

Social Communication Difficulties & ASD



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History



- Identification of Autism started in 1938 with Asperger & Kanner
- Many, many theories and many different names
- Evolution of knowledge and theories, a confusing archipelago
- Acknowledgement that there is a wide range of impairments and each child is different

Autistic Spectrum Disorder

A lifelong neuro-developmental disorder

Qualitative differences and impairments

- reciprocal social interaction & social communication
- restricted, repetitive and stereotyped patterns of behaviour, interests and mannerisms

New classification acknowledges the wide variation, rather than distinct categories and identifies 1 category of ASD with 2 domains of impairment (Social affect & repetitive, restricted behaviour) and includes sensory differences

Different children affected in different areas to different degrees

The symptoms may be prominent at different times when social demands exceed their capacity to cope



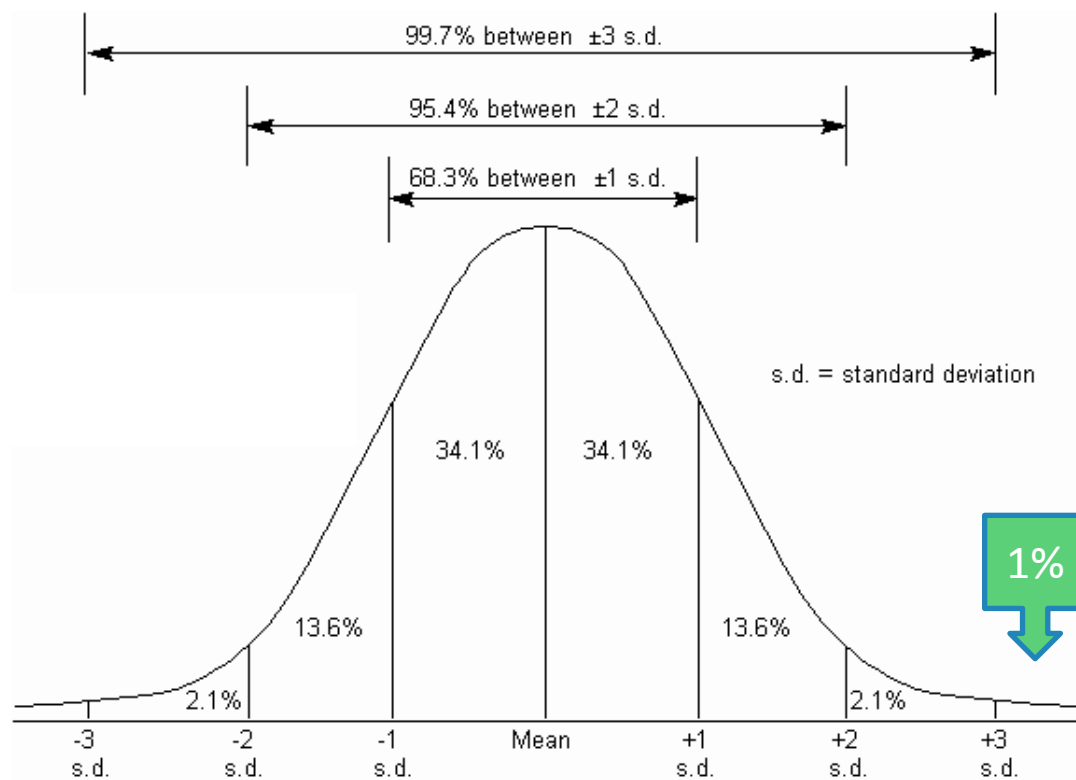
ASD in Wandsworth



- High rate of diagnosis. Good service in Wandsworth.
- The second most common reason for an EHCP (Education Health and Care Plan)- previously known as Statement of Educational Needs.
- Require input in school to achieve their potential and access the curriculum commonly, not always.
- NB: An ASD diagnosis does not guarantee an EHCP and no diagnosis does not mean that there will not an EHCP!
- Diagnostic pathway is different for under 8 year olds and over 8 years old.
 - The ASD Team for under 8 years old is based out of St George's Hospital and the Early Years Centre (in conjunction with Garrett Park ASD Advisory Service).
 - The over 8 years old is through CAMHS.
 - The diagnostic pathway in the under 8 year olds in Wandsworth aims to be specific and sensitive and in accordance to the NICE guidelines.



