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Case Study - Sarah

Sarah is nearly 9 years old. She has [septo-optic dysplasia](#), with no observable use of vision. Sarah has [severe learning difficulties](#) and a diagnosis of [autism](#). Sarah attends a [special school](#) for young people with [visual impairment](#).

Sarah is physically mobile. She has a [long cane](#). During lessons with a [mobility officer](#) she is being taught to use her [long cane](#) and to trail with her hand. In fact, during mobility lessons the cane can be seen as part of the [task structure](#), a component of the [TEACCH](#) approach. It may help her to stay on task.

[Additional support](#) is provided for Sarah at all times in school.

Sarah is regarded as having good contextual understanding of spoken language, although there is no objective evidence for this is. However, it is recognised that it is important for staff to [augment their spoken language](#), using

- [on-body signing](#)
- [objects of reference](#)
- [sounds of reference](#).

Sarah has a [timetable](#) which uses objects of reference and a [finished box](#).

[Routine](#) is also used to in some situations to augment spoken language; for example, it is employed in conjunction with sounds of reference to inform Sarah about music lessons.

Sarah communicates expressively using facial expressions, vocalisations, body language, motor actions and spoken language. The latter consists of single words and short phrases; she produces a lot of echoed language, both immediate and delayed. This sometimes appears to be communicative. To support Sarah's expressive communication, staff provide a [responsive environment](#).

Although Sarah is provided with information about forthcoming events using her timetable, she frequently asks what will happen later, indicating she is rather anxious about this. It is important that practitioners [respond to such questions in a positive manner](#).

Sarah used to find transitions difficult. She now copes more readily. It is likely that using her timetable to inform her of what is about to happen [supports her to cope with transitions](#).

Sarah is described as sociable, although interaction is always on her terms. She sometimes appears to enjoy interacting with an adult; for example, this occurs during sessions for supporting her sensory understanding using [Tactpac®](#) when she engages in simple conversations with the member of staff supporting her. She also enjoys rough and tumble play on some occasions. Sarah does not interact with her peers.

In common with many sighted autistic young people, Sarah eats a very restricted range of foods and often presents as anxious about meals. With the long-term aim of promoting [healthy eating](#), Sarah has a programme to support her to eat a wide range of foods.

Routine is very important to Sarah and she sometimes becomes very stressed if there is unavoidable change in her routine. Thus, as far as possible, staff [keep to Sarah's usual routine](#). Sarah also needs predictability, so staff try to [ensure that all events she is informed of in advance do actually happen](#).

Sarah becomes anxious when one of her peers cries. In this situation, the TA calms her by providing a [sensory integration](#) activity recommended by the occupational therapist.

Sarah sometimes becomes very stressed. When in [crisis](#), she shouts, screams and hits her head. Initially, Sarah is [left to calm down alone](#). However, if she is still stressed after being alone for three minutes, she is [calmed by taking her for a walk](#).

Sarah's sensory needs are addressed with [sensory integration](#) activities based on advice provided by the occupational therapist. [Tactpac®](#) is also used.

Young people with [septo-optic dysplasia](#) may have several medical needs; for example, it is important to stabilise hormone levels. Sarah is therefore monitored closely by her consultant paediatrician. School staff, in conjunction with her parents, [monitor Sarah's health](#) and provide information as appropriate to the paediatrician.

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