

Understanding ASD's and ADHD

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Autistic Spectrum Disorders

- These include:
 - Autism
 - Asperger's Syndrome
 - Rett's Disorder
 - Childhood Disintegrative Disorder
 - Pervasive Developmental Disorder-NOS

ASD's Made Simple

- Neurobiological conditions
- Life-long conditions
- No cure
- Are a “spectrum” disorders
 - No two people are alike

Diagnosis of ASD's

- Diagnosis is best made by a multi-disciplinary team
- The HSE and your local GP are the first stop
- Private providers can be helpful but costs are high
- Be sure your provider has expertise in autism

Treatment of ASD's

- Speech therapy is often necessary and is critically important from an early age
- Psychological assessment is important
beware of spuriously low results
- OT is often necessary (from an OT with experience in sensory integration issues)
- Educational interventions are necessary

Family Issues

- High degree of maternal depression
- High number of separations/divorce
- Great stress on siblings
- Difficulty accessing resources
- Tremendous stress as a result of behavioural issues
- Financial difficulties result from accessing services privately

Family Issues-2

- Support groups are greatly helpful
- Support services are available free of charge at:

Owen Connolly Counselling Centre

297 Beechwood Court

Stillorgan, Dublin

01 2100600

Geraldine Graydon

Family Issues-3

Free informational seminars are on offer at:

Connolly Counselling Centre
Stillorgan

www.counsellor.ie

Click on events link

The Triad of Impairment

- All people with an ASD have impairment in:
 - Social Interaction
 - Communication
 - Thinking and behaving

Social Interaction

- **The aloof group**

This is the most common type of social impairment. Behavior may include:

- Behaving as if other people do not exist;
- Little or no eye contact made;
- No response when spoken to;
- Faces empty of expression except with extreme joy, anger or distress;
- No response to cuddling;
- If something is wanted, carers' hands may be pulled towards the object;
- May respond to rough and tumble play well, but when this stops return to aloof pattern;
- Seem to 'be in a world of their own'.

Social Interaction-2

The passive group

Least common group, features include:

- The child accepts social approaches;
- May meet the gaze of others;
- May become involved as a passive part of a game.

Social Interaction-3

The active but odd group

Children of this group make active approaches to others but make that contact in strange ways, including:

- Paying no attention to the other party;
- Poor eye contact although sometimes may stare too long;
- May hug or shake hands too hard.

Social Interaction-4

The over-formal, stilted group

Seen in later life, this behavior is common in the most able person with autism. The following characteristics tend to be displayed:

- Excessively polite and formal;
- Have a good level of language;
- Try very hard to stick to the rules of social interaction without really understanding them.

Communication

Using speech

Kanner highlighted the delay or absence of speech in his diagnosis. Use of speech varies from not at all (in 20% of cases) to a very good level of language. Common speech problems include:

- Repeating words spoken to them (echolalia);
- Asking for things by repeating a phrase they associate with the action e.g. 'Do you want a cup of tea' instead of 'I want a cup of tea';
- Missing linking words out of sentences such as 'in' 'on' 'because' 'under.' So, for example a child may say 'go car shop' missing out the joining words;
- Explaining in greater detail than is necessary;
- Long replies to questions spoken as if learnt from a book.

Communication-2

Understanding speech

So, as speech varies, so does understanding of speech. Even in the worst cases, most people with autism can understand some speech. Difficulties arise in a number of situations:

- When objects have more than one name such as a bowl (washing up or eating from?);
- Confusion between the sound of a word e.g. meet and meat;
- Literal interpretation can be problematic. Imagine if you took phrases like 'it's raining cats and dogs' or 'have you lost your tongue' literally;
- Humour, especially that which relates to verbal ambiguity can be difficult for a person with autism.

Communication-3

Intonation and voice control

There are a number of characteristics that relate to the way speech is made which can be found in a person with autism. These include:

- Problems with volume - sometimes too loud; often too quiet;
- The voice may sound mechanical or monotonous;
- Enunciation of words can be over-emphasised.

Communication-4

Using and understanding non-verbal communication

Speech is only one of a variety of ways in which people communicate, all sorts of gestures accompany speech including subtle eye movements, arm and hand movements and posture changes. People who are not autistic but have an impairment in, say, speech are able to use other ways of communicating. However people with autism have a fundamental impairment in communication, which goes beyond just speech.

Thus a person with autism is unlikely to develop additional communication skills and whilst some of the more severely impaired can learn some manual sign language they will never use them spontaneously.

Thinking and Behaviour

- As we have already seen, one of the characteristics of autism is the inability to play or engage in imaginative activities. So a toy truck becomes a play thing only in as much as the spinning of a wheel provides stimulation. Some more able people with autism develop a sequence of events which appear to be play but close observation shows the sequence is often repeated over and over again.
- The lack of imaginative play leads on to limited or no understanding of other people's emotions so people with autism find difficulty in sharing happiness or sorrow with others.
- Many people with autism find their pleasure in special interests.

Thinking and Behaviour-2

Repetitive stereotyped activities

Many people with autism display stereotyped activities. These range from the simple such as:

- Tasting, smelling, feeling or tapping different surfaces;
- Listening to mechanical noises such as washing machines;
- Switching lights on and off;
- Spinning objects;
- Head banging.

Thinking and Behaviour-3

These simple stereotypies may last until adulthood. More complex stereotyped behaviors include:

- A complex sequence of bodily movements;
- Placing objects in long lines that cannot be moved;
- Extensive bedtime routines;
- The family sitting in exactly the same places at mealtimes;
- Attachment to strange objects such as pieces of string or leaves;
- Collecting strange objects such as tins of polish;
- In more able people with autism, fascination with the weather, timetables, train numbers, etc, etc may be found.
- Many of the above do not extend into adulthood. However, fascination with numbers and sequences can often continue.

