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Managing Autism Spectrum Disorder

Presented by Dr Tareq Abuelroos and Mr Andrew Pridding

Victorian Dual Disability Service

4/6/2024

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Acknowledgement of Country

The Victorian Dual Disability Service would like to recognise the traditional owners of the country where we live, work and meet. We recognise and celebrate the diversity of Indigenous people and their enduring cultures and connections to the land and waters of Victoria. We pay our respects to elders; past and present, and recognise the Indigenous people that contribute immensely to mental health and disabilities services.

Artwork by Mandy Nicholson

Acknowledgement of Lived Experience

We would also like to acknowledge the immeasurable contributions of people with a lived and living experience of mental illness, psychological distress, alcohol and other drugs, and disability, as well as those who love, have loved and care for them.

We acknowledge that each person's experience is unique and valued. We recognise their adverse experience of stigma, but also their strength and resilience. We respect and value their generous contributions which teach us, and guide us to continually shape, reflect upon and deliver quality care, from a lived experience perspective.

Artwork by Zeva Mirankar

Victorian Dual Disability Service (VDDS)

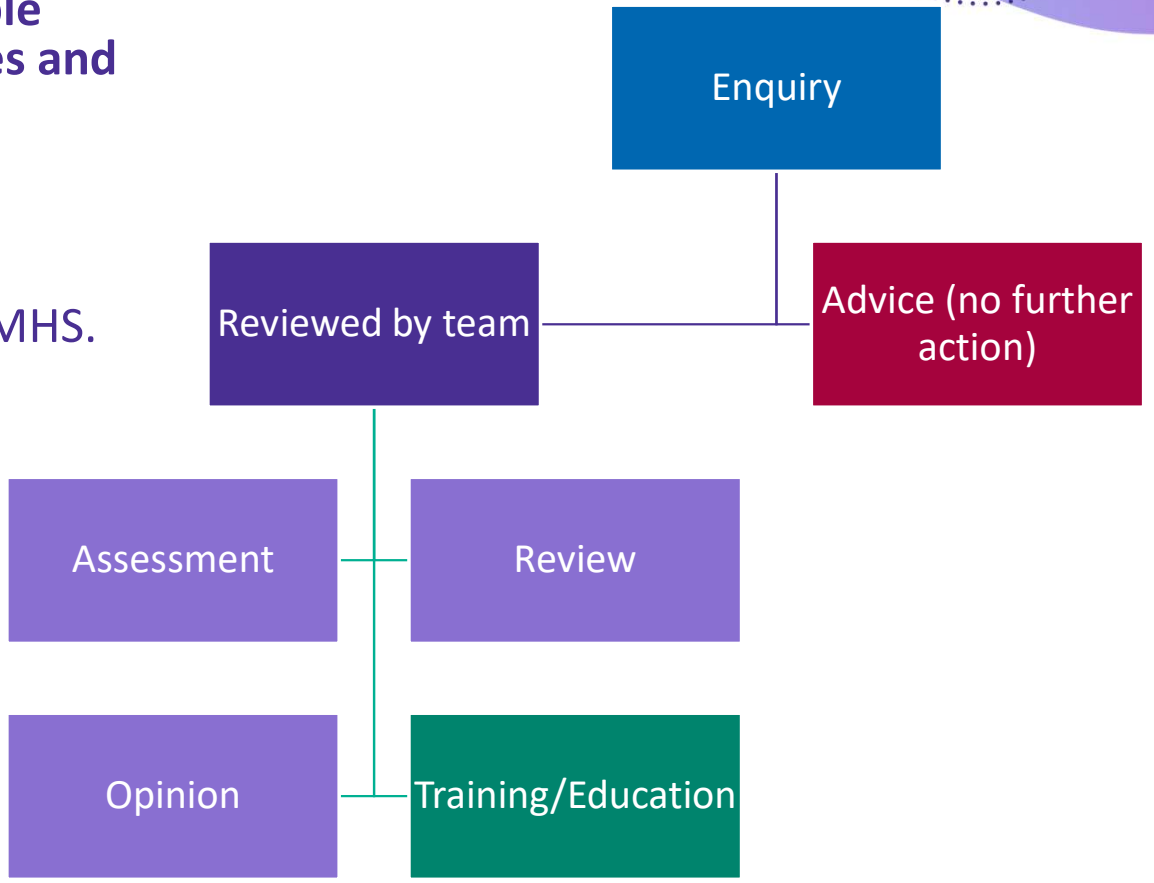
State-wide mental health service for people with co-occurring mental health challenges and a developmental disability.

What does VDDS do?

- Telephone consultation to anyone.
- Assessment & consultation for public AMHS.
- Assessment & consultation for NDIS participants
- Education & Training
- Service Development

How to make a referral or request training:

