An Insight into the World of Autism Spectrum Disorders

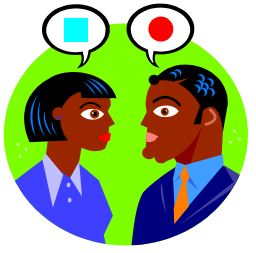
Dr Lee Sturgeon – Consultant Clinical Psychologist. 9th August 2011

Overview

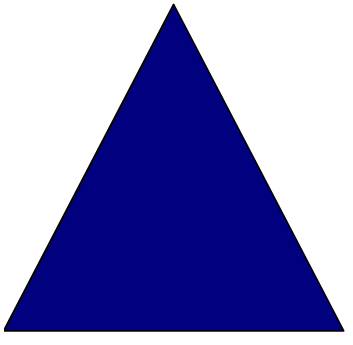
- Definitions & Prevalence
- Anxiety and how to manage it.
- Social Skills programs
- Sexuality
- Increasing understanding amongst peers.
- Local services.

Autism: Triad of Impairments

Impaired Communication



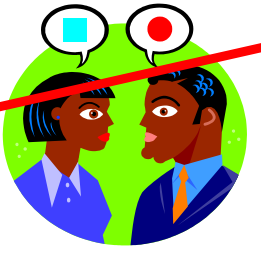
Impaired Social Interaction



Restricted and repetitive behaviours and interests

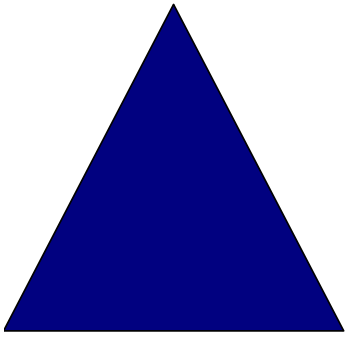
Asperger's Syndrome: Dual Impairment

Impaired Communication

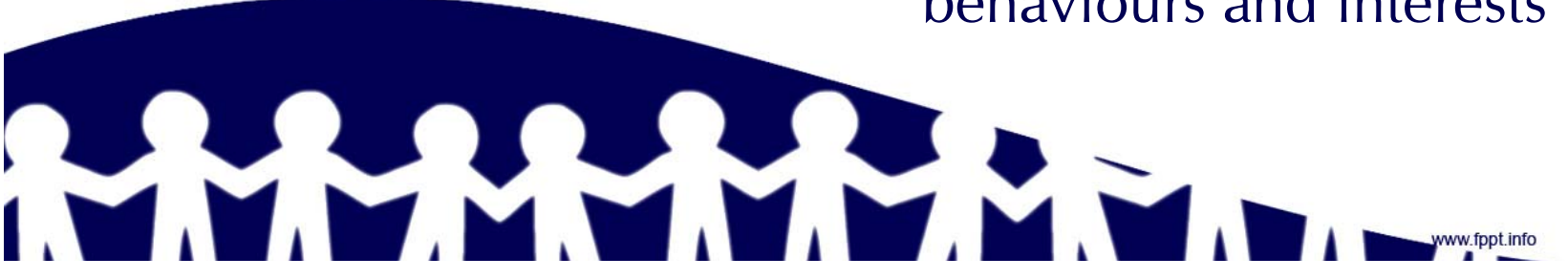


No Intellectual Delay

Impaired Social Interaction



Restricted and repetitive behaviours and interests



Statistics

- M:F = 4:1 (approx) for autism (0.2%)
- M:F = 9:1 for Asperger's Syndrome (0.5%)
- Incidence increasing over recent years.
- 1983 = 1 in 20,000. 2011 = 1 in 150 on the spectrum.
- Contributors – genetics, premature birth, early brain damage, Epilim. (Note: dangerous to stop medication without consulting prescribing doctor)
- Few (if any) holistic "treatments" available in Australia;
- "Treatment" is expensive.

The Impact of ASD

ASAS – R (260 pax with ASD).

- 37% more likely to be anxious than 'typical' peers .
- 33% more likely to be sad than 'typical' peers.
- 64% more likely to be angry than 'typical' peers
- 82% seek solitude more frequently than 'typical' peers
- 66% avoid affection compared to "typical' peers.
- 58% have rapid mood change.
- 71% more likely to be teased.
- 18% have imaginary friends.

(Attwood 2007)

The Impact of ASD cont . . .

48% develop unusual mannerisms
28% develop a different accent to that of their family
73% experience difficulties with handwriting
20% experience blinking and Tics
50% experience motor clumsiness
81% experience problems with organisation and time management skills.

