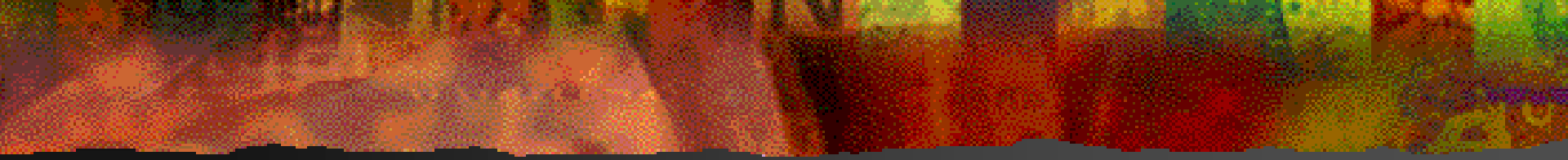

Trainees on the Autistic Spectrum: Diagnosis & PSU/PSS Support

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Imagine:

- You are a tightrope walker
- The rope is your training experience
- Your survival depends on balancing multiple demands, a sense of “not knowing all of medicine”, yet feeling that you need to know everything to keep patients alive, and an ability to intuit what people are saying to you
- You face a myriad of human interactions, constantly changing and invisible expectations

- Your tightrope is also your sense of confidence that you know medicine – it is wobbly
- You have worked hard, passed all exams so far, have always buckled down under pressure – that is what gives you balance
- You can put in the extra hours – this gives you weight, or the wind would blow you off
- But somehow, things don’t seem quite right
- People seem to be saying things

Educational / Clinical Supervisor

- Pick up issues to do with interaction in teams
- Occasional rudeness
- Some difficulty in processing information and get to the nub of the clinical problem
- Issues to do with over-comprehensive discharge summaries
- Being distracted by loud noises
- They refer you to the PSS/ PSU

The trainee may have Asperger's Syndrome

- What does this mean?

Any ideas?

ICD-10 Asperger's

[1] **Social:** 2 of: a) abnormal facial *expression*, gaze, gestures, posture in social regulation

b) Fail to *develop relationships*

c) Lack socio-*emotional* reciprocity

d) Don't *seek to share* interests/ enjoyment

[2] **Language:** no delays in childhood

[3] **Interests/ routines:** >= 1 of: a) abnormal preoccupation, b) compulsive ritual, c) repetitive mannerism, d) preoccupied w part objects

ICD-10 Autism: as for AS except:

[2] **Language:** >1 of a) delay, lack spoken language before 3 yrs, unaccompanied by attempts in other modes communication

b) Failure to initiate, sustain conversation

c) Stereotyped repetitive, idiosyncratic use

d) Lack varied spontaneous make believe, social imitative play

Social Deficits

- Feel as though from ANOTHER PLANET
- Society full of INVISIBLE rules
- NO-ONE has told them about
- So either:

a) Try work out rules in their head

b) Or give up, get isolated & depressed

- Can appear a little detached

Social questions to ask

- Prefer own company?
- Prone to Faux pas?
- Understand social rules? Purpose of please, thanks, chit chat?
- Prefer people or things...?
- Able to spot others' feelings eg discomfort?
- View of personal space: too much or little?

Communication

Receptive:

- *Poor auditory discrimination*, problem focus
- *Literal* (*cannot put myself in others' shoes*)
- *Theory of mind deficit:* can't read expressions, assumptions, minds, feelings
- Lack subtlety: don't get jokes, TV ads

Expressive: overinclusive talk at you (rant) or too little, idiosyncratic, formal speech

