



# Autism

## Aims and Objectives

This course aims to raise awareness of autism amongst adults and children

### **Session Objectives**

This session will develop your understanding of the following:

- What is autism – Definition and identification
- Differential diagnosis in someone who may be autistic
- Autism and mental health disorders
- Communicating and understanding someone with autism

## What is Autism

Autism is a 'hidden disability', meaning it is not easy to recognise when someone has the condition. When you see the following pattern (on a wristband, card or mobile device) it means someone has autism and wants you to know so that you can support them:



Autistic people often have difficulty in accessing community activities, leisure facilities and other services. Everyone having a better understanding of autism has the power to change lives. The following information is provided to help you to gain a better understanding of autism and suggests ways in which you can support autistic people.

## Prevalence

- Autism is a lifelong condition and affects people from all backgrounds. Currently more males than females are diagnosed with autism.
- It is estimated that 1 in every 100 people in the UK have an Autism Spectrum Disorder (ASD).
- Many people are unaware that they are autistic.

## Autism in Adults

- Prevalence rates are estimated in the range 0.8-1.5% of population reflecting current lack of knowledge
- Most Autistic people alive today weren't diagnosed at school
- Very few post diagnostic services for people without Learning Disability i.e., the majority of autistic people – Scottish census study suggests as low as 15% may have Learning Disability. England assumption is higher up to 30%
- Most Autistic people of all ages will therefore be accessing mainstream services for physical and mental health care needs.

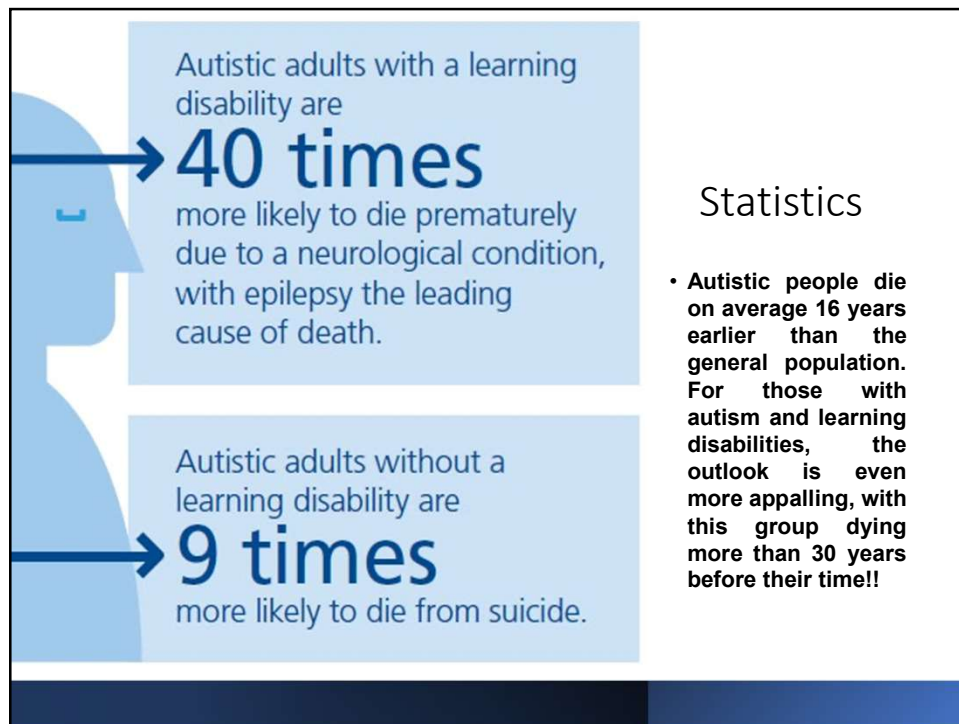
Autism is also known by other names, including:

**Autism Spectrum  
Disorder (ASD)**

**Asperger's  
Syndrome**

**Autistic Spectrum  
Condition (ASC)**

**Pervasive  
Developmental  
Disorder**



## Other potential diagnosis

**Post Traumatic Stress Disorder** – this is more common for Autistic people than general population.

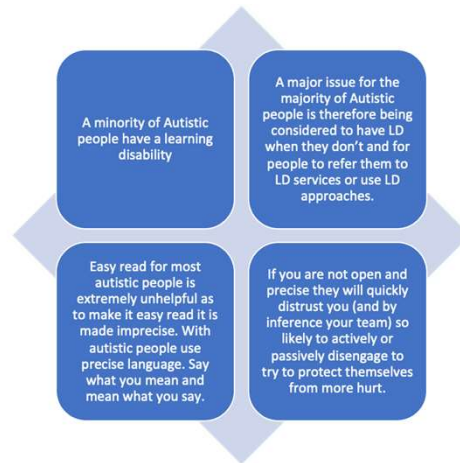


**Eating disorders** – Autistic people can have Anorexia Nervosa/Bulimia Nervosa etc but also may have Avoidant Restrictive Food Intake Disorder (ARFID) – this can be life threatening but requires a different approach as at the core is not abnormal body image but rigidity about food types/sensations



**Pathological Demand Avoidance** – is not a diagnosis – caused by many things. Can occur in Autistic people but isn't diagnostic of Autism.

