

Fall Lunch & Learn Series 2023

**Autism Spectrum Disorder: What it is and how to
accommodate/support students with the condition**

Thursday September 21st | 12pm to 1pm

**Accommodating and Supporting Students with Specific Mental
Health Disorders**

Thursday October 19th | 12pm to 1pm

Tricky Accommodation Issues

Thursday November 23rd | 12pm to 1pm



Autism Spectrum Disorder

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Fall Lunch & Learn Series
September 20, 2023



Outline

- Overview of the ARCs
- Autism Spectrum Disorder (ASD)
 - What is it?
 - How common is it?
 - Common co-morbidities
 - Assessment resources
 - Interventions & Accommodations



Regional Assessment Resource Centre (RARC)

RARC is a Centre of Excellence housing clinical psychologists, educators, transition specialists and researchers.

Services provided under 4 pillars:



Transition



Research



Training



Assessment

What is Autism Spectrum Disorder?

- A neurodevelopmental disorder that affects communication, reciprocal social interactions, play, interests, and behaviour
- Highly heritable and heterogeneous neurodevelopmental disorder that has underlying cognitive features and commonly co-occurs with other conditions.
- Symptoms present prior to 3 years of age and diagnosis is (most often) lifelong
- Symptoms and behaviours change with development
- Causes considerable impairment at all stages, impacting social relationships, academic functioning, occupational opportunities, and the ability to engage in activities of daily living
- Found in all cultures and economic groups



Changes from DSM-IV-TR to DSM-5

DSM-IV-TR	DSM-5
Autistic Disorder	Autism Spectrum Disorder
Asperger's Disorder	
Rett's Disorder	Social (Pragmatic) Communication Disorder
Childhood Disintegrative Disorder	
PDD- Not Otherwise Specified	

DSM-5 Diagnostic Criteria

Symptoms in two core areas (removal of language delay):

- A.** Persistent **deficits in social communication and social interaction** across multiple contexts, as manifested by the following, currently or by history:
- **Deficits in social-emotional reciprocity** (for example, abnormal social approach and failure of normal back-and-forth conversation; reduced sharing of interests, emotions, or affect; failure to initiate or respond to social interactions)
 - **Deficits in nonverbal communicative behaviours** used for social interaction (for example, poorly integrated verbal and nonverbal communication; abnormalities in eye contact and body language or deficits in understanding and use of gestures; total lack of facial expression and nonverbal communication)
 - **Deficits in developing maintaining and understanding relationships** (for example, difficulties adjusting behaviour to suit various social contexts; difficulties in sharing imaginative play or in making friends; absence of interest in peers).

DSM-5 Diagnostic Criteria

- B. Restricted repetitive patterns of behaviour, interests, or activities**, as manifested by at least two of the following, currently or by history:
- **Stereotyped or repetitive motor movements, use of objects, or speech** (for example, simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases)
 - **Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour** (for example, extreme distress at small changes, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day)
 - **Highly restricted, fixated interests** that are abnormal in intensity or focus (for example, strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)
 - **Hyper- or hypo-reactivity to sensory input or unusual interest** in sensory aspects of the environment (for example, apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement)

Autism Spectrum Disorder

- Symptoms ***must be present in the early developmental period***
- Symptoms ***cause clinically significant impairment in:***
 - Social,
 - occupational,
 - or other important areas of functioning
- The disturbances are ***not better explained by intellectual disability (ID) or global developmental delay.***
 - Note: ID and ASD frequently co-occur; to make comorbid diagnosis, social communication should be below that expected for general developmental level.

Autism Spectrum Disorder

- **Specifiers:**
 - With or without accompanying intellectual impairment
 - With or without accompanying language impairment
 - Associated with a known medical or genetic condition or environmental factor
 - Associated with another neurodevelopmental, mental, or behavioural disorder
 - With catatonia

Autism Spectrum Disorder

- Also, specify **severity level**:
 - **Level 1** “requiring support”- Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions and may appear to have decreased social interest. Inflexibility of behaviour causes significant interference in one or more contexts.
 - **Level 2** “requiring substantial support”- Marked deficits in verbal and nonverbal social communication skills. Inflexibility of behaviour, difficulty coping with change, or other restricted/repetitive behaviours appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts.
 - **Level 3** “requiring very substantial support”- Severe deficits in verbal and nonverbal communication skills cause severe impairments in functioning, very limited social interactions, and minimal response to social overtures. Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/repetitive behaviours markedly interfere with functioning in all spheres.



Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Combined Prevalence per 1,000 Children (Range Across ADDM Sites)	This is about 1 in X children
2020	2012	11	27.6 (23.1-44.9)	1 in 36
2018	2010	11	23.0 (16.5-38.9)	1 in 44
2016	2008	11	18.5 (18.0-19.1)	1 in 54
2014	2006	11	16.8 (13.1-29.3)	1 in 59
2012	2004	11	14.5 (8.2-24.6)	1 in 69
2010	2002	11	14.7 (5.7-21.9)	1 in 68
2008	2000	14	11.3 (4.8-21.2)	1 in 88
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2000	1992	6	6.7 (4.5-9.9)	1 in 150

Prevalence

Identified
Prevalence of
Autism Spectrum
Disorder
ADDM Network
2000-2020
Combining Data
from All Sites

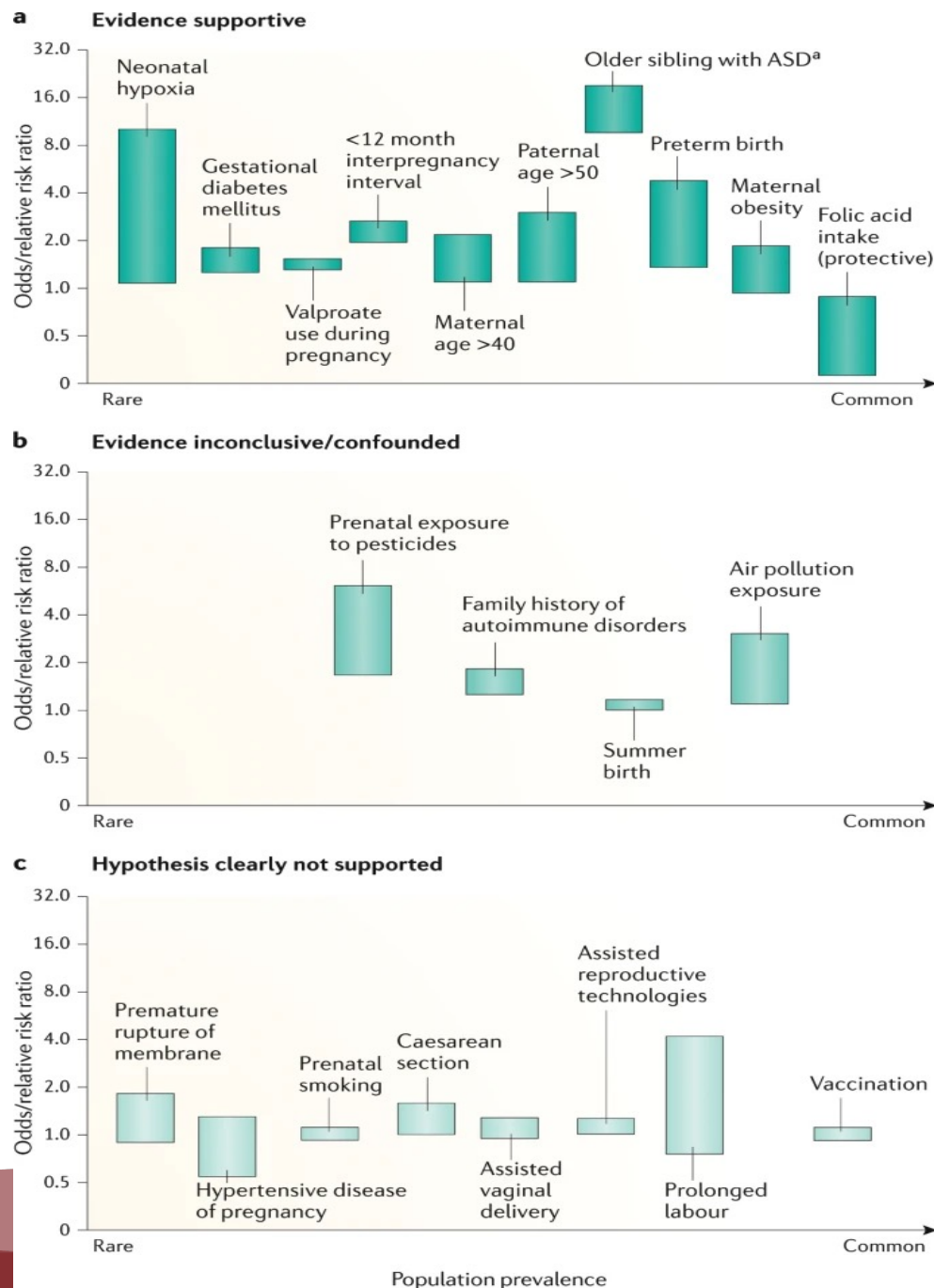
Autism and
Developmental
Disabilities
Monitoring Networ
k, CDC