Interests / Routines

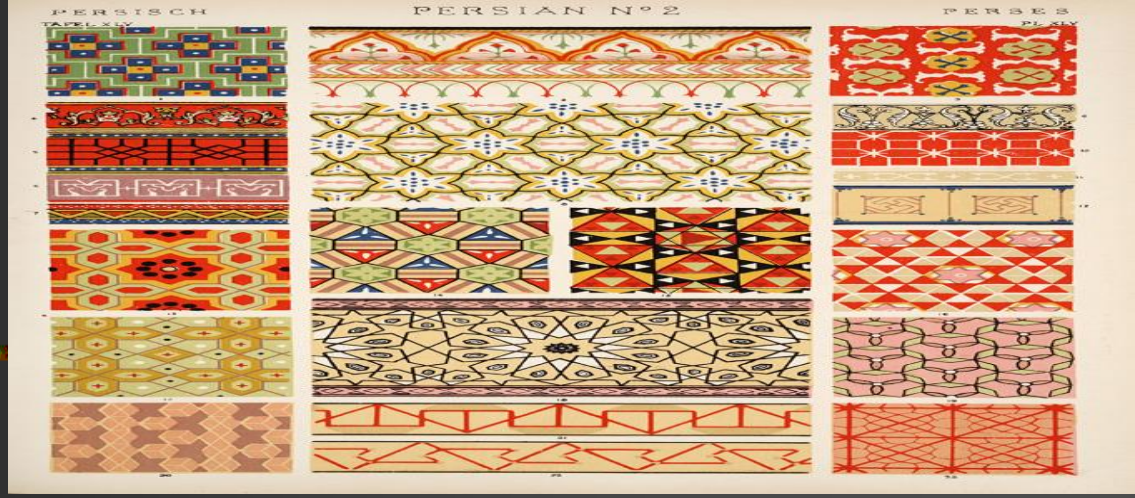
- Intense, all-absorbing Obsessional Preoccupations ask them to tell you about them

  - Classifying, collecting (hoarding)

  - Stamp-collectors, avid collectors of anything – watches etc.

- Compulsive [not useful!] routines, rituals – means can be late for things

COGNITION:



Mechanism for sifting information:

- *Excessive Attention to Detail - with every detail equally* important - reduced *central* coherence – struggle to see wood for trees
- Processing info can be a challenge – some show executive function deficits

Mind can be overloaded

Focus on

1. Narrow interests/detail – *assimilate* info into schemas; gives sense of control
2. Rigid/ inflexible - struggle to accommodate/ process new info
3. Rigid Routines to keep life in *order*
4. *Themselves "back to me"* conversationally – other people's lives a) unpredictable, b) dull (unless same interest eg eosinophils)

COGNITION: questions to ask:

- Cope with *vague instructions* at work? eg “sort this patient out...” easier to have *detail* spelt out?
- Would it help if *new tasks were identical*?
- Ever struggle with *too much info*?
- Problem *organising yourself*?
- Get anxious if others not *punctual*?

Prevalence

AUTISM:

- British Survey 2003: 26/10000 or **0.26%**
- Cambridge Community Survey: ~ **1%**

Asperger's:

- Population survey Sweden: **0.7%+**
- **M:F 4:1** but features in F ignored, latest **1:1**
- Greater FH of Asperger's in doctors

Comorbid Mental Disorders - Depression

- **33 %** prevalence in AS (Abramson 92)
- Causes: isolation, self-esteem issues, rejection, awareness of limitations associated with AS
- Sx: withdrawal, increase in compulsive behaviours, irritability
- Don’t confuse: too little talk seen in depression with AS but equally an AS ramble, excitement re. favourite interest with hypomania

Secondary Mental Disorders
Anxiety Disorders including OCD

- Both depression and trivial changes in environment → anxiety – up to 80% in ASD
- AS patients like rituals so diagnose OCD only if distressing/dysfunction (Maudsley study)
- Compulsions - repetitive questioning, ordering, hoarding, checking
- Also check for social phobia, PTSD (if trauma), eating disorders [~20% AN F = AS]

Acute Stress Reactions

- Very common in AS – quick to appear despair, anger, anxiety – quick to resolve
- Adjustment disorders – a month to appear in response to stressor - depression, anxiety, sometimes psychotic behaviour
- Processing emotional content of stress can take up to a year

Back to the Deanery Pathway

- ES refers to the PSS (PSU)
- CM – Case Manager appointed
- Various aspects raise the possibility of AS
- 10 AQ screening questions administered: if the score and social communication issues date from childhood and the trainee agrees then refer to the VSG AS psychiatrist

