

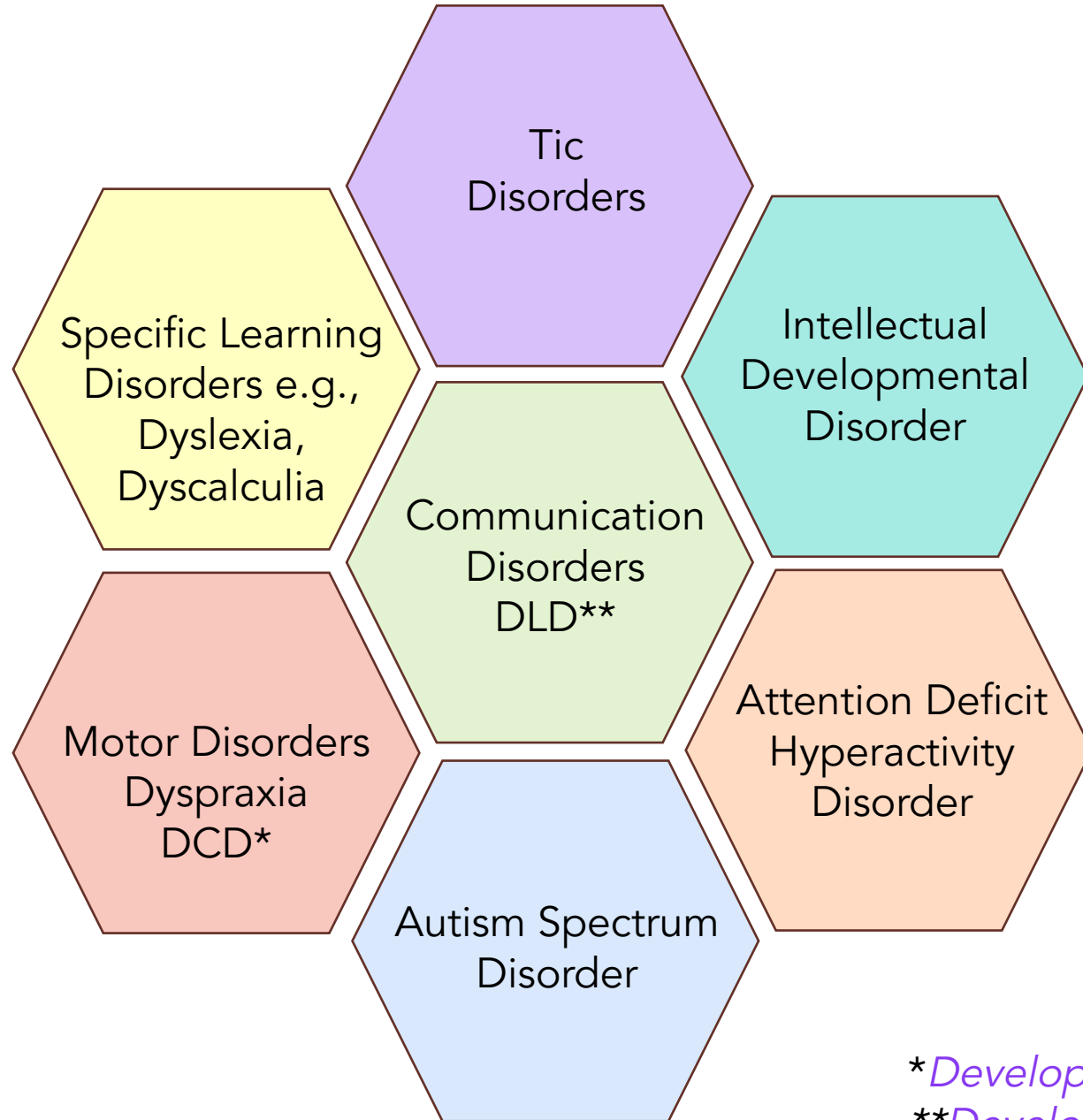
An abstract, expressive portrait of a person's head and shoulders, created with thick, visible brushstrokes. The subject is facing slightly to the right. The hair is depicted with broad, sweeping strokes in shades of bright yellow, lime green, and teal. The face is primarily a vibrant blue, with a dark, almost black, eye area. The neck and shoulders are rendered in a mix of magenta, red, and orange. The background is a solid, bright blue, which contrasts sharply with the white space around the portrait. The overall style is dynamic and energetic, emphasizing color and movement over fine detail.



