

**AUTISTIC  
SPECTRUM  
DISORDERS**

**A Guide to Services for Adults with Autistic Spectrum Disorders  
for Commissioners and Providers**

H. Morgan, G. Jones and R. Jordan

The Mental Health Foundation is the UK's leading charity working for the needs of people with mental health problems and those with learning disabilities. We aim to improve people's lives, reduce stigma surrounding the issues and to promote understanding. We fund research and help develop community services. We provide information for the general public and health and social care professionals. We aim to maximise expertise and resources by creating partnerships between ourselves and others including Government, health and social services. Since October 1998, The Foundation's work with people with learning disabilities has been carried out under the name, the Foundation for People with Learning Disabilities. It remains part of the Mental Health Foundation.

*The Foundation for People with Learning Disabilities would like to thank **The Shirley Foundation** for funding this publication.*

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## Setting the Scene

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This guide has been written for those professionals who commission or provide services for adults with autistic spectrum disorders. It may also be of interest to care managers; practitioners who work in services for people with an autistic spectrum disorder; and those who seek guidance on the range of services available for adults with autistic spectrum disorders including GP's, psychiatrists, psychologists, community nurses and social workers.

It is important to view our understanding of autistic spectrum disorders and the consequential design of services to adults with autistic spectrum disorders as an evolving process, which is likely to require innovative rather than traditional patterns of service delivery. Likewise, it is abundantly clear that public sector commissioning managers are in a key position to influence the delivery of a range of services required by adults with autistic spectrum disorders.

The introduction of the Care Standards Bill (1999) and Modernising Social Services (1998) incorporating 'Best Value', will inevitably impact upon the quality and range of services that are commissioned for adults with autistic spectrum disorders. Current estimates are that 500,000 people within the UK fall within the autistic spectrum (Baillie 2000); many more than those with, for example, Down's Syndrome, or those with other conditions which fall under the generic learning disability umbrella. Rather than celebrating individual differences between people; generic legislation and practices seek to impose 'across the board' standards in terms of staff training and the measurement of quality within services. Autistic spectrum disorders, probably now the largest identified single group of people falling under learning disability services, receive no individual recognition.

The commissioning manager is handed an imposing and critical task. The weight of expectation upon them to plan and recruit effective services by making the most efficient use of available limited resources falls not just from the local authority department for whom they work, but also from the individual adult with an autistic spectrum disorder, his or her family; and from the service provider seeking adequate resources to deliver an individually tailored and high quality service. The potential for disagreement is high. As one person with an autistic spectrum disorder, Donna Williams, wrote

“Too many people with autism have been testimony to ignorance and arrogance or lack of services or funding. Too often these things have resulted in hammering square pegs into round holes.”  
(D. Williams, 1996, p22)

Yet the commissioning manager's role is very exciting and creative for with autistic spectrum disorders there is the potential to establish innovative models of service delivery, which serve as a 'pattern' for others to repeat. Cost-effective, anticipatory programmes, which are 'front-end' funded, are likely to offer the best chance of accurately predicting future-needs and also to help prevent individual situations from getting out of control. There is a different culture. With different methods of practice and with large increases in the numbers of adults with autistic spectrum disorders being recognised, it is incumbent upon commissioning managers to understand the nature of autistic spectrum disorders, to be aware of the range of service delivery that is required and to have the insight, empathy, and self-confidence to make the case for services that truly meet individual need.

## **What are Autistic Spectrum Disorders?**

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Autistic spectrum disorder has entered the vocabulary used in social care in recent years and is quite effective as a short, all-encompassing description which reflects our expanding knowledge of autism. The term autistic spectrum disorder serves to emphasise that whilst all those with an autistic spectrum disorder have constant core cognitive restrictions, there is a wide spectrum of individual differences leading to a wide range of need which will require different service responses. Over the years many different sub-categories of autism have been used, falling under the umbrella term of autistic spectrum disorders and these include Asperger's syndrome; high functioning adults with autism; Kanner syndrome, semantic pragmatic disorder; and atypical autism. However, those within these sub-groups, indeed within the spectrum of autistic disorders, will experience difficulties in three specific areas:

- a) in their ability to understand and use non-verbal and verbal communication
- b) in their ability to understand social behaviour which affects their ability to interact with other people
- c) in their ability to think and behave flexibly.