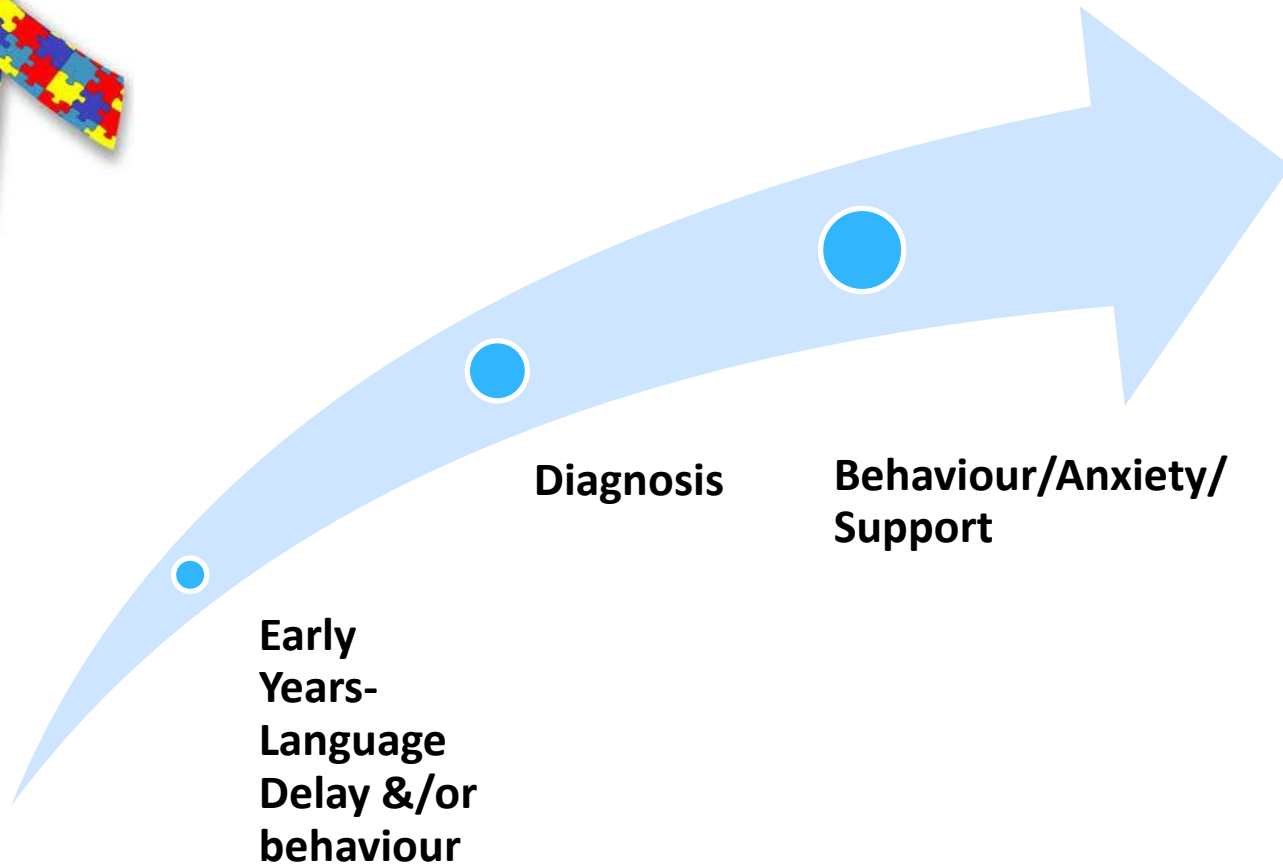
**What is the difference
between quirky, social
communication difficulties
and ASD?**

