

THE BRITISH PSYCHOLOGICAL SOCIETY POSITION PAPER (OCTOBER, 2006) AUTISTIC SPECTRUM DISORDERS: GUIDANCE FOR CHARTERED PSYCHOLOGISTS WORKING WITH CHILDREN AND YOUNG PEOPLE



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Introduction

This paper outlines the professional practice framework for all Chartered Psychologists working with children and young people up to the age of 19 years with the aim of:

- Raising awareness of Autistic Spectrum Disorders (ASDs) in children and young people, across appropriate British Psychological Society Divisions/specialties.
- Directing psychologists to recent guidance and key texts.
- Promoting shared minimum standards for those involved in the field.
- Informing other professionals and the general public of the roles, responsibilities and accountability of psychologists.
- Reflecting current practice, dilemmas and contemporary contexts.

The document is based on the following acknowledgements:

- Understanding of ASDs continues to evolve in relation to aetiology, diagnostic criteria, identification and intervention.
- Biological, psychological and social variables are important in considering ASDs.

It should be noted that autism constitutes a vast field of study, theoretical and practical. This document is not intended to address the various individual and complex issues in any detail as these are covered elsewhere (e.g. PHIS, 2001; DfES, 2002; NIASA, 2003). Rather, it is intended as a foundation for professional work conducted by Chartered Psychologists.

Legal context for working with children and families

Currently, the global context for considering the rights of any child is provided by the UN Convention on the Rights of the Child (1989). The primary legislation affecting children in England and Wales is the Children Act (1989), for Northern Ireland, The Children (Northern Ireland) Order (1995), and for Scotland is the Children (Scotland) Act (1995).

More specifically within England and Wales, the Special Needs and Disability Act (2001) and the Children Act (2004) effectively provide the legal framework within which the needs of children should be considered. In Scotland the most recent relevant legislation is the Education (Additional Support for Learning) (Scotland) Act, 2004.

Professional responsibilities of Chartered Psychologists

Chartered Psychologists work within the professional framework of the Code of Ethics and Conduct and Professional Guidelines as stipulated by the British Psychological Society. Chartered status is awarded to psychologists who have met specified criteria through training and supervision and who are bound by the Code of Ethics and Conduct and a statutory requirement for Continuing Professional Development.

Key principles

To address the needs of children and young people and their families, psychologists should adhere to the following principles many of which are contained within the United Nations Convention of the Rights of the Child (1989), Every Child Matters (DfES, 2003) and the National Service Framework for Children (DoH, 2005):

- *Listening to the child*
The need to acknowledge the right of children to express their views freely on matters affecting them.
- *Access*
Wherever possible, appropriate services should be provided locally and be responsive to the needs of individual children and their families or carers.
- *Working together*
Planning, assessment and intervention require collaborative partnerships with parents and between professionals.
- *Individual differences*
It is important to acknowledge individual differences and levels of need. In particular, the strengths, interests and needs of each child should form the basis for practice.

- *Inclusion*

There is a multi-agency responsibility to facilitate the inclusion of children and young people with ASD both academically and socially as far as is appropriate.

- *Securing the health and well-being of children, young people and their families*

It is important to locate responses within the framework of desired outcomes for children and families which are set out for all young people (including the prevention of harm) and based on all available evidence.

What are Autistic Spectrum Disorders?

