What is ASC?

What is ASC?

Autism influences how people experience and interact with the world. It is a lifelong neurodivergence and disability. Autistic people are different from each other, but for a diagnosis they must share differences from non-autistic people in how they think, feel and communicate.

Being autistic means you may feel things and react to them differently to non-autistic people. You may find socialising confusing or tiring, and you may become overwhelmed in loud or busy places. You may have intense interests, prefer order and routine, and use repeated movements or actions to calm yourself or express joy. You might mask your discomfort to fit in, which can lead to mental illness.

How many autistic people are there?

More than one in 100 people are autistic and there are at least 700,000 autistic adults and children in the UK. These numbers are not the same as the number of people with an autism diagnosis. They are based on research about the true figure, which is likely to be higher. More research is needed to know for sure.

- People of all ages, genders and ethnicities can be autistic. But people from marginalised groups can face more barriers to getting a diagnosis. This can be because of a lack of awareness about the true diversity of autistic people.

The Spectrum

Autism is understood as a spectrum. In the past, people thought the spectrum was a straight line between 'more' and 'less' autistic. This isn't right. Today we understand the spectrum to mean each autistic person has a unique combination of characteristics. Autistic people can be very different to each other, with different sets of strengths and challenges.

The presence or visibility of characteristics can vary a lot between autistic people. This can also change over time, in different situations or if the person is masking. It is important not to make assumptions about an individual autistic person's skills, abilities or support needs.

- Autism is not a learning disability or a mental health condition. But around a third of autistic people also have a learning disability. And autistic people are more likely to experience mental health problems.

Understanding autism

Our understanding of autism is evolving all the time. Most autistic people see being autistic as central to who they are. They may need support to succeed in a world designed for the needs of non-autistic people. But it is the barriers they face in society that are an issue, not being autistic. This is known as the ‘social model’ of disability.

- The medical texts that define the criteria for an autism diagnosis describe autism differently to how many autistic people and others describe it. These texts use words like ‘disorder’ that many people believe are inaccurate and offensive. Everyone’s brain is different. So a ‘neurodiversity’ approach views autism as a natural variation in people.

DSM- 5

- Deficits in nonverbal communicative behaviors used for social interaction.
- Deficits in social-emotional reciprocity.
- Deficits in developing, maintaining, and understanding relationships.

Language

- The ‘triad of impairments’ associated with autistic spectrum disorders means that three main areas are affected, each of which often links up with specific behavioural difficulties.

Communication

Autistic people may have different communication styles, skills and preferences to non-autistic people. They may use and understand words, tone of voice and body language, such as gesture and facial expressions, differently.

Some autistic people have intermittent, unreliable, limited or no speech. They may communicate in other ways, for example: in writing or sign language, through gesture or sounds, or by using Augmentative and Alternative Communication (AAC), such as picture cards and/or high-tech devices.

Communication

Adult Child Interaction (ACI)

ASC Top Tips

Communication

- Back up your spoken word with visual supports i.e. objects, photographs, pictures or written word.
- Give clear, slow, direct instructions.
- Give time for processing the spoken word – 10 second rule i.e. up to 10 seconds to respond.
- Avoid sarcasm, jokes and open ended questions.
- Provide a clear visual timetable of day's events.
- Be aware of literal interpretation of language e.g. "get a grip" "wind your neck in".

Communication

Behaviours and interests

A lot of medical and professional literature refers to these differences as 'restricted and repetitive behaviours and interests' (RRBIs). They must be seen as affecting 'everyday functioning' for a diagnosis to be made.

But many autistic people see these characteristics as positive and helpful. Some prefer to describe them as 'stimming' (stimulatory) or 'self-regulatory' behaviours – ways to keep calm and happy.

These include having or showing:

- **focused and dedicated interests** (such as a very strong passion for a hobby, an entertainment figure or series, a toy, or an academic interest)
- **repeated movements and behaviour** (such as hand flapping, hair twirling, spinning around, or listening to something on repeat)
- **preference for order, predictability or routine** (such as wanting to know what is going to happen in detail, for rules to be the same for everyone, having the same routine or meals each day, or needing a favourite toy to feel calm).