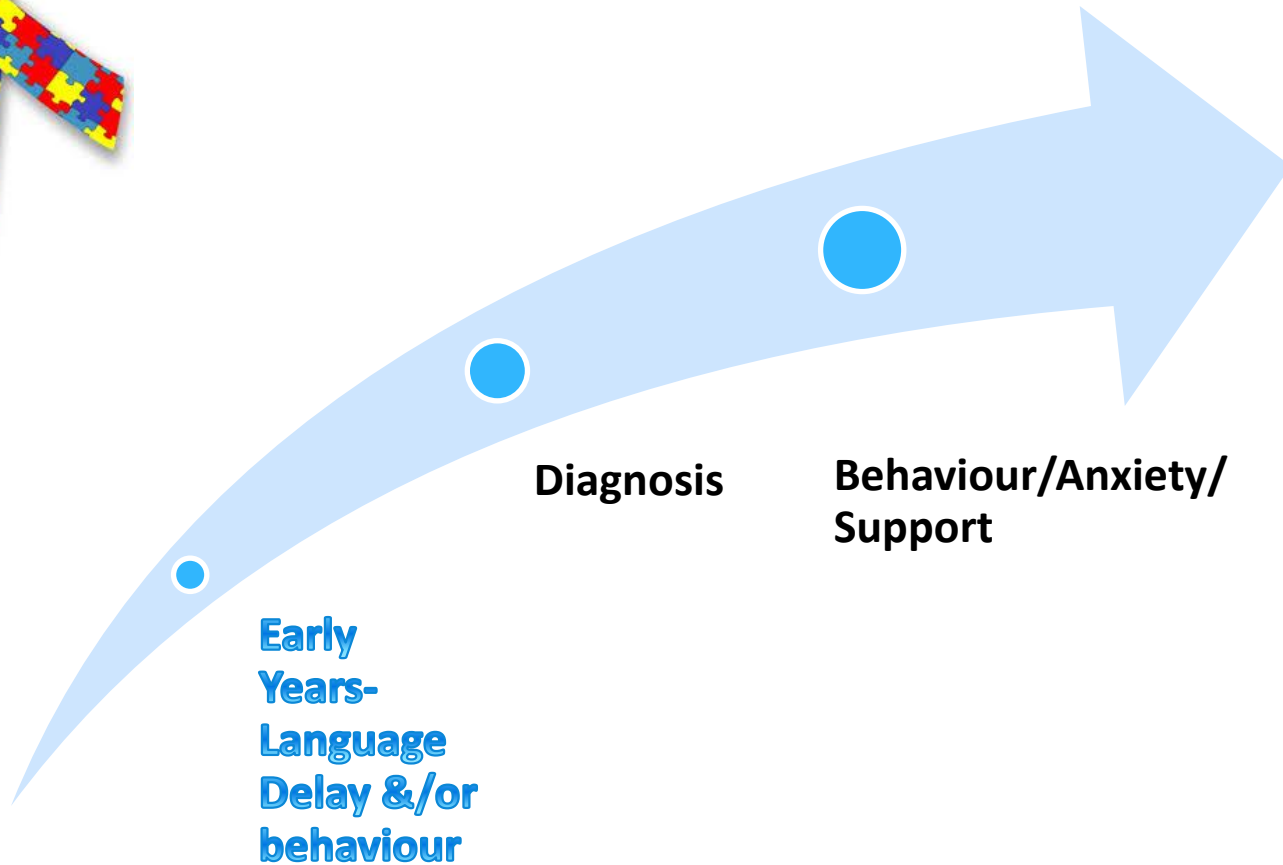


<https://www.youtube.com/watch?v=7c8VAXeZRTY>



**When do people go to see their
GP?**





Early behaviour



- Explore the symptoms
- Differential diagnosis
- Best management

5 years old boy

Upset in class, meltdowns, many times gets in fights with peers

Mother very inventive with his food, as he would not eat much

L B



- Referred by school SENCO
- Seen by adviser & SLT: language disorder, very specific in following his own agenda, anxious, achieving in school when engaged

- Seen for the MDA:

