

Autism Spectrum Conditions

Autism Spectrum Condition is a neurodevelopmental disorder in which symptoms usually appear in the first three years of life, basically defined by certain deficiencies in the development of one's social interaction skills (National Autistic Society). Although it is thought that autism is caused by some nervous system deficits that affect the normal functioning of the brain, the reasons for its emergence have not been found. The general belief is that genetic predisposition plays an important role and the child's upbringing has no effect on the emergence of autism. However, the issue of which genes cause autism and whether environmental factors play any role is still unclear. Autism spectrum condition can be found in every country, society, and family type. As autism is a neurodevelopmental disorder, it is not caused by bad parenting.

Autism is a spectrum condition. There are certain difficulties that all autistic people

share, however being autistic will affect people in different ways.

Certain autistic people also have learning disabilities such as Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Dyspraxia, Epilepsy and Social Communication Disorder, mental health issues such as; Anxiety Disorders, Obsessive Compulsive Disorder (OCD) and Depression or other conditions (NHS). This means that people with Autism need different levels of support. All people on the autistic spectrum learn and develop at different rates.

Current studies reveal that the prevalence of autism in society is higher than in the past. In recent studies, this frequency is 1.7 percent, that is, 1 in every 59 children. Boys are encountered 4 times more often than girls.

In 2011, The National Autistic Society Lorna Wing Centre reported that more women and girls are being diagnosed with ASC, typically through mental health services. Autism present differently in females, moreover females can “mask” symptoms better compared to males. This difference in presentation is recognised by the Diagnostic and Statistical Manual 5 (DSM-5) which states “females without intellectual disability, due to a subtler manifestation of symptoms, may go unrecognised”.

In society, girls are stereotypically expected to be more social, and prefer games that have a social element to them and to develop their language skills quicker. As a result, girls are encouraged to spend time in social situations more than boys. Thus, this means that girls have opportunities that enable them to observe socially typical behaviour and therefore can mask their symptoms. Women and girls on the autism spectrum report that they can mask their symptoms through copying social behaviours and/or by avoiding social situations that they are unable to manage in.

Comorbidity and Autism Spectrum Condition

3/4 of children with autism also have another medical or psychiatric condition. Comorbid conditions can appear at any time during a child's development. Some may not appear until adolescence or adulthood.

Anxiety

40-60% of children with ASC also have anxiety. People with anxiety have a range of symptoms including tension, restlessness, worry and fear. For children with autism spectrum condition, anxiety may present as “stimming” which is repetitive or unusual body movements and noises, asking frequent questions, hurting themselves or having trouble sleeping (Zaboski and Storch, 2018).

Children and young people with autism may find social or unfamiliar situations overwhelming and hard to understand. Furthermore, they often have difficulty understanding what others might be thinking or feeling or how they might react. People and situations can seem unpredictable, and this can make an individual on the spectrum feel stressed and anxious.

An anxious child with ASC might:

- Have trouble sleeping
- Have meltdowns or temper tantrums
- Avoid or withdraw from social situations
- Insist even more on routine
- Stim by rocking, spinning or flapping hands

To help with anxiety, find out what makes the child anxious. Some of the common triggers for anxiety in children with ASC are changes in routine, changes in environment, unfamiliar situations, sensory sensitives and fear of a particular situation, activity, or object. Advanced planning and a known routine can be helpful, as this is likely to reduce the stress and fear associated with anxiety.

Attention Deficit Hyperactivity Disorder - ADHD

ASC and ADHD share some common characteristics such as interrupting, personal space and not seeming to listen when people speak. Many children with ASC have behaviour that is very similar to ADHD.

Motor Difficulties

About 80% of children with ASC have some form of motor difficulty. Some Motor difficulties might be gross motor skills such as balance problems, clumsiness or walking problems.

Depression

Depression can be common in children with ASC, especially among higher-functioning children who know they have social difficulties.

Seizures and Epilepsy

20-30% people with ASD have epilepsy. Seizures are most common in children under five years and in adolescents. People with ASD and moderate to severe intellectual disability or other neurological conditions (e.g., cerebral palsy or children who show regression are more likely to develop epilepsy (Besag, 2017).



Diagnosis

Autism presents differently from one person to another, but in order for a diagnosis to be made, the individual will be assessed as having prolonged, intense and persistent difficulties with communication and social interaction and restricted and repetitive patterns of behaviours, activities or interests since early childhood.

