Special education and treatment for children and adolescents affected by autism spectrum disorder (at the Office Médico-Pédagogique)

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Plan of the presentation

• Special education for children with ASD at the OMP
  – Type of interventions
  – Individualized educational program (IEP)
  – Assessments
  – Type of work and activities done
• The Centre for Consultation in Autism Spectrum Disorders
• Centre for Early Intervention in Autism
• Conclusion
• Presentation of the Fondation Pôle Autisme
Special education for children with ASD at the OMP
History of the special education for children with ASD at OMP

• OMP has developed schools or classes for children with special needs since a century
• As of 2006-2007, creation of a first structure specifically dedicated to children with ASD (Les Amandiers)
• Between 2007 and 2010, creation of a network of institutions (14 to date) for children and adolescents with ASD and training for the professionals in charge of those children
• This year, 2 more structures specific to ASD have been opened (CMP la Vaudaire & Classe de Geisendorf)
Institutions for children with ASD at OMP

14 institutions to date:

3 institutions for children from 3 to 6 years
- Magnolias
- Servette
- Evaux

4 institutions for children from 6 to 12 years
- Amandiers
- Budé
- Cerisiers
- Trèfles

4 institutions for adolescents from 12 to 15 years
- Bornan
- Joran
- Pailly
- Vincy

1 institution for children from 4 to 12 years
- Geisendorf (integrated class)

1 institution for adolescents from 4 to 12 years
- Voirets (individual integration)

1 institution for adolescents from 15 to 18 years
- Vaudaire
Institutions for children with ASD at OMP

- Each institution provides education for 12 children
- The team is composed by special education teachers, educateurs (social workers), S&L therapists, and a person responsible for care (psychologist or MD)
- We are also planning to hire nurses in the near future as part of the team for some institutions
Types of interventions

• In order to fulfill the specific needs of individuals affected with autism and learning disabilities, the main psycho-educational tool is TEACCH (Treatment and Education of Autistic and related Communication handicapped Children)

• We also use other behavioral approaches

• We use an individualized educational program (IEP) for each child

• The environment is structured (space and time) to allow a better understanding for the children
IEP
Description of a standard IEP at OMP

Sections:

I. Presentations by the referents and by the parents of the characteristics of the child

II. Observations and evaluations by the referents and by the parents

III. Priorities and objectives - Everyday life

  III. a Priorities and objectives: Sensorimotor and psychomotor skills
IEP

Description of a standard IEP at OMP

III. b. Priorities and objectives – Psychosocial skills
III. c. Priorities and objectives – Cognitive skills
III. d. Priorities and objectives – Language and writing skills

For all these points in Section III:

✓ Objectives
✓ Means to achieve the objectives
✓ Evaluation methods and criteria for success

IV. Transition plan for a change of structure or integration

V. General remarks

In order to determine the goals for each child, formal and informal assessments are collected
Formal assessment

- Formal assessments use various tools:
  - PEP-3 (2 to 7 years of age)
  - AAPED (for adolescents and adults)
    These are standardized assessments allowing to identify emerging skills as well as abilities reached by the children affected with autistic disorder in different domains
  - Vineland
  - etc.
Informal assessments

• Informal assessments are done through observation of specific skills, abilities or behaviors, either in the institution or at home.

• These observations are done by the staff, but also other professionals (therapists of the child, etc.), and the parents.

• A strong collaboration with the parents is required.
Several settings for activities

- **Individual work**: the child is alone with one adult and develops new learning, new skills.