Environmental Risk Factors for ASD

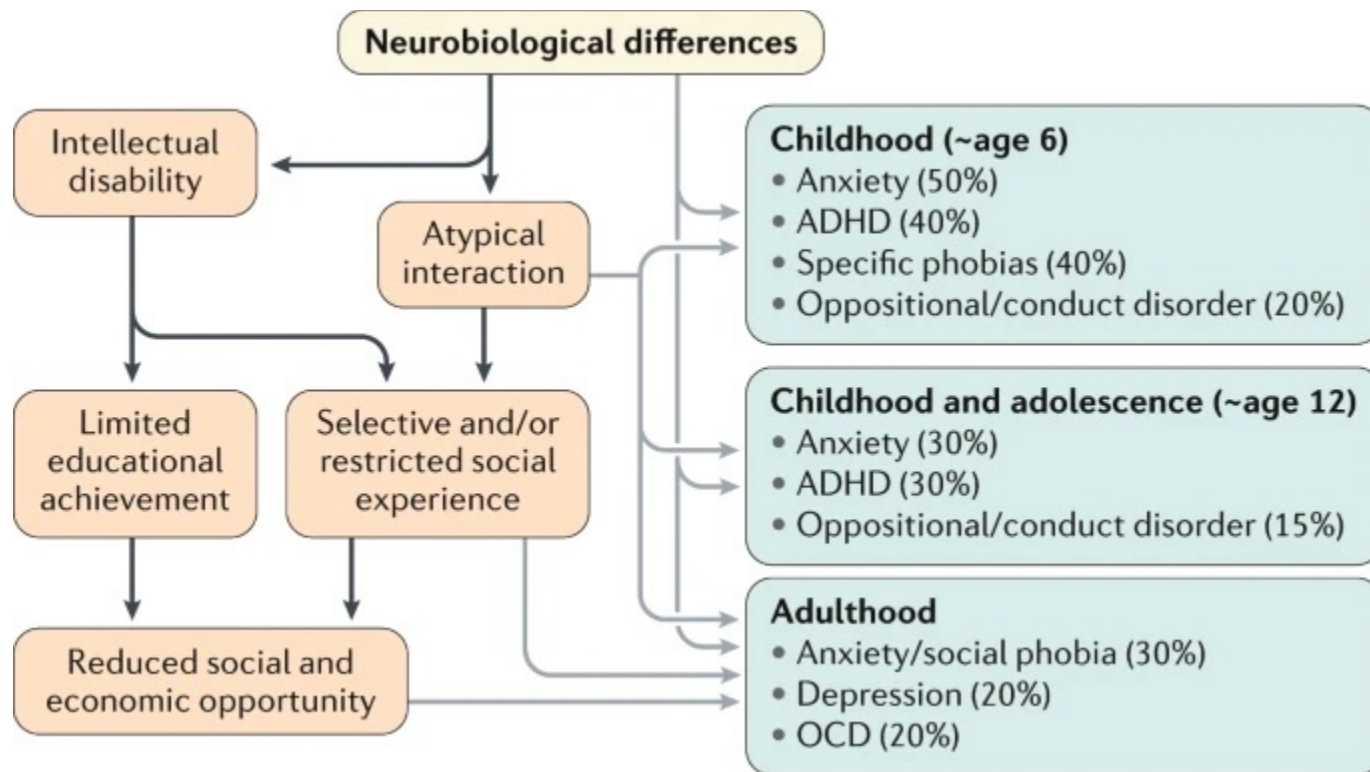
Lord, C., Brugha, T.S., Charman, T. *et al.*

Autism spectrum disorder. *Nat Rev Dis Primers* 6, 5 (2020).

