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Case Study - Cecily

Cecily, who is 11 years old, has a diagnosis of [septo-optic dysplasia](#) with [optic nerve hypoplasia](#) and is [registered blind](#). She was diagnosed with [autism](#) at the age of 7 years. Cecily's ability levels vary from subject to subject, but they are approximately age appropriate.

Cecily is in Year 6 of a [mainstream school](#). She has full time additional teaching assistant (TA) [support](#) ; this role is currently shared by two of the school's TAs. One has supported Cecily for seven years, the other for four. Thus, they [know Cecily really well](#).

Cecily is able to differentiate between light and dark and can see outline shapes when she holds an item close to her eyes. Cecily uses her [residual vision](#) willingly; she accesses some simple images using [CCTV](#). In addition to providing magnification, this has the benefit of [minimising clutter](#). In very familiar areas she uses her vision to move around independently. In other situations she is dependent on a [sighted guide](#). She has an unusual walking gait.

Cecily has a mobility book that describes the consistent routes that she uses when independently engaged in [transitions of location](#). With this support, she copes well with transitions of location and of activity. She has also coped well the change of teacher at the start of each school year.

To support Cecily when she navigates around her classroom, a rule has been established: when young people leave the table, they place their chairs under the table. In effect, this is an aspect of [providing a constant class layout](#). Cecily is also provided with a designated seat. These strategies promote Cecily's independence.

She uses fully contracted [braille](#) for both reading and writing. Although her reading and spelling are both excellent, she has literal understanding of language. Thus, staff try to [avoid metaphor, simile, sarcasm and idioms](#), which she does not understand. She finds it more difficult to answer 'why' questions than those involving 'who' or 'what'. Staff [limit their questions and make them clear](#).

To ensure Cecily attends to them when they address her, staff [say her name first](#), at the beginning of all interactions.

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Cecily enjoys stories, but faces challenges in understanding mathematics. To help with her understanding of spatial concepts, Cecily finds it useful when the TA [augments spoken language with touch](#) by drawing on her back.

Although Cecily's spoken language is good, she rarely interacts with her peers. Her social behaviours are almost entirely directed towards adults. It is thought this may be due to being an only child, and to having constant individual support. Cecily tolerates rather than interacts with her peers. Attempts to teach her [traditional games to promote her peer relationships](#) have met with only limited success: Cecily continues to engage with peers only when prompted to do so by one of the TAs.

She persists with her favourite topic of conversation over extended periods of time. Currently she has a deep interest in certain television programmes, focusing particularly on the music associated with them. When Cecily starts to talk about a favourite topic during lessons, the TA [re-directs](#) her to the task.

Cecily knows the usual routine and finds it very reassuring. However, she has a daily [timetable](#) in [braille](#), which means that staff do not need to keep to the usual routine to enable Cecily to know what will happen next.

A series of [stories is used to support Cecily's social understanding](#).

Cecily has a range of sensory needs. She is very sensitive to being touched by others, particularly on her hands and arms. As being touched can cause an outburst from Cecily, those who support her [avoid the trigger](#) of touching her.

Staff also avoid the trigger of unexpectedly coming close to Cecily: she dislikes this and flinches when she feels air movement caused by someone moving close-by. However, Cecily is almost always willing for a member of staff to come close in order to guide her. Although Cecily dislikes being touched by another person, she copes well with being guided, as she is in control: she initiates the physical contact and she holds the [sighted guide](#).

Cecily is also very sensitive to sounds and covers her ears and expresses dislike when loud noises occur. If necessary, the TA helps her to [calm down afterwards by singing to her](#).

Cecily appears to respond atypically to pain. As noted, she dislikes being touched; she has sometimes responded to being touched very lightly by stating her arm has been broken. On several occasions, she has been doubled over, complaining of severe stomach pains, and has been taken to hospital. No illness or injury has ever been identified on such occasions. In contrast, she has fallen over and grazed her knees, apparently without experiencing pain at all. Being unable to judge the severity of pain is quite common in sighted autistic young people. This leads to risks as young people may not know when they have hurt themselves.

In the past, Cecily often flapped her hands when not engaged in any other activity. Staff now support Cecily to regulate this behaviour and to [calm down by providing an activity incompatible](#) with her hand flapping.

She does not react well to stress or to completely new situations. Cecily can become very defiant and very agitated and sometimes hits and bites herself. In these situations, staff support her to use [relaxation techniques](#).

When a situation becomes too stressful for her, Cecily withdraws to a [safe haven](#).

Cecily is large for her age and does not enjoy even mildly strenuous physical activity. She has difficulty with dressing. Difficult tasks, such as dressing and undressing, are [broken down into small steps for her](#).

Cecily enjoys [music](#). She has a pleasant singing voice and can reproduce previously heard songs and tunes very accurately. Unfortunately, her musical skills and interests are not currently being developed or used to support her in school (apart from the TA using singing as a calming strategy).

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