These three core areas were, in fact, encapsulated during the 1970s, by Lorna Wing and Judy Gould who referred to them as the "triad of impairments". For several years there has also been increasing recognition that people with an autistic spectrum disorder may also have an over-sensitivity to sound, smells, touch, taste, and visual stimulation, which in turn affects their response to these and indeed the way in which we should plan and organise services to meet their needs.

### **An historical glance**

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Well over half a century ago an Austrian psychiatrist living in America, Leo Kanner, reported on a group of children, whom he described as having early infantile autism, who appeared to need 'sameness' in their everyday environment; undertook repetitive (and sometimes bizarre) routines, and who shied away from emotional contact with others. Also during the years of the Second World War, Hans Asperger published in German, a paper describing his findings of a group of children and adolescents with the condition, which has come to bear his name. These children and adolescents differed from Kanner's children in that they had an average or above average ability, particularly in spoken language, yet had pronounced difficulties in social interaction and two-way communication. Essentially, they did not seem interested in, or to understand the responses of other people.

### **International recognition**

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Autistic spectrum disorders receive wide international recognition and are classified by two main systems: the International Classification of Diseases, 10th Revision, (ICD 10) by the World Health Organisation, and the Diagnostic and Statistical Manual 1V (DSM 1V), by the American Psychiatric Association. Both ICD 10 and DSM 1V, employ the "triad of impairments" as the core characteristics for the diagnosis of autism. It should also be noted that the World Health Organisation places autistic spectrum disorders under the broader heading of Pervasive Developmental Disorders (PDD), indicating that the triad of impairments impact on most aspects of an individual's life.

## How Common are Autistic Spectrum Disorders in the UK?

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It is difficult to give a definitive answer to this question as many adults with autistic spectrum disorders will not have been identified and therefore assessed and diagnosed. There is no doubt however, that over the past decade or so there has been an increase in awareness of the condition by families, practitioners and funders. Prevalence rates have moved from 4-6 per 10,000 of the population some twenty years ago to estimates of between 35 per 10,000 and even to the 91 per 10,000 of the population. These latter figures are now being quoted by the National Autistic Society.

This raises an important question: is the apparent increase in the number of people with autistic spectrum disorders solely down to increased recognition and awareness, amalgamated with the comparatively recent acknowledgement that there is a wide range of conditions which falls under the autistic spectrum, or has there been a genuine increase in prevalence? Currently, there is considerable interest in the possible ill-effects of public immunisation programmes and also whether genetic abnormalities may be produced by pollution and by other environmental toxins.

There is also a big gap in our knowledge about both prevalence rates and coping strategies of autistic spectrum disorders in ethnic minority populations in the UK and it is clear that an awareness raising drive is essential if autistic spectrum disorders are to be less of a hidden disability.



### **How is an autistic spectrum disorder diagnosed ?**

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Following referral, multi-agency assessment is most helpful in providing a well-rounded view of the individual's personal circumstances, their needs and difficulties in the range of everyday settings in which they live. A very few local authorities in the UK have now a multi-agency assessment protocol for the assessment and diagnosis of autistic spectrum disorders. One example of this can be found in the Borough of Sandwell, in the West Midlands. Ultimately though in the adult population, it is a clinician, a psychiatrist, who normally makes the decision as to whether a person falls within the autistic spectrum.

## Implications for Practice

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### Organisational responses

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#### International

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Autistic spectrum disorders cut across all geographical and social class boundaries, racial and ethnic groups. It is not a 'middle class' disorder, a myth that grew out of articulate parents being more successful than others at obtaining services for their son or daughter. Indeed, research across the world shows us that the experience of autistic spectrum disorders is similar for the individuals with autistic spectrum disorders and for their families. What does differ is the extent to which each country is able to respond in support of the individual with an autistic spectrum disorder and their families. There are massive differences in the capacity of individual countries to respond.