Screening questions: 10 AQ

1. I find social situations confusing
2. I find it hard to make small talk
3. I am good at picking up details and facts
4. I find it hard to work out what other people are feeling
5. I can focus on certain things for v. long periods
6. People say I was rude but this was unintentional
7. I have unusually strong, narrow interests
8. I do certain things in very inflexible, repetitive way
9. I have always had difficulty making friends
10. I tend to turn any conversation back onto myself or my own topic of interest

The Trainee perspective: You meet the PSS:

- They seem to support you, appear friendly…
- Your case manager has noted that you struggle to understand people's emotions, relationships, teamworking
- He has asked you a set of "screening questions"
- And refers you to someone for a diagnosis?
- Not always easy, being a doctor
- May want to be a superspecialist soon as

Deanery Pathway

- Diagnostic assessment by psychiatrist
- Consent to share with GP sought
- Refer to 6 sessions of psychological / educational assessment and support
- Results in “what you need to know about me report” in addition to CBT/Ed sessions
- Any further support will require private payment, eg OT for sensory assessment
- CM role is advocacy + help trainee decide who to share information with

DIAGNOSIS – Trainee Education

Trainee is told Asperger's:

1. Is not an illness: brain is wired differently
2. Evidence that people develop/ adjust
3. Strengths: honesty, conscientious, attention to detail – to a degree all medical jobs require this, some more eg surgeons, pathologists etc
4. Carries a risk of vulnerability to exploitation/ to being misunderstood, and other comorbidities (2-6 fold increase) and therefore knows to seek help, when notices these occurring

Treatment

- No specific treatment for AS in and of itself
- Treat comorbidities but use lower doses of meds to begin with as sensitive to medication
- Limit choices, set targets
- Visual cues helpful
- CBT for Aspergers' – see below

Psychologist notes & does what?

- Interpersonal difficulties
- Judgment, problem solving, common sense
- Information processing →organization, self-direction poor yet success in academic pursuits
- End up in careers far ‘beneath’ their ability. This leads to a sense of failure which leaves them vulnerable to mental health problems
- CBT: monitor & re-evaluate interpretative errors

CBT in Asperger Syndrome

- Logical, Non-interpretative, non metaphorical
- Pictorial mood self-rating scales
- Addressing distortions:
  - All or nothing thinking
  - Polarised thinking
  - Fatalistic thinking
  - Inaccurate attributions

- If recognise, modify these, then better ‘reading’ of social interactions, others’ behaviours
- Modify own behaviour in response
- Improve social functioning; increase coping

Formulating Profile & Objectives

- Essential to understand what AS means for each individual – how the profile of difficulties maps on to their experience.
- ‘What can be changed? Which things are not possible to change?
- Role-play; self-reflection: how would you feel if?
- Cognitive rigidity vs cognitive restructuring
- Identify problem; goals; brainstorm alternatives
- Self-regulation, self care, low self-esteem
- Validate, anticipate catastrophic thinking...
- Assume nothing; explain everything!

Evidence Base

- Evidence where is some skill, but not where new communication skill needed
- Single literature providing evidence-based interventions for this population. However, evidence comes from:
  - Social cognition in **typical people**
  - The risk factors and effects of stress in **typical people**
  - Cognitive dysfunction in **typical people** with anx/dep
  - Efficacy of CBT for **typical people** with anx/dep AND:
  - Information-processing dysfunction in **AS**
  - Efficacy of CBT for children/teens with **AS** (Gaus, 2007).
  - Doctors with AS: Impact of Diagnosis (Price et al, 2017)

CHALLENGES

- Employers may not employ someone for whom they need to make reasonable adjustments
- What reasonable adjustments? (easier for trainee to negotiate individualised ones)
- Double edged sword: don't want special T, prejudice

BENEFITS

- Increased self-awareness, informed, seek info:
  - what can and can't modify; What help to seek
  - How to learn most effectively (training, education)
  - Finding a community of like-minded people
  - Awareness that many AS drs out there managing
  - Career choices; Ethical duty to share

What can you do..?

