



Co-funded by the
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Training Handbook

“Autism Advisor”



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Training Handbook

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1. About the project

1.1 The project “AuTrain”

The ERASMUS+ Strategic Partnership Project “AuTrain” (2019-1-AT-KA202-051218) was scheduled from 01/10/2019 until 31/12/2021 and it aimed at improving the situation of people with autism spectrum disorder (ASD). Therefore, the project team collected comprehensive material on autism spectrum disorder, its forms and characteristics in order to raise awareness for people diagnosed with ASD.

For this purpose, an online platform has been developed which first presents general information about ASD. Second, the platform contains all the necessary teaching and training materials that are necessary for the training course “Autism Advisor” which has been ISO 17024 certified by an external accreditation body.



Figure 1. Homepage – „AuTrain-Platform“ (www.autrain.eu).

The certification of the training forms the basis for the long-term sustainability of the project. Free access to the AuTrain Platform ensures that all documents can be used by various organisations even after the end of the project. Even the certification process is open for everybody because the project’s background is an important issue in the field of social inclusion and covers existing needs in daily life.

People on the autism spectrum face massive problems in “simple” daily life situations like going to school, to a hospital or having an appointment with clerks in public administration. For this reason, the project developed this training course for non-professionals to become certified “ASD Advisors who can support or train their colleagues in social inclusion in general and in dealing with people with ASD in their respective working environment in special.

1.2 The project team

The project team, which consisted of necessary experts in various fields like inclusive-education, ICT, adult education as well as vocational-training, was responsible for planning and implementing this comprehensive set of results which is presented on the project-website www.autrain.eu. Therefore, the AuTrain team includes an interdisciplinary mix of various



universities and educational institutions that bring together theoretical knowledge and practical experience in social inclusive communication with people with ASD.

VINCO, a special education centre from Austria, acted as the coordinating partner and the project ran under the monitoring of the Austrian National Agency OeAD GmbH.

Organisation	Country	Staff
VINCO	Austria	Wolfgang Winkler Rainer Schabereiter Birgit Lukas
Universidade do Minho	Portugal	Ana Paula Loução Martins Anabela Cruz Santos
KAROLINSKA INSTITUTET	Sweden	Sven Bölte
FH JOANNEUM	Austria	Wolfgang Schabereiter Jasmin Koller Michael Brickmann
IL CERCHIO	Italy	Alice Maraldi Elisa Baraghini
European Education and Learning Institute	Greece	Chrysi Koundouraki Georgia Stagaki

Table 1. Project team AuTrain (own table).

1.3 How to use the handbook

This training handbook as a part of the project's second Intellectual Output was created in addition to all the comprehensive digital information, teaching and training material which is presented on the so called AuTrain Platform.

Therefore, this handbook should be used as "additional material" for physical teaching and training, especially as a workbook for course participants. It is structured as follows:

- Part 1: general information on autism spectrum disorder
- Part 2: practical activities (in accordance with the course's modules)

All activities are part of the online version as well and all content can also be found on the AuTrain Platform:

<https://www.autrain.eu/autrain-platform/>



Figure 2. QR-Code AuTrain Platform (own figure).



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2. Autism Spectrum Disorder (ASD) – Facts and Information

In this short chapter, some general numbers and information on autism spectrum disorder will be presented to bring this world to surface and to allow you as a participant to get deeper insight in this topic.

2.1 What is autism spectrum disorder (ASD)?

(www.ninds.nih.gov)

Autism spectrum disorder (ASD) refers to a group of complex neurodevelopment disorders characterized by repetitive and characteristic patterns of behaviour and difficulties with social communication and interaction. The symptoms are present from early childhood and affect daily functioning.

The term “spectrum” refers to the wide range of symptoms, skills, and levels of disability in functioning that can occur in people with ASD. Some children and adults with ASD are fully able to perform all activities of daily living while others require substantial support to perform basic activities. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5, published in 2013) includes Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorders not otherwise specified (PDD-NOS) as part of ASD rather than as separate disorders. A diagnosis of ASD includes an assessment of intellectual disability and language impairment.

