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The tools of our trade: Manage, evaluate, change

Recently I talked to staff in a school with autistic pupils. They wanted my advice in dealing with a disagreement amongst staff members over who should clean up after an autistic student had thrown furniture around or demolished a room. I asked them why they didn't agree. They said: "Half our staff group thinks that the student should clean up the mess. The other half does not think it is worth the hassle".

I asked them why the student should clean up. One member of staff said: "Because he created the mess". I told him that I did not understand and asked him to elaborate. He said: "The student should clean up the mess because he created it". I told him that there was nothing wrong with my hearing, I just did not understand the argument. He persisted: "He who creates the mess must clean it up". I countered: "Staff are responsible for creating an environment where autistic students thrive, flourish and learn. You obviously did not succeed here. So I would argue that staff created the mess by not supporting the student enough".

The member of staff the said: "But if he has to clean up the mess he might not want to demolish a room again". I said: "Oops. Wrong toolbox".

Toolboxes for working with autistic people

As staff we perform the craft of teaching. As craftsmen we use tools. They are kept in toolboxes. I believe that we use 3 kinds of tools, that should therefore be kept in three toolboxes.

1. Tools needed for managing difficult situations without escalating them. In this toolbox we have tools such as low arousal approach, both reactive tools like [Studio III](#) and proactive tools such as diversions, keeping a calm voice and being non-confrontational.
2. Tools needed for evaluating what went wrong. In this toolbox we have tools like crises evaluation tools, psychological assessments and assessments of stress levels and communication ability.

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3. Tools of change. In this toolbox we have every tool aimed at changing the person's behaviours. For example:
 - therapeutic tools
 - changes to the physical environment
 - communication tools
 - tools for creating structure
 - creating a low arousal everyday environment
 - stress reduction
 - and a huge number of the tools we often associate with autism care.

What the member of staff did, when he said that cleaning up would maybe make the autistic person think twice before demolishing a room again, was to grab a tool in the change toolbox. That is of course okay if it is a good tool and if the situation is well managed and evaluated first.

The problem is that he did it in the middle of the management phase. Asking the student to clean up is a bad management strategy. It might escalate the situation once again. It is also based on the faulty assumption that it is easy to demolish a room but difficult to clean up (thereby making cleaning up an aversive method).

Actually cleaning up is a lot easier than demolishing a room. Everybody I have talked to after they demolished a room have said that it was the most difficult they did that day. Some have even said that it was the worst situation they were in that year. If aversive methods worked, nobody would demolish a room more than once in a lifetime.

So we need to manage the situation the best we can. Hopefully we have good tools such as [low arousal](#) approaches. Part of the management phase is cleaning up and allowing the person to calm down, and feel safe and accepted. Then we evaluate what went wrong. An evaluation of stressors is essential as is an evaluation of staff behaviour right before and during the crises. Then we make the changes needed for the situation not to occur again.

This model is not limited to the autism field. It is a standard method of securing quality in both industry and health care. A doctor does not ask a patient to clean up after a surgery in order to make the patient not want to become ill again, and a mechanic does not ask the car owner to clean up after the repair in order to get him or her to drive more carefully. But we accept that level of amateurism in school and care staff. We shouldn't. Quality control might even be more important in the care of the most vulnerable people we have in society than in any other profession.