

*Contestualizzazione dell'intervento nell'ambito
delle iniziative nazionali in materia di cura delle
persone con disturbi dello spettro autistico
e di assistenza alle famiglie*

21 Marzo 2017

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Istituto Superiore di Sanità

Linee guida nazionali ed internazionali

This guideline was developed by an independent panel of professionals and parents sponsored by the New York State Department of Health, Early Intervention Program.

Clinical Practice Guideline, Report of the Recommendations

- Autism Information
- Eligibility
- Medical History
- Assessment/Intervention
- Young Children (Age 0-3 Years)
- Clinical Practice Guideline/Developmental Delay, Autism/Pervasive Developmental Disorders
- Diagnosis/Why the Early Intervention Program is Developing Clinical Practice Guidelines
- Insurance
- Parents
- Why the Early Intervention Program is Developing Clinical Practice Guidelines

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New York State Department of Health, Early Intervention Program.

Good practice guidelines for the treatment of autistic spectrum disorders

J. Fuentes-Biggi, M.J. Ferrari-Arroyo, L. Boda-Muñoz, E. Touriño-Aguilera, J. Artigas-Pallarés, M. Belinchón-Carmona, J.A. Muñoz-Yunta, A. Hervás, R. Canal-Bedia, J.M. Hernández, A. Díez-Cuervo, M.A. Idiazabal-Alecha, F. Mulas, S. Pateños, J. Tamari, J. Martos-Pérez, M. Posada-De la Paz

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98 Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders

A national clinical guideline

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Interventi che utilizzano nuove tecnologie:

INTERVENTI PER LA COMUNICAZIONE SOCIALE E L'INTERAZIONE

Sono stati individuati vari studi che valutano l'efficacia di interventi volti direttamente a supportare la comunicazione sociale e l'interazione: *social stories*, interventi che utilizzano nuove tecnologie (video per la proiezione di filmati, computer), interventi mediati da pari (*peer*), training in teoria della mente e interventi basati sull'imitazione (*training in imitazione reciproca* o interazione imitativa).

Nel complesso le prove scientifiche a oggi disponibili a sostegno dell'efficacia di questi interventi molto eterogenei sono non univoche e non definitive. Si tratta di prove di efficacia limitate, la cui forza varia a seconda del disegno studio che le ha prodotte: per alcune tipologie di intervento sono disponibili revisioni sistematiche con metanalisi, che non hanno mai confermato l'ipotesi di efficacia degli interventi; per altre tipologie esistono solo singoli studi di coorte. Infine non ci sono prove che definiscano quale tra i vari approcci di intervento sia il più efficace.

In conclusione, i dati scientifici disponibili delineano una probabile efficacia degli interventi di supporto alla comunicazione sociale e all'interazione nei bambini e negli adolescenti con disturbi dello spettro autistico, per cui un loro utilizzo è possibile ma non è sostenuto da una raccomandazione forte, per la cui formulazione mancano ancora elementi di prova, che potranno essere forniti in futuro da ulteriori studi.

Realtà virtuale e aumentata (solo 3 studi) nell'ASD: caratteristiche dei partecipanti

Numerosità ridotta (2 a 40 bambini/studio)

Fascia d'età: pre-adolescenti-adolescenti-adulti

Livello di funzionamento cognitivo: sia basso e alto

Gravità dell'autismo: non in tutti gli studi viene esplicitato

Realtà virtuale e aumentata (solo 3 studi) nell'ASD: principali applicazioni

- Comorbilità: Ridurre/trattare fobie, ansie e paure
- Sintomi nucleari: Stimolare la socialità, la comunicazione , il riconoscimento delle emozioni
- Autonomie: Training per le autonomie personali
- Training per le interviste lavorative

