



Supporting Autistic Adults

An Introduction for
Health and Social Care Practitioners

Overview

This learning tool has been developed to support professionals working with adults with autism spectrum disorder. Based on the identified needs of professionals in Wales, and recommendations from the National Institute of Care and Excellence (NICE), this learning tool provides a useful introduction, and should be used as a precursor to more in depth training.

After completing this learning, you are invited to complete the certification scheme at www.AutismWales.org, after registering you will be prompted to answer 20 multiple choice questions.

Successful completion of these will prompt download of your certificate.

Many resources to support the recommendations made in this learning tool are available at www.AutismWales.org, we have marked these with a * to help you.

Autism is a 'hidden disability', meaning it is not easy to recognise when someone has the condition. When you see the following pattern (on a wristband, card or mobile device) it means someone has autism and wants you to know so that you can support them:



Individuals with autism have difficulty in accessing services. Support from staff can make a huge difference, understanding autism has the power to change lives. The information to follow is provided to help you to understand autism and ways in which you can support children and adults with the condition to access your provision.



This learning tool aims to improve knowledge and understanding of ASD, and also to provide practitioners with advice about how to adapt their interactions and practice. These have been colour coded throughout as follows:

Knowledge Development

Practitioner Advice

Adapting Your Practice

It is estimated that 1 in every 100 people in the UK have an Autism Spectrum Disorder (ASD)

ASD is a lifelong condition and affects people from all backgrounds.

ASD affects more males than females, though we are aware that many females with an ASD are overlooked

Many adults with an ASD have not been diagnosed, and therefore may not realise they have the condition.

Individuals with an ASD are more likely to experience mental health issues

Autism Spectrum Disorders are also known by other names, including:

Autism

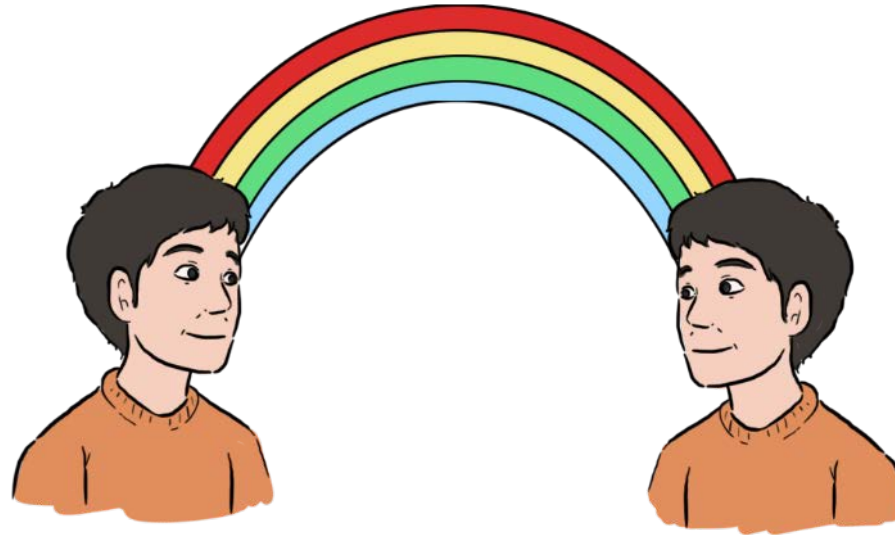
Asperger's Syndrome

Autism Spectrum
Conditions

Childhood Autism

Pervasive
Developmental Disorder

We refer to an Autism 'Spectrum' because of the way in which the condition affects individuals can vary



On one end of the spectrum people with an ASD may have an additional learning disability and be more severely impaired.

On the other end individuals may have an average or above average intellect and may function at a higher level, but still experience difficulties.

Individuals with an ASD have impairments in the following areas:



Social Communication



Social Imagination and
Flexibility of Thought



Social Interaction

And may also demonstrate:



Restricted or repetitive
patterns of behaviour



Restricted, repetitive
interests or activities



Unusual sensory
responses

Many adults with ASD are not diagnosed or are misdiagnosed.

They may present to services with support needs, but have an underlying ASD that has not been recognised – these may present as:

Mental health issues or other neurodevelopmental disorder

- Including anxiety, depression, psychosis and ADHD.

Unusual level of distress caused by a change or changes

- Including house move, change of job, loss of a loved one as well as day to day changes.

Difficulties in accessing or sustaining employment or education

- Including never being in education, training or employment, lack of awareness of how to obtain employment, capability issues in employment.

Issues stemming from problems with social communication and interaction

- Including problems stemming from misunderstandings, arguments, literal communication, including inability to resolve conflict and not being able to adapt behaviour to different contexts. May include legal issues.