A few signs of Autism:

- Not responding to their name
- Avoiding eye contact
- Staring eye contact (not a true form of eye contact).
- Not smiling when someone is smiling at them
- Getting very upset if they do not like a certain taste, smell, or sound
- Repetitive movements
- Not talking as much as other people
- Not understanding what others are thinking or feeling
- Finding it hard to say how they feel
- Liking a strict daily routine and getting very upset if it changes
- Having a very keen interest in certain subjects or activities
- Getting very upset if you ask them to do something
- Finding it hard to make friends or preferring to be on their own
- Taking things very literally, e.g. they may not understand phrases like "break a leg"

Social Communication

Interpreting verbal and non-verbal language such as gestures or tone of voice is difficult for autistic people. Most autistic people have very literal understanding of language which means that they think people always mean what they say. Facial expressions, tone of voice, jokes and sarcasm are things they find difficult to use or understand.

Speaking in a clear, consistent way helps and gives autistic people time to process what has been said to them. Allowing time for the individual to process the information before asking a question and expecting an answer; also punctuating the verbal communication with phrases at the end of a sentence or paragraph to support their processing time helps autistic people equally.

Social Interaction

Autistic people often have weak social skills; therefore, they find it difficult to read other people, recognise or understand others' feelings and intentions. Additionally, they find it difficult to express their own emotions. They may;

- Seek out time alone when overloaded by other people
- Appear to be insensitive
- Appear to behave in a way that is thought to be socially inappropriate
- Not seek comfort from other people

Autistic people can find it hard to form friendships. They may want to interact with others and make friends, however, may feel unsure about how to do it. They may be outside of the friendship group when playing, and not be in the middle/centre of the action at all/rarely. At school, you may find that the pupil walks around the edge of the playground, or often alone or only has just 1 friend.

Repetitive Behaviour and Routines

One of the primary diagnostic criteria for autism spectrum condition is for the individual to show restricted, repetitive patterns of behaviour, interest, or activities. Autistic people prefer to have a daily routine so that they know what is going to happen every day, throughout the day. Individuals on the autism spectrum may not feel comfortable with the idea of change. However, preparing for change in advance can help them cope better.

Sensory Sensitivity

Autistic people may experience over or under sensitivity to sounds, tastes, smells, touch, light, colours, pain, or temperature. For example, they may find certain sounds unbearable, loud, or distracting compared to other people who could block the sound out. Feeling over sensitive can lead to autistic individuals feeling anxious or in physical pain.

Strategies for Autism Spectrum Condition

<p>Consistent Routine</p>	<p>Consistent routine across school and home is very helpful.</p>
<p>Implications for Pupil Learning</p>	<p>Young people with autism will benefit from structured learning activities which has clear lesson objectives with the session divided into short, focused tasks. This will help the young person feel secure. Uncertainty and lack of structure increases anxiety, which will have a negative impact on concentration, attention, communication, and learning.</p>
<p>Personal Space</p>	<p>Children and young people with autism may not feel comfortable with other people in their personal space; they may be more sensitive to others' proximity or how someone else approaches them. In this case, the child can withdraw, move away, or become agitated and even aggressive.</p> <p>Children with autism may have poor awareness of the personal space of others and the social conventions around it. They can get very close to others. This is an aspect of social skills training that needs to be explicitly taught and modelled.</p>

<p>Words</p>	<p>Students with autism may have greater difficulty in recognizing words, understanding the meaning of words, and matching the sounds of words with their written forms. This affects their understanding of written and verbal communication.</p> <p>Students may also find it difficult to find appropriate words to say and how to convey something verbally. Therefore, images or symbols help support communication.</p>
<p>Auditory Sequential Memory</p>	<p>Auditory processing and memory issues may mean that the student is not hearing what they are told correctly. They can hear and lock a single piece of information from a longer list of information.</p> <p>Sharing, turn-taking, and negotiating with others can make group work more difficult for other students and students with autism. Clear rules, limits and roles can provide a structure in paired and group work.</p>
<p>Transition</p>	<p>Starting school, changing year groups, changing schools, or going to college, university, or starting an apprenticeship will always cause a young person anxiety and stress, but this will strengthen in an individual with autism.</p> <p>Careful preparation involving key staff, parents, and student will help reduce this and ensure successful transition.</p> <p>Areas to help;</p> <ul style="list-style-type: none"> • Show photos of the new school and its new teachers and other key staff. • To organize a visit to the new educational environment with a staff or parent trusted by the young person. <p>This can be done when the site is silent. The student may want to have a visual record in the form of a photo.</p> <ul style="list-style-type: none"> • Meet new staff to support the student. • Identify another group of students or peers who can support in the transition.

