Summary of NICE guidance

The National Institute for Health and Care Excellence (NICE) is a UK agency which provides national guidance and advice to improve health and social care.

It has published a number of guidance documents on autism. We have summarised some of the key guidance below.

Children and young people

The following extracts on children and young people with autism are from *Autism: The Management and Support of Children and Young People on the Autism Spectrum* (2013). Leicester and London: The British Psychological Society and The Royal College of Psychiatrists.

The extracts are reproduced with permission from the British Psychological Society and the Royal College of Psychiatrists.

NICE clinical guidance on the core symptoms in children and young people with autism

Psychosocial interventions

5.6.1.1 Consider a specific social-communication intervention for the core features of autism in children and young people that includes play-based strategies with parents, carers and teachers to increase joint attention, engagement and reciprocal communication in the child or young person. Strategies should:

- be adjusted to the child or young person's developmental level
- aim to increase the parents', carers', teachers' or peers' understanding of, and sensitivity and responsiveness to, the child or young person's patterns of communication and interaction
- include techniques of therapist modelling and video-interaction feedback
- include techniques to expand the child or young person's communication, interactive play and social routines.

The intervention should be delivered by a trained professional. For pre-school children consider parent, carer or teacher mediation. For school-aged children consider peer mediation.

Pharmacological and dietary interventions

5.6.1.2 Do not use the following interventions for the management of core features of autism in children and young people:

- antipsychotics
- antidepressants
- anticonvulsants
- exclusion diets (such as gluten- or casein-free diets).

Interventions for autism that should not be used in any context

5.6.1.3 Do not use the following interventions to manage autism in any context in children and young people:

- secretin
- chelation
- hyperbaric oxygen therapy.

NICE clinical guidance on co-existing problems in children and young people with autism

Mental health or medical problems

10.1.7.1 Offer psychosocial and pharmacological interventions for the management of coexisting mental health or medical problems in children and young people with autism in line with NICE guidance for children and young people, including:

- antisocial behaviour and conduct disorders in children and young people (NICE clinical guideline 158)
- attention deficit hyperactivity disorder (ADHD) (NICE clinical guideline 72)
- constipation in children and young people (NICE clinical guideline 99)

- depression in children and young people (NICE clinical guideline 28)
- epilepsy (NICE clinical guideline 137)
- obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD) (NICE clinical guideline 31)
- post-traumatic stress disorder (PTSD) (NICE clinical guideline 26).

10.1.7.2 Consider the following for children and young people with autism and anxiety who have the verbal and cognitive ability to engage in a cognitive behavioural therapy (CBT) intervention:

- group CBT adjusted to the needs of children and young people with autism
- individual CBT for children and young people who find group-based activities difficult.

10.1.7.3 Consider adapting the method of delivery of CBT for children and young people with autism and anxiety to include:

- emotion recognition training
- greater use of written and visual information and structured worksheets
- a more cognitively concrete and structured approach
- simplified cognitive activities, for example, multiple-choice worksheets
- involving a parent or carer to support the implementation of the intervention, for example, involving them in therapy sessions
- maintaining attention by offering regular breaks
- incorporating the child or young person's special interests into therapy if possible.

Speech and language problems

10.1.7.10 Do not use neurofeedback to manage speech and language problems in children and young people with autism.

10.1.7.11 Do not use auditory integration training to manage speech and language problems in children and young people with autism.

NICE clinical guidance on behaviour that challenges in children and young people with autism

Anticipating and preventing behaviour that challenges

6.7.1.1 Assess factors that may increase the risk of behaviour that challenges in routine assessment and care planning in children and young people with autism, including:

- impairments in communication that may result in difficulty understanding situations or in expressing needs and wishes
- coexisting physical disorders, such as pain or gastrointestinal disorders
- coexisting mental health problems such as anxiety or depression and other neurodevelopmental conditions such as ADHD
- the physical environment, such as lighting and noise levels
- the social environment, including home, school and leisure activities
- changes to routines or personal circumstances
- developmental change, including puberty
- exploitation or abuse by others
- inadvertent reinforcement of behaviour that challenges
- the absence of predictability and structure.