The world-wide profile of autistic spectrum disorders has seen the formation over the last decade of two significant international organisations. The first being Autism-Europe which produces a quarterly magazine, *Link*, for its members and holds a major international conference on a wide-range of issues relating to autistic spectrum disorders now taking place every three years. In 2000 this was held in Glasgow and in 2003 the Autism-Europe Congress will held in Lisbon, Portugal. The inaugural conference of the World Autism Organisation will take place in Melbourne, Australia, in 2002.

#### United Kingdom

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Services to adults with an autistic spectrum disorder can be found in the public, voluntary and the private sectors. The range of quality of provision can be vast and it is clear that services for adults with an

autistic spectrum disorder who do not have an associated intellectual disability are grossly and inadequately developed and probably present the biggest of challenges to funders.

Against this should be balanced the fact that in the United Kingdom autistic spectrum disorders have received an increasingly high profile and there are probably over 100 'autistic' societies in the 'not-for-profit' sector throughout the UK, and many of these have been in existence for the past 10-20 years or so. Some operate under the control of care professionals; a few under parent control, and in the main most are managed by professional/parent partnerships. These range from large societies with a national view such as the Scottish Autistic Society, and the National Autistic Society; to large regional societies like the West Midlands, the Wirral, Autism Initiatives, and NoRSACA, to county-wide societies, such those operating in Devon & Cornwall, Kent, Hampshire and Wessex. Many of these voluntary agencies have a membership-base consisting mostly of parents, service-users, and interested professionals. In recent years there has also been the establishment of other types of high-profile special interest groups, almost invariably parent-led and controlled, seeking to lobby local authorities and government to obtain specific types of therapies for their offspring or to promote research into the causation of autistic spectrum disorders. Rarely though do these latter groups represent adults with an autistic spectrum disorder.

Many services for adults with an autistic spectrum disorder have traditionally been provided in the statutory sector, especially in social service and health establishments. Interestingly, whilst most public services for people with autistic spectrum disorders have been in non-specific environments, an increasing number of health trusts especially are planning and delivering highly autistic spectrum disorders specific services.

With considerable proportions of health and social service budgets being allocated to the increasing number of adults being identified, there has been an inevitable increase in the number of private sector (i.e. ‘for-profit’) companies prepared to establish and manage services to adults with autistic spectrum disorders.

Range of Support			
HOME		DAY	
Family home		Family support (often non-funded)	
Own home		Social education centres	
Individual supported tenancies		Flexible individual programmes	
Shared tenancies		Community-based workshops	
Small group homes		Day units located within	
Larger group homes		Residential services	
Urban communities		Village Communities	
Rural communities		e.g. horticulture	
Residential colleges			
Village communities			
Long stay hospitals			
Secure units			
WORK		SOCIAL	
Supported employment programmes		Outreach programmes	
Open employment		Discussion groups	
		Social clubs	



### Principles upon which services should be based

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- Person-centred planning to ensure that services meet individual needs.
- Excellent advance planning to ensure that structure, clarity and predictability is inherent within the design of the environment in which the person with an autistic spectrum disorder will live and work.
- Registration with a recognised, preferably autism-specific, external quality audit measures ensuring 'transparency' of practice and methodology.
- Strong links with relevant, external professionals, especially psychiatrists, psychologists and speech therapists with a good working knowledge of autistic spectrum disorders. Protocols for collaborative working with members of the multi-disciplinary team and with parents will need to be established.
- Valuing parents and/or significant other family members as intrinsic members of the care planning team. Their hard-earned knowledge of their son / daughter will have been obtained over a life-time, and not limited to case-notes and other official records.
- Staff training in both generic and autism-specific skills. This must receive a demonstrated, high priority.
- Staff to be observed to have a calm, quiet manner with the people within their care.
- Unambiguous language consistently used by all practitioners, reducing confusion and anxiety to a minimum. The individual's name should be stated at the beginning of any instruction or question asked.

