

Question Report Session 3 13.30 - 14.45			
#	Question	Answer(s)	
1	How does autism effect capacity to control emotions and aggression? Do individuals with autism have capacity for control of violent ideations or acts?	Hi Joseph - we get a lot of referrals where autistic people struggle to understand and manage their emotions - but individuals can learn strategies to help with this. There is a lot of individual difference within this of course, with factors such as trauma, learning disability etc all playing their part.	
2	In your view, best practical tool for Diagnosis please? We aren't well enabled with staff.....	The RCpsych interview guide is very good: https://www.rcpsych.ac.uk/docs/default-source/members/sigs/neurodevelopmental-psychiatry-special-interest-group-ndpsig/ndpsig-autism-diagnostic-interview-guide-2.pdf?sfvrsn=1dc6557_2	
3	Is NAAAPS accessible outside the SLAM catchment area; if so does it need commissioner support. Thank you.	We are a National Service - and commissioners do need to agree and fund - we offer up to 20 sessions	
4	Several friends/colleagues in the Autistic Doctors International (ADI) social media forum(s) who were diagnosed recently have reported having (?cathartic) 'mini-breakdowns' following their diagnosis. Others have reported taking up to 2 years to come to terms with their diagnosis and accept their status. Is this common?	We see a massive range in terms of how long it takes people to come to terms with it - and some people may not - I suspect with a range of factors such as whether they suspected, whether it impacts of their self image etc. I hope your friends/colleagues are doing ok now.	
5	I was wondering whether some clients that are diagnosed find the "label" that comes with the diagnosis limiting?	I am sure they do Rebeka - I guess in adult services people usually want a diagnosis and wait for a while to be assessed, but I have certainly known teenagers who reject the label!	I also think it depends on how the diagnosis is made, communicated and what the next steps are. Autistic colleagues I have worked with often say that they have gained more from talking to other autistic people and finding a community there, than perhaps they have gained from the narrower view that might be found in some parts of mental health services
6	Whilst getting a diagnosis comes as a relief, and helps with understanding. What about the individual who is just the wrong side of the diagnostic line, so has marked "ASD" traits; and associated difficulties, but does not meet the threshold. Is there an issue with using a binary outcome, or binary labelling, to a complex presentation which sits as part of a spectrum?	Hi John, I agree it is a challenge - as a psychologist I would typically be more 'formulation' based rather than 'diagnostic' - so considering an individuals difficulties and how to help them - but unfortunately the way services are funded makes this very difficult without a formal diagnosis. However, we do try to offer some of this when we can, even where people fall the 'wrong' side!	
7	What is 3rd wave CBT?	It is an approach that focuses on tolerating difficult thoughts and feelings and enabling the individual to identify and meet goals, despite these	
8	Thanks		
9	What's the place of RO-DBT in individual therapy?	This isn't an approach that I (SD) am familiar with specifically, although DBT has been adapted for use for some clients with autism where this has been deemed appropriate, with good results.	
10	One colleague has now given up on a career in medicine (where many autists struggle against an intrinsically unfair system) and has taken up Art School - this to me illustrates that high functioning autists in careers that are a poor fit/have little tolerance may be better off changing career?	Yes - I agree, although it is a shame if we are losing good medics as we need them - we have an autistic staff member on NAU and they bring so much to the team in terms of helping us understand more from an autistic perspective and they are great with the clients and are a positive role model.	
11	In the NHS, ASD staff requesting 'reasonable adjustments' are often met with intransigence or lack of understanding from line managers and HR.	We hear too many stories like this - the NHS must do better to lead by example!	
