

# ARDUINO G.M.<sup>1</sup>, GONELLA E.<sup>1</sup>, GENTA E.<sup>2</sup> AVAGNINA N.<sup>1</sup>, PEIRONE S.<sup>1</sup>

<sup>1</sup>PSYCHOLOGIST, <sup>2</sup>PROFESSIONAL EDUCATOR

SERVIZIO NEUROPSICHIATRIA INFANTILE ASL 16 MONDOVI-CEVA ITALY

## COMMUNITY INTERVENTIONS FOR INDIVIDUALS WITH AUTISM

We present an experience of community interventions made within the project "The Child Who Comes Back From The Moon". The project has been promoted by the Clinic For Autism of the Local Health Unit of Mondovì (Italy). Nine children with PDD have been taken in charge within the project by a multi-disciplinary team, and have been followed at home, at the clinic and at school. (Please note that in Italy all children with any handicap go to normal schools).

In the following tables we present the description of the 9 subjects and the intervention strategies. It there will follow a description of the parents' and teachers' opinions about this experience.

N	SEX	AGE	SCHOOL/CLASS	ICD-10 DIAGNOSIS	DESCRIPTION: MENTAL LEVEL, COMMUNICATION, BEHAVIOUR	INTERVENTION	FREQUENCY
1	M	13 Ys.	MIDDLE / 3rd	F 84.0 AUTISM	MODERATE MENTAL RETARDATION (M.R.); SPOKEN LANGUAGE; ECOLALIC; GOOD WRITING/READING SKILLS; REPETITIVE BEHAVIOUR; OCCASIONAL ACTING-OUT.	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS LEISURE ACTIVITIES SESSIONS WITH PARENTS	AT REQUEST 1 HOUR / WEEK 1 HOUR / WEEK MONTHLY ONCE A WEEK BI-MONTHLY
2	M	11 Ys.	PRIMARY / 5th	F 84.5 ASPERGER	MILD M.R.; SPECIAL ABILITIES; GOOD VERBAL SKILLS; POOR UNDERSTANDING OF MENTAL STATES OF OTHERS.	INTERVENTION AT THE CLINIC FOLLOW UP WITH TEACHERS LEISURE ACTIVITIES SESSIONS WITH PARENTS	BI-MONTHLY ASSESS. QUARTERLY ONCE A WEEK BI-MONTHLY
3	F	16 Ys.	MIDDLE / 3rd	F 84.1 ATYPICAL AUTISM	SEVERE M.R.; SPOKEN LANGUAGE, USE OF SHORT SENTENCES, NOT ORGANIZED; COLLABORATIVE, RESISTANT TO CHANGES.	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	1 HOUR / WEEK BI-MONTHLY ASSESS. 1 HOUR / WEEK BI-MONTHLY BI-MONTHLY
4	M	14 Ys.	MIDDLE / 3rd	F 84.8 OTHER PDD NOS	MILD M.R.; GOOD VERBAL COMMUNICATION; REPETITIVE; OPPOSITIVE BEHAVIOUR.	INTERVENTION AT THE CLINIC FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	QUARTERLY ASSESS. QUARTERLY BI-MONTHLY
5	M	4 Ys.	NURSERY / 2nd	F 84.8 OTHER PDD NOS	MODERATE M.R.; GOOD VISUAL-MOTOR SKILLS; POOR VERBAL COMPREHENSION; ECOLALIC; HAS STARTED TO USE SYMBOLS TO COMMUNICATE.	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	1 HOUR / WEEK 2 HOURS / WEEK 2 HOURS / WEEK BI-MONTHLY MONTHLY
6	M	6 Ys.	NURSERY / 2nd	F 84.0 AUTISM	MODERATE M.R.; GOOD VISUAL-MOTOR SKILLS; NO SPOKEN LANGUAGE; HAS STARTED TO USE PCS SYMBOLS AND IMAGES TO COMMUNICATE.	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	1 HOUR / WEEK 2 HOURS / WEEK 1 HOUR / WEEK BI-MONTHLY MONTHLY
7	M	8 Ys.	PRIMARY / 2nd	F 84.0 AUTISM	MODERATE M.R.; DISCRETE VERBAL COMPREHENSION; POOR SPOKEN LANGUAGE; USES SIGN LANGUAGE; STEREOTIPIES; HYPERACTIVITY.	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	1 HOUR / WEEK 2 HOURS / WEEK 1 HOUR / WEEK BI-MONTHLY MONTHLY
8	M	13 Ys.	MIDDLE / 2nd	F 84.0 AUTISM	SEVERE M.R. SOME VERBAL COMPREHENSION IN ROUTINES NO SPOKEN LANGUAGE STEREOTIPIES; OCCASIONALLY SELF -INJURIOUS	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	2 HOURS / WEEK QUARTERLY ASSESS. 1 HOUR / WEEK BI-MONTHLY BI-MONTHLY
9	F	15 Ys.	MIDDLE / 2nd	F 84.0 AUTISM	MODERATE M.R. NO SPOKEN LANGUAGE GOOD VISUAL-MOTOR SKILLS; GOOD UNDERSTANDING OF IMAGES AND SYMBOLS; PASSIVE BEHAVIOUR, OCCASIONAL ACTING OUT.	INTERVENTION AT HOME INTERVENTION AT THE CLINIC COUNSELLING AT SCHOOL FOLLOW UP WITH TEACHERS SESSIONS WITH PARENTS	1 HOUR / WEEK BI-MONTHLY ASSESS. 1 HOUR / WEEK BI-MONTHLY BI-MONTHLY

**INTERVENTION STRATEGIES:**

AT HOME: counselling on TEACCH and Augmentative and Alternative Communication (AAC)

AT THE CLINIC: assessment: observation, tests (PEP/r and others), interview with parents  
rehabilitation: training on theory of mind, speech therapy, cognitive activities, psychomotricity

LEISURE ACTIVITIES: athletics, therapeutic horse riding

### EVALUATION OF INTERVENTION

#### Opinions of parents

(About interventions at home and leisure time, activated for seven children out of nine).

58% of parents found the experience "very useful", 42% found it "useful". 58% appreciated the consistent counselling, and 28% appreciated the counselling on difficulties and challenges. 85% of parents found the intervention productive, 42% reassuring, 28% stimulating. All the parents would like to continue the experience. They all consider very important the consistent exchange between school, family and clinic and the sharing of common objectives.

#### Opinions of teachers

(About counselling at school, activated for six children out of nine)

83% of teachers found the experience "very useful", 17% found it "useful". 100% appreciated the direct counselling to the teacher, 83% appreciated the collaboration for the educative program, 33% appreciated the sharing of educative material. 83% found the intervention "productive". Only one teacher found it difficult to introduce the structured teaching in a normal school. All the teachers find it useful to continue the experience, because it allows a consistent exchange between family, school and clinic and the sharing of the educational project.

### CONCLUSIONS

The experience has been useful and productive. **The most distinguishing factor** is the sharing of the aims between school, family and clinic. The frequent contact between school, clinic and family has helped the implementation of some principles of structured teaching and of the Augmentative and Alternative Communication (AAC).

Moreover, it has been possible to introduce the same principles during leisure activities. **The main difficulty** is the difference among the three environments (school, clinic, home), so that it is necessary to adapt the principles of structured teaching and of the AAC to every single context.