




Autism Spectrum Disorders
Adolescents: outcomes, challenges and interventions

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Outcomes – key research findings

Cognition	Language
<ul style="list-style-type: none"> Individuals with higher childhood IQ's and language development by the age of 5–6 years are more likely to have positive outcomes; roughly 20–55% of individuals showed cognitive improvement; 10–15% showed cognitive losses. 	<ul style="list-style-type: none"> Few children, who had not developed some useful speech by the age of 5–6 years have positive outcome; about 20–30% of adolescents and adults with autism do not vocalise or use language meaningfully.



Outcomes – social outcomes

- Education level, employment, independent living and social relationships
 - About 10% of people with autism were rated as having “good” outcomes in follow-up studies conducted before 1980; the proportion has risen to 20% in the following two decades;
 - The “poor” outcome have declined from an average of 65% to 46% over the same period;
 - The “fair” ratings have remained at approximately 25–30%.

Outcomes – autism symptom severity

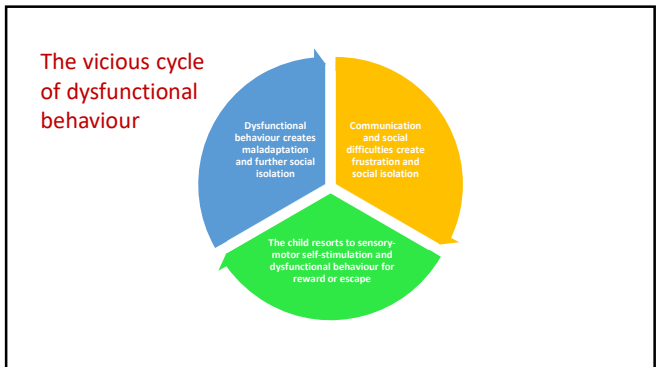
General symptomatic improvements with increasing age across the autism spectrum

A small number of individuals diagnosed with autism as children do not meet diagnostic criteria in later years

3–25% of individuals achieve “optimal outcomes” - they fall within the average range cognitively and adaptively, and function independently. However, vulnerabilities, particularly Attention Deficit Hyperactivity Disorder and anxiety, may persist

Outcomes – Behaviour

- Deterioration in symptoms and/or behaviours throughout adolescence
 - resistance to change
 - sensory abnormalities
 - compulsions
 - unacceptable sexual behaviour,
 - tantrums
 - hyperactivity
 - Aggression
 - self-injurious behaviour



Outcomes – Behaviour

The results of such behaviour on the part of individuals, who were taller, heavier and stronger, were more distressing or dangerous;

The deterioration appears to plateau in mid-to-late adolescence;

The risk of behavioural deterioration in adolescence or early adulthood was highest in individuals who had lower IQ or who developed comorbid conditions such as epilepsy.

Outcomes – psychiatric disorders


Present in about 70% of adolescents and adults;

The most prevalent conditions are anxiety and depression.


The most common disorders are generalized anxiety disorders, agoraphobia, separation anxiety and simple phobias.


Other common disorders: Obsessive Compulsive Disorder, Attention Deficit Hyperactivity Disorder, Tourette's Disorder and medical disorders such as Epilepsy.

Challenges: sexuality: *inappropriate sexual behaviour*

 Social and emotional immaturity rather than sexual deviance.

 **Inappropriate masturbation**

 Factors that contribute to inappropriate sexual behaviour:

 lack of education, lack of opportunity for privacy, lack of structured routine, unresolved sexual problems, tactile stimulation

Challenges: sexuality: *inappropriate sexual behaviour: masturbation: intervention approach*

- Address masturbation in a matter-of-fact, individualized manner;
- teach appropriate time and place for such activity;
- use the following interventions when an adult with autism masturbates in public:
 - Interrupt the behaviour;
 - Remind the person of the appropriate time and place for the behaviour;
 - Redirect the person to another activity or to an activity that requires the use of both hands;
 - Redirect the person to an activity that involves intense focus or high amounts of physical movement;
 - Redirect the person to an appropriate place to have privacy, such as a bathroom, shower, or private bedroom;
 - Reinforce staying in assigned areas, and
 - Provide visual evidence of scheduled breaks or private leisure time, so the person can anticipate and plan for personal needs.

Teaching sexuality – the preventative intervention

First, let's acknowledge that:

- Parents are the best sex educators. If, for whatever reason, parents are unable to do this task, teachers and other staff should attempt to fill this role;
- It is normal and natural for every person with a body to express their sexuality, regardless of their handicap condition or functional ability level, and
- It is normal and natural to express this sexuality within the confines of the individual's social contacts, whomever that may be.

Teaching sexuality – what should we teach? *Depending upon individual needs:*

body parts,	reproduction,	birth control,	sexual health,	male and female social/sexual behaviour,
establishing relationships,	abuse awareness,	boundary issues,	self-esteem, and	assertiveness skills training

Teaching sexuality – what should we teach?

Teach behaviour that will be socially acceptable and appropriate in adulthood as well as in childhood.

There is to be no disapproval of masturbation, however, it must be taught that masturbation is an unacceptable behaviour in public;

Teach about what behaviour is allowable in which settings.

Teaching sexuality – how should we teach?

- Having autism doesn't mean inability to learn; assess the young person's ability to use abstract thinking and determine if audio-visual material and discussions can be used;
- if not, appropriate, immediate, situational instruction to be used.
- ✓ Such teaching should occur in agreement with the social rules and norms of the person's place of residence
- ✓ Be consistent and use common-sense.
- ✓ Don't just provide a short course; it will need to be on-going, and will need constant reinforcement of appropriate behaviours

Teaching social skills – how should we teach?

- Make instructions concrete rather than abstract,
- be brief, specific, and clear,
- be visual,
- utilize imitation and role-play,
- Use real life situations, and
- repeat frequently.

Teaching social skills – how should we teach?

- Effective methods for teaching social skills to individuals with autism include:
- video taping real or acted situations for playback and discussion,
 - individual counselling coupled with social skills training,
 - peer-initiated interactions, and
 - developing visual books that depict social situations (e.g. Social Stories).

Teaching social skills – environmental supports

- Organise sequences of time such as schedules, completion guidelines and strategies for accepting changes;
- clarify the relationship between steps of an activity or relationships between objects and people, which can include clarification about routines, personal possessions, or privacy;

Teaching social skills – environmental supports

- provide specific information regarding the organisation of the environment which include information about the location of objects, and
- help the individual initiate and exert control such as in making choices and maintaining self-control .