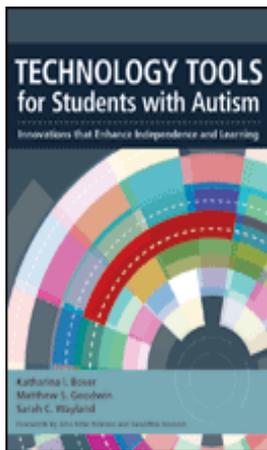


! Example of the interface/view of the participants. *Top-left*; café, *top-right*; safari, *ft and right*; Tuscan villa *inside and out*

Non ci sono dati in letteratura (e nelle linee guida pubblicate fino al 2014) che indichino l'efficacia della realtà virtuale e aumentata nei disturbi dello spettro autistico

Ci sono stati dei progressi?





Using Virtual Reality Technology to Support the Learning of Children on the Autism Spectrum

CHAPTER

4

Sarah Parsons, Nigel Newbutt, and Simon Wallace



NON C'È ANCORA ALCUNA DIMOSTRAZIONE CONVINCENTE che realtà virtuali possano supportare il trasferimento di conoscenze dal mondo virtuale a quello reale, anche se va sottolineato che questa rimane una limitazione di molti altri interventi di apprendimento per l'autismo e non è specifico per VR (Parsons, Guldberg, et al., 2009, 2011).

I BAMBINI SEMBRANO ESSERE MOTIVATI E COINVOLTI DALL'USO DELLE TECNOLOGIE (Mineo, Ziegler, Gill, & Salkin, 2009) e gli piace utilizzarle; con loro possono imparare nuove informazioni (Mitchell et al., 2007) utili nel mondo reale (Parsons et al., 2004).

NON C'E' ALCUNA PROVA CHE LE TECNOLOGIE VR POSSANO ESSERE DANNOSE PER LE PERSONE CON AUTISMO E SOLO ALCUNE CHE NE DIMOSTRANO UNA POSSIBILE UTILITÀ

Sarah J. Parsons

Professor Sarah Parsons *BSc, PhD*

Professor of Autism and Inclusion, Director of Research

Educational Research Review 19 (2016) 138–157

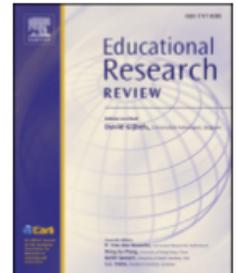


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Educational Research Review

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Thematic Review

Authenticity in Virtual Reality for assessment and intervention in autism: A conceptual review

Sarah Parsons

Southampton Education School, University of Southampton, Highfield, Southampton, SO17 1BJ, UK



DUE STRATEGIE DI APPLICAZIONE:

- 1. INTERVENTO:** creare scenari sociali sintetici ma realistici al fine di fornire contesti di supporto per l'apprendimento e l'intervento che possono sostenere i partecipanti a trasferire conoscenze e competenze al mondo reale.
- 2. RICERCA FINALIZZATA ALLA COMPrensIONE DEL DISTURBO:** creare 'scenari' al fine di comprendere la natura delle differenze tra le persone con ASD e la popolazione generale.

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Table 2
Empirical papers cited relating to VEs as a bridge to the real world: for learning and intervention in autism.

Authors	Focus of the study	Number and autism characteristics/diagnosis of participants	Human or agent avatars or stimuli?	Study design
Cheng & Ye, 2010	A pilot study using collaborative VEs (CVEs) for improving social competence in children with ASD	3 children with ASD (IQs in the normal range) Aged 7–8 years ASD diagnosis inferred from school records	Human	Multiple-probe across participants; measures of social understanding and responding.
Hopkins et al., 2011	Evaluation of a computer-based social skills intervention, focused on emotion and facial recognition, involving photographic 'avatar assistants'	49 children with ASD (in two groups, described as high and low functioning) Aged 6–15 years ASD screening questionnaire (CARS) used to confirm autism	Agent	Random assignment to control or training group; intervention used over a number of weeks. Facial recognition tests and social observations of behaviours were taken.

