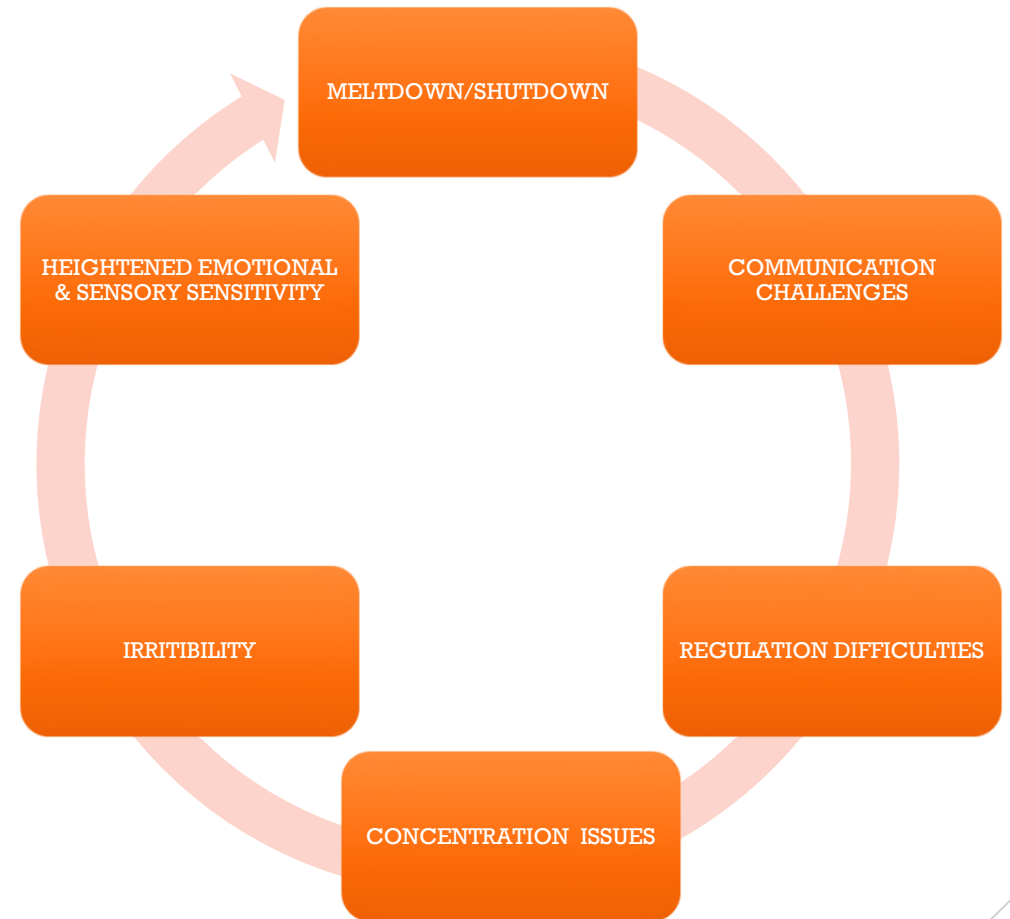


- Calm engagement/body language/when to pause
- Give processing time
- Child may be resistant to change
- Use whatever social communication or sensory tools will help
- Create VISUAL agendas for meetings that includes child
- Use child's name before asking opinions, questions

# ▼ 'push' of home, 'pull' of school

- Is school safe? It is the journey to school (Maslow)
- Assess autism support and intervention
- Other unresolved school issues?
- Key stage transitions, children vulnerable ages: 5-6, 11-12 & 13-14.
- Trauma, incident, flashbacks (school, home or elsewhere).  
Autistic kids have long memories
- Change in family, death, birth divorce.
- Child's anxiety is a priority
- Causes complex and variable

## Impact of autistic anxiety on mental health





## Some causes of autistic anxiety

- Speed of processing
- Executive functioning, changes to routine, over-focus on detail
- Sensory processing & integration challenges
- Disappointment, fear of failure
- Interoception, alexithymia
- Social communication, interaction & friendship challenges