- **Work done autonomously**: (the child works alone, based on instructions that have been given to him on tasks that he is able to master during individual work)

- Children work **in small groups with adults and material** they are mastering. The aim of these types of setting is to adapt to other children, share material, share intervention.
Structured environment to meet the needs and specifications of children with autism spectrum disorder

At the desk

Around the table

On the ground
Structuring time, daily program, and individual activities
Sensory motor activities

- Sensory motor needs are integrated in a specific room for movement.
- Sensory regulation strategies are offered at specific times during the day.
Other possible activities

- Symbolic play
- Music and dance group
- Cooking class
- Walks
- Swimming-pool
- Gym
- Cultural visits (museum, etc.)
- Music lessons, etc.
Other activities for teenagers

Institutions for teenagers also propose some specific activities centered on the development of social skills and autonomy outside the special education school:

– Independent use of public transportation
– Shopping
– Behavior management in public environments
Conclusion: collaboration with the parents, perspectives

• The collaboration between institutions and parents should be based on relationships of trust and a genuine search for understanding and mutual respect

• In the organization of the system, we are seeking for greater continuity and better integration in the ordinary school system. This requires:
  – Change in the organization of the premises
  – Development of a team of assistants to school life for the children with ASD
  – Development of a system for integration in ordinary schools for children in the network of institutions differentiated in autism
  – School facilities for students with autism spectrum disorder will be launched at the ordinary school in January 2015 (primary school, secondary level, high school in the State of Geneva)
Two specialized centres for children with ASD:

• The Centre for consultation in autism spectrum disorders

• The Centre for early intervention in autism
The Centre for Consultation in Autism Spectrum Disorders

- Created in October 2009

- Collaborative project between the parent association Autisme-Genève and the Office-médico pédagogique.

- 50 to 70 diagnostic consultations per year (60% position).

- Clinical observation combined with gold-standard testing (ADOS 2, ADI-R, Bayley, Vineland, NEPSY, WISC-IV)
The Centre for Consultation in Autism Spectrum Disorders

- Long waiting list (1 year +) within the first year.
- Need for increase in staff.
- Fall 2013 – Support from the Fondation Pôle Autisme to grow the centre.
- Current staff include 1 psychiatrist; 4 psychologists; 2 psychological interns, 1 secretary.
- Now able to continue to provide ongoing support to families following evaluation.
Observation…

- Children seen for diagnosis *after* recommended age for optimal response to treatment.

- No state-funded appropriate intensive treatment available for children who do receive diagnosis early.
The Centre for Early Intervention in Autism - Geneva

- Created September 2010

- 6 children between 14 and 48 months.

- 18 hours of intensive therapy provided by psychologists and psychological interns using the Early Start Denver Model.

- In-home visits to coach parents on everyday strategies to help their child engage, communicate and develop.

- Collaboration with speech and occupational therapists, integration in community preschool.

- Research model.
Structure of the Centre

• Direction by psychologist specialized in autism – 20%
  – Training and coaching of interventionists
  – Evaluation of children, supervision of programs
  – Support of parents
  – Data analysis and research.

• 5 psychologists trained in early autism treatment – 500%
  – Responsibility of individual child’s program
  – Performing the trimestral evaluations, creating objectives
  – Working directly with the children and their parents in therapy.
  – Coordination of interns
  – Communication with the external therapy team (speech, occupational, school)

• Therapy takes place in-centre (80%) and in-home / in creche (20%)
• Parent partnership model.
Early Start Denver Model for Young Children with Autism

An autism intervention model developed at the MIND institute, University of California, Davis and the University of Washington found to be effective in enhancing development in children between 12 and 48 months.
Why so early?

- A neurological predisposition alters the infant’s way of interacting with people and their environment.

- Due to this early difference, the infant spends less time orienting to social stimuli, and is found to engage in object-orientated interaction.

- Given the plasticity of young brains, there is a strong effect of these early experience on shaping brain function and structure.

- The activities children engage in across their day are not neutral – instead of building a more social and communicative brain their experiences shape a more object-orientated brain.

- By 10 months, this lack of social learning is evident and the symptoms of autism begin to show.

- By 18 -24 months, there is a clear developmental delay, including poor verbal and non-verbal communication.

- By 36 months the child child will have developed the full autism syndrome.
Early Start Denver Model for Young Children with Autism

- First published studies on the Denver Model date back to the 1980s. To date there is a large body of peer reviewed, published empirical work supporting the model.

- Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model (Dawson et al 2010)

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  (doi: 10.1542/peds.2009-0958)
Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model  
(Dawson et al 2010)

• 48 children between 18 and 30 months

• Participants randomized to two groups:

  1) ESDM Group: 15.2 h per week of therapist delivered ESDM model, and an average of 16.3 hours of parent delivered ESDM strategies per week. 5.2 h / week of other therapies (speech, occupational therapy).