- *Telephone Referral: (03) 9231 1988*
- *Email: vdds@svha.org.au*

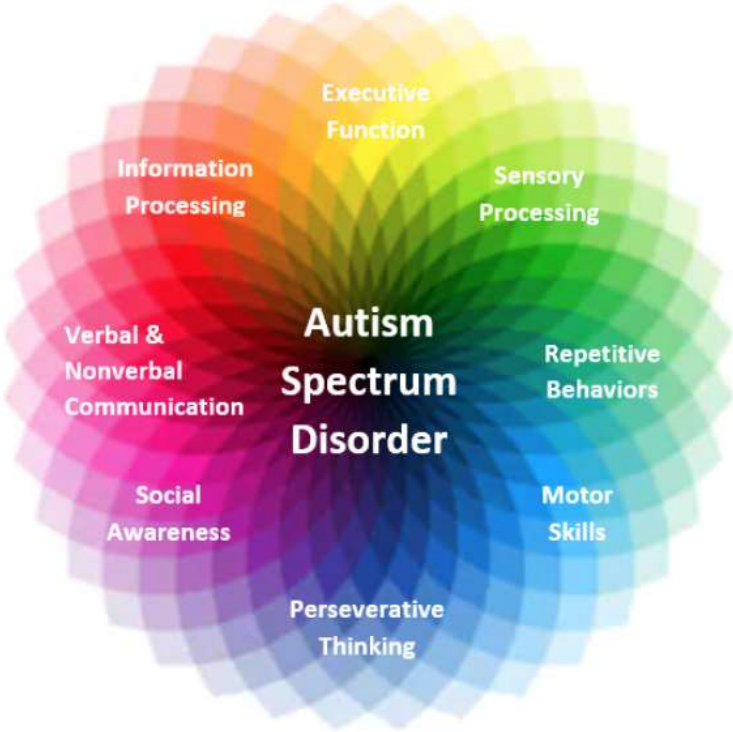


AIMS

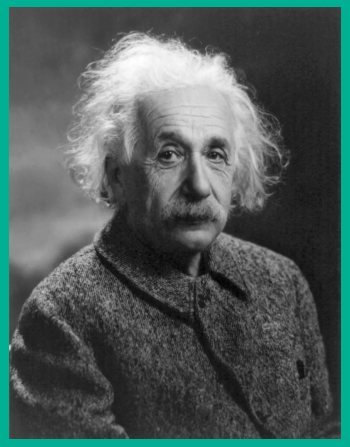
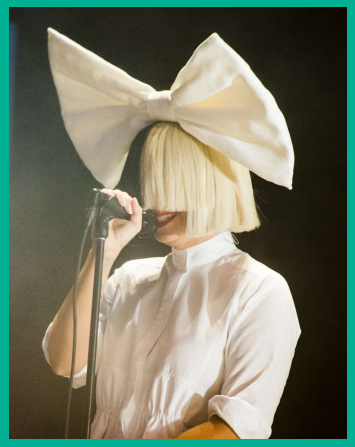
1. Brief overview of ASD & associated conditions
2. Overview of interventions
3. Psychosocial interventions
4. Biomedical / pharmacological interventions
5. Navigating service provision

What is Autism?

- Autism Spectrum Disorder (ASD)
- It is a lifelong neuro-developmental disability.
- Characterized by persistent & pervasive impairments in:
  - ➢ Social interaction, communication
  - ➢ Restricted patterns of intense interests & repetitive behaviour
  - ➢ Sensory hypersensitivities (hypo)
- Affecting ~1% of adult population
- Significant socio-economic impact
- US $268 billion in 2015 for care and social costs