Communication

- **Always use their name** at the beginning so that they know you are talking to them.
- **Make sure they are paying attention** before you ask a question or give an instruction. The signs that someone is paying attention will be different for different people.
- **Use their hobbies and interests**, or the activity they are currently doing, to engage them.

Communication

Processing information

An autistic person can find it difficult to filter out the less important information. If there is too much information, it can lead to 'overload', where no further information can be processed. To help:

- say less and say it slowly
- use specific key words, repeating and stressing them
- pause between words and phrases to give the person time to process what you've said, and to give them a chance to think of a response
- don't use too many questions
- use less non-verbal communication (eg eye contact, facial expressions, gestures, body language)
- use visual supports (eg symbols, timetables, Social Stories) if appropriate

The Emotional Brain

- The **"thinking brain" (prefrontal cortex)** is more active, helping with focus and problem-solving.
- The 'Emotional Brain' **"emotional brain" (amygdala) -** is responsible for reactive decisions and fight or flight

Double Empathy Problem

- An introduction to the double empathy problem

Sensory processing

Autistic people can be much more or less sensitive than non-autistic people to the five main senses (sight, sound, touch, taste and smell) and senses for balance, movement, spatial awareness and awareness of internal states (such as hunger and temperature).

A person may be very sensitive to one kind of sensory input, but not at all sensitive to another. Their reactions can also change depending on the situation and environment.

- Sensory processing differences are not a standalone core characteristic. During diagnosis, these are considered part of 'RRBIs' (see Behaviours and interests above). This is because of the reactions they may cause (avoiding or seeking out sensory input or showing distressed behaviours).

Social interaction

- Autistic people might find it hard to engage in the back-and-forth nature of conversations. They may not instinctively know when to speak or how to respond appropriately.
- They may have difficulty grasping social rules and expectations, which can lead to misunderstandings or inappropriate behaviors in social settings.
- Building and maintaining friendships can be difficult due to challenges in initiating interactions and understanding others' perspectives.
- They may struggle with understanding verbal and non-verbal cues, such as tone of voice, facial expressions, and body language. This can make conversations challenging.
- Autistic individuals often take things literally, which can lead to confusion in conversations that involve idioms, jokes, or sarcasm.
- Social interactions can be anxiety-inducing, leading to avoidance of social situations altogether.
  Changes in routine or social settings can create stress, making social interactions even more challenging.