12	I am seeing a 21 year old patient who lives in Wales who may benefit from an ASD assessment via telemedicine. Where could I refer him for assessment in the NHS?	The SLaM Behavioural Genetics Clinic is National and offers remote assessments	
13	what is NAAAPS NAU	Sorry, I explained the acronyms at the start - National Adult Autism and ADHD Psychology Service and National Autism Unit	
14	Higher functioning ASD (especially in adults) can be a particularly challenging area and there is definitely a gap in service provision. Please could you suggest some resources/organisations (nationally). Even if this means accessing private support as in NHS, some areas hardly offer any or waiting list is too long.	Unfortunately a lack of resources is often a challenge for individuals with autism without a learning disability. The National Autistic Society can be a helpful place to start. We do offer psychological support via NAAAPS but unfortunately have a long wait as well as need outstrips capacity.	Autistica may also be helpful, and Autangel provides a calendar of events for autistic adults
15	I'm interested in the commissioning arrangements for your service and how it fits in with IAPT and CMHT. In most parts of the country there is a gap in provision for autistic people who have psychological problems but don't meet criteria for CMHT	Hi Conor - for NAAAPS we are funded on a case by case basis by NHS commissioners around the country. I feel autistic people should be seen in IAPT and CMHTs but they continue to refuse clients due to their autism. We are looking at adding a consultation model that could help build up their experience and confidence.	The national service model suggests there should be autism specialist teams that provide support to CMHTs and IAPT services in working with autistic adults; sadly this doesn't happen in many areas, but MHA reform and the NHS long term plan may improve commissioning of such teams
16	what advice could you offer a non specialist mental health inreach team working in a prison setting with ASD prisoners re management of the distress they experience due to their inability to maintain their routines within a prison regime, the increased sensory stimulus, social isolation, exploitation etc	I think this is a real challenge - I think the first step would be making sure staff are familiar with autism and know what helps. It may also be worth working with local forensic services to see if they can advise. It is a challenge across the board. This paper may be of interest https://www.autism.org.uk/advice-and-guidance/professional-practice/prison-probation	Is there a local transforming care team for forensic service users with ASD/LD? They may be able to advise
17	The transition between juvenile and adults services - especially for those awaiting formal diagnosis - is really badly provided for.	Hi Kai - totally agree, in SLaM we are meeting with our equivalents in child services to try to improve this but I worry how many people fall through the net - it is also very stressful for families.	

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18	Wave 3 - what other disorders can it be applied in? thanks	3rd wave CBT is used for a range of conditions - eg Mindfulness based approaches are being used in physical health. These approaches remain mostly utilised for difficulties with emotional management - anxiety, depression, anger etc.	
19	do you think that the new way of describing people with autism as "autistic people" has the potential for narrowing some of that holistic thinking and making it more likely for that narrative of someone "being their diagnosis" stronger?	Great question - and probably a bigger discussion than we can manage here! Self-advocates prefer 'autistic people' - but of course if you are a self-advocate, by nature, you have embraced your autistic identity, so I am sure not everyone feels that way. I guess what matters psychologically is that people are happy with their relationship with the diagnosis - whatever that is!	
20	Can you please talk about adapting NVR for individuals with ASD	This is a new area, but NVR appears to be helpful with limited adaptations, however Mentalisation (helping young people identify and understand the impact of their emotions) and Over-accomodation (where families get into unhelpful patterns trying to avoid distress) seem to be helpful adaptations.	
21	Is there one recommended intervention- which can be adapted to regular clinical community out-patient where specialist psychological input is not accessible?	In reality - there is no reason that individuals with ASC can't benefit from local services such as IAPT with reasonable adjustments, so CBT in these context can be helpful. Unfortunately services often struggle to support individuals in these local services, hence they often get referred to specialist services.	
22	What is your experience with individuals with ASD with comorbid substance misuse difficulties - I find them quite challenging in my practice as an GA inpatient consultant	There's very limited research about substance misuse in ASD, but I (SB) think it is quite common as a coping strategy. As with non-autistic people, I think it's important to understand the function of the substance use, and in ASD also think about skills gaps (eg in emotion recognition and regulation) that may need to be taught	
23	How are you approaching psychological intervention for social anxiety in ASD during the pandemic? I work in a community service. Patients who we know have significant social anxiety in e.g. school context/work environment are not currently exposed to the triggers of their anxieties.	Responses to the pandemic have been varied - I have some clients who are enjoying the lack of pressure on a day to day basis and have thrived during lockdown, and others who find the lack of structure and being to do favoured activities intolerable. The reality is that there are elements of work that have had to be paused and social anxiety is one of those - we can't currently help people to test out their new found strategies in social settings, so any learning is not moved into the community. It seems likely these individuals may have a more entrenched social anxiety when all this is over, and so services will have to work hard to support people back into the community. However, I think we will also have learnt a lot about what it is reasonable to ask individuals to do, and how we can help them manage the stress that daily life brings!	
