Autistic Spectrum Disorders (ASD)

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OUTLINE

ASD classification & difficulties

ASD & Development

• Diagnosis & Treatment in NZ

ASD & Attachment: the Coventry grid





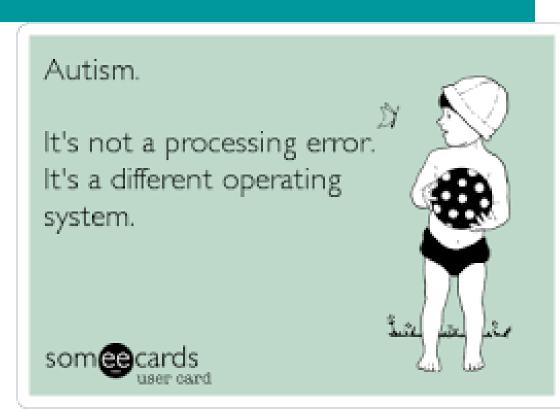


Austism Spectrum Disorder

Impairments in ability to:

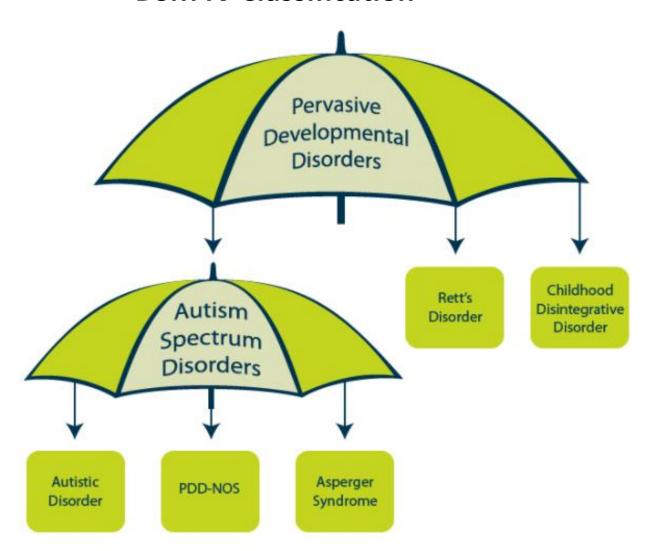
- Understand and use verbal and non-verbal communication
- Understand social behaviour,
 which affects ability to interact w others
- Think & behave flexibly, which may be shown in restrictive, obsessional or repetitive activities.
- Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

From NZASD Guidelines 2008

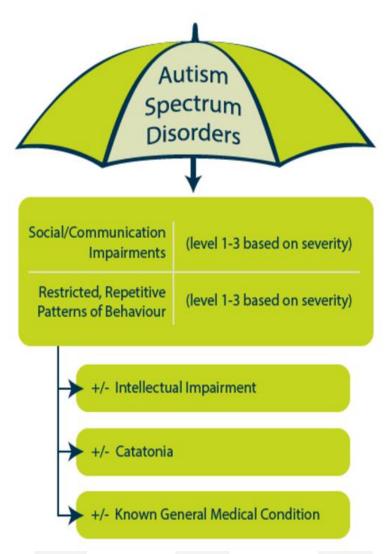


Classification of ASD

DSM IV Classification



DSM 5 Classification



Causes and associations



Many suggested (organic, environmental, biochemical)

Genetic: MZ twins 60% autism

71% ASD

92% 'broader'

DZ twins 0% autism

10% 'broader'

Chromosomes 7, 15, X etc.

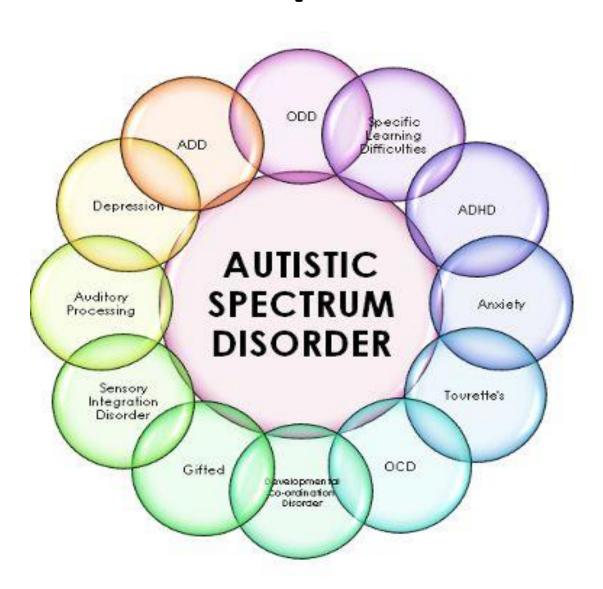
 Siblings – 50 times increased risk Autism (2-8%) and speech delay in 25%







Related problems



Sensory Processing Difficulties

Sensory integration is the neurological process that organises sensation from one's own body and from the environment and makes it possible to use the body effectively within the environment.

