



ASD: Presentations within a family and ways to support therapeutically

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Overview of presentation

- ❖ Introductory assertions
- ❖ Why the development of resilience is significant for children and young people with ASD
- ❖ What is ASD ? (the SIGNS)
- ❖ Using knowledge of the condition for adaptive practice
- ❖ Conclusions
- ❖ References

Introductory assertions



There is currently not enough research to either count or discount the efficacy of a specific therapy . . . When adaptive practice has been made



The importance of language and terminology used when working with people with ASD



Autism Spectrum Disorder / ASC / Asperger's / Autism / Aspie / Autistic / NT



Autistic person / person with autism

Why the
development
of resilience is
significant for
children and
young
people with
ASD?

Resilience → 'the capacity to recover quickly from difficulties; toughness'

Statistics related to autistic children and young people

(ambitiousaboutautism.org.uk
and National Autistic Society –
February 2020)

There are around 100,00
children diagnosed with ASD
(arguably more undiagnosed)

Government statistics show
that children with a statement
of special educational needs
are six times more likely to be
excluded from school than
children with no special
educational needs

Primary school pupils with
special educational needs are
twice as likely as other children
to suffer from persistent
bullying.

17% of autistic children have
been suspended from school;
48% of these had been
suspended three or more times

What is ASD?



It is a relatively new diagnosis (1940's). However, there are biographical accounts that appear to list what we now know as ASD traits from the 16th century (Tantam, 2012)



It is a lifelong condition (NT / ASD within families)



It is a neurodevelopmental condition



It is a condition characterised by the 'dyad of impairments' (DSM-5)

THE SIGNS OF ASD

(ASDinfoWales.co.uk)

- ▶ S = Social Interaction and verbal communication are impaired
- ▶ I = Imagination, ideas and creativity are reduced
- ▶ G = Gestures and non-verbal communication are limited
- ▶ N = Narrow range of interests, routines and repetitive behaviours
- ▶ S = Sensory responses are unusual



Using knowledge of the condition for adaptive practice – some examples and suggestions

(Caveat: Not all adaptations will be suitable for all people)

Taking into account sensory preference



Try and find out if the child or young person is sensory avoidant or sensory seeking (if this information is available)



Can use this information when adapting the therapy room (dimming the lights / closing the blinds / turning a radio off / taking a ticking clock out of the room)



Using sensory toys as grounding objects (chewelry, fidget cubes, weighted blankets etc(!))

Mindfulness

Use of special interests in session



Find out what the child's/young persons interests are



Incorporate them into therapeutic work (! Only if the child chooses to – depersonalisation preference)



Add figures to therapeutic worksheets



Communicate via characters

Use direct communication during sessions



Avoid the use of non-verbal communication to emphasise meaning or understanding (it may not be shared).



Increased use of clarifying questions



(Is that how you see it?)



(What do you think I mean when I say that?)

Challenges with scaling / Alexithymia (Attwood & Garnett, 2016)



Use of imagination
and generalised
meaning



Make sessions as
predictable as
required



Look out for
challenges in
scaling

Conclusions

- ▶ Increased knowledge will support practitioners confidence in spotting the SIGNS and supporting children and young people with recognised neuro-difference
- ▶ Autism-aware practitioners can support clients to develop their coping strategies to deal with an ever-changing world. This will hopefully add to the maintenance and development of internal resilience