ASD occurs in every racial and ethnic group, and across all socioeconomic levels. However, boys are significantly more likely to develop ASD than girls. The latest analysis from the Centers for Disease Control and Prevention estimates that 1 in 68 children in the US has ASD.

More information on ASD





2.2 How to recognise ASD?

(www.ninds.nih.gov)

Even as infants, children with ASD may seem different, especially when compared to other children at their own age. They may become overly focused on certain objects, rarely make eye contact, and fail to engage in typical babbling with their parents. In other cases, children may develop normally until the second or even third year of life, but then start to withdraw and become indifferent to social engagement.

The severity of ASD can vary greatly and is based on the degree to which social communication, insistence of sameness of activities and surroundings, and repetitive patterns of behaviour affect the daily functioning of the individual.

Social impairment and communication difficulties

Many people with ASD find social interactions difficult. The mutual give-and-take nature of typical communication and interaction often is particularly challenging. Children with ASD may fail to respond to their names, avoid eye contact with other people, and only interact with others to achieve specific goals. Often children with ASD do not understand how to play or engage with other children and may prefer to be alone. People with ASD may find it difficult to understand other people's feelings or talk about their own feelings.

People with ASD may have very different verbal abilities ranging from no speech at all to speech that is fluent, but awkward and inappropriate. Some children with ASD may have delayed speech and language skills, may repeat phrases, and give unrelated answers to questions. In addition, people with ASD can have a hard time using and understanding non-verbal cues such as gestures, body language, or tone of voice. For example, young children with ASD might not understand what it means to wave goodbye. People with ASD may also speak in flat, robot-like or a sing-song voice about a narrow range of favourite topics, with little regard for the interests of the person to whom they are speaking.

Repetitive and characteristic behaviours

Many children with ASD engage in repetitive movements or unusual behaviours such as flapping their arms, rocking from side to side, or twirling. They may become preoccupied with parts of objects like the wheels on a toy truck. Children may also become obsessively interested in a particular topic such as airplanes or memorizing train schedules. Many people with ASD seem to thrive so much on routine that changes to the daily patterns of life — like an unexpected stop on the way home from school — can be very challenging. Some children may even get angry or have emotional outbursts, especially when placed in a new or overly stimulating environment.

A well-founded diagnosis can only be made by a specialist.



3. Training Material “Autism Advisor”

The whole training course “ASD Officer” is divided into seven modules (duration: 3 hours per module) which comprise all relevant topics that are needed for enabling non-professionals to social inclusively interact with people with ASD in daily life situations. They are a mix of theoretical and practical content and combine basic knowledge with needed skills.

The modules are:

1. Creating an inclusive society
2. Nature of autism spectrum disorder
3. Autism spectrum disorder and society
4. Social communication and social skills for dealing with people with ASD
5. Professional attitudes and behaviours towards people with autism spectrum disorder
6. Put into practice: Wrap up
7. Accommodations for the public and professional services

For attendances it’s a must to take part at each module. As Figure 3 shows, all modules are connected all together will enhance knowledge, experience, reflection, and competences in ASD from a human, positive, ecological, and inclusive perspective.



Figure 3. Structure of the training course “ASD Officer” – simplified presentation (own figure).

ISO 17024 certification

This training course is ISO 17024 certified, and attendances have the opportunity to become a certified “ASD Advisor”. For more information on the requirements and how to complete the certification process ask your trainer or contact the external certification body which holds the needed rights for this training course:

www.systemcert.at



3.1 Module 1 – Creating an inclusive society

Module 1

...aims at developing and extending skills in understanding the rationality of an inclusive society, and its significance for the success and well-being of people with autism spectrum disorder (ASD).

Content

- ✓ Inclusion from different perspectives
- ✓ Critical elements for creating an inclusive society
- ✓ Common terminology/ range of views on ASD-friendly language

Learning Outcomes

- ✓ Discussing the nature of inclusion
- ✓ Identifying critical elements of an inclusive society
- ✓ Understanding the “person” *versus* “identity” - first language



Figure 4. Inclusive society (www.pixabay.com).

What is an “inclusive society”?

An inclusive society starts with the philosophy that every individual, each with rights and responsibilities, belong in the community life, has an active role to play, and feel valued, safe, connected, and cared for (Schaffner & Buswell, 1996; United Nations, 1996).