Signs of Sensory Processing Difficulties:

- Physical clumsiness
- Difficulty learning new movements
- Activity level unusually high or low
- Poor body awareness
- Inappropriate response to touch, movements, sights or sounds





Prevalence

- Historically thought to be rare 2-4 per 10,000 for autism
- But....rise in incidence: UK preschoolers 60/10,000)
- Currently thought to be about 1/150 or 1% in wider spectrum (40,000 NZers)
- 4:1 male/female ratio

Ave age at dx is...







How do children present with ASD?

• Pre-schoolers:

• Primary school age:

• Adolescents:









How do children present with ASD?

• Pre-schoolers:

- No babbling, pointing or other gestures by 12 months
- No single words by 16 months
- No 2 word spontaneous and non-echolalic phrases by 24 months
- Any loss of any language or social skills at any age

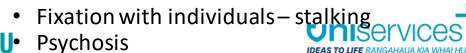
Primary school age:

- Delayed language development, echolalia, selected topics of speech
- Lack of play with others, challenging behaviour, huge reactions with changes in routine
- No babbling

Adolescents:

- More subtle
- Anxiety or depression following transitions/with increased academic and social demand



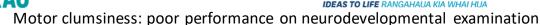




Gillberg's Criteria for Asperger's

- Severe impairment in reciprocal social interaction (at least two of the following)
 - inability to interact with peers
 - lack of desire to interact with peers
 - lack of appreciation of social cues
 - socially and emotionally inappropriate behavior
- All-absorbing narrow interest (at least one of the following)
 - exclusion of other activities
 - repetitive adherence
 - · more rote than meaning
- · Imposition of routines and interests (at least one of the following)
 - on self, in aspects of life
 - on others
- Speech and language problems (at least three of the following)
 - delayed development
 - superficially perfect expressive language
 - formal, pedantic language
 - odd prosody, peculiar voice characteristics
 - impairment of comprehension including misinterpretations of literal/implied meanings
- Non-verbal communication problems (at least one of the following)
 - limited use of gestures
 - clumsy/gauche body language
 - limited facial expression
 - inappropriate expression
 - peculiar, stiff gaze







THE ADOS ACTIVITIES

Construction Task	Demonstration Task	Reporting a Non- Routine Event
Response to Name	Functional and Symbolic Imitation	Event/Conversation
Make-Believe Play	Description of a Picture	Birthday Party
Response to Joint Attention	Responsive Social Smile	Snack
Joint interactive play	Telling a story from a book	Social difficulties/Annoyance
Bubble play	Anticipation of social routine	Friends/loneliness/mar riage
Anticipation of a Routine With Objects	Cartoons aining Package Werry Centre 2011	Creating a Story

The NZ Perspective

• Variability of service provision, most young kids diagnosed in child development services, older kids at CAMHS. ASD (Thabrew et al., 2017)

Age of	Paediatrics/	Child Development	Child and Adolescent	Other (Non-
Child/Adolescent	Developmental	Team	Mental Health Service	Governmental
	Paediatrics			Organisation/ Private)
0-5 years	69.6%	26.1%	0%	4.3%
6-13 years	47.8%	30.4%	21.8%	0%
14-18 years	0%	8.7%	87%	4.3%





The NZ Perspective

- Families generally satisfied with assessment process (especially written assessment report), would appreciate more support after that (Eggleston et al., 2018)
- Māori children with ASD:
 - Low numbers of Māori receiving ASD related advice, info and Rx
 - ASD cultural meaning
 - Geographic isolation
 - Insufficient knowledge/awareness of ASD
 - Lack of culturally appropriate professionals, funding and resources....so...reluctance to access services
 - Probable later age at diagnosis, therefore less early intervention
 - But....greater acceptance?







What can be done to help?

- Early Assessment and Diagnosis
- Autism cannot be cured and like other neurodevelopmental disorders treatment focuses on building on the child's strengths and assisting them to improve social skills, communication and manage problematic behaviours.
- The goal of treatment is not to help the child 'be normal' but to give them the skills to lead a good quality of life in the manner they choose.

The Coventry Grid

 Similarities & differences between ASD and Attachment Difficulties

Across different functional domains

• Understanding, Differential diagnosis, Support

Specific Treatments for ASD

- Speech therapy and communication training
- Social skills training
- Behaviour management therapies such as ABA and TEEACH
- Relationship based therapies such as <u>DIR/Floortime</u> and <u>ESDM</u>
- Medication (for co-morbidities such as anxiety and ADHD, not ASD itself)
- Use of respite
- Placement in an appropriate education setting.