<https://doi.org/10.1038/s41572-019-0138-4>



Common Comorbidities



Lord, C., Brugha, T.S., Charman, T. *et al.* Autism spectrum disorder. *Nat Rev Dis Primers* 6, 5 (2020). <https://doi.org/10.1038/s41572-019-0138-4>

Common Comorbidities

- Also...
 - Intellectual Disabilities
 - Language delays
 - ADHD
 - Learning Disabilities
 - Developmental Coordination Disorder
 - Dysgraphia
 - Sleep problems



Where to Refer:

- If symptoms/behaviours affecting the student's ability to access the PSE curriculum, should be referred to Accessibility Services who can refer to RARC for assessment. Can be funded by BSWD.
- If not impacting their academic functioning, may wish to pursue assessment for personal interest or to explain some non-academic challenges experienced. Can refer to list of practitioners compiled by Autism Ontario:
<https://www.autismontario.com/programs-services/adults/adult-diagnosis>

Diagnostic Assessment

- Three main components in ASD assessment:
 - Thorough and detailed developmental history, including both subjective and objective information
 - Clinical observation, as well as behavioral information from across environments
 - Psychometric assessment to determine the severity of intellectual and speech/language delays, as well as to explore executive dysfunction and determine impact on academic functioning. Cognitive and psychological testing is also required to rule out another reason for their presentation, as well as to “rule in” co-morbid disorders.



Interventions

- As individuals with autism progress into and through adulthood, the focus of management shifts from treating the core symptoms of autism to addressing associated symptoms or behaviours and promoting independence.
- Therefore, interventions should be recommended to address areas of impairment. These might include:
 - **Speech and language therapies** to improve language and communication skills
 - **Occupational therapies** to improve any fine- or gross-motor delays, as well as to address sensory processing issues
 - **Behavioural interventions** to improve adaptive behaviours and minimize maladaptive behaviours
 - **Counselling/therapy** to improve social skills and address any co-morbid concerns
 - **Medication** can be helpful to address cognitive rigidity, self-injurious behaviours, and behavioural issues (typically atypical antipsychotics) and/or co-morbid disorders (typically stimulants or anti-depressants)



ASD in Post-Secondary

- The characteristics of post-secondary students with ASD can be diverse and paradoxical.
- They may possess significant strengths such as a strong memory, original and creative thought patterns with good attention to detail, and a single-minded and determined nature, coupled with intense narrow interests (Drake, 2014a, Gobbo and Shmulsky, 2012).
- However, co-occurring atypical communication and social behaviours, an aversion to change and restricted interests (*The Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) may negatively impact these strengths.



ASD in Post-Secondary

- Common challenges include:
 - Struggling to **understand abstract or ambiguous concepts** (Anderson, Stephenson, & Carter, 2017)
 - Difficulties expressing their thoughts in **writing** (Anderson, Stephenson, & Carter, 2017)
 - Poor concentration and organizational skills, and becoming **overwhelmed** by the volume of work (Shmulsky and Gobbo, 2013)
 - Difficulty with **asking questions** in class or conversing with other students (Van Hees, Moyson, & Roeyers, 2015) or alternatively being excessively talkative and disruptive, asking a series of irrelevant questions (Taylor et al., 2008)
 - Difficulty with **daily living skills** (e.g., Simmeborn Fleischer, 2012)
 - **Mental health** issues (e.g., Knott & Taylor, 2014)
- In general, research suggests that students with ASD possess a fairly unique profile of challenges and needs compared to students with other disabilities (Elias and White 2017).
- As such, the accommodations typically granted to students with learning disabilities (e.g., extra time on exams, or separate test rooms), may not be as helpful for students with ASD or fully meet their needs (Brown et al. 2014).



Accommodations in Post-Secondary

- Encouragement to participate in **transition programs** such as Project DARE and Make the Cut, which encourage students with ASD to get to know the post-secondary institution, connect with a counsellor and other staff, to promote a greater comfort level when they arrive in September.
- Encourage students to **reduce courses early**, if they have too much on their plate or are experiencing far too much anxiety. Success at a few courses is a better outcome than low or failed grades resulting from a far too heavy course load.
- Recommend regular access to the **Learning Strategist** to ensure appropriate study, time management, and organization skills.
- Recommend that the student connect with on-campus **counselling** services to address any social difficulties and/or co-morbid psychological difficulties.
- Encourage students to **join clubs/activities** that are of interest to the student to promote prosocial interactions in a semi-structured environment
- Recommend **accommodations to address any co-morbid issues**



Questions?



HIDC 2024- SAVE THE DATE!

- 3rd High Incidence Disabilities Conference will be held **May 2 & 3, 2024 in Toronto, Ontario.**
- This year's theme: **Navigating Assessment, Academic Accommodations, and Post-Secondary Supports in a Changing World.**
- Currently accepting proposals for speakers.
- <https://www.queensu.ca/rarc/training/workshops-and-conferences> for more information.



Thank You!

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