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Resource #1

Explained: The difference between autism, ASD, ASC and Asperger's

Students can come with a bewildering range of diagnoses.

And as educators – people **who don't specialise in mental health** – these terms can feel **frustrating** and **confusing**.

Linking the right need with the right strategy is essential for classroom success. But sometimes, with so many labels flying round, it's **hard to know where to begin.**

The following terms often get used interchangeably – but what does each **specifically mean**?

- Autism
- ASD
- ASC
- Asperger's Syndrome

Here's a **quick explanation**, so you can pick the right teaching approach, first time, every time.

What is autism?

Autism is a complex condition that affects different pupils in different ways.

Here are some common examples you may see in the classroom:

- **Sensory input** – a student may be over- or under-sensitive to certain senses. This can cause discomfort and anxiety throughout the day, raising stress levels.
- **Coping with change** – students might find changes of routine, task or location a source of anxiety.
- **Communication** – pupils may find it difficult to process language or give information to others, either in written and verbal form.
- **Empathy** – students may have difficulty understanding the world from another's point of view. This can include reading emotions, thoughts or intentions.
- **Social skills** – the student may struggle to understand social rules and expectations the rest of the class take for granted. This can make it difficult for pupils to integrate with classmates.
- **Eye contact** – many students with autism describe making eye contact as physically painful, and will go to great lengths to avoid it
- **Ability to abstract** or generalise – students with autism may find it hard to apply knowledge from one area of their life to another. This may result in them having to re-learn the same skill over-and-over in different contexts (e.g. how to give a compliment in class, how to give a compliment on the playground, how to give a compliment at home, how to give a compliment at the shops…)

Autism exists on a spectrum. So… what's a spectrum?

'Spectrum' means autism **affects different people in different ways.**

Autism can significantly and visibly impact every area of your life, or you may be 'high-functioning', and that impact is less obvious.

So autism **isn't like a light switch**, which is either on or off. It's **more like a dimmer switch**, with many **variations** of brightness.

That means no two people with autism are exactly alike.

Here's another way of thinking about what that means: imagine each of the bullet points listed above has a **volume control** attached to it.

Each person with autism has their own set of volume dials, **some turned up** high, **some turned down** low.

For example: a student may be significantly affected in how they respond to the senses, so that volume control is turned up to a 9 or 10. But their autism affects their empathy to a lesser extent, and that dial is turned to a 3 or 4.

The result is every person with autism has their **own set of dials**, **uniquely describing their individual needs** and preferences.

And these will be different from everybody else.

So… what's ASD?

ASD stands for '**autistic spectrum disorder**'.

It's the label given by **medical professionals** to someone with autism.

So, to all intents and purposes, the terms 'autism' and 'ASD' mean the same thing.

Medical professionals will always use the term ASD when referring to the condition.

And ASC?

ASC stands for '**autistic spectrum condition**'.

This term is sometimes used by those **outside the medical profession** to describe someone with autism.

Education and social care professionals are **questioning whether autism should be viewed as a disability**, as indicated by the word 'disorder'. They also want to **move away from the negative images** associated with the term.

For instance, some students with autism may be **gifted in some areas** and **function successfully** in school and society.

The abbreviation ASC is **becoming more widespread** in use, especially in schools.

What is Asperger's Syndrome?

Asperger's Syndrome is a **very specific form of autism.**

People with Asperger's would have their volume dials tuned in a very similar way. The result would be a **similar set of needs.**

Asperger's is a high-functioning form of autism. Students with the condition will often be of **average or above average intelligence.**

However, students may still have **some specific learning needs** – and these may **often go unnoticed** until later in the pupil's school career.

Students with Asperger's may also need support with their ability to integrate socially, and how to relate to their classmates.

Pupils may also suffer from very **high anxiety** levels.

Why does it have a different name?

The short story is:

- Asperger's Syndrome is a condition that was discovered in the 1940s.
- Over time, scientists realised Asperger's had elements in common with other conditions
- Autism was the name given to the 'spectrum' that encompassed these conditions
- Which means **Asperger's is a specific type of autism**

Summary

As far as everyday classroom practice is concerned:

- autism, ASD, and ASC mean the same thing
- autism exists on a spectrum – it affects people to differing degrees
- Asperger's is a specific point on that spectrum

Resource #2

A (simple) explanation of the 4 attachment styles

Pupils with attachment difficulties can be the hardest of all children to teach... and reach.

Their behaviour can seem **unpredictable** and **impossible to understand.**

But here's the thing: the **right knowledge** can shine a spotlight on **why** a student is behaving in a certain way.

And once we understand the 'why', we can start putting in place support strategies. Strategies to **help the pupil cope better** in the classroom.

That's why knowing about the **four different attachment styles** is so important.

Each attachment style **needs its own approach** and management. Once you've worked out the attachment style, you can **pick the right support strategies.**

Get it wrong and... well, you'll know about it.

Where do attachment styles come from?