Rigid and repetitive behaviours

- Including odd or unusual activities and mannerisms, OCD type presentations, unusual highly focussed interests which may seem odd.

Autism – do you know the signs?

Older Adolescents and Adults

Social Interaction and Verbal Communication

Repeating certain words or phrases over and over again ("echolalia")

**"echolalia
echolaliaecholalia
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echolalia"**

Talks excessively about topics of own interest

Takes things literally, struggles with sarcasm and metaphor

Limited use of language



Does not seek comfort when in pain or distress

Talks 'at' others rather than sharing a two-way conversation



Does not offer comfort to others

Indifferent to, or no interest in, age peers

Approaches others in one sided way or on own terms

Can be over-formal or over-familiar

Does not respond to greetings and farewells

Emotional responses to others are inappropriate, rude and unsympathetic

Unaware of other's feelings

Finds making and keeping close friendships difficult



Does not 'share' interests or enjoyment with others

Problems with turn-taking or team activities

Makes comments without awareness of social niceties or hierarchies

Does not spontaneously join in or interact with others of same age

Finds it difficult to sustain employment or education

Imagination, ideas and creativity

Imaginary activities not shared with others or else passively follows another's imaginative theme or insists that others follows his/her own themes and rules.



Reduced or no imagination

Reduced creativity, limited or repetitive fantasy world or role play

Interested only in non-fiction, and not in fictional stories/films

Difficulty with future thinking



Experiences difficulties with problem solving

Finds it difficult to predict intentions of others/ cannot imagine characters intentions in story/film

Unable to foresee the consequences of own actions on other people

Struggles to 'read between the lines'



Unable to adjust behaviour to expectations or predicted reactions of others

Gestures and non verbal communication



Lack of spontaneous gesture that expresses emotion (e.g. putting arm around someone)



Lack of pointing to show objects and share interest

Reduced or unusual eye contact



Odd or flat/monotonous tone of voice



Poorly integrated gestures, facial expression, proximity, body language or eye contact when having conversations

Lack of social smile

Narrow range of interests, routines and repetitive behaviours

Displays repetitive behaviours or rituals that negatively affect daily activities



Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing, spinning, finger flicking

Arranges objects in patterns or lines and dislikes these to be disturbed

Self-chosen activities are limited and unchanging

Dislike of change, which can lead to anxiety or aggression



Insists on following own agenda

Over-focused, unusual or highly specific interests and hobbies

Prefers familiar routines, likes things to be 'just right'

Has strong adherence to rules or fairness that leads to arguments

Sensory responses

Unusual sensory responses to sound sight, touch, taste, smell, movement and/or pain



Individuals with an ASD have impairments in social communication.

The way in which the person is affected varies. These impairments can include difficulties in using and understanding:

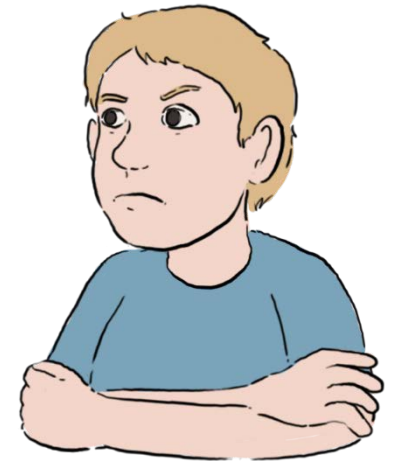
speech

gestures

eye contact

tone of voice

language



How this impacts on day to day life:

Someone with ASD may not be able to use gesture or interpret others gestures.

In order to understand when someone is being sarcastic, we analyse many non verbal cues. This means that people with ASD may struggle to recognise and appreciate sarcasm.

We often rely on tone of voice, gesture and eye contact as well as words to convey our point. People with ASD may not be able to use or understand these easily.

Avoiding eye contact maybe interpreted as the individual being rude, it is not.



Speaking in a monotone voice may lead to emotions being misinterpreted by others.

People with ASD may interpret language literally and so may misunderstand idioms (“pull your socks up”) and metaphors (“my head was spinning”).

Don't use figurative language, avoid idiom and metaphor

Use a calm, consistent tone of voice

Don't rely on non verbal communication to convey or emphasise a point

Don't make assumptions about feelings based on body language, facial expression or eye contact

Allow extra time for the individual to process what you are saying

Keep your facial expressions to a minimum to avoid confusion

Be specific, and check that the individual has understood you

Use visual cues such as pictures, lists or written material to support your interaction*

Say what you mean, and mean what you say

Individuals with an ASD have impairments in social interaction. The way in which the person is affected varies. These impairments can include difficulties in:



building and sustaining
relationships

sharing

giving and receiving
compliments

enjoying conversation

offering comfort to others

recognising humour or
sarcasm

How this impacts on day to day life:

People with ASD find it difficult to develop and maintain friendships and relationships. This does not mean that they do not want friends.

