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Case Study - Amanda

Amanda is 13 years old. She has [cortical dysplasia](#) with a range of other disabilities: [moderate learning difficulties](#), [autism](#), epilepsy, [cortical visual impairment](#) and [nystagmus](#).

Amanda has good [functional vision](#), which she uses well. For reading text, she prefers the Arial font in [N print size](#) 28, though she is able to read smaller text. Amanda accesses normal pictures. She uses vision to independently navigate short distances (e.g. back to class from other parts of school).

Amanda attends a [special school](#) for young people with [visual impairment](#). She is supported with a core [team](#) consisting of a teacher, two teaching assistants and a psychology graduate. This core team is supported by a speech and language therapist and occupational therapist. The team members have come to [know Amanda really well](#). Amanda has recently begun to use the residential services at her school, starting with a few hours one night per week. The school ensures there is close contact with Amanda's parents; in effect, her parents are [members of the team](#).

At times, Amanda is very anxious. Upon entering the school a few years ago, she was very unsettled and did not tolerate a classroom environment, so a programme was used to [enable her to participate in the classroom with her peers](#).

On returning to school at the start of this academic year, Amanda initially appeared to cope well, but gradually presented with some difficulties as she settled back into the school routine: she experienced urinary incontinence, began to pull the hair of other students and staff and found some [transitions](#) of activity extremely difficult; when she presents as very anxious or upset staff [reduce the demands on her](#) by removing these activities from her programme. A programme was also put in place to [promote the use of the toilet](#) and a greater emphasis was placed on promoting her positive behaviour. Although a [functional behaviour analysis](#) was undertaken, the outcome was not very helpful. Amanda's positive behaviour is promoted using [praise](#) and [tangible rewards](#).

Because Amanda has difficulty understanding spoken language, staff;

- [reduce the amount of spoken language](#)
- [simplify their spoken language](#)
- [give explicit instructions](#)
- [avoid metaphor, simile, sarcasm and idioms](#)
- [use intonation with care](#)
- [provide sufficient processing time by using the "wait for eight" rule.](#)

Amanda has limited expressive communication, rarely speaking spontaneously. However, she sometimes communicates with behaviours that challenge. As noted above, her positive behaviour is promoted with praise and tangible rewards. In addition, staff encourage Amanda to use conventional means to communicate expressively by [providing her with a responsive environment](#). She is also [offered choices](#).

Amanda rarely interacts positively with her peers: she does not initiate play or communication with them. Strategies are in place to [promote interaction with peers through joint activities](#).

Amanda interacts more effectively and more frequently with adults than with peers. For several years, Amanda has formed one particularly strong attachment with a different member of staff each year. This has resulted in work to [promote relationships with a range of adults](#).

Amanda likes putting her hands through the hair of a familiar adult, which she finds calming. However, as she also pulls people's hair, she is either [redirected from inappropriate to appropriate interaction with adults](#) , or [enabled to fulfil a sensory need appropriately](#).

Amanda enjoys interacting through [song and sounds](#).

Amanda has sufficient functional vision to independently navigate short distances (e.g. back to class from other parts of school). Nevertheless, because she finds it difficult to initiate sequences, transitions of location can be difficult for her: they can result in her becoming anxious and experiencing urinary incontinence. Amanda is therefore [supported with transitions](#) of location in various ways.

Amanda is commonly quite tired and lethargic in the morning and therefore takes part in a sensory integration activity to help wake her up and [prepare her to participate in educational activities](#). In addition, this activity is sometimes used to [enhance her engagement in educational activities](#). The occupational therapist has also recommended the use of other [sensory integration](#) activities to calm Amanda when she is feeling very anxious or stressed.

Several other activities enable Amanda to calm down and relax:

- [activities which she finds motivating](#)
- using the [sensory environment](#)
- [singing](#)

Aspects of the [TEACCH](#) approach are used with Amanda: she has a:

- [work station](#)
- [schedule](#)
- [work system](#)

Sometimes Amanda tries to rush through tasks in order to get to a preferred activity. She is then [redirected to her task](#).

Educational tasks are presented in [numerous short periods](#) and ["space"](#) is provided between them.

Staff ensure that [tasks and activities are built around Amanda's interests and skills](#), so they are fun and motivating for her.

There is a pattern in Amanda's emotional wellbeing: at times, she is lethargic and anxious; at others, she is relaxed. It is felt that her menstrual cycle may underlie this pattern. When Amanda is menstruating, she becomes very lethargic and anxious. Staff therefore [support her with menstruating](#) by [reducing the demands on her](#) and offering her additional opportunities to relax and to engage in sensory activities.

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