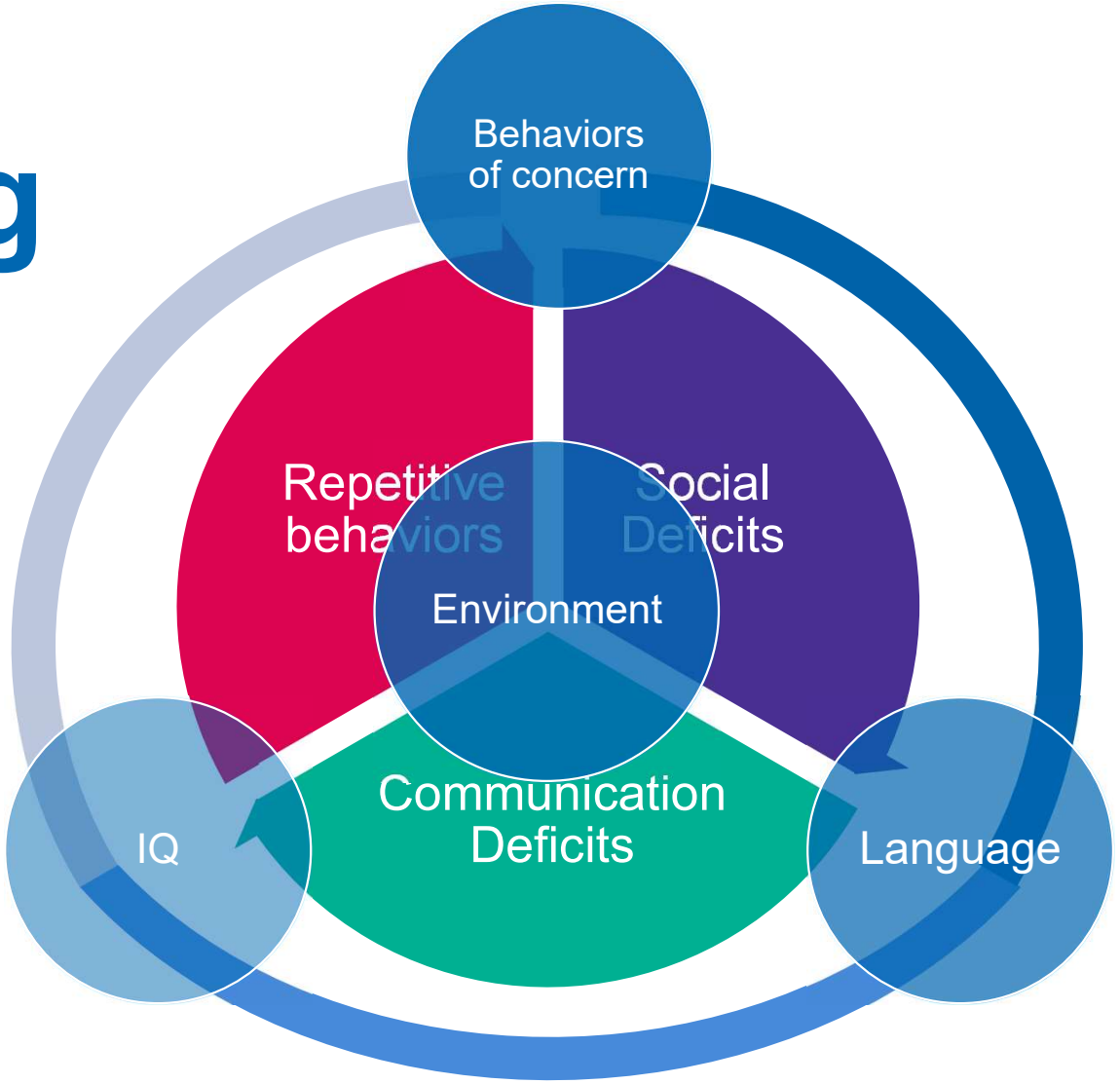
FAMOUS PEOPLE WITH AUTISM

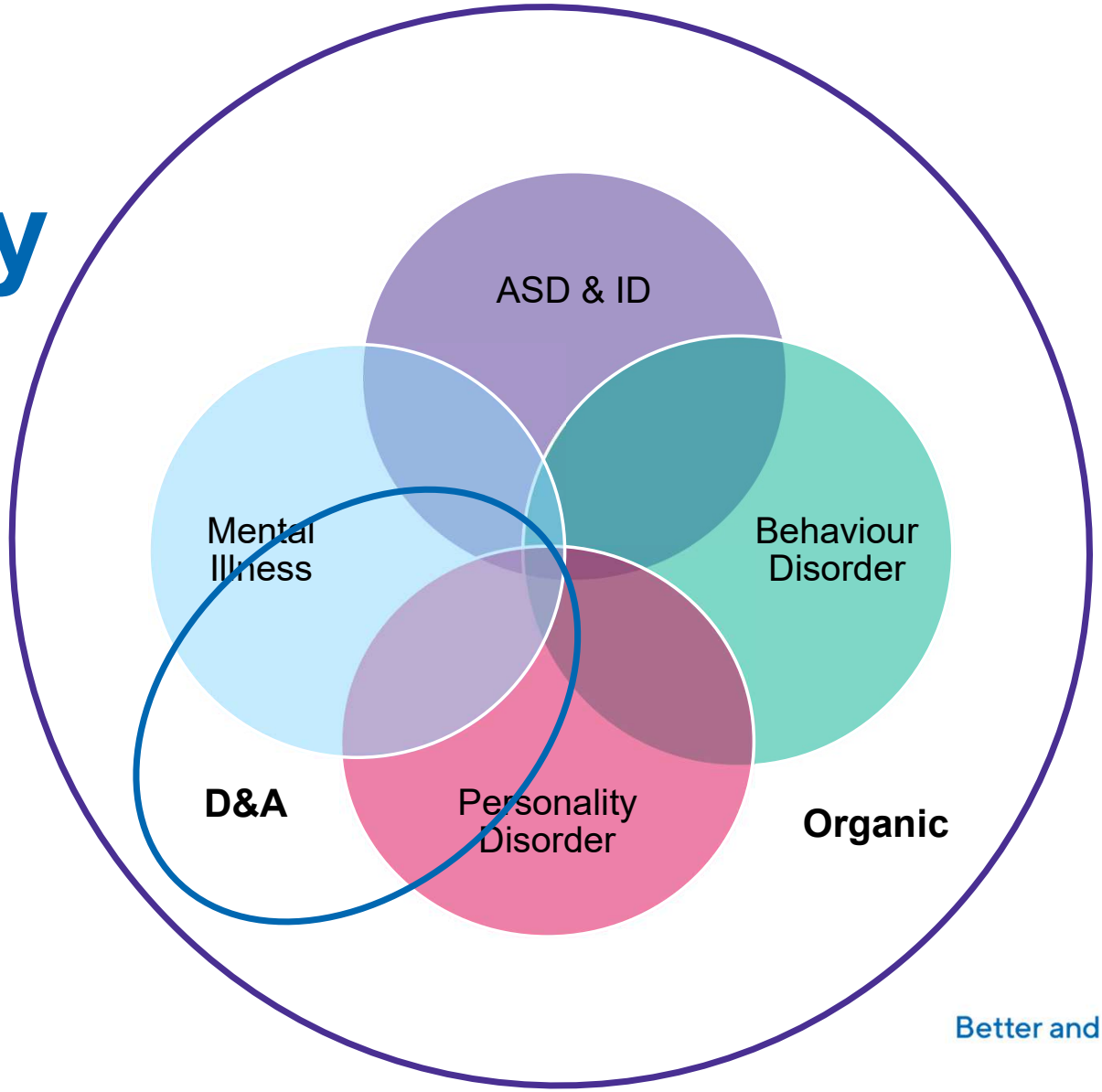





Managing Autism



ASD & Comorbidity



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Overview of Interventions for ASD

- Wide range of problems (Core symptoms)
- Many available treatments or interventions
  - Research Autism http://www.researchautism.net
  - CDC https://www.cdc.gov/ncbddd/autism/treatment.html
- Sheer number can be overwhelming
- Effectiveness and risks not always clear
- Interventions often high cost in money & time
  - i.e. 25 hours per week is the minimum recommended structured preschool intervention

How to Choose an Intervention?