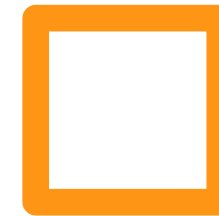


Agenda

- Neurodevelopmental Differences
- Autism
- School Strategies
- Questions/discussion



Examples of Neurodevelopmental Differences



**Developmental co-ordination disorder*

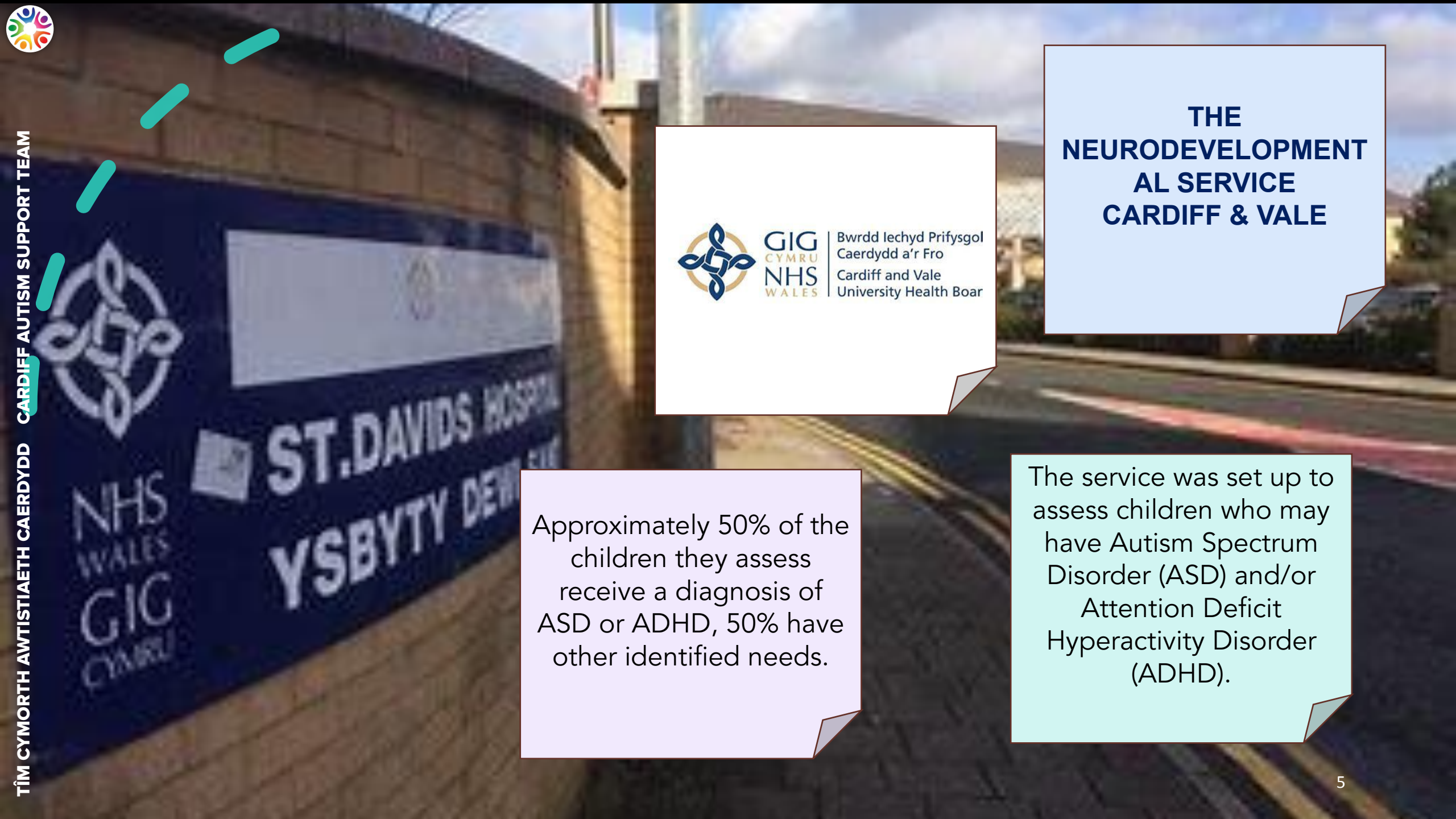
***Developmental language disorder*



Prevalence of Neurodevelopmental Differences



- *Approximately 1 in 10 of the population are affected by neurodevelopmental conditions, such as attention deficit hyperactivity disorder, autism spectrum disorder, and learning, motor, and language problems.*