Our **parents lay down the foundations** for our attachment style in our **very early years.**

As a baby, if our parents:

- comfort and love us when we're distressed
- interact with us regularly and predictably

...then **we learn that we're loved and cared for.** We learn to feel **secure.**

We learn that we're not on our own in this big, scary world.

That makes us **feel safe** enough to go and explore the world. Because when something causes us to feel worried, or anxious, **we trust there's an adult** there to **back us up.**

Assuming this bonding process is successful, you'll develop the simplest attachment style...

Style 1: secure attachment

These are children who **know they can rely on adults** to care for them.

The result? This group is a **great place to be.** These children got the golden ticket.

They're more likely to:

- have better self-regulation
- learn more easily and quickly
- show more persistence and 'grit'
- succeed at creative tasks
- become part of strong social networks.

But here's the thing.

What's surprising is how **few** people fall into this secure attachment category.

A 2009 study found **only 56% of adults could form secure attachments.**

Let's put that in perspective: in an average class of 30 children, **only 17** would be placed in the '**secure attachment**' group.

The 13 children who aren't part of this elite? They fall into 3 categories.

Style 2: insecure avoidant

These are students who **didn't learn that the adults' role is to care** for them. The bond of trust didn't form correctly.

Most likely, this is because their parents were **emotionally unresponsive** when they were very young.

For instance, their parents may have:

- ignored their child's emotional needs
- rejected the child when it was hurt or scared or cried for help
- encouraged the child to be independent before it was ready.

So the child learned to **suppress their normal instincts** to seek out their parents at times of stress.

As a result, the child learned at a very early age: **the only person I can rely on is me**. I have to take care of myself.

So they focus on their own needs and can ignore the feelings of others.

Here are some key insights about children with the insecure avoidant attachment style.

They:

- are self-reliant to a fault - to the extent that needing an adult's help actually makes them feel insecure
- tend to suffer from high levels of anxiety (and harbour a strong fear of failure)
- don't communicate with adults when they're upset or stressed
- can appear withdrawn or isolated
- don't outwardly show any desire for affection or closeness
- have a strong need for choice and control

Insecure avoidant children form about 23% of the population (that's 7 children in a class of 30).

Style 3: insecure ambivalent

(You might also hear this attachment style referred to as **anxious attachment**.)

Children with this attachment style are **often distrustful of adults**. This is because they **never learnt to predict how adults will respond** to their needs.

This may be because their **parents were inconsistent** in how they responded to the child as a baby.

- Sometimes, when the baby cried, the parent was attentive and nurturing
- At other times, the parent presented as unavailable, intrusive, dismissive or insensitive

For the child, this **unpredictability led to confusion** and a lack of trust in adults... so they **never learned to form secure relationships.**

This can lead to a negative self-view and a fear of rejection.

Here are some key insights about children with the insecure ambivalent attachment style:

- they often physically cling on to their parents
- they find it hard to concentrate on academic tasks
- they engage in persistent attention-seeking behaviour
- they pay close attention to what the adults are doing
- they have a poor understanding of cause and effect (so they find it difficult to learn from systems of rewards and consequences)

The insecure ambivalent attachment style includes roughly 20% of the population (that's 6 children in the average class of 30).

Style 4: disorganised-controlling

These children often display **controlling and manipulative behaviour.**

This form of attachment can develop because of:

- abuse
- trauma
- neglect

...in early childhood.

Here, the **parent's behaviour was so unpredictable** in the child's early years, they **never learned to feel safe.** In fact, they may even view their **parent as a source of fear**, rather than comfort.

(Note: this style can also occur when the child's primary caregiver suddenly disappears.)

Here are some key insights about children with the disorganised-controlling attachment style.

They may:

- seek control of relationships with peers and adults
- present a limited range of emotions
- have a poor attention span
- experience high levels of anxiety (that they often seek to mask with 'power' behaviours) or quickly become overwhelmed by their emotions
- resist attempts at support or encouragement from adults
- are hyper-vigilant of adults and other children
- may be very compliant and helpful when meeting a new adult for a short time, before completing changing their behaviour profile
- experience continually high levels of stress that hold back their learning

Disorganised-controlling children form about 1% of the population and can be some of the most challenging students to teach.

Key takeaways

We develop our attachment style based on our **early interactions with our parents** as a baby.

When those interactions go well, we learn our caregivers will help us when we feel upset, stressed or have some other need.

This **makes us feel safe and secure.**

As we grow, those **early interactions become our template** for how we **develop relationships** in later life.

There are four attachment styles:

- secure
- insecure avoidant
- insecure ambivalent
- disorganised controlling

Plus:

- children who are able to develop secure attachments represent only 56% of the population
- once you know a child's attachment style, then you can pick the right strategy to support them

Resource #3

Student Mental Health: The One Thing You Need To Know

The problem with teaching is... it's never as simple as just teaching.

Of course... this is nothing new.

20 years ago, overworked teachers joked society expected them to be **teachers and social workers.**

Now they joke teachers are supposed to be **mental health professionals** as well.

Which is why, on social media, you'll often hear people throw up their hands and say, "Can't we just be left to teach?"

But here's the thing.

Factors beyond the school gates have **always impacted** on students' learning.