"If it looks too good to be true then it probably is" (Richard Mills NAS 2013)

- No cure or 'one-size fits all' solution
- Each person on the spectrum has unique needs & abilities
- However the most effective interventions follow some key principles:
  - ➢Focus on core deficits & address learning style
  - ➢Improve functional ability & daily living skills
  - ➢Maximize the person's ability to function & participate in the community
  - ➢Staff are skilled & properly trained / credentialed/supervised
  - ➢Identify & treat comorbidity

Interventions Focused On Core Symptoms & Life Skills

Service-based (SPELL, TEACCH)

Psychological / Behavioural (PBS, ABA)

Educational (skill development)

Sensory (weighted blankets/vests, coloured lenses)

Communication (social stories, schedules, PECS)

Complimentary / alternative (Gluten, Candida, NAC)

Animal (dog/dolphin)

TEACCH

The **Treatment** and **Education** of **Autistic** and **Communication Handicapped Children (TEACCH)**

Five basic principles:

1. Physical structure = individual's immediate surroundings. Daily activities, such as playing and eating, work best when they are clearly defined by physical boundaries.

2. Having a consistent schedule is communicated through various mediums, such as drawings and photographs.

3. The work system establishes expectations and activity measurements that promote independence. Ideal work systems will communicate objectives with minimum written instructions.