Sudden regression in his social skills, including eye contact at 18 months

Totally engaged with numbers and the alphabet

Lack of socioemotional reciprocity





Diagnosis of ASD & language disorder
Good progress with visual timetables, social skills
Support in school
ASD parenting course
Contact
Family due to move to the USA



3 years 6 months boy

Significant developmental delay

Sensory difficulties

Significant language delay (situational understanding)

C M



Diagnosis of ASD

Likely to develop intellectual disability

Got into the correct provision in another borough

Making progress with additional specialist support



Complex background of NF1 and prematurity
Rigidity and inflexibility
Need for sameness
Socially aware
Cognitively very able; amazing attention to detail

B T



Anxiety at transition to Reception- unable to cope

Reduced eating & pica

Not sleeping

Started on sertraline- did not tolerate it

Started on propranolol- good effect but still very unsettled in school

Had to be taken out of school and eventually given an ASD base place

Early days but better



7 ½ year old

Private setting doing exceptionally well academically

No concerns around behaviour at school, but huge concerns at home

Maths teacher only made a specific comment around rigidity...

LC

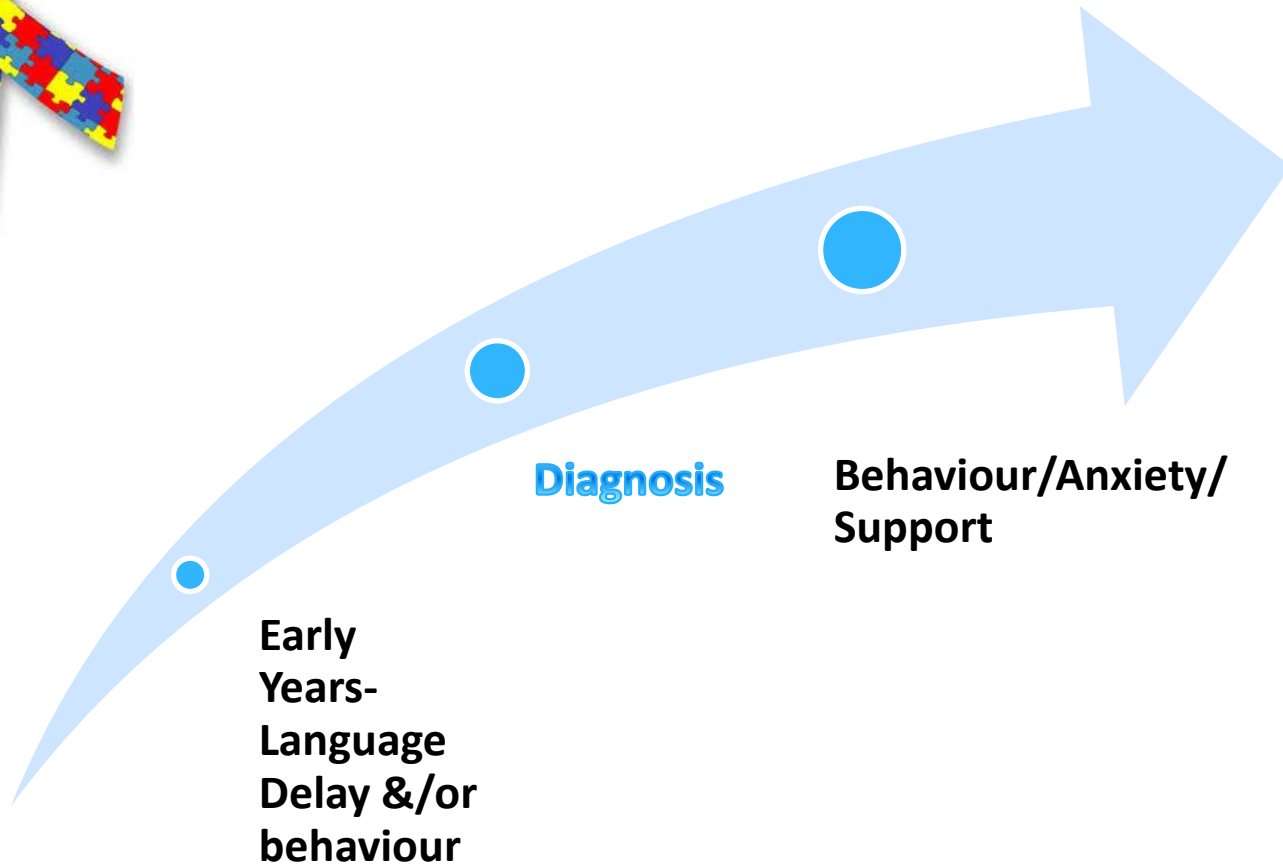


Seen by adviser and SLT- no real concerns at school.
At home cognitive rigidity, high levels of anxiety
Also apparent in one to one sessions



Referred to Evelina Hospital and CAMHS
On sertraline and doing a bit better
Huge input from the family
Mother diagnosed with a type of cancer...







The journey to diagnosis

Professional has initial concerns around a child social communication and interaction and any other features suggestive of Autistic Spectrum Disorder.
Completes EHA to provide evidence and outline concerns (except GP who fill in a referral form/letter)
Either to MACNP only, or only developmental paediatrics or both

Current ASD Pathway 0-8 years old

Single Point of Access

0-5 years old

5-8 years old

Early Years Adviser Team: observe the child in the setting and informal info gathering

