

Chapter 14

Developmental disorders

LEARNING OBJECTIVES

After reading and studying this chapter and participating in lecture and discussion, students should have an understanding of:

- Definitions and some of the causes of learning difficulties.
- Aspects of the social and psychological care of people with learning difficulties.
- The biological and psychological bases of autism.
- Treatment of autism and autistic behaviours.
- Factors that contribute to ADHD.
- Biological and psychological treatments of ADHD.

CHAPTER OUTLINE

- 14.1 Learning disorders
 - Aetiology of learning difficulties
 - Down syndrome
 - Fragile X syndrome
 - Social interventions in learning difficulties
 - Preparing for adulthood
 - Occupation and employment
 - Living away from institutions
 - Psychological interventions in learning difficulties
 - Teaching skills
 - Coping with challenging behaviour
 - Treating emotional problems
- 14.2 Autism Spectrum Disorder
 - Core limitations of ASD
 - Growing up
 - Aetiology of ASD
 - Genetic factors

- Biological mechanisms
 - The opioid theory
- Psychological models
- Treatment of ASD
 - Pharmacological approaches
 - Behavioural approaches

- 14.3 Attention-deficit/hyperactivity disorder (ADHD)
- Aetiology of ADHD
 - Biological mechanisms
 - Psychological explanations
 - A biopsychosocial model
 - Treatment of ADHD
 - Pharmacological interventions
 - Working with children with ADHD
 - Working with adults who have ADHD

QUESTIONS FOR DISCUSSION

These may be useful to use at the beginning of the teaching session to get a sense of where people lie on these issues, to spark some interest in them, and as a link to refer to as the lecture progresses.

1. Which of the following is the formal name of Down Syndrome?
 - a. Chromosomal disorder-21
 - b. Trisomy-21
 - c. Early Opioid Exposure Syndrome (EOES)
2. What is the most recent name given to the social movement supporting the integration of people with learning disorders within society?
 - a. Valorisation
 - b. Normalisation
 - c. Intergrationism
 - d. Socialism
3. Which of the following is NOT a core dimension within the diagnostic criteria for Autism Spectrum Disorder according to DSM:
 - a. Deficits in social communication

- b. Restricted, stereotyped behaviour
- c. Difficulties in language comprehension
- d. All of the above ARE core dimensions

4. Which of the following is not a treatment for ADHD?

- a. Attentional re-training
- b. Environmental manipulation
- c. Medication including Methylphenidate Hydrochloride
- d. Antipsychotic medication

LECTURE SUGGESTIONS

The chapter/lectures address a number of conditions and issues including:

- The social engagement of people with learning difficulties
- Autism Spectrum Disorder
- Attention-deficit/hyperactivity disorder (ADHD)

The social engagement of people with learning difficulties is an important issue and concerns how society treats people who are 'different' and, arguably, 'less able'. As a clinical psychologist in the 1980s, I and the entire department I was working with were required to attend a workshop on normalisation (and its related issues of bias whether conscious or unconscious) following the approach taken by Wolfensberger. It was an important meeting and indicated the significance of the issues. Now under the name of valorisation, the movement is still relevant and continues to call for the full integration of people with learning difficulties into society. Coincidentally, my local (South Wales) television channel has just shown a programme on a 'super school' for people with learning (and some physical) difficulties from the most profound to those taking A levels – a clear breach of these principles. Something for debate...

The wide range of outcomes experienced by people with a diagnosis of ASD clearly indicates the need for a spectrum of disorders rather than the previous dichotomous diagnosis in DSM IV. The diagnosis includes individuals with profound learning difficulties and the absence of language to individuals who to the casual observation may have few if any problematic characteristics. The range of therapeutic approaches that may be used varies accordingly, although these tend to be psychological as pharmacological interventions have proved of minimal benefit. The chapter includes consideration of the now debunked (and never scientifically valid) debacle surrounding the relationship between the MMR vaccine and autism – a key issue in the rise of anti-vax attitudes. Andrew Wakefield has much to answer to, and for those interested continues to propagate conspiracy theories; now about Covid-19. The causes of ASD remain unclear. The popular 'excess opioid theory' has a number of empirical challenges and has not led to the successful treatment of the disorder. Of interest is that the gut biome, independently of its role in high levels of opioids, is now possibly implicated in its aetiology as is exposure to high levels of serotonin in the perinatal period.

ADHD is a controversial diagnosis, partly because it is a dichotomous diagnosis applied to what is a continuum of behavioural and attentional processes. The diagnosis also has the potential to be used to justify the medical treatment of at least some children that may be better treated using behavioural strategies. Additionally, diagnosis can be a barrier to some children in accessing certain schools. That is not to say it is not a 'real' problem and as the teacher in the chapter testifies, treatment with Ritalin can be of significant benefit. However, care should be taken not to over-use the diagnosis. In describing ADHD, most people think of it as a problem for children. But while many people will experience a diminution of symptoms over time, around 10% of children with the diagnosis will go on to experience continued problems. Interventions include those targeted at individual characteristics such as attention and problem-solving training, but also environmental approaches including operant conditioning of appropriate behaviour through token economies and reducing distractions within the environment.

CLASSROOM ACTIVITIES

Small group discussion: should we be teaching children with learning difficulties in specialist schools or should they be integrated into normal schools? (or is there an argument for a hybrid system of both depending on need and severity of problems?)

Small group discussion: The hypothesised link between autism (ASD) and MMR was based on bad science and the originating paper was rapidly withdrawn by the journal in which it was first published. So, how did the MMR controversy become so wide-spread and impactful, and significantly feed into the wider anti-vax movement?

Small group discussion: Drugs or psychosocial interventions – either, neither or both? What and how should therapy be provided for people with a diagnosis of ADHD?