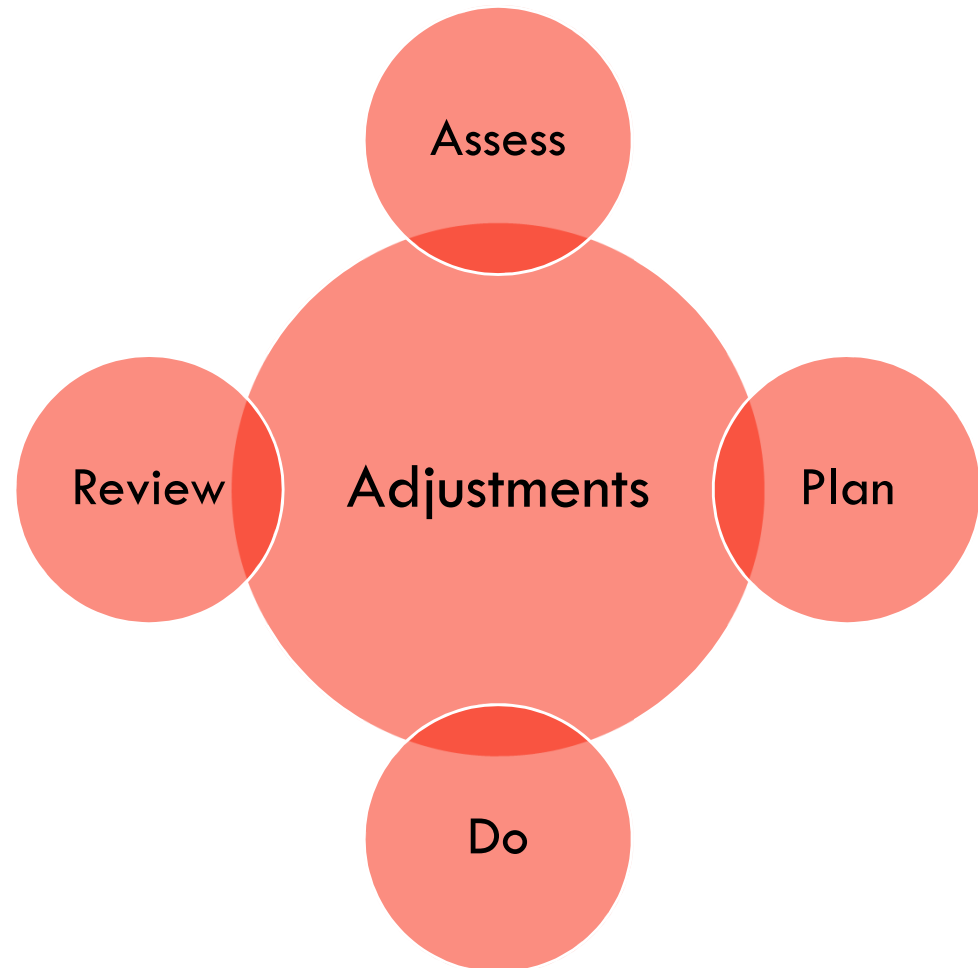
## Step 3. information gathering and what happens next

### Comprehensive written assessment

- Include child's 'voice'
- Consider language used
- Child's academic profile, targets, **strengths** & difficulties,
- Previous attendance issues, friendships, behaviour in lessons
- Autism, ADHD diagnosis/assessment pathway?
- Describe current level of support, Is child responding well, give examples
- Cyclical process - ensure each emotional 'block or trigger' is successfully worked through



Step 4:  
plan needs to  
be flexible



# Reminder SEND Code of Practice

Four key areas of need – front of mind

1. Social, emotional and mental health
2. Sensory needs
3. Communication & interaction
4. Cognition & learning



## Step 5 Supporting parents & whole school community

- Meeting of equals (no shame or blame)
- Seek areas of agreement
- Must haves vs. Nice to haves
- What is LEGAL, Reasonable? Fair?
- Meeting protocol: note-taker/decision-maker (s)/actions/by whom / by when

# Parenting programmes are a good idea...



- E.g. Incredible Years, Triple P,
- Strengthening Families



## The 'pull' of school

- school is fun, safe, interesting a great place to be!
- needs to be a genuine offer
- all staff to be adaptive and encouraging
- use visualization - ask child to describe or draw/annotate ideal classroom/school/day

### **Positive about difference**



## Autistic self-identity

- Perceived as 'outsiders'
- Anxiety & depression
- Non-binary, genderqueer, higher prevalence of in ASC community
- Self-acceptance
- Conflict of autonomy vs. dependence



Potential for  
positive  
outcomes



# Range of evidence-based interventions

- Mindfulness
- Meditation
- Adaptive CBT
- PECS, TEACCH
- Talk therapy, emotional wellbeing lead/school counsellor
- Adjustments – flexible, reasonable, specific
- Whole school systems to promote emotional well-being
- Inclusive culture, acceptance of difference

# Young autistics flourish at school when...





Thank you , hope this was useful and empowering

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S.E.N.D. IN THE CLOWNS BY SUZY ROWLAND  
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