An inclusive society promotes a “meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights into the work of the Organization, the development of disability-specific programmes and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities” (United Nations, 2020, p. 10)



Activity: “Think & Reflect – Inclusion”



Watch the following video:¹



UN Secretary-General Antonio Guterres talks about the UN Disability Inclusion Strategy



Take notes:

What are your thoughts on what you have heard?

What is your idea of inclusion?

What kind of world is the secretary planning for the future? How do you feel about it? Does it fit to your idea of inclusion?



Talk about your thoughts in groups



¹ For more information on managing subtitle settings on YouTube see Annex



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3.2 Module 2 – Nature of autism spectrum disorder

Module 2

...aims at providing a better insight into the complexity and many faces of autism spectrum disorder, particularly how people with ASD themselves experience this phenomenon.

Content

- ✓ The formal view of autism spectrum disorder in biomedicine
- ✓ The frequency and causes of autism spectrum disorder
- ✓ Co-occurring of mental and physical conditions
- ✓ “Autistic“ experiences, thinking, and perceptions
- ✓ Common misconceptions of autism spectrum disorder

Learning Outcomes

- ✓ Diagnosis of autism spectrum disorder
- ✓ Defining characteristics and understanding them
- ✓ Statistical data on autism spectrum disorder
- ✓ Understanding specific behaviours and ways of thinking of people with ASD



Figure 5. Insights to a strange “world” (www.pixabay.com).

Facts...

Autism Spectrum Disorder (ASD) or just autism, today summarizing several previous different diagnoses (infantile autism, Asperger syndrome, atypical autism, pervasive developmental disorders not otherwise classified [PDD-NOS]) is heterogenous in causes and individual presentation. Genetic factors are strong in its etiology but even environmental factors play in (Bölte et al., 2019a; Vorstman et al., 2017).

ASD is today diagnosed in about 1% of the general population [...] and frequently accompanied by psychiatric disorders (e.g. anxiety, depression) other physical complications (e.g. neurological or gastrointestinal issues) (Simonoff et al., 2008; Pan et al., 2021).

ASD is not a disease, but an expression of neurodiversity, it comes with increased risk for mental and somatic disorders and social exclusion (Bölte et al., 2021).



Activity: “What is ASD?”



Watch the following videos on “What is autism?” (www.autism.org.uk)

Video 1 (2:42)



Video 2 (4:13)



Quickly read the “DSM-5 Autism Diagnostic Criteria”

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity: Severity is based on social communication impairments and restricted, repetitive patterns of behaviour.

B. Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).



4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity: Severity is based on social communication impairments and restricted, repetitive patterns of behaviour.

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-V diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

- **With or without accompanying intellectual impairment**
- **With or without accompanying language impairment Associated with a known medical or genetic condition or environmental factor**
(Coding note: Use additional code to identify the associated medical or genetic condition.)
- **Associated with another neurodevelopmental, mental, or behavioral disorder**
(Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)
- **With catatonia** (refer to the criteria for catatonia associated with another mental disorder)
(Coding note: Use additional code 293.89 catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)
- **Associated with a known medical or genetic condition or environmental factor**

Source: American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013.



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If you want to, take notes:



Discuss in groups

Basing on the videos and the text you have read discuss the following questions:

Are the diagnostic criteria informative for you?

Did you get a good idea of what autism might look like?



3.3 Module 3 – Autism spectrum disorder and society

Module 3

...aims at exploring useful strategies to engage with people with ASD in different given environments during typical routine and activities that promote academic skills, positive behaviours, problem solving and independence.

Content

- ✓ Addressing common challenges that a person with ASD may face: in a school, working place, public services, family/relationship
- ✓ Different perspective/approaches to understand and deal with people with ASD

Learning Outcomes

- ✓ Identification of challenges and opportunities in the workplace when dealing with people with ASD
- ✓ Using the knowledge gained throughout the course to answer the identified challenges and opportunities in the workplace when dealing with people with ASD
- ✓ How to act in favour of people with ASD using a philosophy coined by humanity, responsibility taking and problem solving, experientially and critically



Figure 6. Definitely wrong ways in communication (www.pixabay.com).



