

AUTISM SPECTRUM DISORDER

Identification and Diagnosis

Early identification is seen as key in being able to fully support the child to thrive. However, this can be difficult if the practitioners or care givers are not knowledgeable or skilled in identifying the 'triad of impairments' that are often associated with the disorder. This triad includes difficulties with social interaction, social communication as well as rigidity of thinking and difficulties with social imagination (Autism: A Guide for Early Years Settings, n.d.). Other traits that may be recognised in children are repetitive behaviours (stimming), speciality interests and sensory issues. Professionals such as health visitors and childcare workers will often follow normative development charts to highlight if there are any interventions needed. However, Sheldrick et al. (2019) argue that there are other factors that influence development and attainment which include, social, economic and cultural differences which need to be taken into account to manage parental and professional expectations of the child.

Grzadzinski et al. (2021) confirm that early behaviour and biological markers have been established which can help to identify the possibility of an ASD diagnosis prior to symptoms arising which could pave the way for true early intervention. These markers, according to Estes, et. al., include lower cognitive ability in infancy. While Elison, et. al., state that infants of 6 months who are more susceptible to ASD do not track eye contact in the same way as an infant who is not susceptible. The children they confirm are susceptible include those of siblings with an ASD diagnosis as autism can be seen as a hereditary disorder. Watson, et.al., (2017) found that interventions that target the parent's interactions with the child prior to symptom onset has positive outcomes. Therefore, it can be surmised that targeting families who may be predisposed to ASD and providing the parents with early intervention, for example prior to the child being 12 months of age can have positive effects on the family as a whole Grzadzinski et. al. (2021).

Definition

Autism Spectrum Disorder is classified under the Neurodivergent Umbrella which can also include but is not limited to attention deficit hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD) and Tourette's Syndrome, among others. Autism is a lifelong spectrum disorder which varies for each individual. The struggles they face can vary and are often very different for each person. Many autistic people define their autism as 'thinking in a different way'. Walker (2021) states that categorising people's natural differences can have a negative impact on a person's creative development, as stated previously, not all agree with this. There is a school of thought, however that states neurodivergence is the norm as every person's mind is different. This is known as the neurodivergent paradigm.

Barriers

There are many barriers to inclusion for a child who may be autistic both prior and post diagnosis. Ableism refers a specific type of discrimination that is often seen in society through the favouring of neurotypical or able-bodied individuals. The fact that ASD is a broad spectrum suggests that 'society fails to accommodate and value neurodiversity. (Neuro Launch Editorial Team, 2024). Much of this discrimination is seen through misconceptions, stereotypes and the lack of understanding for the individual. For example, many public places have music playing and bright lights which can be overstimulating for someone who has sensory issues which can make everyday tasks exhausting or even unbearable for an autistic individual.



Ableism can be seen through all of the models of disability especially when the emphasis is on the individual to change as well when other people's perceptions are considered. However, both the neurodiversity paradigm and the biopsychosocial model are more likely to consider individuality and therefore be more holistic in the support offered through these models.

Conclusion

As stated throughout, an ASD person is an individual, just like everyone else. Everyone struggles at times and with the right support and understanding, can thrive. In Caerphilly, they use the 'Right Support, Right Time' principle to ensure that the family needs are met when they need the support (Caerphilly Early Years, 2024)

Support Strategy

My Energy	What others see, hear & observe	What I feel or experience	Where it feels right for me (creates grumble!)
 Maxed Out/ Frenzied Often seen as not available for learning and interaction Often feels like: bursting energy or shut down Where it often feels right: upsetting event, mess			

The Regulator							
Sensory System	Tools and Strategies	How it changes my energy...			How much I like it...		
Vestibular (movement/position in space)	Jump up and down	Soothing	Neutral	Alerting	Yuck	Okay	Awesome
	Touch toes / stretch						
	Spin or dance						
	Spin or run up stairs						
	Rock						
	Go for a walk						

Essau, Leblanc and Ollendick (2017) argue that emotional dysregulation can be avoided by identifying markers and implementing strategies in response to the antecedent to the disruption. For example, identifying the trigger such as a loud noise and mitigating the action such as using noise cancelling headphones can support the individual to not reach emotional dysregulation. However, these strategies are not always available and a mismatch in energy due to outside stimuli can be inevitable in an educational setting. Many children learn to understand and manage their emotions through play and role modelling, yet a child who has or is suspected of having ASD will experience the world in a different way and will require support to identify and develop their emotional regulation strategies and therefore be ready to learn. Alongside this, children in the early years will need support to identify their triggers which in turn will inform their need for regulation.

It has also been established by Samson, et. al. (2015) that children and adults with ASD struggle to regulate positive emotions with Richey, et. al (2015) stating that those with an ASD diagnosis seem to have an impaired ability to up-regulate positive emotion. With the correlation between ASD and mental health difficulties such as anxiety, Cai, et. al (2018) 'propose that in order to fully understand the impact of ER [emotional regulation] on short- and long-term mental health and life outcomes in ASD, it is important to assess the regulation of both positive and negative affect.' Moreover, Mazefsky et. al. (2012) and Rodgers et al. (2016) highlight that an anxiety diagnosis in an ASD diagnosed person may be as part of their ASD with social anxiety being a recognised trait in both. This may then inform a misdiagnosis of a mental health concern and therefore not necessarily provide the correct treatment or strategy for the individual. In order to mitigate mental health struggles and associated diagnoses in later life, strategies to support emotional regulation established at an early age are beneficial. (Espenses, et. al. 2024)