Specialist SALT
Observation & Assessment for evidence gathering

MACNP

Does the EHA suggest there is a clear need for MDA? What additional support would be appropriate at this point? Which team should they be allocated to?

GPAS: 3 targeted observations, 1 meeting with parents to fill in the SRS screening questionnaire and evidence-gathering

Developmental Pediatrician: assessment to understand developmental levels, consider comorbidities and differential diagnoses;
18 weeks from referral

Specialist SALT
Observation & Assessment for evidence gathering

Multi-Disciplinary Assessment

Multi-Disciplinary Assessment

ASD
diagnosis

ASD
diagnosis

Post-diagnosis support: Contact; parental training (e.g. CATS or Cygnet), information on DLA & National Autistic Society

Post-diagnosis support:

Average to diagnosis
14 months

Average to diagnosis
6 months

Additional universal early years, or SEN school-based support
• EYC: Community SALT, Enhanced children's center
• School: in-class input. No GPAS.
Referrals to
• Other services, eg OT, feeding clinic
• Clinical Psychology at the EYC or cognitive assessment

Diagnosis



- Fulfilling criteria for diagnosis of ASD
- > 2 years
- Average age diagnosis
 - 3.1years
 - 7.2years

Differential diagnosis & uncertainty



- Is the child social skills in par with their development?
- Are their features which are atypical?
- Are there any 'red flags' that may point to another diagnosis? Rett's, Klefner Lindau
- Is their behavioural impairment best explained by another diagnosis, eg ADHD, anxiety?
- Could an intervention apply to improve their difficulties?
- Is there more than one thing going on here?

Developmental Strengths

- Special skills
- Attention to detail
- Perceptions
- Ability to engage
- Demeanour
- Etc etc etc





People with autism have some very valuable skills which can be applied in the workplace. They might have very good attention to detail, or be really good at sticking to routines and timetables. Therefore, are likely to be very punctual and reliable. Everyone has different skills but there will always be something.