	<ul style="list-style-type: none"> • Speak to the student during the school or college day and provide a written copy. • Encouraging parents to plan and accompany changes to travel arrangements in advance. Parents can also plan practice trips.
<p>Sensory Issues/Sensory Overload</p>	<p>Young people with autism may find it difficult to filter out background sounds, sights, scents, and touch and this may lead to sensory overload.</p> <p>You may find some pupils to be over-sensitive (hypersensitivity) or under-sensitive (hyposensitivity).</p> <p>A young person with autism may show discomfort to sounds by covering ears or may show an emotional response. This may be caused by a condition called hyperacusis. This is hypersensitivity to the level and frequency of certain sounds.</p> <p>To reduce sensory overload the following could be put in place:</p> <ul style="list-style-type: none"> • Headphones to cover the ears to block out the noise, if the young person is able to tolerate this. • Work area with no visual distractions. A portable screen that can stand on the pupil's desk to block out visual distractions could be used. • Pupil could use a non-verbal method to indicate stress level. This could be a traffic light system (red, amber, green) to indicate stress level or an exit card if time out is needed.
<p>Communication</p>	<ul style="list-style-type: none"> • Speak clearly and concisely. • Give one instruction at a time. When the pupil completes the task give out the next one. • Provide written copy of information. • Provide written copy of homework so the pupil does not miss important information. • Use visual support e.g. timetables.
<p>Clear Targets</p>	<p>Small precise targets need to be clearly specified, with prompts and cues to enable the student to achieve these. These prompts</p>

	<p>and cues, often very visual, are there to help the student work through a given task. Rules need to be clear especially for these students, with positive rewards directed primarily to effort in staying on a task rather than for attainment. It is helpful if teachers try to adopt the viewpoint that they have the responsibility for communicating what the task is about and how to do it. Then, if students do not achieve, it is because the teacher has not been successful in communicating rather than the students' 'fault' for not understanding. This fundamentally non-judgemental response to failure sometimes needs to be expressed quite explicitly by the teacher: 'I'm sorry, I don't think I explained that to you very well'.</p>
<p>Providing Support and Management</p>	<p>Ensuring and improving the emotional climate in the classroom, using circle time and other positive self-worth activities. Ensure a good working knowledge of literacy skills develops as early as possible, Using a mentor /TA/ Peer for additional support.</p>
<p>Relaxation and Calming Techniques</p>	<ul style="list-style-type: none"> • Counting slowly to 10 • Taking 5 deep breaths • Looking at a collection of favourite or special things • Reading a favourite book • Quiet space • Listening to favourite music • Look at pictures of people or special things they like

Pathological Demand Avoidance (PDA)

Pathological Demand Avoidance is a distinct profile of autism. It is not a diagnosis and can be seen in individuals with ASC. The following are some of the features of PDA:

- Social Communication Difficulties
- Central difficulty for people with PDA is their anxiety driven need to be in control and avoid people's demand and expectations.
- Social Interaction Difficulties
- Restrictive or Repetitive patterns of behaviour, including sensory seeking or sensory avoiding behaviour.

Key features of Pathological Demand Avoidance

- Resisting and avoiding the ordinary demands of life. This might include getting up, joining a family activity, or getting dressed. This may be the case even when the person wants to do what has been suggested, such as watching a film that they have been looking forward to. When initial avoidance strategies fail, the situation can quickly escalate and some individuals may resort to more extreme measures to avoid the demand such as shouting, swearing, hitting, and damaging property. Others may shut down, withdraw, or run away. This is a meltdown and should be viewed as a panic attack. The reasons why this should be viewed as a panic attack is because someone having a meltdown is not aware of their audience and surroundings. Meltdowns are long lasting, unstoppable until they have run their course and typically arise after an accumulation of factors leading to overload. An individual in meltdown is not aware of others or their own safety and meltdown is a panic response.
- Using social strategies as part of the avoidance, e.g. Distracting – “I like your earrings, where did you get them from”, giving excuses – “I can't walk because my legs are broken”, delaying – “I'll do it in ten minutes”, withdrawing into fantasy – “I'm a cat and cat's don't wear clothes” and drowning out your request with noise “I can't hear you because I'm singing – la, de, la, de, la”.
- Appearing sociable on the surface, e.g. People with PDA may have a more socially acceptable use of eye contact. Their conversational skills may appear better than others on the autism spectrum, but this is still often lacking depth in their understanding. For instance, not seeing a difference between

themselves and an authority figure, having difficulty in adjusting their own behaviour in response to the needs of others and not always understanding how, or why their behaviour can affect others at an emotional level and thus have a negative impact on their relationships.