Table 2 (continued)

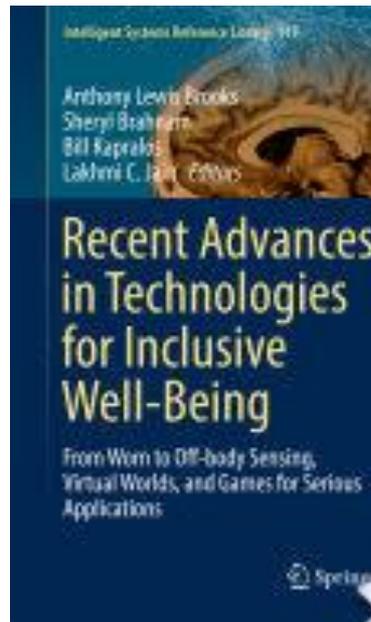
Authors	Focus of the study	Number and autism characteristics/diagnosis of participants	Human or agent avatars or stimuli?	Study design	Main findings
	engagement, including two different forms of VR and two different forms of video	representing those with higher and lower levels of expressive language (relative to chronological age) Aged 6–18 years Diagnosis assumed based on school records and eligibility for autism-specific programs 34 children			viewed the animated video as a baseline, and then one of the three other media forms. Vocal and visual engagement with media measured.
Moore et al., 2005	Exploratory study to determine whether children with autism could interpret basic emotions	No diagnostic information supplied or checked	Agent	Parents sent a disk containing the stimuli and instructions on using it; completed disks and a questionnaire returned in the post.	media for many participants, though all four forms of media supported short-term engagement. There was considerable individual variability in preferences within the groups. Most participants labelled the emotions correctly and provided correct responses to prediction and inference tasks based on facial expressions. However, it is not possible to know whether the participants had an autism diagnosis or the extent to which participants received help from parents.

Table 2 (continued)

Authors	Focus of the study	Number and autism characteristics/diagnosis of participants	Human or agent avatars or stimuli?	Study design	Main findings
Jarrold et al., 2013	A virtual class investigating attention and public speaking				
	Parsons et al., 2006	Exploring personal accounts and interpretations of single-user café and bus VEs	Agent	A number of individual sessions with a facilitator, in a fixed order. In-depth qualitative analysis based on observations and comments.	Responses indicated the potential of VEs for supporting learning and understanding. Variability in interpretations regarding links made between virtual and real world experiences.
Josman et al., 2008	Pilot study examining effectiveness of crossing VE for road safety skill knowledge		ASD (all the		Agent
	Schmidt et al., 2012	A case study for identifying methods to capture and illustrate reciprocal social interactions (conversational turn-taking) in a CVE	Human	Four lessons completed together, with the support of an online guide. Detailed coding scheme developed for annotating interactions with each other, and with the features of the CVE.	Dominant patterns of responding identified within the group, as well as for each individual. Highly individual patterns revealed through the detailed analysis.
Kandalaf et al., 2013	Assessing and social cognition of CVE social job interview, with a friends strangers or f		ASD (normal one) ed actual		Agent
	Self et al., 2007	Comparing VR with a 'visual treatment model' for teaching fire and tornado safety drills	Agent	2 groups, each with 4 children: VR intervention compared to visual teaching. Learning of relevant skills and correct responses to questions measured.	Both models successful in teaching safety skills; some generalisation of skills shown, but also high variability in responding for each participant.
Ke & Im, 2013	Application of (playground a classroom), at party, to pract interaction an conversation		ASD (normal one) ed actual		Agent
	Stichter et al., 2014	Evaluating the feasibility of delivering a social competence curriculum for distance learning via a 3-D VE	Human	Pre-post design using a battery of assessments, based on individual responses as well as parent and teacher reports of social understanding and interpretation.	Some changes in some scores between pre- and post-test but few significant differences, partly due to highly variable responding. Parents and teachers were positive about the intervention and reported improvements. Good feasibility overall.
Maskey et al., 2014	Applying besp (e.g. shopping trains) in an id to reduce anx phobias, along Cognitive Beh Therapy (CBT		ASD (normal one) ed actual		Agent
					Between groups comparison with the same set of tasks completed in fixed order in one session. Standardised test of executive function completed, plus observations of verbal and non-verbal responses.