## Autism is NOT a learning disability (LD)



## What is being autistic like?

- The negative and positive impacts of having autistic traits under the three main domains of an Autism diagnosis in ICD10:
- Social
- Interaction
- Communication
- Rigidity/focal repetitive interests
- **AND** how a person experiences sensory information

**Autistic people have differences in the following areas:**



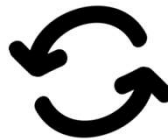
**Social Communication &  
Social Interaction**



**Social Imagination and  
Flexibility of Thought**



**Restricted, repetitive  
interests or activities**



**Restricted, repetitive  
patterns of behaviour**



**Unusual sensory  
responses**

## Considerations for Communication

- Avoid making assumptions based on body language.
- Check you have interpreted the autistic person correctly.
- Understand that an autistic person may struggle to identify or express emotions and ask for help .
- Consider the atypical ways an autistic person may communicate distress.
- Offer strategies for allowing an autistic person to communicate when they are distressed, including using wristbands, writing notes etc.

## Continuation

- Much of this additional morbidity and premature mortality is avoidable or treatable
- Autistic people can struggle with communication and social interaction, so problems often missed or misunderstood
- Autistic people experience very high rates of social exclusion including bullying and often develop mood and anxiety problems and increased rates of suicide

## Differential Diagnosis

- Co-morbidities are common - either lifelong such as ADHD, epilepsy or intermittent such as anxiety/depression.
- Anxiety disorder, depression, hallucinations, delusions, suicidal ideation etc are not part of Autism they are due to co-occurring conditions
- Autistic people are much more likely to have been told through their lives they are odd, weird, getting it wrong, "don't get it" so learned helplessness and low self esteem common but are secondary to above not a normal part of being Autistic
- Autistic people typically have much smaller social networks so if things go wrong, they have less access to informal support and advice especially if their key trusted person is not available e.g., has died or is themselves ill or has moved away.

## Emotionally Unstable Personality Disorder

- Emotionally unstable personality disorder (EUPD) – key aspects of this are difficulties in the domains of social communication and social interaction.
- EUPD is an acquired condition usually secondary to major trauma such as abuse.
- In EUPD people will typically have had conventional social interaction and social communication until after the impact of abuse when they develop coping strategies that over time become maladaptive.
- They don't typically have the focal and repetitive interests and don't typically have the same range and depth of sensory sensitivities as Autistic people.
- The social communication and social.

## Is Autism Psychosis

- Psychosis is not necessarily schizophrenia. It clearly is a key part of schizophrenia but can occur in multiple conditions e.g., depression, epilepsy, delirium, sleep deprivation, sensory over stimulation etc. So psychotic symptoms may occur in Autistic people for a wide variety of reasons.
- It is important to identify the correct diagnosis so as to deliver the correct interventions.
- Be careful about how "symptoms are elicited" e.g., do you hear voices will almost certainly lead to a yes answer from an autistic person. If they have increased auditory acuity, they will say yes to do you hear voices other people don't hear. So again, precise language as they will answer precisely what the question asks and usually no more than that.
- If psychosis is a long term severe mental illness symptom, then again normal treatment is appropriate with high alertness for side effects and making reasonable adjustments.



## Obsessive Compulsive Disorder (OCD) or Autism

- The key differential between a focal intense Autistic trait and OCD is whether the interest/act is one which is interesting/enjoyable to the person.
- Someone kicking a ball against a wall for hours on end because they enjoy it/ it relaxes them is intense focal interest. Feeling they have to kick the ball against the wall to prevent harm falling to their family is a compulsion.
- Please do use language precisely saying OCD is not fine unless you have properly diagnosed it.
- Autistic people can have OCD and if left inadequately treated OCD is not just a crippling illness, it can be fatal.