- Offering 'concrete' choices, which have been experienced by the person with autism.
- Augmentative forms of communication being used throughout the service, demonstrating that it is aware of, and has responded to, the communication needs of people with autistic spectrum disorders.

### Measuring the quality of services

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At the time of writing this guide, well over 100 service providers throughout the UK register their services with Autism Services Accreditation Programme (ASAP). Participants include services provided by health trusts, social services, the voluntary sector and private companies. The ASAP has operated since 1994 and seeks to look at the organisational framework in which a service is provided and to identify how the service understands and responds to autism. Peer review is employed to collect the evidence required upon which to make a judgment whether to accredit or not. Over the past few years the process of accreditation has become more refined and achieved greater definition. The application of standardised measures of quality will certainly assist commissioning managers in being able to identify what qualities are desirable and valuable in services to people with autistic spectrum disorders. It shows a commitment from service providers and also gives an additional benchmark for evaluating standards beyond local authority registration and inspection procedures. It is not clear what impact the projected National Care Standards will have upon the latter's registration inspection procedures.

In addition to external accreditation, it is important that commissioners prepare a series of questions that they want answered to meet their own particular requirements. In the modern

social care climate it is critical that funders, service-users and/or their parent/carers/advocates, and also the service provider, make crystal clear the expectations that any placement can be expected to fulfil. There is no better time to reach agreement than at the assessment stage prior to placement. Honesty will need to be the basis for all discussion; questions will need to be searching from the commissioning manager and from parents; and the provider must be confident about stating what can be realistically provided and achieved and what, most importantly, they do not feel is achievable.

### **Staff training**

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Generically trained staff who have been working in mainstream services for people with learning disabilities often find quite a culture shock when they first work with people with autistic spectrum disorders. Specialist staff training is required in order to give staff a range of skills and underpinning knowledge in order to enable and support people with an autistic spectrum disorder to achieve self-fulfilling lives. As a consequence there has been an explosion in recent years of training courses, of varying quality and credibility, for staff working with adults with autistic spectrum disorders. As yet there are no autism-specific NVQs available. In terms of qualifying courses in autistic spectrum disorders, the University of Birmingham has since 1992, run courses leading to ACE, B.Phil and M.Ed awards. More recently it has run post-experience certificate level courses for those 'hands-on' staff who do not have the pre-requisite professional or academic qualifications to access the former courses. Many providers from the voluntary sectors offer in-house or external training courses which can be bought in and a key point of access is likely to be via the local autistic society covering the area in which the training is required.

### **Methodologies & 'populist' approaches**

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The tried and tested management rubrics of consistency, structure, predictability, calmness and empathy, have been demonstrated, time after time, to work best with adults with autistic spectrum disorders. Some organisations have attempted to encapsulate these key elements in practice and have established marketing strategies around them. Examples include the North Carolina based TEACCH programme, itself inspired by Sybil Elgar's work in London during the 1960s; and the SPELL approach promoted recently by the NAS. It is reasonable also to anticipate that now and again the other, often peripheral, therapies or approaches will hit the headlines and sink as rapidly. Notable recent examples include Facilitated Communication, Holding Therapy and the administration of the hormone, Secretin. The clamour for populist approaches tends to be more prevalent in work with children with autistic spectrum disorders. In the adult field well known behavioural approaches such as Lovaas and Options have received limited take-up, especially as the opportunity for early-age intervention has passed by. Greater recognition has however, been given to the benefits of physical exercise and the culture of group conformity with adults as well as children, established in Japanese culture and encapsulated by the Higashi methodology.



## Sources of Information

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### Literature

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There is now a considerable body of literature and other source material relating to autistic spectrum disorders although much of it is devoted to children with an autistic spectrum disorder. That said, there is a growing list of publications and training aids relating to adults with autistic spectrum disorders. In the main there are two sources of publications, which can be useful - those written by practitioners in the field and, of particular interest, those written by people with an autistic spectrum disorder themselves. Of the latter group, papers and books by Ros Blackburn, Gunilla Gerland, Temple Grandin, Donna Williams and others, are achieving high prominence in the world of autistic spectrum disorders. There are now two journals published in the UK: the Good Autism Practice Journal (GAP), published by the British Institute of Learning Disabilities, which is written by, and for, practitioners, parents and service-users; and the International Journal of Autism published by Sage/NAS.