How to support social interactions

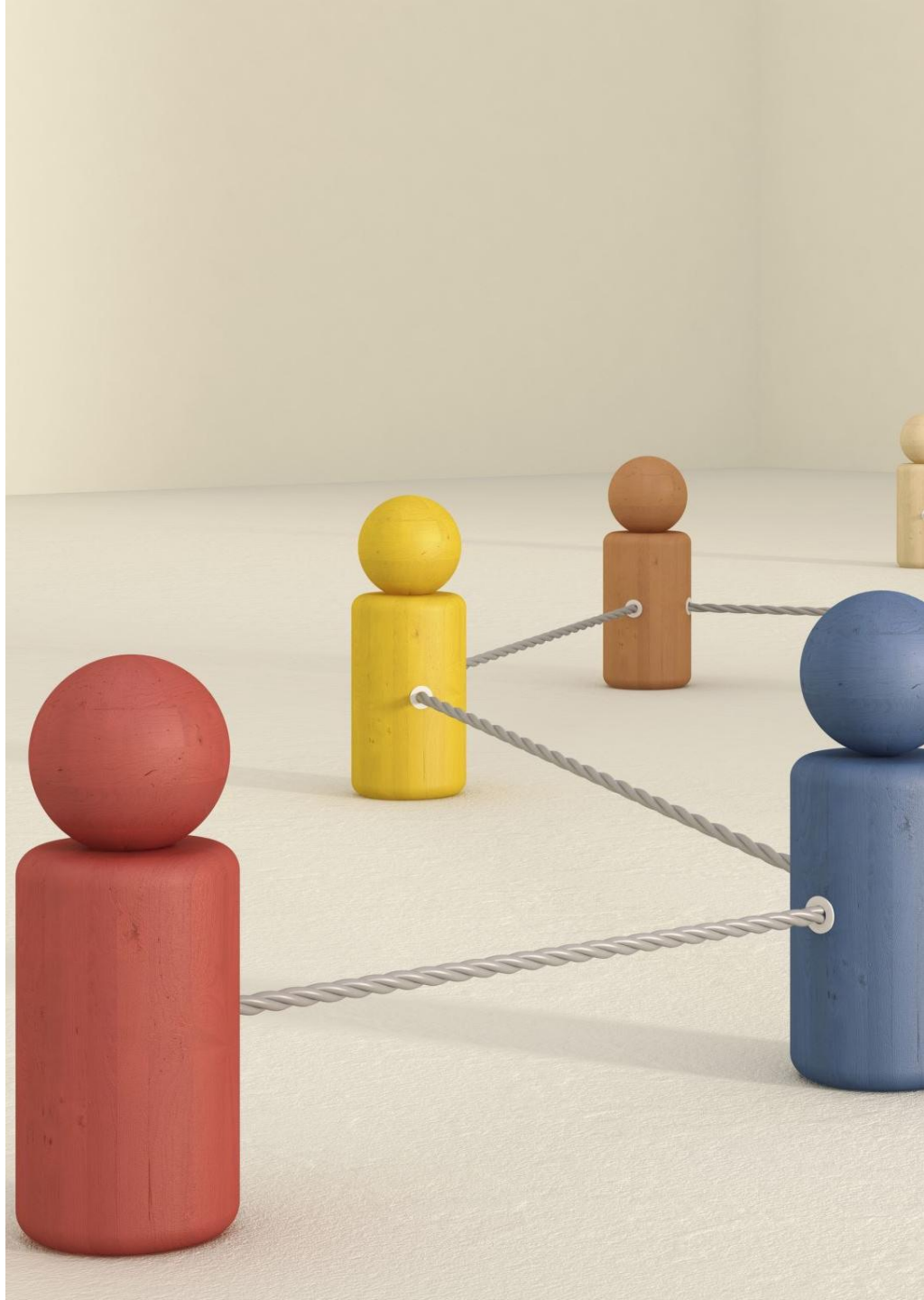
1. Create a Safe Environment- Establish a comfortable and non-judgmental space where individuals can practice social interactions without fear of criticism