- Autistic Spectrum Disorder (ASD) is a term relating to a set of neurodevelopmental conditions described by Wing and Gould (1979) as the 'triad of impairments' – in reciprocal social interaction, in communication and language (verbal and non-verbal) and in flexibility of thought and behaviour.
- ASDs are generally understood to cover autism, Asperger's syndrome and atypical autism. These are part of a wider group of pervasive developmental disorders which include Rett's syndrome, Childhood Disintegrative Disorder and Pervasive Developmental Disorder – Not Otherwise Specified (see DSM-IVR, 1994, and ICD-10).
- ASDs are present by the age of 36 months and may be identified in some children under the age of 24 months. There is concern that diagnosis is often much later particularly in more cognitively able children whose abilities may mask their social and communication difficulties.
- ASD is a lifelong developmental disorder but presentation will vary over the lifespan.
- The abilities of young people with ASDs can range from individuals with severe and profound learning disabilities to those who have average or well above average intellectual ability.
- Epidemiological studies have established that there is a genetic component in ASDs (MRC, 2001) and there is ongoing research regarding the role and influence of genetics.
- There is no definitive test for ASD but a number of instruments have been developed to assist in diagnosis (e.g. Autism Diagnostic Observation Schedule, Autism Diagnostic Interview, Diagnostic Interview for Social Communication Disorders, Autism Diagnostic Interview-R). However, these should not be used in isolation.
- An important guide for identification, assessment and diagnosis is provided in the National Autism Plan for Children (NIASA, 2003). This recommends that assessment will be timely, multi-disciplinary and include the taking of a developmental history with carers as well as observation across different settings.
- There is increased co-morbidity of ADHD, motor co-ordination difficulties and specific learning difficulties such as dyslexia in children and young people with ASDs. In addition, children and young people with ASDs may have unusual sensory perceptions and responses.
- Medical and genetic conditions may be associated with ASDs including epilepsy, Fragile X, Tuberous Sclerosis.
- ASD is not a mental illness but individuals with ASD are at increased risk of associated mental health problems.
- Prevalence is hard to establish but epidemiological studies for ASDs suggest rates of 60/10,000 (MRC, 2001; Chakrabarti & Fombonne, 2005).

Distinctive contributions of Chartered Psychologists

Multi-disciplinary teams working with children and young people with ASDs should include Chartered Psychologists who have specific competencies and skills. This contribution is enhanced by level of training and expertise in ASDs.

Competencies and skills are listed below:

1. Identification and assessment

Good practice supports a multi-agency approach to assessment and should be timely, well-co-ordinated and local. Identification and assessment involves bringing information together from a range of different sources. This requires co-ordination by a professional with specialist knowledge of ASDs (see National Autism Plan for Children, NAS, 2003).

Contribution to identification and assessment may include:

- Ability to determine when assessment is needed.
- Knowledge of key characteristics of children with an ASDs.
- Knowledge of assessment tools and guidelines for diagnosis.
- Observational skills.
- Assessment of protective factors, strengths and abilities.
- Assessment of associated mental health issues.
- Knowledge of typical child development.
- Skills in establishing a comprehensive developmental and family history.
- Assessment of learning styles.
- Assessment of strengths and of barriers to learning.
- Assessment of environmental conditions for learning.
- Assessment of children's behaviour and it's function.

- Assessment of social communication style.
- Facilitating and taking account of the views of children and young people.
- Assessment of the needs of families.
- Knowledge of local services and procedures.
- Comprehensive cognitive assessment which may include psychometrics if deemed necessary.

2. *Intervention*

When a child or young person has been identified as having an ASD, there is a need to establish what further action is necessary. Many strategies have been developed with differing aims, rationales, practices and claims. Intervention characteristics relevant to efficacy include:

- Early intervention.
- Thorough assessment informing intervention.
- Involvement of parents and carers.
- Support during and immediately after the diagnosis.
- Establishing effective inter-agency partnerships.
- Individualised programmes.
- Work with individuals on specific aspects of self concept.
- Interventions aimed at reducing anxiety.
- A focus on strengths.
- A focus on the development of communication and social understanding.
- Analysis of behaviour and application of appropriate strategies to promote adaptive functioning.

When considering a course of action, the following factors need to be taken into account:

- The needs of the individual will change over time and will differ according to context.
- Interventions can be delivered at a number of different levels. Examples include: encouraging social inclusion; providing training; working with members of the child's family and support networks (both formal and informal) and direct work with the individual child if required.
- Particular attention should be paid to difficulties with change. These difficulties may be with apparently minor changes such as the transition from one activity to another or major changes such as the transition from primary to secondary school.
- Evidence base of effectiveness of a particular intervention.

3. *Multi-agency work*

The psychologist should possess:

- Understanding of multi-disciplinary and inter-agency contexts.
- Understanding of professional boundaries and barriers to effective partnerships.
- Ability to communicate across a range of contexts.
- Ability to work effectively within the context of varying perspectives and models of practice.
- Ability to offer informed perspective.
- A recognition of limitations in areas of expertise.
- Ability to communicate the particular role and contribution of the psychologist.
- Ability to support parents/others to advocate on behalf of the child.