(Attwood 2007)

Anxiety & ASD

- Anxiety is consistently higher in individuals with ASD. Prof Attwood estimates >85%.
- Lack the coping skills that most children have to handle anxiety-provoking situations.
- Vulnerability to anxiety is related to deficits in communication, social skills, bullying, low cognitive abilities and heightened perceptual sensitivity.
- Impacts family functioning, anger management, academics, social functioning, sensory sensitivity etc.
- Anxiety is very common in older Primary/ early H/S.

Anxiety & ASD cont . . .

- Uncertainty (eg. new school, relief teacher)
- Social and Personal Contact (eg. Assembly, parties)
- Changes and Threats (eg. new teacher, daily changes)
- Unpleasant Events (eg. Dentist)
- Social and Environmental Interactions (eg. Shopping)
- Ritual Related (eg. Daily routines)

Anxiety . . . Why?

- Difficulty rationalising negative events.
- Less adaptive coping skills to deal with stress.
- Lesser ability to learn from past experiences.
- Increased likelihood of experiencing failure at tasks.
- Therapies that rely on behavioural strategies are most effective.
- Anxiety treatments in this population depend on engagement of parents, families, carers & teachers.
- Use interests to motivate the child.

Anxiety Management and the Aide

Teacher's Aides have a critical role in anxiety (and behavioural) management.

- Spend much 1:1 time with the child.
- Knows the child and their limits well
- Can recognise early warning signs.
- Often liaise closely with parents and pass on information.
- Often greater respect for the aide than the teacher.
- Role is often undervalued (in my opinion)

Specific Strategies – Anxiety cont . . .

- VISUALS increase structure, familiarity, predictability.
- Visual Schedules (eg. Clear visual timetable).
- Determine the mood (eg. Visual thermometer).
- Video (to increase familiarity eg. High School).
- Increase social structure. Eg. Lunch times
- Physical activity (eg. Trampoline, running, climbing).
- Develop a list of effective strategies.
- Distractions – both passive and active, sensory,
- Fact v Opinion.
- CBT (very good if NO intellectual delay)

Social Skills Training

- Offer supports early. Start slow and set small goals
- Structure activity. Ensure the child with ASD has a clear role.
- Structured lunch time activities, which can be undertaken in small groups with an indirect focus on enhancing social skills. For example:
  1. Art/craft.
  2. Recycling/ composting/ worm farm.
  3. Simple cooking.
  4. Photography
  5. Board games
  6. Drama.
  7. Basic landscaping.
  8. Lego
  9. Farm yards.

Many parents are often very willing to donate their time/ resources to assist.

Social Skills Training cont . . .

- It is very important that these skills are taught and supported in school as most children will not generalise skills across new domains.
- Formal Social Skills Training. Eg. **Social Skills Training** by Jed Baker. Ensure that:
  - Parents are aware that it is being run.
  - Set clear group rules.
  - Goals are specific and well suited to the child.
  - Make attempts to generalise the skills beyond the group.
  - Encourage role play and use of video.
  - Encourage out of school social activity. Eg. Cubs/Scouts, Martial Arts, Clubs etc. Team based sports may serve to exacerbate social difficulties.

Specific Strategies – Socialisation cont . . .

- Local Social Skills groups – eg. Ausum at Rosie's School of Rock, The Drama Club, The Movie Club. Teen Scene. Other ???
- Out of school activity eg. Martial arts and other non-group/team based social activity.
- Focus on short regular social interactions at home. Structure the activity and make it positive. Then finish it. Increase the time over time.

Social Skills Training cont . . .

Teasing and Bullying:

- Team approach at school with a code of conduct that defines bullying and how to respond to it.
- Provide a safe place / structured activity.
- Empower the ‘silent majority’ (the peers).
- Encourage a strong anti-bullying policy.
- Because they don’t report it doesn’t mean that it doesn’t occur.
- Provide ‘justice’
- Consider a buddy system.

Adolescence & Puberty

Q. What do typical relationships require to be successful?”

A. The ability to positively communicate, socialise and interact with each other.

By the nature of their diagnosis, individuals with ASD have difficulty with communication, socialisation and behaviours. HENCE . . . The need for specialist supports !!

Adolescence & Puberty cont . . .

- Talking about “s.e.x” is not good enough.
- Firstly, individuals with ASD are often NOT verbal learners. Most sex education courses are verbal based.
- Secondly, individuals with ASD do not cope well with covert attempts to discuss relationships and sex. They require specific information, facts, direct discussion and the use of visual materials.
- Isabelle Henault - Canadian Sexologist/Psychologist specialising in relationships and sex education for adolescence and adults with ASD.
- Asperger’s Syndrome and Sexuality.

Consider Secondary Diagnoses

- ADHD
- ODD
- Epilepsy
- Intellectual / Developmental Delay
- Depression

Local Services & Supports

- Psychologists
- OT
- Speech Pathologist
- Aspect
- ABA therapists
- Parent Supports

Finished . . .