### On the web

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The internet offers increasing possibilities for information on the subject of autistic spectrum disorders. True, there is an enormous amount of miscellaneous information relating to autistic spectrum disorders on the web but much of it is peripheral and occasionally esoteric. However, greater structure can be achieved by accessing specific sites. For example, a charitably funded world internet conference (Autism 99) was launched during late 1999 and in 2000 an autism portal project (autismconnect) was launched providing easy access point to information held about autistic spectrum disorders throughout the world. The Autism Research Centre at the University of Sunderland holds a large database from which a regularly updated CD Rom is available.

At a more local level, accurate autistic spectrum disorder databases held by local authorities are a rarity. The inability of many local authorities departments to identify and respond to need in a planned and cost-effective way largely stems from the lack of a database from which significant information can be readily extracted.

## Forward Planning to Meet the Needs of Adults with Autistic Spectrum Disorders

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There is an increasing range of services in the UK for adults with autistic spectrum disorders and there is no need for local authorities to feel that their 'difficulties' and the solutions to their 'difficulties' cannot be shared. Traditional models of residential and day provision to adults are not the only way of providing services, as they seemed to be in the past, and increasingly service providers are beginning to look at alternative methods of supporting individuals. Supported tenancies are being developed to meet the needs of adults who are supported best and in the most dignified way by living in their own homes with intensive staff support. Outreach schemes have been developed in some area of the country to provide monitoring support to those individuals with Asperger's syndrome who are vulnerable to health and emotional problems. Employment schemes such as Prospects in London and the fledgling Aspire scheme in the West Midlands, have placed and supported individuals with an autistic spectrum disorder in employment. The development of leisure activities, based upon the concept of social discussion groups, for adults with Asperger's syndrome have been established by a small number of Autistic Societies. Quality audit of these and other services is essential if funders are to place individuals with an autistic spectrum disorder with confidence.

The critical issue is for local authority departments to recognise the need to forward plan to meet the adults with autistic spectrum disorders within their own geographic boundaries. All local authorities need to establish a protocol for the accurate diagnosis of need based upon multi-agency assessment. Yet diagnosis is merely the beginning of a lengthy process which will go on to involve family support services, health, social, and leisure services, transition, further or higher education, housing and employment. By taking a holistic approach at an early stage the individual adult with an autistic spectrum disorder will be viewed as someone whose needs are not static. Services provided should be flexibly planned and delivered taking into account an individual's need to mature and develop and to receive greater or lesser support as the need arises.

## Appendices

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### A. Early diagnosis

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Today, most diagnoses of autistic spectrum disorders are made with children, simply because with increased awareness by clinicians, it is likely that autistic spectrum disorders will be recognised during the formative years of early childhood development. Many children will have developed the condition during the first three years of life but, in practice, the diagnosis is often not made until the child is five years old or older. For those children, who have masked their deficits in socialisation, by showing good or even striking levels of performance in such areas as maths, I.T. or perhaps outstanding memory for detail in narrowly defined areas, the recognition that the child may have an autistic spectrum disorder may often not occur until much later, especially during adolescence.

### B. Adult diagnosis

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For adults there are two key areas where there has been an increase in recognition and diagnosis over recent years, and this can be observed at both ends of the autistic spectrum. There is now good evidence that a significant number of those adults who traditionally resided in long stay hospitals, day centres, and particularly those who present enormous behavioural challenges to services, fall within the autistic spectrum. Often these individuals have associated severe learning disabilities. Conversely, an ever-increasing number of adults living within our everyday communities are also being identified and many are receiving a diagnosis of Asperger's syndrome. Some of these are self-referrals to agencies such as social service departments or autistic societies, but many referrals are prompted initially by community nurses, work colleagues, and even by spouses.