People with ASD have difficulty in understanding the rules of social interaction. This may cause many issues including them appearing to be aloof or overfamiliar, not respecting personal space or making personal remarks without realising they have offended.

Adults with ASD may find it difficult to guess how others may be feeling or to show empathy and offer comfort. This can make them appear 'cold' or uninterested.



Adults may find conversational turn taking difficult, along with waiting until there is a conversational gap before speaking.

People with ASD may not enjoy conversation in the same way, and therefore prefer to discuss factual issues rather than enjoying the interaction with another. They may not understand signs of the other person wanting to end the conversation etc.



Explain your role and the purpose of interaction before starting

Clearly and concisely explain your expectations of the individual, avoid lengthy, complicated explanations

Do not offer telephone only support, many individuals with ASD find this form of interaction very difficult

Beware of the individual's difficulties in interacting in groups, they may need to be avoided or supported with additional structure*

Ask specific questions, many individuals with ASD will rarely offer more information than they have been asked for and you could be missing something essential

Reduce social niceties, and social chit chat, focus on facts and purpose

People with an ASD have impairments in social imagination and flexibility of thought and demonstrate restricted, repetitive patterns of behaviour. Again, the extent varies from one individual to another.

The impact of this can affect many areas of daily life and may include difficulties in:



predicting reactions
and events

problem solving

relating to others

creative activities

planning

coping with changes

How this impacts on day to day life:

Some people with ASD have difficulties with areas of creative imagination. This can impact on education and employment.

Problem solving can be difficult and the individuals may need additional support or structure with this.

People with ASD find it difficult to predict how others may be feeling or how they will react.

Planning and organising can cause problems and many will need additional support with this. This can cause appointments to be missed or timescales not met.

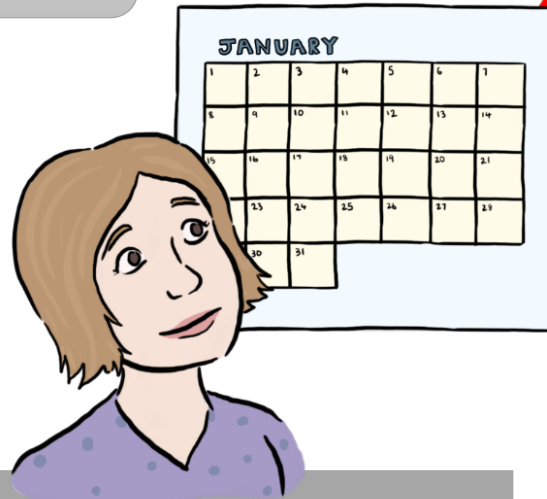


Individuals will struggle to predict others actions, read between the lines or make sense of others intentions.

Many individuals may insist on sameness or have ritualised patterns of behaviour, this makes it difficult to cope with changes, unfamiliar people and activities.

Repetitive behaviours such as spinning, finger flicking or rocking can impact on social relationships.

**Practitioner Advice –
Social Imagination, Restricted or Repetitive
Behaviours and Interests**



Keep changes to a minimum, be consistent in your interactions

Provide additional structure within activities that are complex or that rely on social imagination

Use verbal descriptions, flowcharts and visual cues to explain things, rather than 'imagine if...' or 'what if..' approaches

Provide structure in the form of planners, lists or timetables*

When asking for 'goals' or 'preferences' provide options to choose if the individual has difficulty making a free choice

Describe your planned actions, do not assume that the individual will recognise what is expected of them based on your body language or movements

Special interests



Restricted patterns of behaviour can often manifest as the individual having an intense, restricted or fixated interest.

Sometimes the intensity of the interest can cause an impact on daily functioning, impair social opportunities and cause distress for those supporting the individual.

It is useful to remember that for the individuals with an ASD, these interests are often comforting and reassuring. Professionals can utilise these interests as a foundation for building a relationship, as a reward for positive behaviour or as a specialist skill to promote to potential employers.