Mineo et al., 2009	Investigated the relative potential of four different digital media for supporting	42 children and adolescents A diverse group in terms of the autism spectrum.	Agent & human (self)	Between-groups design, with random assignment to group. All participants
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Domande cruciali da porsi:

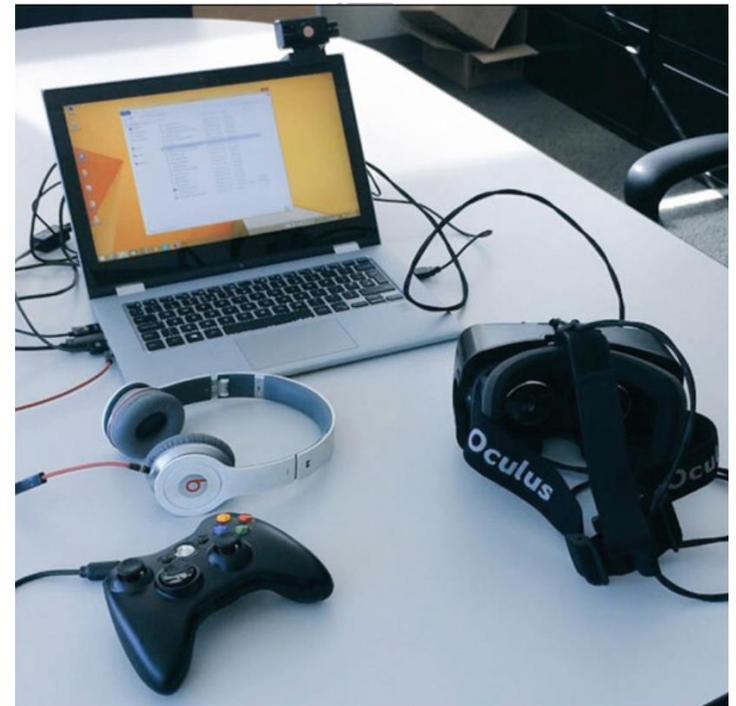


Fig. 11.1 Equipment (PC, HMD, input device and headphones), as used in the study

- Acceptance: Will people with autism be willing to make use of wearable technology?
- Ethical and dosage issues: Will and can people with autism experience increased negative effects using HMDs and VE therein?
- Can HMDs and VEs provide a successful and appropriate form of skills training (i.e. social skills, confidence, job interview, safety, etc.)? If so which ones and why?
- In what settings can HMD VRTs be most effective?
- What are the views and opinions of people with autism in using these technologies?

Ricerche future:

11.7.1 Beware of Possible Discomfort Experienced by Users and Ensure Safety

11.7.2 Inclusion of Users in Study Design

11.7.3 Introducing to VRT to Users with Incremental Steps

11.7.4 Use of VRT as a Tool and in Collaboration with Other People

There is concern that providing a safe, nonsocial environment on the computer somehow ‘colludes’ with the social disability of autism. Also, VR may become too safe and too attractive so that the user can become a computer addict and be reluctant to re-enter the real world. In fact, Parsons and Mitchell [22] emphasized that the aim of using VE is not to circumvent real-world social interaction altogether, but to provide a teaching aid that would allow practice and demonstration alongside input from a rehabilitation professional, teacher, caregiver or support worker. Thus, real-world social interaction can be incorporated by the presence of teachers and caregivers sitting alongside the person with autism, as in the use of different desktop virtual environments [16, 17].

Attività 2. Un protocollo di indagine per rilevare il fabbisogno di intervento relativamente a questa psicopatologia facendo emergere sia i bisogni della comunità che quelli più strettamente familiari.