### **C. Can autistic spectrum disorders be associated with other conditions?**

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The first significant association is with learning disability. It is estimated that around 70% of all people with an autistic spectrum disorder will also have an intellectual disability, and the prevalence of autistic spectrum disorders increases proportionately as I.Q. decreases. Clearly this presents a challenge for diagnosticians as there can be considerable overlap between the features of both conditions. Again, it is worth pointing out that Asperger's syndrome is not normally associated with learning disability.

Associations with other disorders can increase the complexity of diagnosis and heighten the need for clinicians to be highly skilled in the assessment process. This is especially true where autistic spectrum disorders can be associated with other disorders which result from chromosomal or genetic abnormalities. Such disorders include Fragile-X syndrome and Retts syndrome. Like an autistic spectrum disorder, in Fragile-X, the condition is more common in males than in females, and behavioural characteristics include stereotyped and repetitive patterns, a dislike of social interaction and an over-sensitivity to sensory stimulation such as sound and touch. With regard to just one of these areas, social interaction, it will be found that the avoidance of social contact by people with Fragile-X syndrome will be due to introversion and social anxiety, whereas for people with autistic spectrum disorders their social restriction will be due to a complete inability to understand the social meaning of interaction with others.



#### **D. What are the causes of autistic spectrum disorders?**

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The nature-nurture argument is just as relevant as a basis for explaining the causes of autistic spectrum disorders as it is for many other types of developmental disabilities. In saying this, there is no suggestion that child-rearing methods can cause autistic spectrum disorders. It seems highly likely that these can derive from a multiplicity of causes but will require a genetic pre-disposition. Identification of the specific genes involved in autistic spectrum disorders has yet to occur but it is the interaction of these genes with environmental factors, which appears to trigger the condition. Typically, as with other disorders of development; pre-or post-natal trauma, childhood illnesses, immunisation programmes and pollution constitute some of the chief environmental suspects.

Considerable research is being undertaken into the effects of diet and how people with autistic spectrum disorders digest food. The work of Paul Shattock in Sunderland University and Rosemary Waring at Birmingham University, amongst others, is producing evidence that the way in which people with an autistic spectrum disorder break down their food in the gut is different from others, leading to the possible identification of a 'leaky gut'. The effect of the 'leaky gut' is to allow toxins and allergies from food to enter the blood stream. Foodstuffs, which have been identified as possible triggers, include milk products (casein) and wheat (gluten). Citrus fruits, bananas, and artificial food additives are also considered to be dubious foodstuffs. Possible identification is one thing, but dietary treatment is quite another proposition, for casein or gluten free diets are often difficult to administer and disliked by the person with an autistic spectrum disorder.

There is also increasing evidence that the brain of individuals with an autistic spectrum disorder functions differently from others. Studies of the brain using scanning techniques have given mixed and sometimes conflicting results. Some research suggest that parts of the brain are either larger or smaller than usual and that head size can be larger in individuals with an autistic spectrum disorder whose intellectual ability is average or above. Research is underway to detect whether people with autistic spectrum disorders use different parts of the brain from those used by people without autistic spectrum disorders. There are certain areas of the brain which are a particular focus for researchers such as the amygdala, pons and cerebellum and it is these areas which are responsible for attention, planning and flexibility in thinking - areas which are problematic for people with autistic spectrum disorders.

#### **E. Pharmacological approaches to autistic spectrum disorders**

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When looking at the potential advantages of introducing medication, it is important to distinguish between the clinical features of associated disorders, such as mental health problems, from the patterns of behaviour arising as a consequence of the triad of impairments.

There is little doubt that people with an autistic spectrum disorder can be vulnerable to mental health difficulties, depression in particular, and there has been recognition that medication, which has the effect of heightening mood, can be effective. For the person at the higher end of the intellectual spectrum, depression is a significant risk. These individuals often wish to succeed in everyday life, perhaps by looking to get married, or by owning a house, but

completely fail to understand the process of how to achieve these goals. The ensuing frustration and lack of self-worth certainly needs careful monitoring and support and unfortunately in recent years there have been some notable examples, of individuals with an autistic spectrum disorder, taking their own lives.