24	To the speakers have any views on the proposals for people with autism or Learning Difficulties in the recent White Paper on Reforming the Mental Health Act?	live answered	
25	If you have a person in the clinic avoiding eye contact and reports years of resistance to change, loves routines and gets extremely anxious if plans change, wears the same kind of clothes eats the same kind of foods ie has all the features of ASD. Would you still take a Multidisciplinary approach to diagnosis and get a detailed developmental history.	live answered	
26	Thank you		
27	Please could you comment on the refusal of GP referrals of suspected autism in children based on age only, despite clear signs, collective concern from school, and clear reduced academic engagement in the pre-schooling environment. Thank you.	Hi - this isn't my (SD) area of expertise as we work with adults, but obviously we want children to get the right support as early as possible, as this impacts on their trajectory into adulthood. I think a lot of CAMHS services have a range of referral routes, including via schools, so it is important to build these relationships across services. It will be interesting to see if there is any impact following the Oliver McGowan mandatory training being rolled out soon.	
28	Attending local CTR I found that commissioners have little influence on services especially LAs and indeed providers with recommendations not being implemented as those sectors feel they are not obliged to carry them out. Wondered what your experience is	I think this is a common challenge, the main problem being that CTRs don't have any statutory power. Perhaps this will change with the MHA review, although I also think some of the problem is services not knowing what is expected of them, e.g. developing POSitive Behaviour Support plans may be challenging for a care coordinator with limited time and experience of these.	
29	Are there criteria to define an inappropriate admission?	Live answered	
30	What service models are there for autism without LD? Would GIRFT help? Would a faculty (or creating a combined LD/ASD faculty)? And perhaps a version of a quality network? CCGs remain retiscent to fund autism only teams/services despite the evidence of children being admitted to hospital particularly around periods of transition.	There is a national service framework developed as a part of Transforming Care policy - see https://www.england.nhs.uk/learning-disabilities/care/	
31	Is there any evidence for co occurrence of ASD and Anankastic PD?	There's limited research, but some suggestions there might be an overlap, although differentiating the two can be challenging	

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32	As per my experience sometimes repetitive crisis presentations reduce the possibility of any psychological interventions. Is there anything that can be used between crises/admissions until stability is acquired?	I (SB) would want to start by understanding the function of the repeated crisis admissions, and then think about a systemic approach to reduce these, e.g. positive behaviour support planning, which might include skills development for the person, and a different understanding of how needs can be met in other areas of the system	
33	Sarah, please share details of training opportunities for post diagnostic support and CBT for adult autism for... would like to get involved as a special interest if possible.	There are limited training opportunities, although some training is run through BABCP and BPS; some services have also set up their own training programmes or days	
34	Is DBT of benefit for ASD patients who self harm?	There is some ongoing research looking at adapting DBT for autistic people who self-harm. From a theoretical perspective the DBT model looks as if it should be helpful	
35	The Crisis pathway slide: this looks brilliant. I work for AMHT in Southampton and this would be hugely benefit as an option. Are there plans to extend this service nationally?	Thank you. National roll out is dependent on local commissioning and how they are implementing transforming care policy	
36	How do you help the family where there is Autism in parents as well as children?	I think it depends what the issues are, and what the needs are. A systemic approach looking at what the family support needs are and what strengths they have to meet these might be a useful starting point	
37	Mental health services can not take on all conditions. If ASDs are neuro developmental disorders- then surely there is the need of a specialised service with the right level of expertise.	I agree, and wouldn't argue that everyone with ASD should be seen in a mental health service. However, autistic people with mental health needs should be able to access the appropriate service for their mental health needs, whether IAPT, CMHT, or other specialist service. The service model suggests all mental health teams should have access to autism specialist support although this obviously doesn't happen in practice everywhere.	
38	Thanks, very good presentations! Any suggestions of adapting ED treatment for people with ASD?	Hi - although not an area of my expertise I would suggest that the general adaptations recommended should be helpful - so ensuring information provided is clear, straightforward but also sufficiently detailed to meet that individual's needs. More practical examples can be useful eg models, videos etc and getting those who know the individual well to support the work if they are happy for this to happen. Planning sessions to take into consideration sensory and cognitive needs. Hope that helps!	There is also some useful guidance on https://www.peacepathway.org/
39	You would not do MDT diagnosis it for EUPD which also starts in childhood		
40	a 'relaxed diagnosis' won't be accepted as a formal diagnosis by services offering support only to those with a NICE standard of diagnosis. The NHS system is totally non-service-user-friendly.		
41	Thanks very much to both of you for really informative and interesting talks	Thank you!	
42	Are there issues with CTR being enforceable relating to RCs/MDTs not clinically agreeing with proposed treatment/interventions? How will they be "enforced"?	This is a great point. The MHA review suggests that the RC will have to justify deviating from CTR proposed treatment, but it remains to be seen how this will work in practice. Resource limitations also often impact on the ability to implement CTR recommendations too, so I think this would need to be addressed to make CTRs more enforceable	