6.7.1.2 Develop a care plan with the child or young person and their families or carers that outlines the steps needed to address the factors that may provoke behaviour that challenges, including:

- treatment, for example, for coexisting physical, mental health and behavioural problems
- support, for example, for families or carers
- necessary adjustments, for example, by increasing structure and minimising unpredictability.

Assessment and initial intervention for behaviour that challenges

6.7.1.3 If a child or young person's behaviour becomes challenging, reassess factors identified in the care plan and assess for any new factors that could provoke the behaviour.

6.7.1.4 Offer the following to address factors that may trigger or maintain behaviour that challenges:

- treatment for physical disorders, or coexisting mental health and behavioural problems
- interventions aimed at changing the environment, such as:
  - providing advice to families and carers
  - making adjustments or adaptations to the physical surroundings (see recommendation 4.6.1.9).

6.7.1.5 If behaviour remains challenging despite attempts to address the underlying possible causes, consult senior colleagues and undertake a multidisciplinary review.

6.7.1.6 At the multidisciplinary review, take into account the following when choosing an intervention for behaviour that challenges:

- the nature, severity and impact of the behaviour
- the child or young person's physical and communication needs and capabilities
- the environment
- the support and training that families, carers or staff may need to implement the intervention effectively
- the preferences of the child or young person and the family or carers
- the child or young person's experience of, and response to, previous interventions.

Psychosocial interventions for behaviour that challenges

6.7.1.7 If no coexisting mental health or behavioural problem, physical disorder or environmental problem has been identified as triggering or maintaining the behaviour that challenges, offer the

child or young person a psychosocial intervention (informed by a functional assessment of behaviour) as a first-line treatment.

6.7.1.8 The functional assessment should identify:

- factors that appear to trigger the behaviour
- patterns of behaviour
- the needs that the child or young person is attempting to meet by performing the behaviour
- the consequences of the behaviour (that is, the reinforcement received as a result of the behaviour).

6.7.1.9 Psychosocial interventions for behaviour that challenges should include:

- clearly identified target behaviour
- a focus on outcomes that are linked to quality of life
- assessment and modification of environmental factors that may contribute to initiating or maintaining the behaviour
- a clearly defined intervention strategy that takes into account the developmental level and coexisting problems of the child or young person
- a specified timescale to meet intervention goals (to promote modification of intervention strategies that do not lead to change within a specified time)
- a systematic measure of the target behaviour taken before and after the intervention to ascertain whether the agreed outcomes are being met
- consistent application in all areas of the child or young person's environment (for example, at home and at school)
- agreement among parents, carers and professionals in all settings about how to implement the intervention.

Pharmacological interventions for behaviour that challenges

6.7.1.10 Consider antipsychotic medication for managing behaviour that challenges in children and young people with autism when psychosocial or other interventions are insufficient or could not be delivered because of the severity of the

behaviour. Antipsychotic medication should be initially prescribed and monitored by a paediatrician or psychiatrist who should:

- identify the target behaviour
- decide on an appropriate measure to monitor effectiveness, including frequency and severity of the behaviour and a measure of global impact
- review the effectiveness and any side effects of the medication after three to four weeks
- stop treatment if there is no indication of a clinically important response at six weeks.

6.7.1.11 If antipsychotic medication is prescribed:

- start with a low dose
- use the minimum effective dose needed
- regularly review the benefits of the antipsychotic medication and any adverse events.

6.7.1.12 When choosing antipsychotic medication, take into account side effects, acquisition costs, the child or young person's preference (or that of their parent or carer where appropriate) and response to previous treatment with an antipsychotic.

6.7.1.13 When prescribing is transferred to primary or community care, the specialist should give clear guidance to the practitioner who will be responsible for continued prescribing about:

- the selection of target behaviours
- monitoring of beneficial and side effects
- the potential for minimally effective dosing
- the proposed duration of treatment
- plans for stopping treatment.

Adults

The following extracts on adults are from the National Collaborating Centre for Mental Health (2012) *The NICE Guideline on Recognition, Referral, Diagnosis and Management of Adults on the Autism Spectrum*. Leicester and London: The British Psychological Society and The Royal College of Psychiatrists.