Other Features of Autism & ASD's

Lorna Wing observes a number of additional features which in themselves are not universal and not critical for diagnosis. These include:

- Stereotyped movements - such as finger flapping, arm waving, jumping, head rolling and walking on tiptoe;
- Abnormalities of gait and posture are sometimes seen - where the child may not swing his/her arms properly when walking, may hold their hands out when walking or may bend their fingers or arms in unusual ways;
- The person with autism may have marked difficulties with physical education and games. This is especially the case with team sports.

Other Features-2

Responses to sensory stimuli

- People with autism may react to sound and visual stimuli in unusual ways:
- A person with autism may not react to a very loud noise but will respond to a favorite theme tune or a food being prepared;
- Some children with autism can display unusual abilities to move and find objects in near darkness and some may show distress when exposed to very bright lights;
- Sensitivities to smell, taste and certain textures have been noticed and some people with autism display indifference to pain;
- Feeding difficulties can occur, such as the child who would only eat white coloured food.

Other Features-3

Inappropriate behavior

- Inappropriate, difficult behavior is frequent in children with autism. This may manifest itself in a number of ways:
- Confusion and fear of unfamiliar circumstances;
- Restlessness, destructive and aggressive behavior can occur;
- Screaming in public can happen as can temper tantrums;
- People with autism generally will not lie so if they see what they consider to be an ugly baby or a very short person they may well point this out!

Interventions for ASD's

- Medical
- Educational
- Familial
- Social
- Vocational
- Living

Rett's Disorder

- Neurodevelopment/neurobiological condition
- Mainly effects girls
- Normal development for 1st 18 months
- Gradual loss of function after that
- Life span in girls up to apx age 40

Rett's Disorder-2

Similar to autism:

- screaming fits
- [panic attack](#)
- inconsolable crying
- avoidance of eye contact
- lack of social/emotional reciprocity
- general lack of interest
- markedly impaired use of nonverbal behaviors to regulate social interaction
- loss of speech
- Balance and coordination problems, including losing the ability to walk in many cases

Rett's Disorder-3

Similar to Cerebral Palsy:

- possible short stature, and/or might be unusually proportioned because of difficulty walking or [malnutrition](#) due to [difficulty swallowing](#).
- [hypotonia](#)
- delayed or absent ability to walk
- gait/movement difficulties
- [ataxia](#)
- [microcephaly](#) in some - abnormally small head, poor head growth
- some forms of [spasticity](#)
- [chorea](#) - spasmodic movements of hand or facial muscles
- [dystonia](#)
- [bruxism](#) - grinding of teeth

Childhood Disintegrative Disorder

- A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

neither desires nor enjoys close relationships, including being part of a family

almost always chooses solitary activities

has little, if any, interest in having sexual experiences with another person

takes pleasure in few, if any, activities

lacks close friends or confidants other than first-degree relatives

appears indifferent to the praise or criticism of others

shows emotional coldness, detachment, or flattened affectivity

Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder and is not due to the direct physiological effects of a general medical condition.

Autism Advice Centre in Stillorgan

Connolly Counselling Centre offers:

Supportive family advisement services under the
auspices of Autism LifeCare Trust

This service is free!

www.counsellor.ie

Phone: 01 2100600

Director of Family Support: Geraldine Graydon

Attention Deficit Hyperactivity Disorder

- Neurobiological
- Life-long
- No cure
- Good treatment available
- Symptom picture changes across life span

Three Subtypes

- Primarily Inattention-boys=girls
- Primarily Hyperactive-Impulsive-boys>girls
- Combined-boys>girls

Aetiology

- Largely genetic
- 80% heritable
- Therefore 20% of unknown cause

Diagnosis

Must be significant impairment in at least two of the following settings:

- School
- Home/family
- Community
- Work (for adults)

Treatment

- Medical
- Educational
- Familial
- Community

Diagnosis-2

- Symptoms occur before age 7
- Symptoms last in excess of 6 months
- Not occurring with a PDD/ASD, schizophrenia, or psychosis

Inattention

- often fails to give close attention to details or makes careless mistakes in homework, work, or other activities
- often has difficulties sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- often has difficulties organizing tasks and activities
- often avoids, dislikes or is reluctant to engage in tasks that require sustained mental efforts
- often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books)
- is often easily distracted by extraneous stimuli
- is often forgetful in daily activities

Hyperactivity/Impulsivity

Hyperactivity

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often "on the go" or often acts as if "driven by a motor"
- often talks excessively

Impulsivity

- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupt or intrudes on others (e.g. butts into conversations or games)

Prognosis

- Good with intervention
- Poor without recognition and intervention
- Risk factors:
 - Drug/alcohol abuse
 - Educational failure
 - Employment difficulties
 - Relationship difficulties
 - Depression, anxiety, low self-esteem

Adults with ASD/ADHD

- Clinical services are available
Dean Clinic Capel St.

Private services are available as well

Be sure your clinician has extensive experience
with ASD/ADHD in adolescents and adults

Positive Side of ADHD

Adults with ADHD are:

multitaskers

flexible

optimistic

inquisitive

inventive

passionate

creative

fast thinking

tenacious

outgoing

hardworking

talented

personable

charming

risk takers

insightful

spontaneous

fun

innovative

responsive

adaptable

Positive Side of Asperger's

- People with Asperger's are:

Trustworthy

talented

Reliable

extreme endurance

Free of prejudice

enthusiastic

High integrity

focus on detail

Intelligent

positive work ethic

HADD Family Support Group

Carmichael House

01 8748349

Carmichael Centre for Voluntary Groups

Carmichael House

North Brunswick Street

Dublin 7

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My Book

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