Job seeker, NAS website

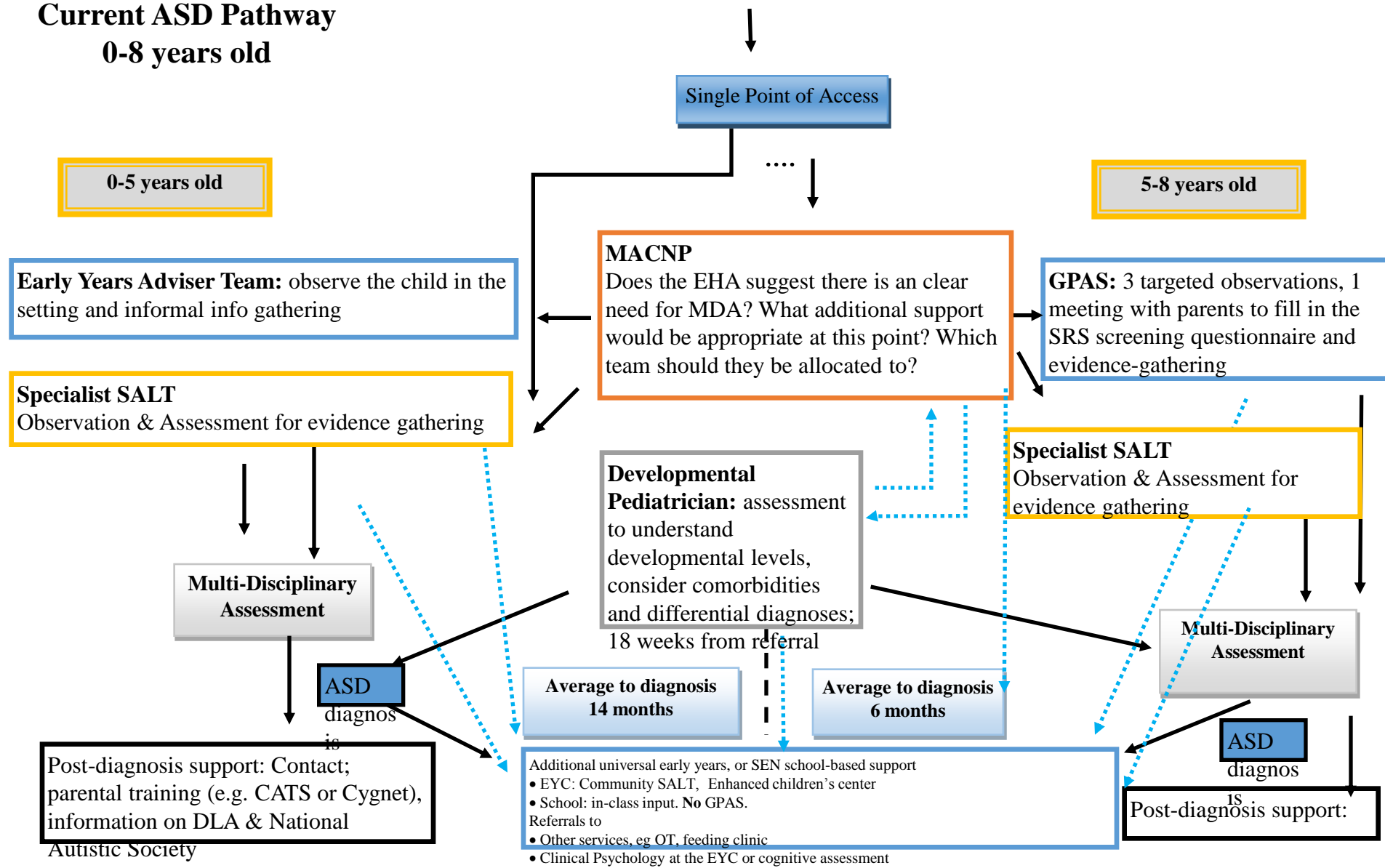
Developmental Difficulties

- Desire to follow their own agenda
- Language
- Integration of non verbal and verbal communication strategies
- Etc etc etc



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Current ASD Pathway 0-8 years old