Activity: “Autism Friendly Society”

In the first part of this module, you’ve got information on different aspects. Now, it’s time to use it for the following activity.



Discuss the questions in small groups

1. *What are ways to allow people with ASD to be autonomous in carrying out activities in public services?*
2. *What are proper ways to create a relationship with a person with ASD?*
3. *What are possible practices in school?*



Try to answer the questions in the group and write down the most relevant things that can be reported in the large group

Question 1:

Question 2:

Question 3:



3.4 Module 4 – Social communication and social skills for dealing with people with ASD

Module 4

...aims at developing social communication and social interaction skills for people with ASD.

Content

- ✓ Social communication skills
- ✓ Interaction and social skills
- ✓ Personal relationships skills (friendships, peers, family)
- ✓ Public and professional contexts communication skills

Learning Outcomes

- ✓ Understand the concept of communication- basics and importance, and the communication of a person with ASD
- ✓ Understand the concept of social communication issues experienced by individuals with ASD
- ✓ Understand the concepts of interaction and social skills, and its implication in the life of a person with ASD, namely personal and professional relationships
- ✓ Understand how to deal with a person with ASD in daily social life

Quick tips for effective communication with people with ASD





Activity: “Think & Reflect – Social Communication”



Watch video “Young people explain autism – Communication”

Video (1:38)



Take notes:

Explain some of the communication differences and challenges experienced by people with ASD watched in the previous video:

What do you feel about it?

Have you ever thought about these communication difficulties?



Talk about your thoughts in groups





3.5 Module 5 – Professional attitudes and behaviours towards people with ASD

Module 5

...aims at developing and extending skills in to develop approaches to explore techniques and strategies to use in a positive and effective way when in contact with people with ASD.

Content

- ✓ Strategies for an adequate, positive, and efficient contact and interaction with people with ASD
- ✓ Features of community services and their impact on usability for people with ASD

Learning Outcomes

- ✓ Learn strategies to interact with people with ASD in a working environment; reflect on own perceptions
- ✓ Learn how community services can adapt to the needs of people in ASD
- ✓ Learn how to better interact with people with ASD in a customer care context



Figure 7. Social inclusion is more than just a phrase (www.pixabay.com).

Video: “CBS-Sunday Morning – Hiring autistic workers”





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Activity: “Reasonable adjustments for employers and employees”



Watch the two videos:

“Top autism tips: employment – reasonable adjustments”
for employers and employees (www.autism.org.uk)



Summarize the Videos

Try to summarize the main aspects which you’ve heard in the two videos

Video 1: Employment - reasonable adjustments for employers

Video 2: Employment - reasonable adjustments for employees



Talk about your results in small groups





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3.6 Module 6 – Put into practice: Wrap up

Module 6

...aims at enhancing participants to practice and reflect about strategies that may be helpful when coping and dealing with people with ASD.

Content

- ✓ Real-world tasks for reflection and analysis
- ✓ Case Studies for reflection and analysis

Learning Outcomes

- ✓ To identify challenges and opportunities in the workplace when dealing with people with ASD
- ✓ To use the knowledge gained throughout the course to answer the identified challenges and opportunities on the workplace when dealing with people with ASD
- ✓ To know how to act in favour of people with ASD using a philosophy coined by humanity, responsibility taking and problem solving, experientially and critically

Video: “CBS-Sunday Morning – Hiring autistic workers”





Activity: “Role play”

Now, it's time to put all the things you've learned into practice



Go into groups of four

First, plan your role play in your small group. Take a sheet of paper to take some notes for answering the following planning questions:

1. Who are the characters?

Suggestion:

- Person in the respective profession
- Person with ASD
- Observer 1
- Observer 2

2. Where and when does the situation take place?

3. What is the situation itself?

4. How does the situation start?



Go into yourself and create your “ID-Card”

- **For the actors:** Describe your person, your character in a few words
- **For the observers:** Plan and describe the observed aspects with your partner



During the role play

The two observers please take notes regarding the following questions:

1. *What happens after the start?*
2. *How do the characters act?*
3. *How does the situation end?*

Start your role play



After the role play – reflection

Sometimes, role plays can be exhausting and lead to difficult situations which need to be carefully debriefed. Therefore, it's recommended to do a reflection at several levels:

- Single
- Small group
- Plenum

Personal Reflection - take notes on your own feelings and thoughts during the role play:



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Small group reflection

After writing down your personal issues go into small groups again and talk with your colleagues about your personal issues, as role player but also as observer. Write down your results.