4. Routine is essential because the most important functional support for autistic individuals is predictability.

5. Visual structure involves visually-based cues for reminders and instruction.

The Focus of TEACCH

Create a **structured** & **predictable** environment

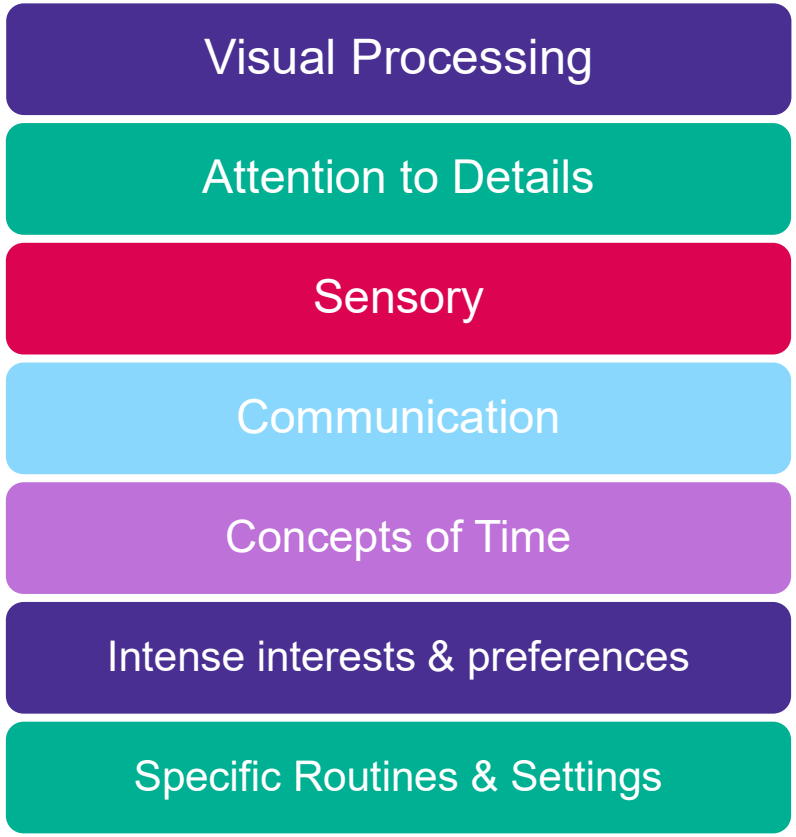
Clearly defining tasks & expectations

Catering to the **'culture of Autism'**

Working with the **STRENGTHS & INTERESTS** of each person

‘Culture of Autism’ and Structured Teaching

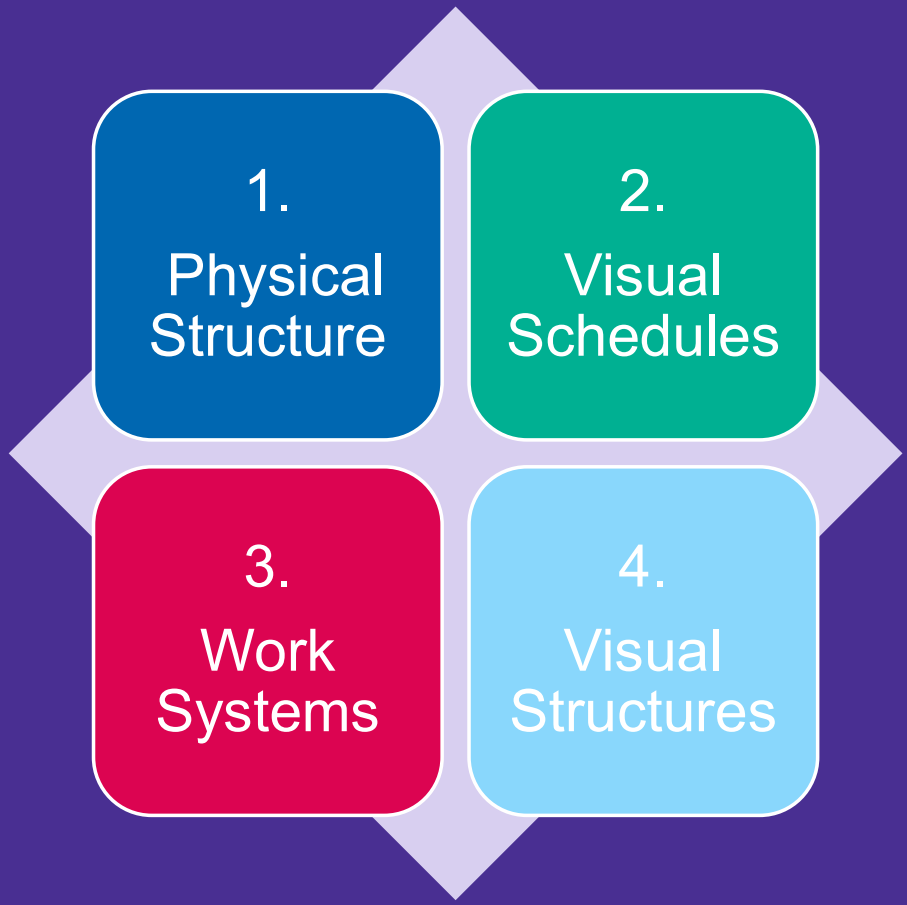
- The TEACCH approach, otherwise known as Structured Teaching, is based on using an approach that caters to the ‘culture of autism’.
- Mesibov and Shea (2009) refer to the ‘Culture of Autism’ as a range of characteristics and patterns of behaviours of people on the spectrum.



Elements of Structured TEACCH

There are **4 main elements** that provide a framework in supporting people.

These elements support the creation of a structured and predictable environment combined with clearly defined tasks and expectations while catering to the culture of autism.



TEACCH - Techniques

- Visual presentation of skills
- Use of routines
- Clear end points
- Creating opportunities for practice
- Teaching in community and natural environment
- Predictable environment

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TEACCH – Physical Structure

Arrangement of furniture and materials to add meaning and content to the environment.

Establish a routine that can individual associates with activities with specific areas or places.

Establish clear visual and / or physical boundaries.

Minimise visual and auditory distraction.

TEACCH
- Visual Schedules

Visual cues which tell what activities will occur and in what order.

Allows the person to predict what will happen next.

Tells the "what, where and when" of the day.

It tells how to move through the physical space we have created – purposefully, independent and calmly

It is a positive routine to help the student cope with changes.

TEACCH – Work Systems

A “Work System” is a systematic, visual way to answer:

What work to do?

How much work?

When am I finished?

What happens next?

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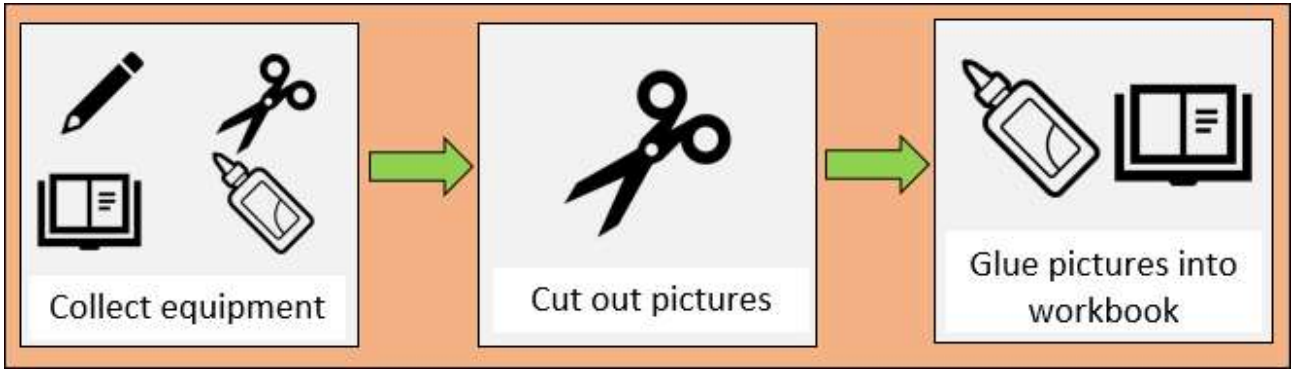
TEACCH - Visual Structure

- **Visual Instructions:** Tells the student where to begin and the sequence of steps to complete an activity
- **Visual Organization:** How the space and materials are limited or arranged
- **Visual Clarity:** Emphasizes or draws attention to important or relevant information



SPELL (National Autistic Society UK)

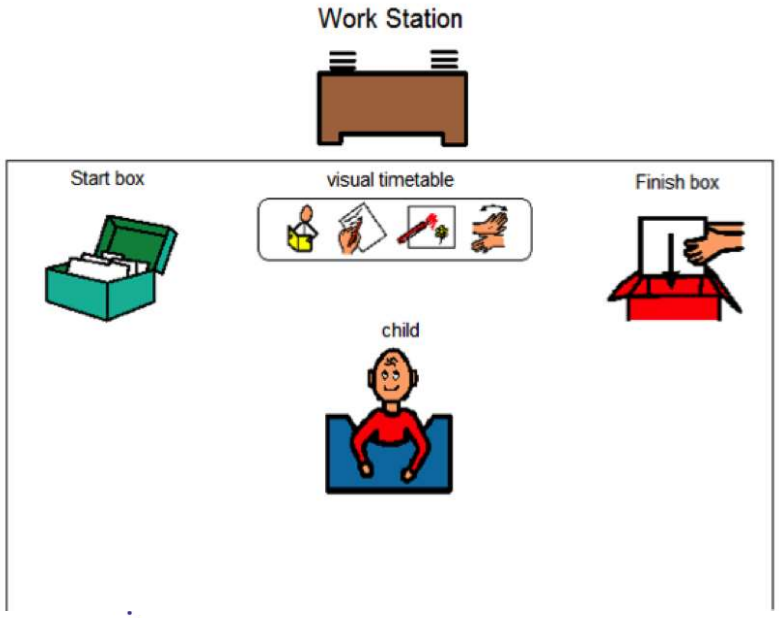
S	• **Structure**
P	• **Positive** approaches and expectations
E	• **Empathy**
L	• **Low arousal**
L	• **Links**