- Excessive mood swings and impulsivity, e.g. They can have great difficulty in regulating their own emotions and controlling their reactions to situations and people. The individual can rapidly switch from happy and engaging – to angry or sad in seconds, often with no visible build up or warning to others. This may be in response to pressure of demands and perceived expectations.
- Being comfortable in role play and pretence, sometimes to an extreme extent and the lines between reality and pretence can become blurred, e.g. Often adopting the persona of a figure of authority in role play scenarios to such an extent that they believe that they are that person. This role may often require them to oversee and direct others and as such, remain in control of the play e.g. taking on the role of a teacher when playing with peers. Role play can be used as a strategy to avoid demands made by others such as “I can’t pick that up because I’m a tractor and tractors don’t have hands” or role playing the compliant child in school to reduce demands by flying under the radar. Withdrawing into fantasy can also be a form of self-protection, a place where they can go to when real life becomes too difficult to manage and to cope with.
- ‘Obsessive’ behaviour that is often social in nature. People with PDA may often become obsessive about other people, either real or fictional, from either a love or hate perspective, which can make relationships very difficult and challenging. Newson et al, noted that the demand avoidant behaviour itself also has an obsessive quality.

Extra Support Schools Can Provide to Help with PDA:

- Try to remain calm and non-confrontational. The meltdown can be likened to a panic attack, so reassurance and a calm approach rather than recriminations or punishment is likely to be more effective.
- Avoid direct demands e.g. 'you need to', 'you've got to'.
- Provide choices e.g. 'would you like to put your shoes on here or there?'
- Communicate in a more collaborative way e.g. 'would you?', 'could you?'
- Directly praise the child to another person within their earshot if they struggle to accept praise directly.
- Acknowledge and empathise with the child's feelings and reflect this back to them e.g. 'I think you are struggling; just do your best'.
- Use humour or distraction.
- Look for signs of anxiety and know when to scale back demands.
- Be prepared to negotiate.
- Limit the number of boundaries and allow the child to feel in control wherever possible.
- Identify triggers and plan strategies in advance.
- Use written requests or visual prompts to depersonalise the demand e.g. texts or notes.

Extra Support Schools Can Provide to Help with PDA:

- Allocate a key worker with whom the child can build up a trusting relationship.
- Provide choices e.g. 'this work sheet or that one?'
- With knowledge of the child, notice when demands need to be reduced but also when expectations can be increased.
- Use a collaborative, respectful communication style.
- Allow the child a sense of control and be prepared to negotiate (start high and allow the child to feel that he has won).
- Visual timetables can help to depersonalise demands.
- Allow the child extra time to process what is said to them.
- Give the child responsibility for little jobs to help improve self-esteem.
- Build the curriculum around special interests.
- Create a safe space they can go to when needed.
- Be prepared to wipe the slate clean over and over again.



Where to Get Further Support

National charities

National Autistic Society

For parents of autistic children, young autistic people, and autistic adults.

Call: 0808 800 4104 (Monday to Thursday 10am to 4pm, Friday 9am to 3pm)

Website: www.autism.org.uk

Ambitious about Autism

For autistic children and young people, their parents, and carers.

Call: 020 8815 5444

E-mail: info@ambitiousaboutautism.org.uk

Website: www.ambitiousaboutautism.org.uk

Local support groups

The assessment team that diagnosed you or your child should give you information on local support groups.

You can also search for local groups using:

- The National Autistic Society services directory
- Autism support groups on the NHS website

Facebook

- National Autistic Society Facebook group
- Ambitious about Autism Facebook group
- Autism Research Trust

Twitter

- National Autistic Society Twitter group
- Ambitious about Autism Twitter group
- Autistica

Forums and communities

- National Autistic Society Community
- Autism Support (HealthUnlocked)

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Besag F. M. (2017). Epilepsy in patients with autism: links, risks, and treatment challenges. *Neuropsychiatric disease and treatment*, 14, 1–10.
<https://doi.org/10.2147/NDT.S120509>

National Autistic Society. (n.d.). *What is autism*. <https://www.autism.org.uk/advice-and-guidance/what-is-autism>

NHS website. (2019, July 12). *Autism*. Nhs.Uk. <https://www.nhs.uk/conditions/autism/>

NIMH » Autism Spectrum Disorder. (n.d.). NIH: National Institute of Mental Health.
<https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml>

Zaboski, B. A., & Storch, E. A. (2018). Comorbid autism spectrum disorder and anxiety disorders: a brief review. *Future neurology*, 13(1), 31–37. <https://doi.org/10.2217/fnl-2017-0030>