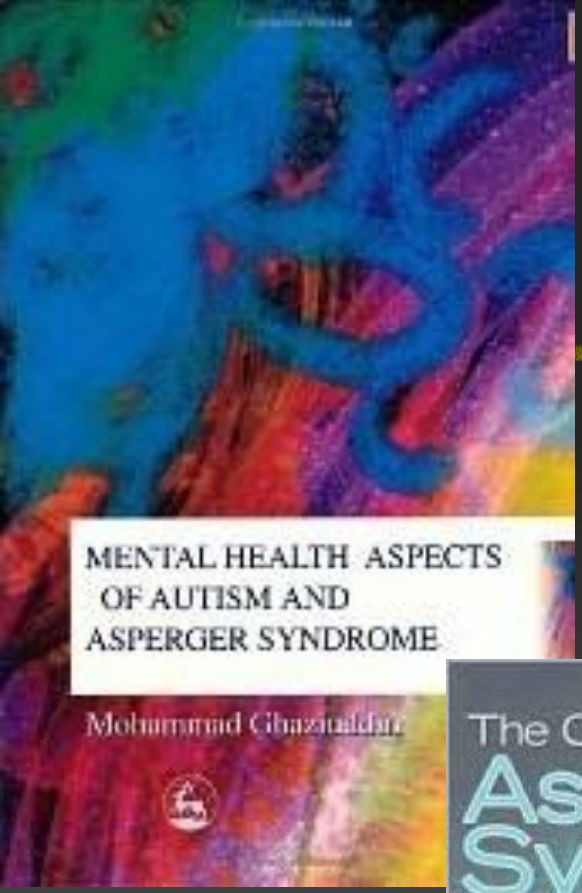
- Refer to PSS for support, insight
- Discuss with diagnostician or expert
- Be aware AS is disability in Employment law but contentious issue for trainee

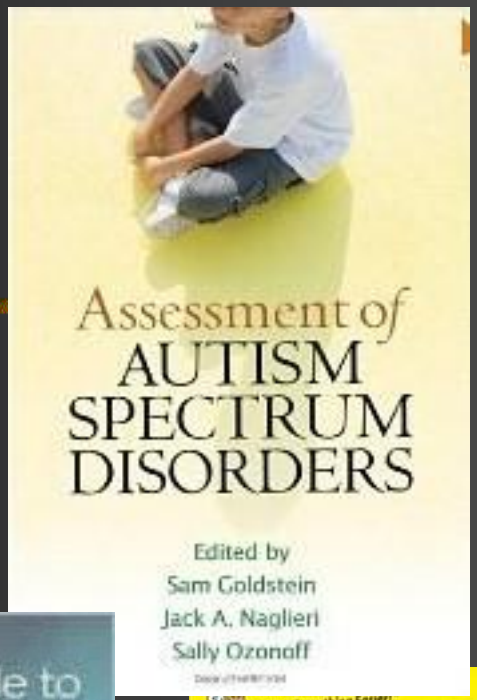
How to communicate with the trainee with AS?

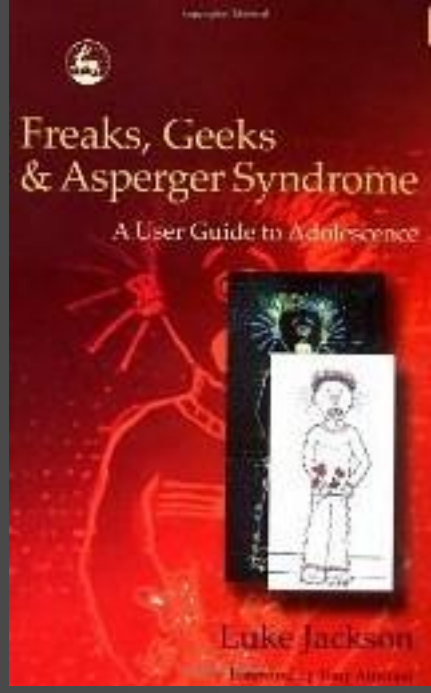
- Be explicit – state the obvious clearly
- Detailed instructions
- Keep it Simple
- Check they've understood, due to receptive problems
- Be directive, better than giving choices
- Don't tackle symptoms/ behaviours head-on → try understand what AS means for them