**Osservatorio Nazionale per il Monitoraggio
dei Disturbi dello Spettro Autistico**



Work Package 1. PREVALENZA dei Disturbi dello Spettro Autistico in ITALIA

Stima di prevalenza dei Disturbi dello Spettro Autistico a livello nazionale

Work Package 2. MONITORAGGIO DEI PERCORSI DI DIAGNOSI PRECOCE PER I DISTURBI DELLO SPETTRO AUTISTICO

Costituzione di una rete pediatria-neuropsichiatria infantile per l'individuazione precoce dei Disturbi del Neurosviluppo con particolare riguardo ai Disturbi dello Spettro Autistico

Studio multicentrico

asdeu
Autism Spectrum Disorders
in the European Union



ASSOCIAZIONE
la Nostra Famiglia



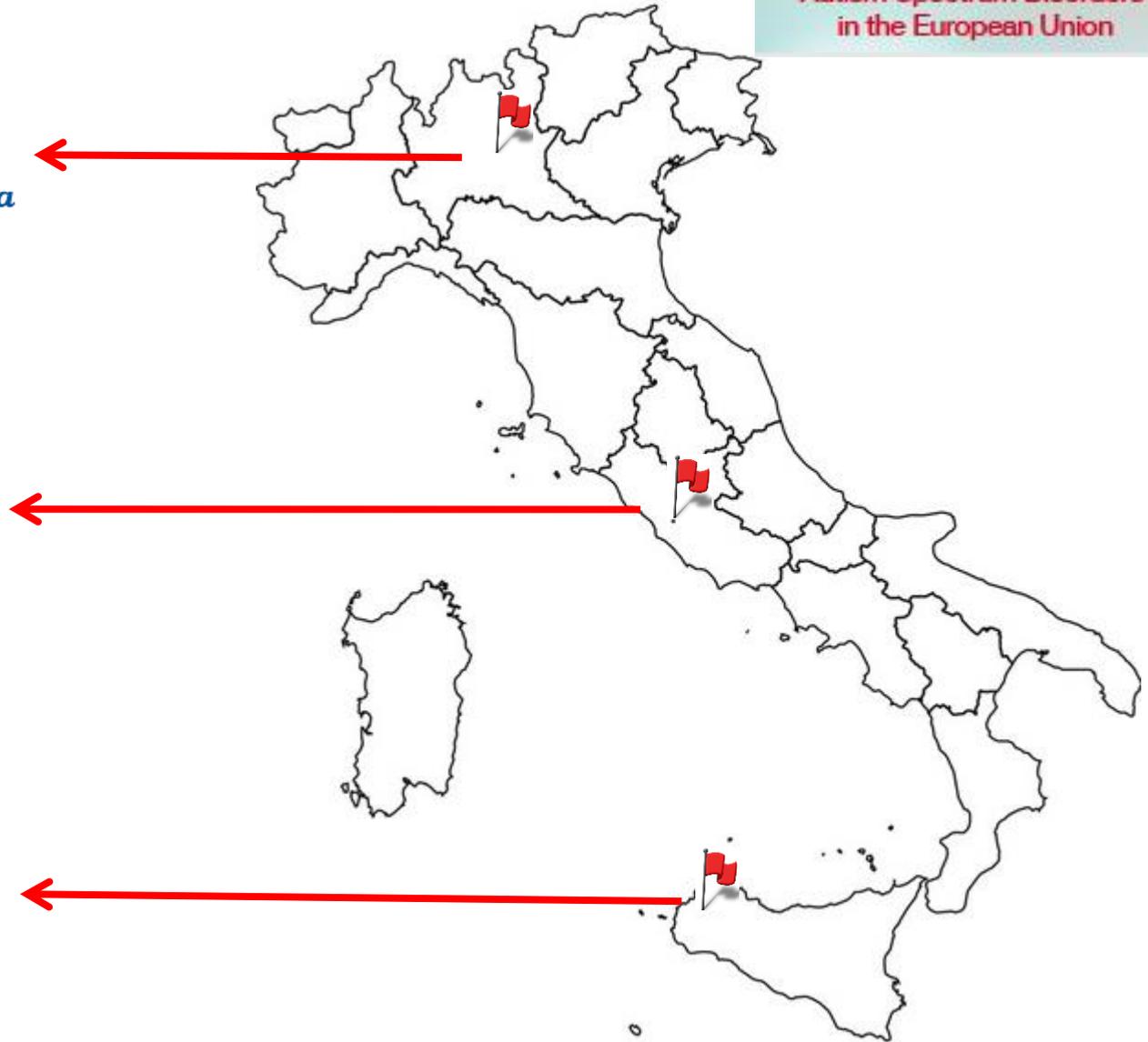
Bambino Gesù
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Autism Spectrum Disorders in the European Union (ASDEU)