**Many people with an ASD can have sensory issues.
The individual with ASD's perception of the senses can
be heightened or decreased. All the senses can be affected:**

tactile	• (touch)
vestibular	• (movement)
proprioceptive	• (body position)
visual	• (looking)
auditory	• (hearing)
olfactory	• (smell)
gustatory	• (taste)

How this impacts on day to day life:

decreased feelings of pain



sensitivity to lighting in shops

difficulties around noisy traffic

food fads / limited diet

inability to tolerate certain smells

sensitivity to touch

distress / anxiety in busy environments

How you should adapt your practice:



Use a calm, consistent
tone of voice

Reduce lighting, switch
off fluorescent lights

Look for sensory
triggers when looking
for causes of distress

Don't rely on the
individual's recognition
or description of pain to
assess an injury

Avoid tasks that require
using two or more
senses at once such as
taking notes whilst
listening to you

Choose less busy times
of day and
environments where
possible



Services have a duty to make ‘reasonable adjustments’ for individuals with an ASD.

Most of the adjustments outlined here are low or no cost options, and would therefore be considered as ‘reasonable’.

More importantly, making these changes to your practice can improve engagement, reduce missed appointments and essentially mean that the individual is supported to reach their full potential.

Due to difficulties with social communication and interaction, traditional methods of contact are often not suitable for individuals with an ASD



Offer a choice of
contact options

Ensure appointment
letters are directive,
clear, concise and
structured

Do not use switchboard
or answerphone
numbers as means of
cancelling or changing
appointments

Consider use of email
or text messaging as a
contact method

Do not offer telephone
only contact

Attending and waiting for appointments can often be very stressful for someone with an ASD



Offer appointments at
less busy times of day

Offer a quieter area to
wait in

Try to keep
appointments to time, if
running late ask
someone to let the
individual know

Dim lights and switch off
fluorescent lighting

Aim for a sensory neutral
environment, choose
neutral colours and avoid
cluttering walls with
posters and leaflets

Due to the range of impairments that individuals with ASD experience, assessments of problems and needs will need to be adapted to ensure accurate information is obtained



Don't rely on the individual's description of pain or illness as this may be more severe than reported

Ask specific questions, don't assume the individual will realise what you are implying

Explain the purpose and expectations clearly

Adapt your communication and avoid social chit chat

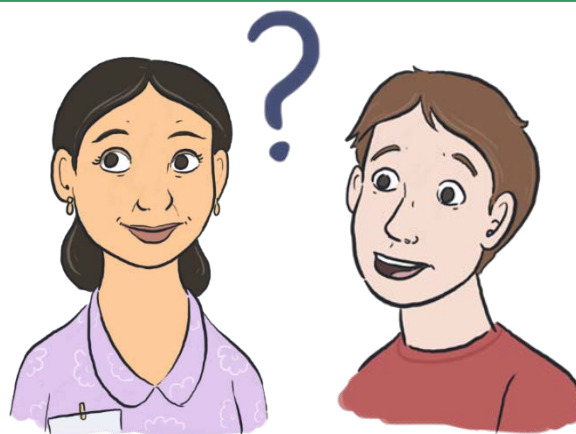
Utilise visual cues such as pictures, lists and flowcharts

Explore and clarify answers to ensure information is not missed

Don't make assumptions based on body language, facial expression or eye contact

If the individual is struggling to describe emotions, support them by asking for physical feelings or examples

Individuals with an ASD will need additional support to set goals, make choices or identify their preferred outcomes



Explain the purpose of
goal / outcome setting

Adapt your
communication

Offer options or a
limited number of
choices

Use a tool*, lists or
flow charts to support
decision making

Incorporate past
experiences or special
interests into
discussions to make
them more relevant

Interventions will need to be adapted when used with individuals with an ASD



Add more structure to any interventions, especially self-directed work

Consider if the individual can undertake work at home, the individual may find it difficult to complete tasks set in one environment in another

If consent is given, ask carers to support work

Provide a plan which includes smaller steps, outcome measures, time scales and clear end points for the intervention

Clearly explain any medical interventions, and don't rely on body language to convey your intentions

Be specific, use rules and explain any exceptions to the rules.

Utilise visual cues such as pictures, planners, checklists, diaries and flow charts

Use facts, avoid hypothetical discussions and be aware of the difficulties the individual will have in sharing emotions

Individuals with an ASD will need clear information about follow up arrangements, in order to avoid confusion



Ensure follow up arrangements are clearly communicated to the individual

Be specific in your advice, don't say "take a tablet" if you mean "swallow a tablet"

Ensure the individual is aware of when to return, don't use vague terms such as 'if things don't improve'

If consent is given, provide follow up information to a carer

If referring to a different service / professional advise them of the individual's difficulties in advance

Provide a profile* of the individual's needs and ask the individual to carry it with them and share with other people

Provide written information and ensure this has been adapted for individuals with an ASD

further information and links to other resources can
be found at



or email enquiries to AutismWales@WLGA.gov.uk