4. *Service development*

It is acknowledged that Chartered Psychologists are often in a position to contribute to and lead service development initiatives. Relevant knowledge and skills include:

- A broad understanding of the underlying biopsychosocial factors in ASDs.
- An ability to translate theory to practice.
- An ability to carry out research and audit and interpret the existing empirical evidence.
- An understanding of the processes involved in enabling people to change their working practices.

5. *Training and supervision*

- Chartered Psychologists can provide training at different levels according to local need.
- Target groups can include other professionals, paid and unpaid carers.
- Content of training should include, for example, common strengths and difficulties experienced by children with ASDs and strategies to support people with ASDs.
- Attention needs to be given to the delivery of training. Issues such as the timing, frequency and length of training sessions need to be considered in the context of those receiving the training.
- Chartered Psychologists are well placed to offer supervision to others who are directly involved in working with children with ASDs. Supervision helps to support and develop the skills of individual workers.

6. *Research and audit*

Psychologists have a role in encouraging practitioners to evaluate their practice. There is a need to be aware of particular issues when conducting research and audit in ASDs relating to:

- Knowledge of research questions which emerge from first-hand clinical experience.
- Knowledge of research questions emerging from current research and service development initiatives.
- Knowledge of research methods and autism specific measures.
- Knowledge in terms of outcomes and what works for whom.

Chartered Psychologists should critically analyse and appraise the quality of published work. These skills can be used to advise others on the importance of research findings. Chartered Psychologists can also support others to develop these skills.

Recommendations

The Society should:

- Ensure that pre-registration training (e.g. training in Clinical and Educational Psychology) enables trainees to develop a basic understanding of the presentation of ASDs and underlying biopsychosocial factors. Also, that effective ways of supporting children, young people and families where a family member has an ASD are taught.
- Recommend that Chartered Psychologists who continue to work regularly with children with ASDs consider further training/supervision in ASDs as part of their CPD portfolio.
- Promote and maintain high standards of professional competence across all Divisions on matters relating to ASDs.
- Promote practice based on current research in ASDs.
- Consider setting up a Special Interest Group for members who work with/have an interest in ASDs.
- Consider links with national organisations (e.g. NAS).

All Chartered Psychologists working with children should be able to demonstrate:

- Adequate basic knowledge and skills in relation to ASD.
- Knowledge of current evidence, legislation, guidance and research in ASDs as relevant to professional practice.
- Awareness of a range of presentations possible for a child with ASD.
- Sufficient knowledge to make a decision whether further specialist assessment is necessary.
- Ability to tailor interventions to meet the needs of an individual child in collaboration with parents and other professionals involved.
- Knowledge of how to promote the development of social and emotional understanding in young people in addition to academic and independence skills.
- Continuing professional development activities in the area of ASDs.
- Participation in regular supportive supervision.
- Recognition of professional boundaries and the particular contribution of different agencies when working with ASD.
- Commitment and ability to work alongside other agencies/professionals as required.
- Awareness of local arrangements for multi-agency assessment and intervention procedures for ASDs.

Psychology Service/Agency Managers/Team co-ordinator with specialist knowledge should in relation to ASDs:

- Have a copy of the Good Practice guidelines (DfES, 2002) (not applicable to Northern Ireland) and all other relevant guidance.
- Implement and develop local protocols in accordance with national guidelines.
- Be responsible for informing new staff of departmental and other local protocols.
- Keep up-to-date with key developments or ensure appropriate delegation.
- Identify a team co-ordinator with specialist knowledge who can provide support, advice and information as require.
- Provide ongoing training and continuing professional development opportunities for service members.
- Develop clear structures to facilitate interagency liaison, differential diagnosis and intervention.
- Possess knowledge of local educational, health and social resources for young people with ASDs.
- Provide training and support for agencies delivering a service to young people with ASDs.
- Be able to inform decision-making at a strategic level and have systems for informing agencies and authorities of developing needs.
- Be able to provide: post diagnostic support;
emotional support to parents/child;
training for parents/carers and others;
information on ASD;
information on support groups, e.g. NAS, local organisations.

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