Other considerations

HOME

- Caring benefits- DLA
- Respite
- Siblings support

PUBLIC

- Appointments
- School/Employment
- Outings
- Holidays
- The Law

contact *For families
with disabled children*

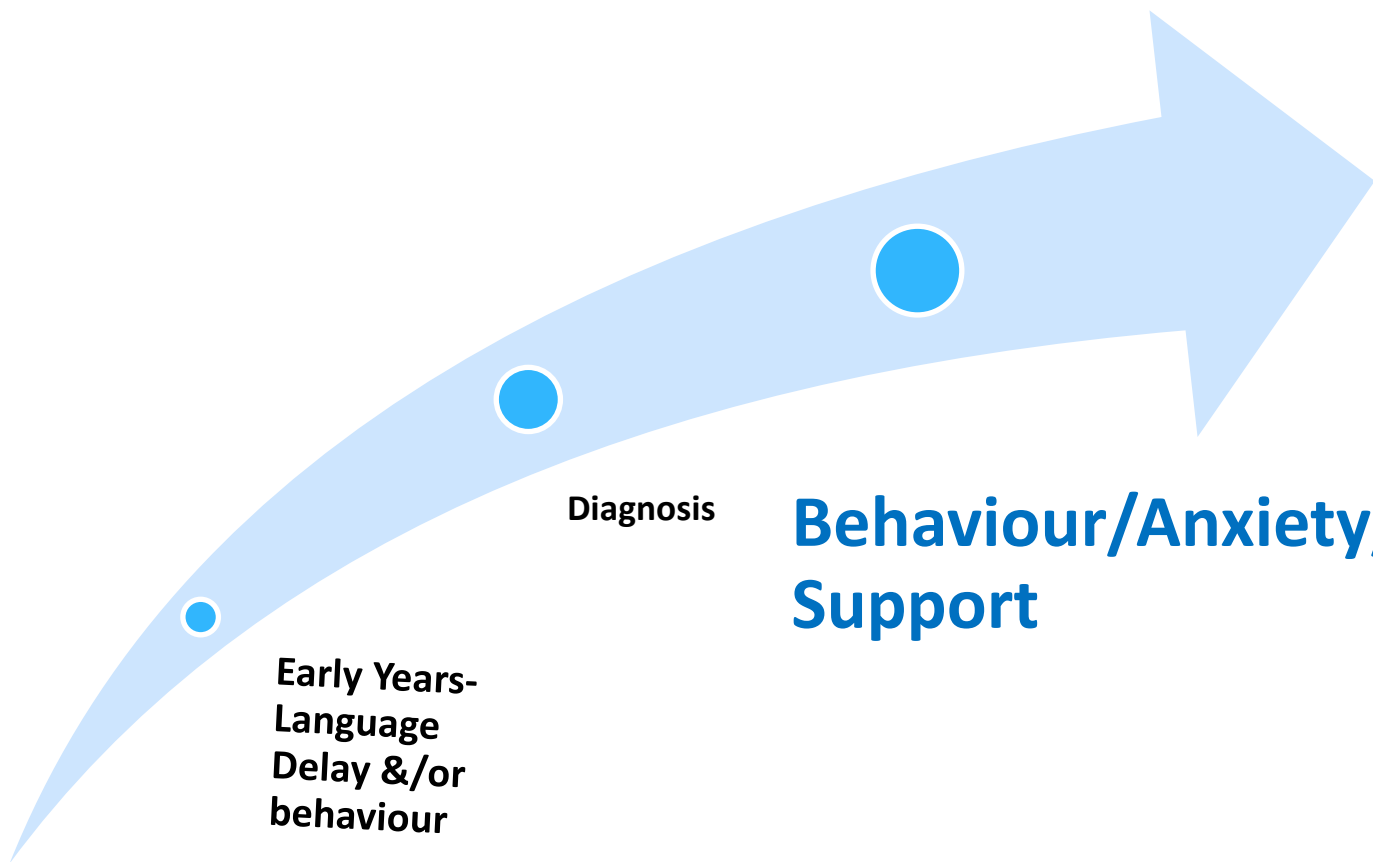


...and the most important intervention

Advice that goes a long way

- Relax and enjoy the family
- Look after yourselves, go out, take a break
- Set priorities
- Ask for help
- Do not compare

THE
FAMILY



Coexisting conditions



Some fairly common

- Language delay/impairment
- Behavioural difficulties and difficulties at school with transitions
- Academic attainment
- Feeding issues
- Sensory issues
- **Sleep difficulties**



Some coexisting conditions

- **Intellectual Disability**
 - 20% significant
- **Mental Health Disorders**
 - Anxiety
 - ADHD
 - ODD
- **Sensory Processing Disorders**
- **Epilepsy**
- **Genetics**
 - 2%-5% ASD Fragile X
 - Tuberous Sclerosis >25% ASD



THANK YOU FOR LISTENING



ANY QUESTIONS?

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