## Autism and Suicide

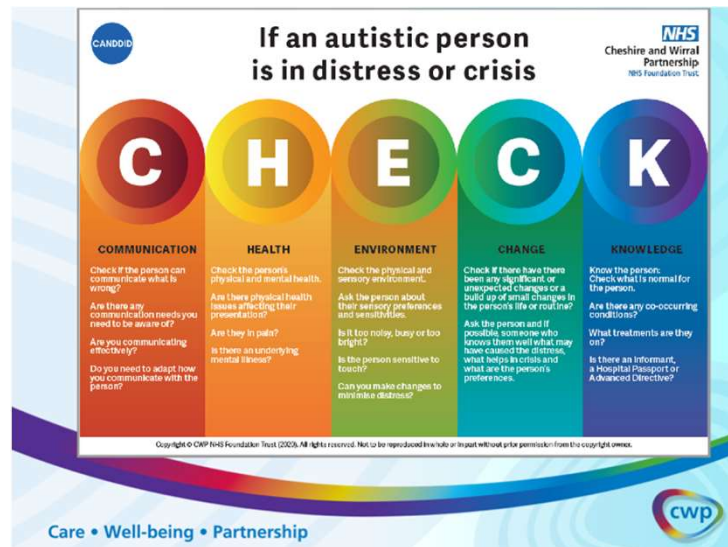
- If you ask directly about suicidal thoughts an autistic person will nearly always answer directly and precisely. If they say yes, then they mean it and rates of suicide are higher than non-autistic population.
- Always then ask when and under what circumstances, as bringing them into hospital because they are suicidal when they are referring to a set of circumstances way into the future will do harm not good.
- If they are self harming as a repetitive behaviour or as a stress relieving mechanism, they generally can logically and precisely differentiate from trying to die by suicide.

## Autism is NOT a learning disability

- A major issue for the majority of Autistic people is being considered to have LD when they don't and for people to refer them to LD services or use LD approaches.
- Easy read for most autistic people is extremely unhelpful as to make it easy read it is made imprecise. With autistic people use precise language. Say what you mean and mean what you say.
- If you are not open and precise, they will quickly distrust you (and by inference your team) so likely to actively or passively disengage to try to protect themselves from more hurt.

## Managing physical and medical conditions

- Autism gives no protection against any known physical or mental health disorder so all can occur.
- Diagnostic overshadowing is common and harmful.
- Autistic people can and do benefit from the full range of MH treatments.
- Their reactions may be more idiosyncratic, and they may be less confident to flag up problems, so staff need to be more explicit and vigilant about side effects of talking therapies, social therapies and pharmacological therapies.
- Reasonable adjustments have to be made around interventions of all types.



One of the biggest impacts health professionals can have is to support someone to recognise their strengths and work to achieve their aspirations

## Socialising and Communication

### How this impacts on day to day life:

People often use body language and sarcasm to convey something.

Autistic people often find these difficult to understand.

Autistic people may be perceived as rude because they avoid eye contact.

Their tone of voice may not always reflect the way an autistic person is feeling.

An autistic person may not be able to use gestures or interpret other people's gestures.

Autistic people may interpret language literally and so may misunderstand idioms ("pull your socks up") and metaphors ("my head was spinning").

Autistic people experience social interaction differences.  
The way this affects a person can vary, and can include difference in the use and understanding of:

**building and sustaining  
relationships**

**engaging in  
conversation**

**giving and receiving  
compliments**

**understanding  
humour**

**showing concern for others**

### How this impacts on day to day life:

Autistic children may find it difficult to instigate or join in play with other children.

Autistic children may find it difficult to take turns and share. This can cause problems with friendships.

Developing and maintaining friendships and relationships can be difficult for everyone.

Autistic adults have told us that they find this particularly difficult. This does not mean that they do not want relationships and friends.

Autistic people may not engage in conversation in the same way, and enjoy discussing factual issues rather than small talk. You may have to be specific when you want to bring the conversation to end.

Autistic people may have difficulty in understanding the rules of social relationships. This may cause many issues including them offering truthful opinion rather than a tactful one.

## Social Imagination and Flexibility of Thought

### How this impacts on day to day life:

When problem solving, we rely on our social imagination to predict possible outcomes. This is difficult for an autistic person.

Playing team games often relies on social imagination to predict how other people will interact in the game. This can be difficult for autistic people.

Autistic people may find it difficult to predict how others may be feeling or how they will react due to problems with social imagination.

Some autistic people have difficulties with creative imagination. Others have good creative imagination, and only the social imagination is affected.