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NICE guidance on interventions for adults on the autism spectrum

Psychosocial interventions for the core symptoms of autism

9.3.1.1 For adults with autism without a learning disability or with a mild to moderate learning disability, who have identified problems with social interaction, consider:

- a group-based social learning programme focused on improving social interaction
- an individually delivered social learning programme for people who find group-based activities difficult.

9.3.1.2 Social learning programmes to improve social interaction should typically include:

- modelling
- peer feedback (for group-based programmes) or individual feedback (for individually delivered programmes)
- discussion and decision-making
- explicit rules
- suggested strategies for dealing with socially difficult situations.

9.3.1.3 Do not provide 'facilitated communication' for adults with autism.

Psychosocial interventions focused on life skills

9.3.1.4 For adults with autism of all ranges of intellectual ability who need help with activities of daily living, consider a structured and predictable training programme based on behavioural principles.

9.3.1.5 For adults with autism without a learning disability or with a mild to moderate learning disability, who are socially isolated or have restricted social contact, consider:

- a group-based structured leisure activity programme
- an individually delivered structured leisure activity programme for people who find group-based activities difficult.

9.3.1.6 A structured leisure activity programme should typically include:

- a focus on the interests and abilities of the participant(s)
- regular meetings for a valued leisure activity
- for group-based programmes, a facilitator with a broad understanding of autism to help integrate the participants
- the provision of structure and support.

9.3.1.7 For adults with autism without a learning disability or with a mild to moderate learning disability, who have problems with anger and aggression, offer an anger management intervention, adjusted to the needs of adults with autism.

9.3.1.8 Anger management interventions should typically include:

- functional analysis of anger and anger-provoking situations
- coping-skills training and behaviour rehearsal
- relaxation training
- development of problem-solving skills.

9.3.1.9 For adults with autism without a learning disability or with a mild learning disability, who are at risk of victimisation, consider anti-victimisation interventions based on teaching decision-making and problem-solving skills.

9.3.1.10 Anti-victimisation interventions should typically include:

- identifying and, where possible, modifying and developing decision making skills in situations associated with abuse
- developing personal safety skills.

9.3.1.11 For adults with autism without a learning disability or with a mild learning disability, who are having difficulty obtaining or maintaining employment, consider an individual supported employment programme.

9.3.1.12 An individual supported employment programme should typically include:

- help with writing CVs and job applications and preparing for interviews
- training for the identified work role and work-related behaviours
- carefully matching the person with autism with the job
- advice to employers about making reasonable adjustments to the workplace
- continuing support for the person after they start work
- support for the employer before and after the person starts work, including autism awareness training.

Biomedical (pharmacological, physical and dietary) interventions and the core symptoms of autism

9.3.1.13 Do not use anticonvulsants for the management of core symptoms of autism in adults.

9.3.1.14 Do not use chelation for the management of core symptoms of autism in adults.

Summary of recommendations

9.3.1.15 Do not use the following interventions for the management of core symptoms of autism in adults:

- exclusion diets (such as gluten- or casein-free and ketogenic diets)
- vitamins, minerals and dietary supplements (such as vitamin B6 or iron supplementation).

9.3.1.16 Do not use drugs specifically designed to improve cognitive functioning (for example, cholinesterase inhibitors) for the management of core symptoms of autism or routinely for associated cognitive or behavioural problems in adults.

9.3.1.17 Do not use oxytocin for the management of core symptoms of autism in adults.

9.3.1.18 Do not use secretin for the management of core symptoms of autism in adults.

9.3.1.19 Do not use testosterone regulation for the management of core symptoms of autism in adults.

9.3.1.20 Do not use hyperbaric oxygen therapy for the management of core symptoms of autism in adults.

9.3.1.21 Do not use antipsychotic medication for the management of core symptoms of autism in adults.

9.3.1.22 Do not use antidepressant medication for the routine management of core symptoms of autism in adults.

Please note: NICE periodically updates its clinical guidance on issues such as autism. Please check the NICE website at www.nice.org.uk for details of the most current guidance.