THE NEURODEVELOPMENT AL SERVICE CARDIFF & VALE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Approximately 50% of the children they assess receive a diagnosis of ASD or ADHD, 50% have other identified needs.

The service was set up to assess children who may have Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD).



The Diagnostic Process

Gathering detailed information from those involved in the child/young person's learning and care.

It is a complex process that can involve:

Taking into account the child's cognitive strengths and weaknesses.

Carrying out relevant medical screening e.g. blood tests, genetics, hearing, vision, neurology.

Looking at the quality and pattern of behaviour and interactions.

Exploring other contributing factors in more detail (Social/Dev history, trauma, anxiety, language etc.).

The assessment period can be longer for more complex presentations or those with more subtle difficulties.



DSM – 5 ASD diagnostic criteria

Currently, or by history, must meet criteria A, B, C , D & E

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:

1. Deficits in social-emotional reciprocity
2. Deficits in non-verbal communicative behaviours used for social interaction
3. Deficits in developing and maintaining relationships

B. Restricted, repetitive patterns of behaviour, interests or activities as manifested by at least two of the following:

1. Stereotyped or repetitive speech, motor movements, or use of objects
2. Excessive adherence to routines, ritualised patterns of verbal or non-verbal behaviour, or excessive resistance to change
3. Highly restricted, fixated interests that are abnormal in intensity or focus
4. Hyper or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

DSM – 5 ASD diagnostic criteria

Currently, or by history, must meet criteria A, B, C , D & E

C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)

D. Symptoms together limit and impair everyday functioning

E. Symptoms not better explained by intellectual disability or global developmental delay

These difficulties cannot be explained by traumatic events or other significant life events



DSM – 5 ADHD diagnostic criteria

Must meet criteria for Inattention, Hyperactivity/Impulsivity, or Both

1. Inattention

17 and younger: Six or more of these symptoms must be present for at least 6 months, be inconsistent with the child's developmental level, and have a negative effect on their social and academic activities. To be endorsed, the following must occur "often":

- a. Fails to pay close attention to details
- b. Has trouble sustaining attention
- c. Doesn't seem to listen when spoken to directly
- d. Fails to follow through on instructions and fails to finish schoolwork or chores
- e. Has trouble getting organised
- f. Avoids or dislikes doing things that require sustained focus/thinking
- g. Loses things frequently
- h. Easily distracted by other things
- i. Forgets things



DSM – 5 ADHD diagnostic criteria

Must meet criteria for Inattention, Hyperactivity/Impulsivity, or Both

2. Hyperactivity and Impulsivity:

Six or more of these symptoms must be present for at least 6 months, be inconsistent with the child's developmental level, and have a negative effect on their social and academic activities. To be endorsed, the following must occur "often":

- a. Fidgets with hands/feet or squirms in chair
- b. Frequently leaves chair when seating is expected
- c. Runs or climbs excessively
- d. Trouble playing/engaging in activities quietly
- e. Acts "on the go" and as if "driven by a motor"
- f. Talks excessively
- g. Blurts out answers before questions are completed
- h. Trouble waiting or taking turns
- i. Interrupts or intrudes on what others are doing



Autism Facts

- Evidence suggests that autism may be genetic. Certain gene mutations (genetic changes) might cause ASD.
- There is no link between autism and vaccines.
- Autism is not caused by bad parenting, diet or infection.
- If you are autistic, you are autistic your whole life.
- Like everyone people with autism have things they are good at as well as things they find more difficult



School Strategies

Visual timetables

All staff Autism aware

Routine and structure

Communication with parents

Visual teaching strategies

Movement breaks

Breakout spaces

Nurture activities

Flexible where needed





Thank you

PLEASE GET IN TOUCH IF YOU HAVE ANY QUESTIONS

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