

Psychological Perspectives in Education & Primary Care

Autism

Dr Amy Balcon and Dr Kate Gordon, Clinical Psychologists
Autism Assessment Team, Children Young People and Families
Berkshire Healthcare NHS Foundation Trust

Based on materials written by:
Dr Fiona Knott, Clinical Psychologist
Dr Tom Loucas, Speech and Language Therapist



AIMS

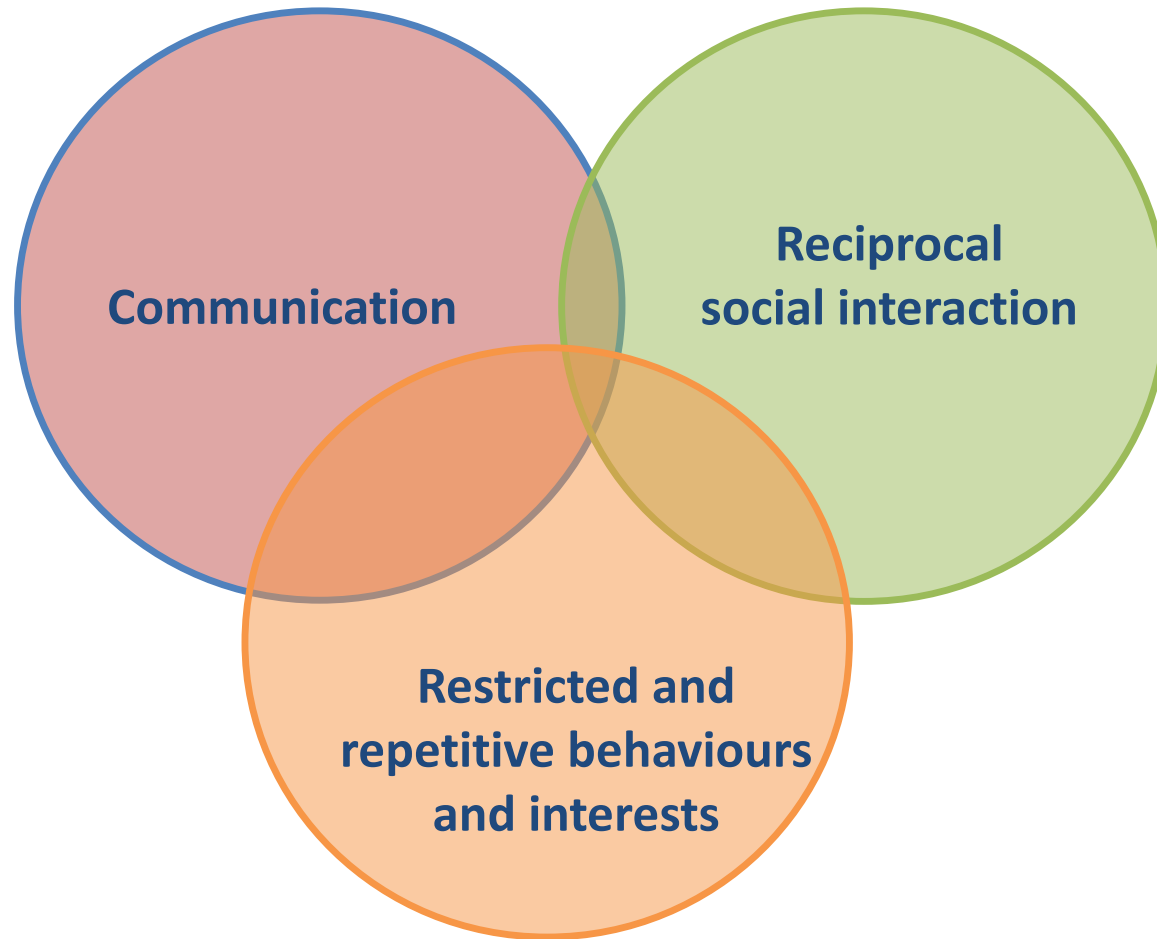
- Overview of autism; strengths & difficulties
- Supporting communication and managing the consultation environment
- Referrals; how, when & where to refer?