And if your pupils are bringing unmanaged mental health conditions into the classroom… **you can't get to the teaching.**

That's why I'd like to give you:

- A **simple way** of thinking about how mental health affects student behaviour...
- That lets you focus **less on behaviour** - and **more on teaching**

But first, I want to ask...

Does this affect the children in your class?

In 2017, a major survey of the mental health of children and young people was carried out in England. It turns out mental health **affects a surprisingly large number** of children in our classrooms and schools, from preschoolers to school-leavers.

The headlines are:

- **One in eight school-aged children** had a diagnosable mental health disorder (about **4 children in the average class**)
- **5% of preschoolers** had a mental health disorder (at least **one child in the average class** starting school for the first time)
- **Young women**, aged 17 to 19, were particularly high risk - with **1 in 4** presenting a mental health disorder

So wherever you work in the education system, this is a problem that affects your students… and your ability to teach them.

And you may be surprised by what's included in the definition of 'mental health disorder'.

As well as the obvious candidates, like depression, anxiety and eating disorders, the definition includes:

- Autism
- ADHD
- ODD (Oppositional Defiant Disorder)
- Conduct disorder

Conditions that often get overlooked when we think about mental health.

What do many of these conditions have in common?

Many of these disorders result in **high levels of stress** in the classroom.

Let's take autism as an example.

Many students with autism find it hard to 'read' other people. This makes their classmates unpredictable, unnerving... even threatening.

For them, the other children are like **big, angry attack dogs** - who could turn at any time.

Now picture the average classroom from this student's point of view.

They're surrounded by 29 attack dogs, all tightly squeezed into the environment.

The result? **High levels of anxiety** and stress - that push us our student towards the '**fight-or-flight**' response.

Once in a fight-or-flight state, our brains lose much of their ability to:

- Form long-term memories
- Use logic and plan ahead
- Use language (understanding what others say, as well as expressing our own thoughts)

These are **the exact skills we need to learn.**

Or to put it another way: students experiencing high levels of stress **cannot access the functions they need to learn.**

We've put the emotional cart before the horse.

Of course, most students can only contain that stress for a short time before they explode. This might look like a meltdown or a student storming out of class (both forms of escape).

Rewards and consequences won't work

The obvious place to start with any behaviour difficulty is with consistent systems of rewards and consequences.

However - in cases involving mental health disorders, **these probably won't work.**

Rewards and consequences rely on a pupil's ability to **think ahead** and adapt their behaviour for a **future pay-off.**

But this group of students are experiencing very high levels of stress, pushing them into fight-or-flight.

Their bodies are telling them:

- To focus on surviving a threat in **'this moment'** (what happens later is irrelevant)
- To physically **get away** from the threat (or attack it)

While they may be able to hold in those feelings for a short while, eventually those emotions have to go somewhere.

So our student copes until they can't - and then the we see the explosion in the classroom.

What to do instead

As a general rule, children who feel **safe, calm and confident** don't present behaviour problems.

We need to consider our child's mental health condition... and work out what factors in the classroom elevate their stress.

Once we know that, we can put in place simple measures that compensate.

The aim is to **proactively reduce their stress load** - instead of holding the stress in.

According to neuroscience, the 5 main stressors are:

- Biological (e.g. nutrition, exercise, sleep, allergens, extreme heat and cold)
- Emotional (e.g. intense or confusing emotions)
- Cognitive (e.g. sensory overload, information overload)
- Social (e.g. interpersonal conflict, confusing social situations, victim of aggression/bullying)
- Pro-social (e.g. dealing with strong emotions in other people, putting others needs ahead of your own, guilt)

Let's go back to our student who finds other pupils difficult to understand.

We could think about:

- Exactly where our student sits (i.e. does seating them individually lower stress levels? Could they have the opportunity to opt in and out of social seating, as their stress levels permit?)
- What happens during group work (i.e. can they have the option to work alone? If they participate in team work, be intentional about which of the other students they work with.)

We're controlling their exposure to social stress. And the behaviours we see in the classroom should be less challenging as result.

(By the way... I'm not saying we should ***never*** teach children to contain their emotions. Regulating short-term stress is an important life skill. In this article, I'm talking about children with specific mental health conditions - and trying to contain long-term emotional stress is unhealthy and doesn't work.)

Key takeaways:

As educators, we don't necessarily need to know the ins and outs of 100s of mental health conditions...
...it's enough to know many of those conditions are driven by rising levels of stress.

Remember:

- pupils who feel **safe, calm and confident** don't usually present behaviour problems
- students in fight-or-flight **can't learn**

For pupils presenting mental health conditions:

- Appreciate that rewards and consequences are **unlikely to work**
- **Identify** the stressors
- Put in place **counter-measures** where that's **practical and possible** (sometimes, it might not be)

When you get this right, you'll often see challenging behaviours in class reduce. The child will be calmer, and more able to focus and engage with their work.

And that means both you - and your student - can **focus on teaching and learning.**

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We hope that you find your key SEMH resource pack is valuable - both for you, and to share with your staff or colleagues.

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