

Report by:

Tessen Clifford
Student Researcher

PHD - Clinical Psychology
Queen's University

I have many interests in research related to ASD, both in how it relates to my own research and my clinical work. I was very excited to attend the International Meeting for Autism Research in Philadelphia this year and was pleased to have the opportunity to hear about some of the newest findings in many disciplines.

I was able to learn about some new research in areas that I don't know much about. In particular, I attended a series of lectures on Epidemiology, during which I learned about several studies investigating risk of ASD based on maternal fertility treatment, smoking and infection during pregnancy. I also learned that low birth weight and smaller head circumference at 6 weeks of age were both associated more ASD symptoms and higher rates of ASD diagnoses.

I also attended a series of talks on measuring outcomes for adolescents and adults with ASD. Dr. Taylor presented some data, which is consistent with what has been found by some of the researchers I have worked with at Queen's, that found that after transitioning out of school, young adults with ASD had fewer improvements in behaviour. She found that especially for lower income families, leaving high school was associated with more behaviour problems. During this series, there was also a discussion about the importance of considering family demographic variables when measuring outcome. As well, Kate Gotham reported that people with ASD who were aware of their

difficulties with daily living skills reported more depressive symptoms than people with ASD who were not aware of their deficits. I found these findings especially relevant to my clinical work, and I think it will be important to keep this in mind when working with higher functioning adolescents and adults.

I attended several talks on pharmacological and medical treatments for children with ASD which I found especially informative, since this is not an area with which I am familiar. One interesting finding was that using oxytocin improved repetitive behaviours in a group of children with ASD. As well, a placebo-controlled study on the use of Fluoxetine for young children found that there were minor improvements in social skills, ASD symptoms and irritability, but most notably caregiver strain was reduced in children who were taking the drug as opposed to the controls. I was very interested in a few talks related to gastrointestinal problems in kids with ASD. One speaker reported that, not surprisingly, GI complaints were associated with more behaviour and sleep problems. In a study examining the effects of a restrictive diet on 4 children with Aspergers disorder Dr. Schelleman reported that the diet was associated with a greater reduction in behaviour problems in these children than a behavioural intervention. I am looking forward to this diet being studied with more children in order to determine if it may be a viable treatment option for some children with ASD.

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Reports from Delegates Supported by Autism Ontario

My own research focuses on the experiences of parents of children with ASD and particularly on the differences between parents who use parent support groups and those who do not. I have finished collecting

information for my study and was pleased to be able to present some of my findings in a poster at IMFAR. I was able to speak to a number of researchers, parents and professionals about my findings.