What are autism spectrum disorders? (ICD-10)

Developmental condition shown by a constellation of difficulties and strengths:

- Language and communication
- Social interaction
- Flexibility of thought and behaviour

Understanding autism: the 'triad'



Who has autism?

- An apparent epidemic!
- At least 1% of population
 - Probably due to better recognition
- Male-female ratio about 3:1 overall, but 8:1 in Asperger syndrome
 - We may be missing some girls

(Baird et al 2006)

- Terminology: autism, ASD, Asperger's, autistic
- Lorna Wing: “once you've met one person with autism... you've met one person with autism...”

Strengths

- Visionaries and innovators
- Loyal friends, strong beliefs about fairness, not afraid to stand up for what they believe in
- Ability to focus
- Passion and knowledge about specialist area
- Excellent eye for detail, systematic, logical, precision thinkers



Autism: the positives



Understanding, embracing and celebrating different ways of thinking and doing can release the true power of the autistic mind. Here we look at the positive features of autism.



Attention to detail

- Thoroughness
- Accuracy



Methodical approach

- Analytical
- Spotting patterns, repetition



Deep focus

- Concentration
- Freedom from distraction



Novel approaches

- Unique thought processes
- Innovative solutions



Observational skills

- Listen, look, learn approach
- Fact finding



Creativity

- Distinctive imagination
- Expression of ideas



Absorb and retain facts

- Excellent long term memory
- Superior recall



Tenacity and resilience

- Determination
- Challenge opinions



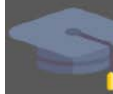
Visual skills

- Visual learning and recall
- Detail-focussed



Accepting of difference

- Less likely to judge others
- May question norms



Expertise

- In-depth knowledge
- High level of skills



Integrity

- Honesty, loyalty
- Commitment

Communication (ICD 10)

- Spoken language may be absent, delayed or excellent
- Difficulty with initiating or sustaining conversation
 - Particularly reciprocal responsiveness to the communications of the other person
- Stereotyped and repetitive use of language or idiosyncratic use of words or phrases
- Lack of varied spontaneous make-believe play
 - Or (when young) social imitative play

Reciprocal social interaction in ASD (ICD10)

- Use of eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- Development of peer relationships that involve a mutual sharing of interests, activities and emotions
- Socio-emotional reciprocity
- Spontaneous seeking to share enjoyment, interests, or achievements with others

Repetitive behaviours and interests (ICD 10)

- Encompassing preoccupation with something that is unusual; or a more usual interest that is very specific and unusual in its intensity
- Lack of recognition that the interest is not shared

Repetitive behaviours and interests (ICD 10)

- Compulsive adherence to specific routines or rituals
- Stereotyped and repetitive motor mannerisms
 - Such as hand flapping
- Preoccupations with parts of objects or non-functional elements of play materials
 - Including sensory elements

Sensory issues

- Sensory seeking behaviours and/or sensitivities
- Auditory eg drills, bells
- Touch/texture eg touch, labels, sand
- Smell/taste eg food, odd exploration
- Visual eg overhead lights, irrelevant detail
- Unusual reaction to pain, temperature, hunger

What can coexist with autism

- Intellectual disability
- ADHD and other neurodevelopmental problems
- Coordination problems
- Sensory processing problems
- Mental health or behavioural difficulties
- Academic under performance (but some perform better than expected)
- See Goodman & Scott (2012) for review

Girls on the spectrum

- Increasing awareness of autism in girls
- Same core traits but manifests in more subtle ways
 - Girls can appear socially able
 - Mimic and observe the social rules, which may mask the full extent of their difficulties
 - Often prefer one friendship over numerous
 - The intensity of special interests may be different but the focus may be more typical (e.g. horses, fairies, music)

Supporting communication

Slow down and say less

- Say what you mean!
- Be explicit, concrete
- Used closed questions; multiple choice, avoid “how” questions
- Try to avoid idioms, metaphor, sarcasm, jokes (or teach what they mean)
- Slow down (longer pauses, chunk information)
- Small talk may be difficult
- Check understanding; people may “nod along”

Sensory sensitivities

- Background room sounds such as AC, a fan, background “hubhub” can be difficult to “tune out”, like trying to listen to someone speak at a noisy party
- Lights might seem brighter – some people with ASD find strip lighting especially uncomfortable
- Smells can be very distracting and disgusting