A second key area where improved understanding of autistic spectrum disorder has led to the introduction of potentially helpful medication is in the management of anxiety. Anxiety-induced behaviour is commonly observed when, for example, change is introduced into an individual's usual routines and everyday life. There is a direct relationship in this specific situation with one aspect of the triad of impairments - an inflexibility of thinking. It has been found over recent years that the introduction of beta-blocker drugs can in some, but not all, cases, be therapeutic for it slows the heart rate and blocks the physical sensations which accompany panic attacks.

Other medications used in autistic spectrum disorders are those conventionally used in the field of learning disabilities. For example, neuroleptics continue to be used in the treatment of severely challenging behaviour. The use of medication to manage challenging behaviour should be minimised, but neuroleptics may have some effect upon the severity of challenging behaviour, and make it more manageable. Certainly such medication seems to do little to help the social withdrawal and lack of motivation associated with individuals with an autistic spectrum disorder. There is an increasing debate on the benefits and deficits of neuroleptic use in autistic spectrum disorders. Finally, epilepsy is often linked with autistic spectrum disorders and anti-convulsants are typically prescribed.

## Suggested Reading

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**Good Autism Practice Journal.** Eds. G. Jones & H. Morgan. BILD Publications. (For the article on the potential implication of incoming legislation see Baillie, R. (2000). GAP. Vol. 1, No2.)

**International Journal of Autism.** Eds. P.Howlin & R.Jordan. NAS/SagePublications.

Howlin, P. (1997) **Autism in Adulthood.** London. Routledge.

Morgan, H. **Adults with Autism - a guide to theory & practice.** (1996). Cambridge. Cambridge University Press.

Peeters, T & Gillberg, C (1999) **Autism : medical and educational aspects.** London. Whurr Publications.

Williams, D. **An Inside-out Approach.** (1996) London: Jessica Kingsley.

**Autism connect** : [www.autismconnect.org](http://www.autismconnect.org)



## Useful Contacts

### Autism Europe

Avenue E. Van Becelaere  
26 B boîte 21  
B-1170 Bruxelles  
Belgium  
Tel: 00 32 2 675 7505

### Autism Research Unit

School of Health Sciences  
University of Sunderland  
Sunderland SR2 7EE  
Tel: 0191 5108922  
[www.osiris.sunderland.ac.uk/autism/](http://www.osiris.sunderland.ac.uk/autism/)

### Autism Services

#### Accreditation Programme

236 Henleaze Road  
Henleaze  
Bristol BS9 4NG  
Tel: 0117 962 8962  
email: ACCPROG@dial.pipex.com

### University of Birmingham

The Course Co-ordinator  
Autism Studies  
Faculty of Education &  
Continuing Studies  
University of Birmingham  
Birmingham B15 2TT

### Good Autism Practice Journal

British Institute of Learning  
Disabilities  
Wolverhampton Road  
Kidderminster  
Worcestershire DY10 3PP

### International Journal of Autism

C/O National Autistic Society  
393 City Road  
London EC1V 1NG

### Scottish Society for Autism

Hilton House  
Alloa Business Park  
Whinns Road  
Alloa FK10 3SA  
Tel: 01259 720044  
[www.autism-in-scotland.org.uk](http://www.autism-in-scotland.org.uk)

### National Autistic Society (NAS)

393 City Road  
London EC1V 1NE  
Tel: 020 7833 2299  
[www.oneworld.org/autism/uk](http://www.oneworld.org/autism/uk)

### World Autism Organisation

Avenue Van Becelaere  
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The Foundation for People with Learning Disabilities works to improve the lives of people with learning disabilities through:

- funding innovative research and service development projects and disseminating the findings
- listening to people with learning disabilities and involving them in its work
- seeking to influence policy
- providing specific and appropriate information to people with learning disabilities.

Launched in October 1998, it is part of The Mental Health Foundation.

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[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)  
[www.learningdisabilities.org.uk](http://www.learningdisabilities.org.uk)

Registered Charity No: 801130

Price: £12.50

ISBN: 1 903645 01 8

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