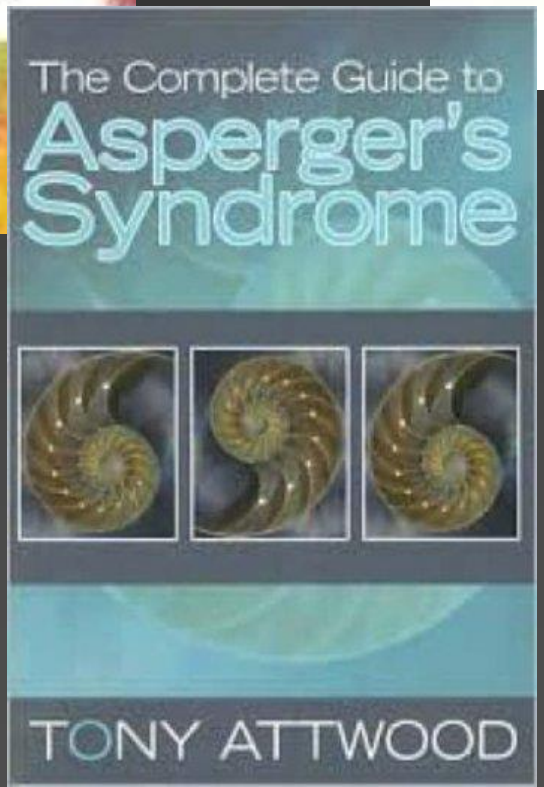
Management – External support

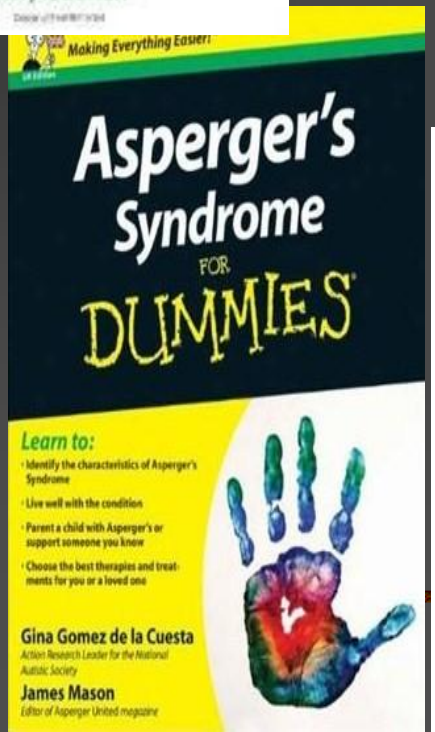
- National Autistic Society: Nas@nas.org.uk info on local groups including post-diagnosis
- Hampshire Autistic Society; ADRC; Winchester
- Patricia Howlin "Autism & Asperger syndrome – preparing for adulthood"; Luke Jackson: "Freaks, Geeks & Asperger's syndrome"
- Tony Attwood: Asperger's Syndrome
- Disclosure – an extremely sensitive issue. *Ask and Tell: Self Advocacy and Disclosure for People on the Autism Spectrum (Shore, 2004)*

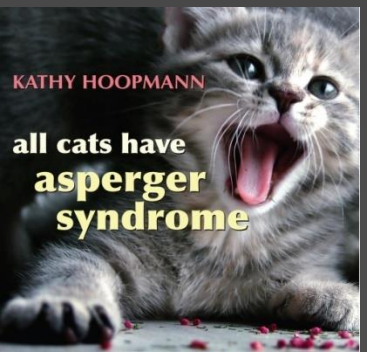












Psychiatric services for adolescents and adults with Asperger syndrome and other autistic-spectrum disorders

Council Report CR136
April 2006