Bodily feelings

- Might find it more difficult to recognise bodily feelings – not recognising hunger, thirst, needing to go to the loo, pain
- Might use different words or ways to describe feelings

Processing information may take a long time

- Processing a simple question may take a day
- Processing a more intense experience may take months or even years
- Visual information in written or pictorial form is likely to help

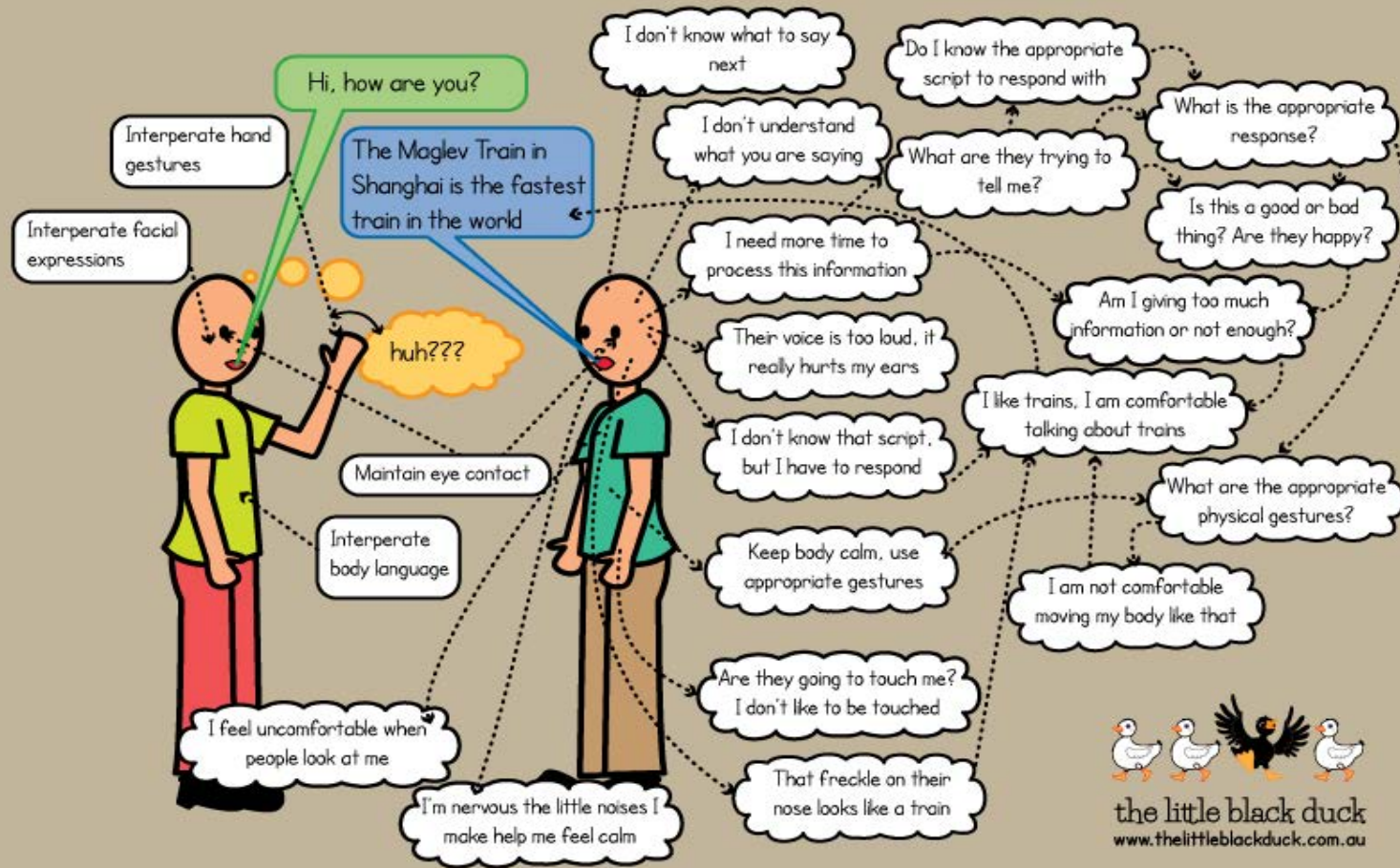
Top tips

- **Assume nothing**
e.g. this child is not looking at me so they must not be listening
- **Ask**

Is this environment comfortable for you? Lighting, sounds, smells? Is there anything we can do to make it easier for you?