https://www.youtube.com/watch?v=jHrTjAOvY2k

S

• **Structure**

Environment



- Structure environment to provide cues
  - "What do I need to do?"
- Provide physical structure
  - e.g. table & chair, no clutter
- Minimise distractions
- Use schedules/cues to guide activity
- Use visual supports (even when articulate)
- Avoid open-ended tasks & activities
- Incorporate strengths & Interests
- Teamwork / collaboration with carers, families

S

- **Structure**

Activities

- Organise time & expectations reduces stress & anxiety associated with uncertainty
- Aids development of flexibility by reducing dependence on rigid routines
- Predict what will happen & how to respond
  - What is going to happen, with whom, when & where?
  - When will it start / finish, what's happening next?
  - What am I expected to do, what will others do?
- Structure change
- Develop & practice routines
- Re-teach skills in each new setting (teach generalisation)

S • Structure

Communication

- Keep language clear, simple & calm
- Avoid open-ended, imaginative & abstract language
- Use short chunks with frequent breaks & check understanding
- Wait for a response (processing may be delayed)
- Keep rules/approach consistent, i.e. work from left to right or start/middle/finish

P

- **Positive** approaches and expectations

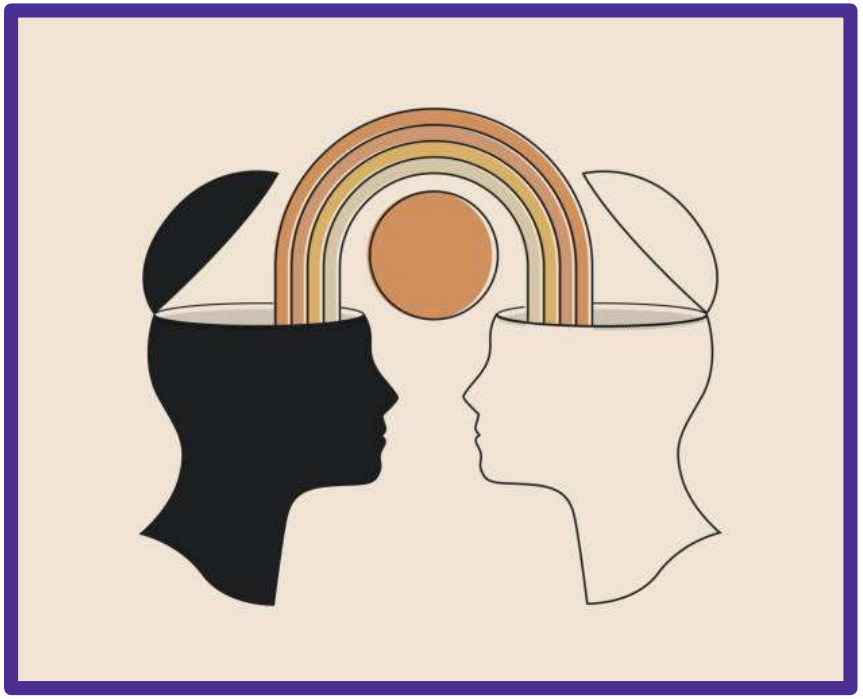
- Based on comprehensive assessment
- Focus on the person's strengths & interests
- Provides opportunities & new experiences
- Identify barriers
- Realistic expectations
- Programme of sensitive but persistent intervention
- Use positive instructions

- "Do this" vs *"Do not do this"*

E

- **Empathy**

- Get to know the person (impact of autism can vary significantly)
- How they see & experience their world
- What motivates & interests
- What frightens, preoccupies or distresses
- Understanding of their own and others' emotions



L

- **Low arousal**

- Calm & ordered environment & routine
- Minimise distractions (light, noise, smell, activity)
- Allow additional time to process information
- Clear specific information (do not overload)
- Regulated input for under-responsive individuals
- Exposure to experiences is planned
- Low arousal should not be confused with "no arousal"

L

- **Low arousal**

Physical Environment

- **Personal space**
  - at least an arm's length
- **Visual supports**
  - provide visual cues about expected behaviour
- **Colour of walls & furnishings**
  - avoid patterns & use low-arousal colours such as cream
- **Lighting**
  - e.g. reduce fluorescent lighting, use blackout curtains, dark glasses, increase natural light
- **Noise levels**
  - reduce external sounds or advise use of earplugs, headphones etc.
- **Activity levels**
  - access to quiet area, avoid busy times

L

• Links

- Partnership between the person, carers, & service providers
- Promote & sustain consistency
- Reduce unhelpful misunderstanding or confusion or the adoption of fragmented, piecemeal approaches
- Links with mainstream enable participation in wider community

