

SAHK

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Autism is diagnosed on the basis of three primary areas of impairment : social functioning, language and communication, and repetitive as well as stereotyped patterns of behavior, interests or activities DSM-IV Test Revision (APA,2000). In collaboration with Department of Psychology of The University of Hong Kong, we launched a project of “Social-communicative Skills Development of Children with Autism Spectrum Disorders” (ASD) in the year of 2002 to 2006. Aiming at addressing the core deficits and the heterogeneity of social-communicative dysfunctions of children with ASD, we conducted an extensive review of the current literature, social-communicative intervention strategies and educational methodologies to devise an intervention model. We also aimed at adopting those strategies that can address the aspects of relationship building and perspective taking of the children with ASD, and we conducted a lot of research to examine the efficacy of our self-devised Intervention Model and applied intervention strategies. Our self-devised Intervention Model is an eclectic model. It provides a framework for individualized social-communication skills planning and making intervention decision. It consists of three dimensions, they are goals (relationship building, development of skills and enhancement of social understanding), strategies (interactive, behavioral and cognitive approaches) and context (activity structure, social environment and interaction / communication support), whereas parent-professional partnership serves as an important foundation for effective decision making. With the Intervention Model the individualized learning goals can be derived, the individualized intervention program and training can be designed and implemented, and the Individualized Education Plan can be achieved as well as evaluated regularly. Apart from the Intervention Model, SAHK also devised a detailed Social Communicative Behavior Checklist (SCBC) consisting of 109 items covering the areas of early interaction, communication and play skills. It aimed at helping education and rehabilitation personnel to have an in-depth understanding of social-communicative dysfunction of children with ASD. The result of the research showed that the Intervention Model is useful in planning, management and provision of social-communicative program and training to children with ASD of three social subtypes namely aloof, passive and active-but-odd (Wing & Gould,1979). The SCBC can also help the education and rehabilitation personnel to have a thorough assessment which in turn helps them to derive goals targeting on children’s needs. The application of selected strategies of Interaction Time (Greenspan & Wieder,1998, Sonders,2003), Incidental Teaching (Warren,Yoder & Leew,2002), training on Theory of Mind (Howlin,Baron-Cohen & Hadwin,1999), Social Stories (Gray,2000) and Visual Strategies (Hodgdon,1995) showed desirable effects on children with ASD. Apart from launching the project of “Social-communicative Skills Development of children with ASD” and conducting the efficacy research, fostering staff expertise constitutes an important aspect of quality enhancement. It was found that a support team of professionals is vital for providing support and guidance to front line staff on implementing intervention program for children with ASD through collaborative planning, implementation of training and evaluation. Ongoing staff training and systematic program evaluation basing on the Intervention Model is also vital for quality

enhancement of the social-communicative programs and training for the children with ASD. Last but not least, the compilation and publication of education resources packages are important for enhancement of quality of the social-communicative program and training to children with ASD, as the educational personnel, professionals and parents will all equip with respective skills and knowledge. The social-communicative program and training for children with ASD of SAHK is characterized by the self-devised intervention model and the emphasis on adopting those intervention strategies of relationship-building and perspective taking. The collaboration with academic institution in launching the project of “Social-communicative Skills Development”, conducting efficacy research and fostering staff expertise constitute three important aspects of quality enhancement.

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Autism spectrum disorder (ASD) refers to a range of conditions characterised by some degree of impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and carried out repetitively. ASDs begin in childhood and tend to persist into adolescence and adulthood. In most cases the conditions are apparent during the first 5 years of life.Â Therefore the empowerment of caregivers is increasingly being recognized as a critical component of care for children with ASD. Human rights. People with ASD are often subject to stigma and discrimination, including unjust deprivation of health care, education and opportunities to engage and participate in their communities.