How would you like me to communicate with you? Write things down? Pictures

communication and autism



Referrals – when to refer

- ASD is not usually diagnosed until 3-4 years & we would not usually assess a child before 2.5 yrs/30 months (although you can refer earlier)
- Many parents express concern by 18 months
- 12-24 months early markers of ASD include
 - Reduced social attention
 - Reduced social communication
 - Increased repetitive behaviour with objects
- Reliable markers for ASD before 12 months have not yet been consistently identified

Referrals – How and where

<https://www.berkshirehealthcare.nhs.uk/contact-us/make-a-referral/make-a-child-or-young-person-referral/>

The screenshot shows the NHS Berkshire Healthcare website. The main navigation bar includes Home, About us, Our services, Visit us, Work for us, Get involved, News, and Contact us. The 'Contact us' menu is expanded to show 'Home', 'Contact us', 'Make a referral', and 'Make a child or young person referral'. The page title is 'Make a child or young person referral'. The content is organized into eight numbered steps:

- 1** Check our website for any relevant self-help techniques. (Illustration: Self help page with a magnifying glass and a checkmark.)
- 2** Check our website to find referral criteria for the service you require. (Illustration: Referral criteria cards for Service A, B, and C with checkmarks and X marks.)
- 3** For urgent same-day referrals, call our HealthHub 0300 365 1234. (Illustration: A person on a phone with a 'Please help!' speech bubble and a 'Yes' button.)
- 4** If you're unable to fill in a referral form, call our HealthHub 0300 365 1234. (Illustration: A person on a phone with a 'Hello HealthHub' speech bubble and a 'Referral form' with an X mark.)
- 5** If you're not the young person, their parent or carer you will need consent to refer. (Illustration: A 'Referral' form with a 'consent' speech bubble and a checkmark.)
- 6** Please complete ALL sections of the referral form before you click submit. (Illustration: A 'Referral form' with a 'Submit' button and a checkmark.)
- 7** You may be asked for extra information on completion of the referral form. (Illustration: A 'Referral form' with a 'Complete' button and 'Extra forms' icons.)
- 8** Your referral will be triaged and a decision made about the appropriate support. (Illustration: A 'Your Referral' card with arrows pointing to 'Service A and B' and 'Service A, B and C'.)

Referrals – How and where

The screenshot shows a web browser window with the URL <https://www.berkshirehealthcare.nhs.uk/contact-us/make-a-referral/make-a-child-or-young-person-referral/>. The page has a blue navigation bar with links: Home, About us, Our services, Visit us, Work for us, Get involved, News, and Contact us. A social media sidebar on the left includes Facebook (10), Twitter, WhatsApp, and a plus sign (27). The main content area features several expandable sections:

- Attention Deficit Hyperactivity Disorder referral criteria** (expanded, indicated by a right-pointing chevron)
- Autism referral criteria** (collapsed, indicated by a downward-pointing chevron)
- Child and Adolescent Mental Health Service (CAMHS) referral criteria** (collapsed, indicated by a right-pointing chevron)
- Occupational Therapy referral criteria** (collapsed, indicated by a downward-pointing chevron)

The expanded Autism referral criteria section contains the following text:

Our Autism Assessment team works with parents and carers to assess a child or young person.

The team only makes assessments. Once an assessment is complete, parents and carers are given information about support available at home and at school. This includes information on autism-specific parenting workshops and groups in their area, and access to specialist advisory teachers where possible. Parents will also be invited to join an online support network.

Ideally referrals should come from professionals that know the child well, such as their teacher, special educational needs co-ordinator (SENCO) or health visitor.

Please read the [referral criteria](#) carefully before you go ahead and [make a referral](#).

The Windows taskbar at the bottom shows the time as 23:38 on 02/03/2020.

Resources

Berkshire

- Parenting Special Children
 - Autism Berkshire
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- National Autistic Society
 - RCPsych website
 - NICE guidelines