Try to define critical moments in your role play and how you've solved them:



Common reflection

One person per small group should present the respective results and your trainer will define key factors in inclusive communication together with you:

Note the most important "success factors" in inclusive communication:



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3.7 Module 7 – Accommodations for the public and professional services

Module 7

...aims at reflecting and developing accommodations that may be needed to accomplish in the working place of the participants. Finally, the participants' case studies are presented and discussed.

Content

- ✓ Reflection and design of accommodations
- ✓ Presentation of the case study that was developed by the participants with accommodations for their specific service

Learning Outcomes

- ✓ To summarize and reflect the content of the previous modules
- ✓ To develop useful accommodations for the different services of the participants
- ✓ To create a concrete plan for implementation for every participant

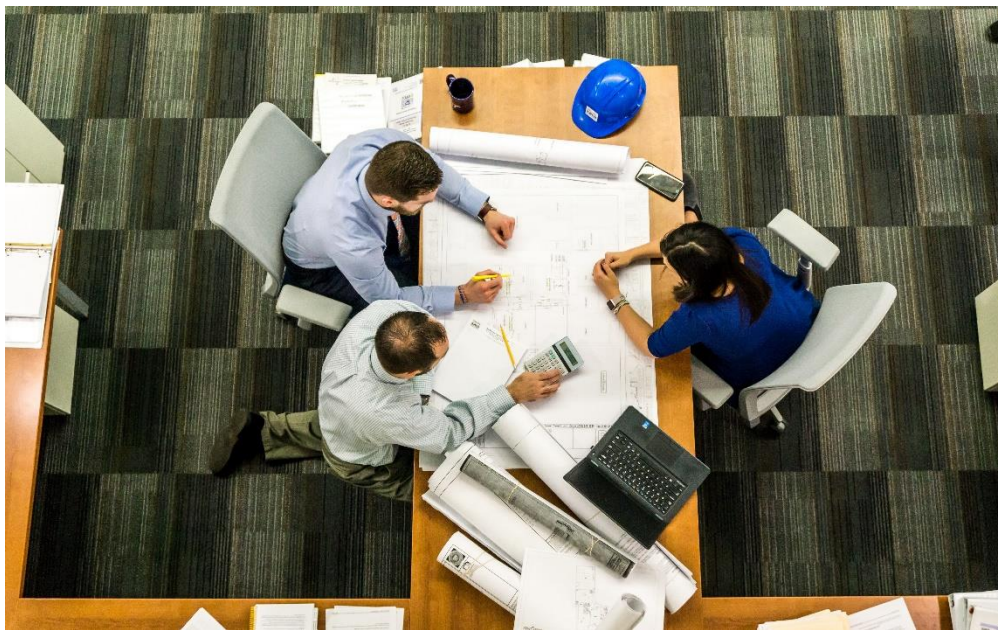


Figure 8. Act as a multiplier in your private and professional environment (www.pixabay.com).



Activity: “What can you remember?”

After so much different input, it’s time to summarize and sort all the different contents.

To help you, here are the modules again:

- | | |
|-----------|---|
| Module 1: | Creating an inclusive society |
| Module 2: | Nature of autism spectrum disorder |
| Module 3: | ASD and society |
| Module 4: | Social communication and social skills for dealing with people with ASD |
| Module 5: | Professional attitudes and behaviours towards people with ASD |
| Module 6: | Put into practice – wrap up |



Make your personal “to do list”

Which content can you remember and how will you implement it in your own professional environment?



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Annex

How to manage subtitle settings on YouTube

Captions (subtitles) are available on videos where the owner has added them, and on some videos where YouTube automatically adds them. You can change the default settings for captions on your computer or mobile device.

To choose a different caption language:

1. At the bottom right, click Settings .
2. Click Subtitles/CC.
3. Select a language.

If the language isn't listed when you click Subtitles/CC:

1. Click Auto-translate.
2. Select a language.



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