

Autism Spectrum Disorder

*Conference organised by the
Association of Child and Adolescent
Mental Health.*

*Date & Venue: 13th June 2006 at
ACAMH Glasgow Office, St Vincent
Street, Glasgow.*

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This report was written by an attending
representative of SACP and is not an official
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Young people who have an autistic spectrum disorder (ASD) can have significant difficulties in coping with social situations, relationships and education. Their difficulties are varied in type and intensity. In the past ten years the rate of detection of ASD has increased, perhaps due to increasing skill in identifying the problem. There is a greater possibility of panel members meeting a child with ASD at a hearing. I have tried to highlight issues (particularly in sections iii and iv) which may affect a child at a hearing and some of the strategies which may help.

Report prepared by Margaret Easton on behalf of the Scottish Association of Panel Members.

The aim of the conference was to

- (i) look at current developments in assessment
- (ii) give an overview of the range of interventions possible and the evidence for or against them
- (iii) consider the challenges presented by and for a child with ASD in education
- (iv) Examine the impact of ASD on a child's social and emotional intelligence.

(I) Dr. Ian McClure, Consultant Child and Adolescent Psychiatrist and Chair of the SIGN guidelines committee for ASD, spoke about the current work being done by his committee. The aim is to reinforce good clinical practice and ensure that assessment and interventions are based on sound evidence. The guidelines are in the final stages of preparation and should be available from December 2006.

(ii) Professor Pat Howlin, Professor of Clinical Child Psychology, Institute of Psychiatry, Kings College, London, spoke of the lack of rigorously conducted, evidence-based evaluations of the many interventions currently available for ASD. "Recent research suggests that the most effective results stem from early intervention programmes, either home or school based....The need for a much stronger evidence base in this field ...(was).. stressed and consideration given to the ways in which treatment evaluations can be improved."(Quote from abstract from presentation)

(iii) Professor Rita Jordan, Professor in Autism Studies, University of Birmingham, gave graphic illustrations of the differences in perceptual and sensory functioning, attention, memory, emotions, flexibility and language and communication which characterise ASD. These can result in difficulties when trying to access education and cope with the demands of normal social behaviour.

Key areas include:

- **“Sensory overload”** People with ASD are bombarded by sights/sounds/smells but have a reduced capacity to prioritise and make sense of them. This can make the world very confusing and overwhelming. Reducing this overload can help children make more sense of what is happening and help them feel more in control of their environment. *Example:* A school for children with ASD introduced uniform for staff. As a result children became more relaxed and, without the distraction of a great variety of clothes, began to focus more on the faces of staff. This led to better recognition of staff and an enhanced ability to use facial expressions to “read” emotions.
- A noisy environment is difficult to cope with as ASD means that the child cannot easily “filter out” extraneous noises. This can be crucial in managing social and educational environments.
- **Attention** cannot be easily divided between tasks. (Example: a three-way conversation can be difficult, if not unmanageable.) Concentration on a task may lead to the child ignoring other bodily messages such as hunger.

- Child may not realise that that he is being addressed /given instructions. This may lead to him apparently ignoring questions/ instructions. In “Sit here, James” he is unlikely to pay attention until he hears his name. “James, sit here” is likely to have more success.
- **Memory** skill is often presented as strength of children with ASD. However, memory may be very detailed and yet fail to identify which details are relevant.
- Memory tends to be procedural e.g. child can count 1-90 but cannot start the counting process from 6; if interrupted, he must return to the start.
- **Language** used in instructions/ conversations must be free from sarcasm and metaphor, neither of which will be understood. ASD children have a very literal approach to language and this means that jokes and idioms are also likely to be misunderstood. E.g. “Raining cats and dogs” may need a lot of explanation!
- **If a situation becomes stressful for a child with ASD he may require a calmer, more controlled environment to which he can retire.**

Professor Jordan also spoke of recent research work which seems to indicate that some typical responses to ASD may be inappropriate.

e.g. a) In a quest to produce perfect work a child may never complete work, ask repeated questions, or refuse to complete work unless sure he is able to complete it. Often 1:1 support is given to encourage “good” work habits. This can lead to increased anxiety and dependence. It is suggested that a more helpful response is to put in place programme designed to help the child become more tolerant of imperfection and to realise that “successful” does not have to mean “perfect.”

b) A child refusing to attend school may be seen as having too poor an academic and social ability to cope. Home tutoring or reduced expectations may be seen as the answer. However, it may be that identifying and reducing sources of anxiety and helping the child to develop coping mechanisms may be more positive in the long term.

(iv) Professor Peter Vermeulen of the University of Leuven (Belgium) spoke about the stumbling blocks to social emotional competence characteristic of ASD. This results *in poor ability to make friends, social awkwardness, indiscriminate social interaction, lack of empathic reactions, and social disconnectedness*. Professor Vermeulen argued that a lack of ability to put objects and actions in context lies at the heart of the problem.

In everyday life we make sense of the world by using reference points which help us recognise objects when the image is not completely clear and enables us to filter information, highlighting essential aspects.

A reduced capacity to contextualise leads to:

- Difficulty in using context to distinguish between similar words (tear / tear)
- Difficulty in recognising context dependent meanings / references
- Lack of ability to generalise / adapt e.g. “Don’t Walk” road sign being interpreted literally
- Lack of flexibility in social situations e.g. Child has been told he should greet guests at a function with “Good evening, sir. May I take your coat?” He uses this even if the guest has no coat.

Context can also be vital in our understanding of emotions. (People without ASD can find it more difficult to interpret the feelings of another when taking part in a conversation over the telephone compared to face to face communication.) This can lead to problems with social interaction such as inappropriate responses and poor judgement of what behaviour is appropriate.

The child with ASD faces many obstacles to competence in social situations which may seem straightforward to those without ASD.