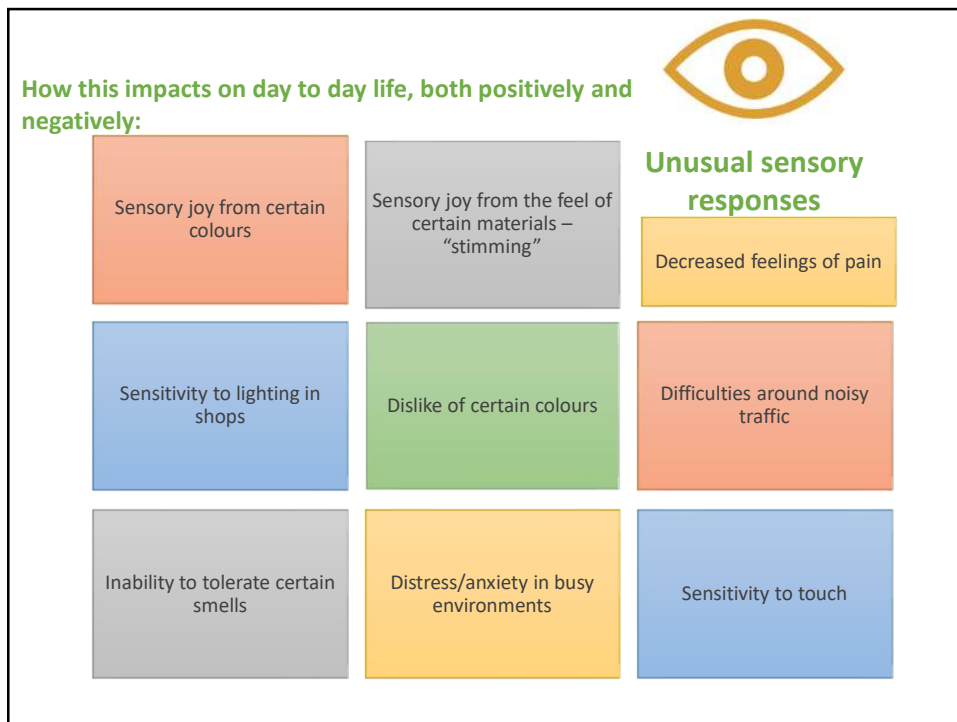
Planning can be difficult without good social imagination, autistic people often use calendars or planners to help them with this.

Coping with changes can be difficult without good social imagination. Autistic people usually prefer routines to unpredictability.

## Unusual Sensory Responses

**Many autistic people can have sensory issues.**  
**The person's perception of the senses can be heightened or decreased. All the senses can be affected.**

tactile	• (touch)
vestibular	• (movement)
proprioceptive	• (body position)
visual	• (looking)
auditory	• (hearing)
olfactory	• (smell)
gustatory	• (taste)

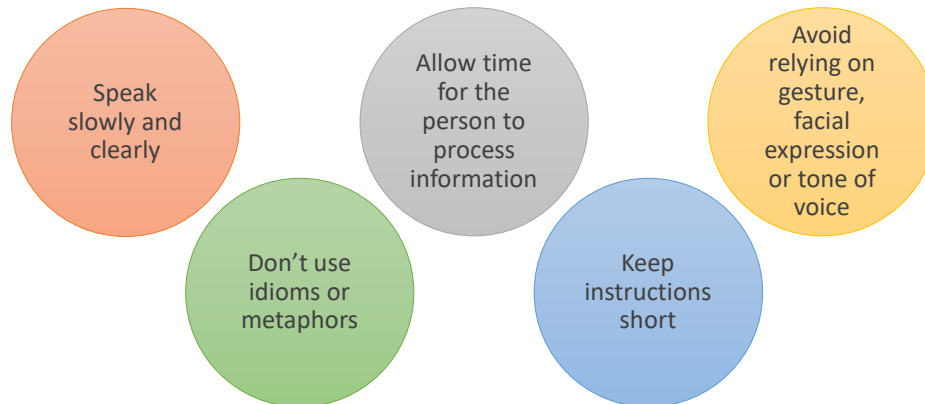


How can you help

- Being aware of Autism and the differences experienced by autistic people is key.
- Ask the autistic person, carers or seek advice from others.
- Be understanding, people with autism have a lot to offer but may need support.
- Consider how you can adapt the environment to decrease sensory issues (decrease noise, dim lighting, find a quiet space etc.)
- Adapt your communication style.

## Adapt Your Communication

**Communication - adapting your communication can help an autistic person:**



## References

- Hospital Passport
- <file:///C:/Users/PGUser876/Downloads/My%20Hospital%20Passport.pdf>
- RCGP Autism Toolkit
- <http://www.rcgp.org.uk/clinical-and-research/toolkits/asd-toolkit.aspx>
- RCPsych
- <https://www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/neurodevelopmentalpsychiatry.aspx>  
 Lenehan Review <https://www.gov.uk/government/publications/lenahan-review-into-care-of-children-with-learning-disabilities>
- Know your normal
- <https://www.ambitiousaboutautism.org.uk/know-your-normal>
- Police Autism Guide
- <http://www.npaa.org.uk/police-autism-guide/>
- Think Autism
- <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>  
 Presentation of Autism in children  
<http://www.asdinfo.wales.co.uk/autismchildsigns>

## Useful Links

- England  
<https://www.skillsforhealth.org.uk/services/item/945> and  
<https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy#history>
- N. Ireland <https://www.health-ni.gov.uk/austismstrategy-progressreports>
- Scotland  
<https://www.gov.scot/publications/scottish-strategy-autism/>
- Wales  
<https://www.asdinfo.wales.co.uk/resource/Training-Framework-digital-eng.pdf>