  1) Assess and Monitor Group (A/M) 18.4 hours per week of interventions available in the Seattle area, including inclusive preschool and one to one therapy.
### Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model
(Dawson et al 2010)

**Results: standard point changes after 2 years:**

<table>
<thead>
<tr>
<th>ESDM Group</th>
<th>Control Group</th>
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<tbody>
<tr>
<td>17.6 point change in IQ</td>
<td>7.6 point change in IQ</td>
</tr>
<tr>
<td>18.9 point change in receptive language</td>
<td>10.2 point change in receptive language</td>
</tr>
<tr>
<td>12.1 point change in expressive language</td>
<td>4.0 change in expressive language</td>
</tr>
<tr>
<td>Steady rate of adaptive behaviour development</td>
<td>Delays in overall adaptive behaviour increased</td>
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Figure 1. A developmental model of risk factors, risk processes, and outcome in autism.
The Centre for Early Intervention in Autism - Geneva

• Huge benefits of early intervention were observed within the first group of children: language development; parent support; developmental gains.

• The earlier we were able to start treatment, the better the outcomes.

• With only 6 places, many children are turned away each year.


• If we are able to have 20 spaces available, we will more or less cover the needs of children newly diagnosed with autism in Geneva.
ESDM Therapy Strategies:

Approach brings together aspects of developmental and applied behavioural analysis approaches.

Play is the framework for intervention.

Adults modulate and optimize child affect, arousal, and attentional state.

Use of positive affect.

Dyadic engagement.

Responsivity to child communicative cues.

Multiple and varied communicative opportunities.
ESDM Therapy Strategies:

Transitions are effectively managed, minimizing downtime.

Positive behaviour approaches for unwanted behaviour.

Family involvement.

Focus on all domains of development.

Specifically constructed for toddlers.

Model is data based to evaluate therapy efficacy.
Future goals for our centers

• To be able to provide excellent care for families coping with the diagnosis of ASD.

• To promote early detection of autism spectrum disorders throughout the medical community and within early childcare facilities.

• To train interns to become therapists specialized in autism spectrum disorders.

• To provide peer reviewed research data on early intervention in autism and promote early intervention at the Swiss federal level.
Conclusion

• The OMP is committed to differentiate the care and special education for children and adolescents with autism

• However, this is a recent movement that requires to maintain the momentum and offer continued training for the professionals involved at OMP

• The organization of our autism network must continue to evolve based on new knowledge on autism
1 enfant souffre d’un trouble du spectre autistique
**Fondation Pôle Autisme : what for?**

- The Fondation Pôle Autisme was launched in June 2013 by two families, the founding members, with the objective of improving care for people with autism in Geneva and throughout French-speaking Switzerland

  - Substantial **need for services, information and training** to help children and adults with autism, their families and the professionals working in this field

  - Public sector lacks the resources to finance services to current international standards for people with autism

  - Quality and scope of services are issues not only for the local population but also for families coming to the Geneva region from abroad

- Promote and carry projects that focus on public-private partnerships to develop services readily accessible to all
Four priority programmes:

- **Care:**
  - Provide additional resources to the Consultation Centre for Autism Spectrum Disorders (“Centre de consultation spécialisé en autisme”), part of the “Office médico-pédagogique” (DIP)
  - Open a new Early Intervention Centre (rive gauche)

- **Research:** Launch a four-year research programme, combining neurosciences and clinical research, within the framework of the NCCR Synapsy (universities of Geneva, Basel and Lausanne, and the EPFL)

- **Training:** launch a university training programme (CAS) enabling professionals to acquire the necessary skills to provide educational and care services for children and adults with autism

- **Inclusion:** Promote inclusion in mainstream public schools for children with autism through one-to-one support
Board of Directors

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For special education, Mrs. Marie-Claire Bochet, Directrice d’établissements spécialisés et intégration, can answer your questions at the OMP information desk.

Thank you for your attention

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