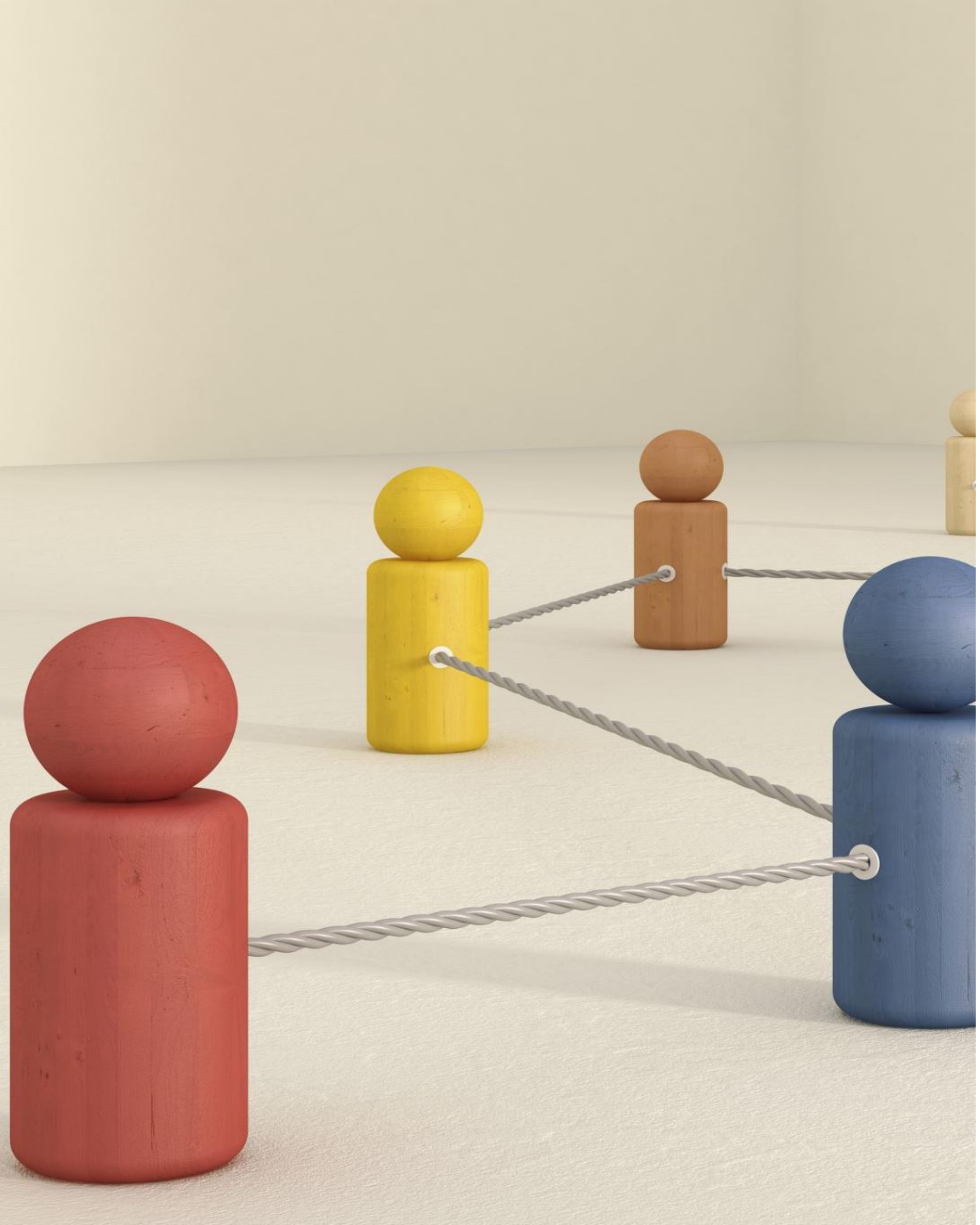
2. Model Social Behaviours: Demonstrate appropriate social interactions through role-playing or by engaging in conversations. This helps them observe and learn from real-life examples.

3. Use Visual Supports: Visual aids, such as social stories, charts, or video modelling, can help explain social situations and expectations.

4. Practice Social Scenarios: Engage in structured practice sessions where specific social situations are simulated. This can help them learn how to respond in various contexts.

5. Encourage Peer Interactions: Facilitate opportunities for socialization with peers who are understanding and patient. Group activities can provide a low-pressure environment to practice skills





How to support social interactions

6. Teach Communication Skills: Focus on both verbal and nonverbal communication. This includes understanding body language, facial expressions, and tone of voice.

7. Promote Empathy and Perspective-Taking: Use discussions and activities that encourage understanding others' feelings and viewpoints, which can enhance social interactions.

8. Set Realistic Goals: Work together to create achievable social goals. Celebrate small successes to build confidence.

9. Provide Feedback: Offer constructive feedback in a supportive way. Highlight what was done well and areas for improvement.

10. Be Patient and Understanding: Recognize that learning social skills can take time and that every individual progresses at their own pace.

By implementing these strategies, you can help autistic individuals build their social skills and foster more meaningful connections with others.

Diagnosis – the process

If parents have concerns, please speak to your child's class teacher, share concerns, ask questions, ask how your child is supported in the class.

Support at home- use the different strategies shared today and last week. Further information on next session.

Support at school – Speak with SENCo

School completes a referral form with information gathered from home and school. This is assessed by CDT, they decide if an assessment is needed.

Other professionals

Speech and language service

Pedestrians

OT

Physio

Educational Physiologist

EHC Team

Support

- Local offer
- Carers of Barking and Dagenham
- Sycamore Trust
- DLA
- AET

Monotropism

An introduction to monotropism