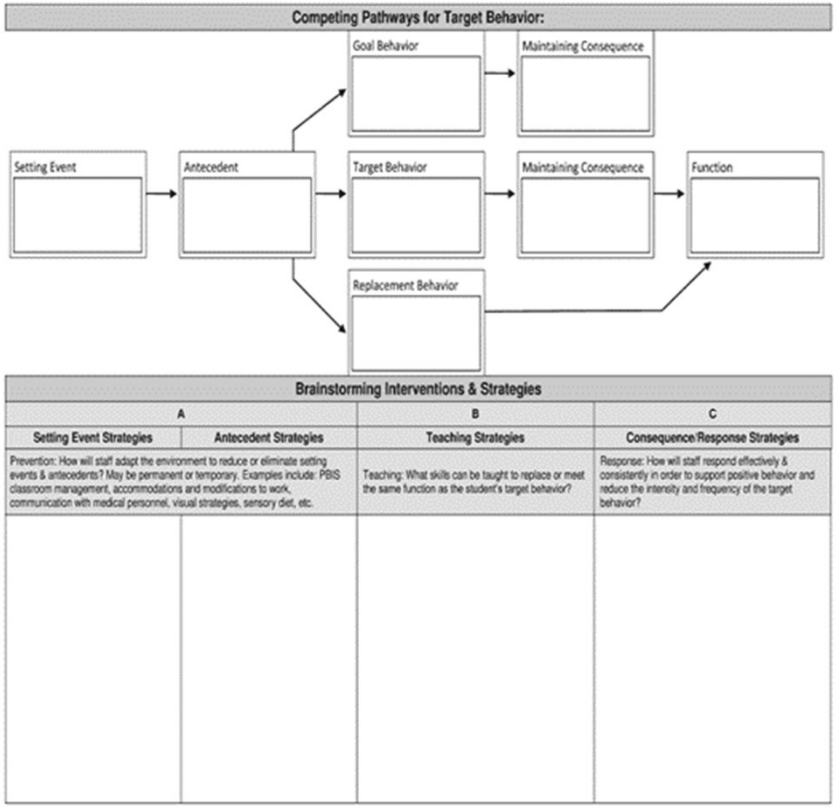
Psychosocial Interventions for Coexisting Mental Disorders

- Offer the same intervention that is usual practice for the specific disorder
- Modify depending on cognitive ability & severity of ASD
  - More behaviourally focused (less focus on cognitions)
  - More concrete & structured (explicit rules & instructions)
  - Use clear, concise and specific language
  - Shorter sessions, more frequently over a longer period – repeated top up
  - Greater use of visual material (lists, schedules, pictures, drawings etc.)
  - Include (special) interests where possible
  - Involve family & carers to support the intervention (prompt, reinforce, rehearse)
  - Traditional relaxation appears more effective (routine, schedule)
- Growing evidence base for CBT for mood, anxiety & anger
- Some emerging evidence for DBT

Positive Behaviour Support

Functional Behaviour Assessment (FBA)

PROACTIVE STRATEGIES			REACTIVE STRATEGIES
Ecological Manipulation	**Positive Programming**	**Direct Treatment**	
• Settings • Interactions • Instructional Methods • Instructional Goals • Environmental Pollutants (e.g., noise, crowding) • Number and Characteristics of other people	• General Skills • Development • Functional equivalent • Functional related • Coping/ Tolerance	*Behavioral* • Differential Schedules of Reinforcement • Stimulus Control • Instructional Control • Stimulus Satiation • Etc. *Other* • Neurophysical Techniques • Medication Adjustments • Dietary Changes • Etc.	• Active Listening • Stimulus Change • Crisis Intervention



Medication and Autism

Rates of psychotropic prescribing:

- 27% of children
- 66% of adolescents
- 70-80% of adults
- Most evidence is for children – may not be applicable to adults and visa versa
- Lack of evidence doesn't mean it does or does not work.
- Differences due to CNS neurotransmitter changes (serotonin) across the lifespan
- Many psychiatric medications prescribed off-label
- Once started, psychotropics are very unlikely to stop.

Be clear regarding:

- Rationale for treatment (including measurement of baseline target behaviours), potential risk/ benefit and consent.
- Review impact of medication and adverse effects at each review
- Drug interactions should always be considered, particularly if on anticonvulsants
- No Pharmacological treatment for core symptoms of ASD.

Indications for Prescribing

Psychotropic medication should be prescribed for:

- A therapeutic trial for a suspected psychiatric disorder
- Challenging behaviour under certain circumstances

The following behaviours may be targets of treatment in the context of a diagnosis or on their own:

- Self injury
- Aggression / property damage
- Impulsivity/hyperactivity
- Social withdrawal
- Excessive dependency
- Non-compliance

Be aware that prescribing psychotropic medications for NDIS participants can be considered restrictive practice, and therefore must be clearly justified.

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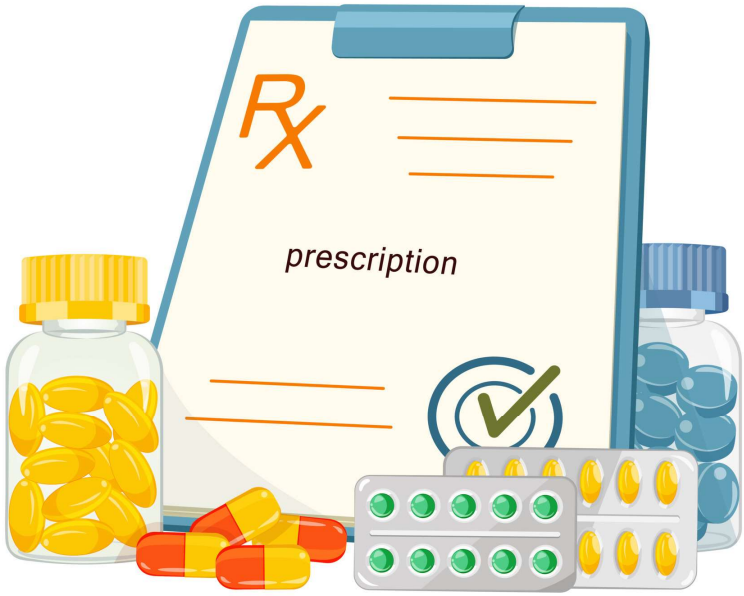
Good Prescribing

Be clear regarding:

- Rationale for treatment (including measurement of baseline target behaviours), potential risk/benefit and consent.
- Review impact of medication and adverse effects at each review.
- Drug interactions should always be considered, especially with anticonvulsants.
- Monitor for side effects as may be masked or not reported.

There are no pharmacological treatments for the core symptoms of ASD.



Navigating the Service System

Medicare – 'Helping Children with Autism' program

- **Under 13 years**

Mental Health Care Plan (Better Access)

- **Not assessment or management of ASD.**

Chronic Disease Management Plan

- **Coordinated by GP's and available for eligible chronic medical conditions.**

Public Mental Health Services

- **AMHS**
- **CAMHS**
- **Specialist Clinics**
  e.g. RCH - https://www.rch.org.au/autism/autism_assessment/Autism_assessment_ages_0-6/

NDIS

- **Reasonable and necessary supports for people with permanent disabilities.**

Private Providers

- **Paid for out of pocket**

NGO's

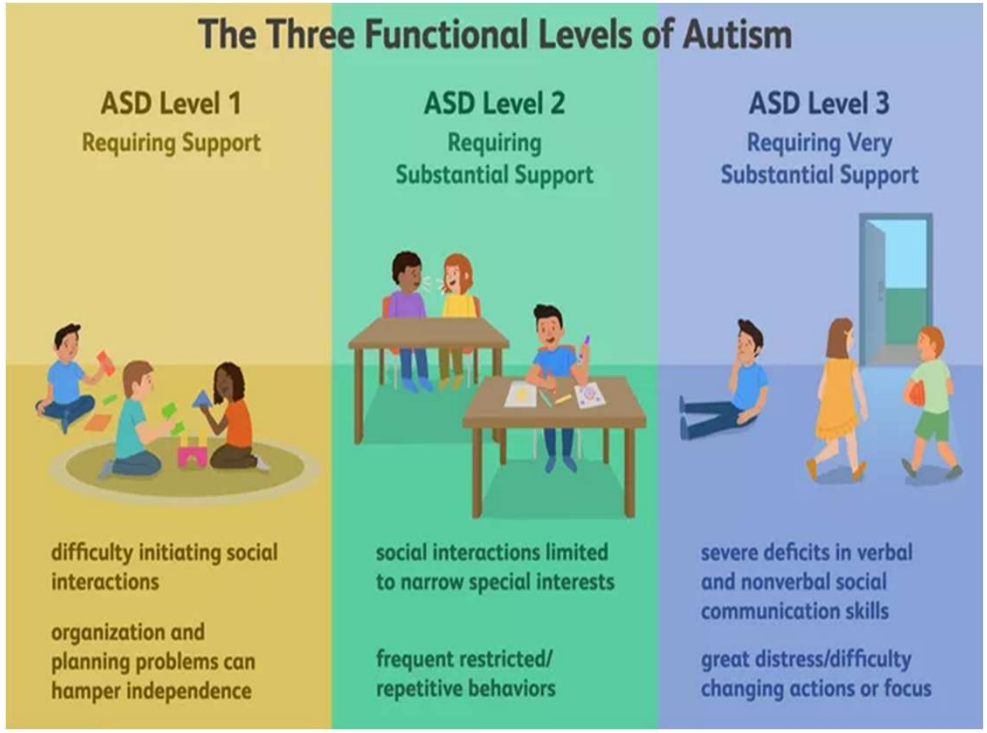
- **Amaze**
  http://www.therapyconnect.amaze.org.au/introduction/
- **Aspect**

Severity of ASD

Does Autism qualify for NDIS?

- Yes, ASD is the largest primary disability category (29%)
- **BUT** Level 1 & 2 may need additional evidence of needs to qualify

- NDIS cannot fund a support that is:
  - the responsibility of another government system or community service (i.e. health)
  - not related to a person's disability



Things to Consider

Possible Cause	Potential Areas of Focus
Physical	Pain, seizure, medication, sleep, allergies, GI issues, dental, vision, hearing
Genetic	Could it be related to a genetic syndrome?
Mental Health	New or unusual behaviour, increase or decrease in pre-existing behaviour
Cognitive	Demands too high / low for cognitive level?
Communication	Adequacy of communication
Sensory	Unmet or overwhelming
Environmental	Location, time, setting, activity
Family / Staff	Changes, adequate understanding of ASD

Conclusion

- A holistic approach should always been used when supporting Autistic people.
- Interventions can be similar to the general population, with modifications.
- Environmental and structural modifications are very important for Autistic people.
- Interventions that are less focused on cognitions are typically the most effective.
- Supporting families and carers can assist with sustaining interventions.
- The service system can be complex and fractured, so good coordination of supports is critical.

Thank you

- For a copy of these slides, please email vdds@svha.org.au with subject header *“Please send Managing ASD slides”*

References

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