Autism Spectrum Disorders in Europe is a new, trans-European programme involving university, charities and expert institutions to increase understanding of autism.

This website will grow into a unique resource as findings are published and news exchanged. For now, the project has only just started, but [sign up for our newsletter](#) to be updated as the programme develops.



sabato 5 marzo 2

Figure 1. Pilot areas for the ASD prevalence estimations



Lo studio verrà effettuato mediante un protocollo di screening condiviso con il progetto europeo Autism Spectrum Disorders in the European Union (ASDEU, www.asdeu.eu). L'Italia, tramite il presente progetto e lo studio condotto indipendentemente dall'IIRCCS Stella Maris di Pisa, farà parte dello studio di prevalenza condotto in 12 paesi europei.

Autism Spectrum Disorders in the European Union (ASDEU)



This website will grow into a unique resource as findings are published and news exchanged. For now, the project has only just started, but sign up for our [newsletter](#) to be updated as the programme develops.

Mappa dei bisogni

- Validate biomarkers for the disorder
- Train professionals
- Improve understanding of diagnosis, comorbidity and effective care and support for adults and senior citizens with autism
- Propose policies to promote harmonised support for people with ASD across member states



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Help us to build a better understanding of autism spectrum disorder (ASD) in Europe!

A straightforward way to contribute is to complete one of our on-line information-gathering surveys.

By sharing your experiences, you will also help to speed up the development of more effective services and interventions for autistic people and their families.



You can find out more and participate in ...

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[SURVEY ABOUT EARLY INTERVENTION, DIAGNOSIS AND INTERVENTION](#)

[SURVEY AND SUPPORT FOR AUTISTIC ADULTS](#)

<http://asdeu.limequery.com/survey/index/sid/571415/newtest/Y/lang/it>

asdeu

Autism Spectrum Disorders in the European Union

QUESTIONARIO SULL'USO DELLE RISORSE CORRELATE AI DISTURBI DELLO SPETTRO AUTISTICO

La ringraziamo per aver deciso di dedicare del tempo alla compilazione di questo questionario.

Il questionario raccoglie le **informazioni da persone nello spettro autistico di tutte le età sull'accesso ai servizi educativi, all'assistenza sanitaria, ai servizi sociali e ad altri servizi correlati all'autismo.**

Potrà compilare il questionario se è una persona nello spettro autistico, un genitore o l'assistente/caregiver di una persona nello spettro a cui ha dato il consenso per rispondere al suo posto. Alla fine del questionario c'è una sezione con domande specifiche per i genitori, i familiari o gli assistenti/caregivers.

Il questionario è anonimo e impiegherà circa 20-30 minuti per completarlo. Potrà salvare le sue risposte e continuare in qualsiasi momento. Le domande contrassegnate con un asterisco (*) sono obbligatorie.

Avanti

***Contestualizzazione dell'intervento
nell'ambito delle iniziative nazionali in
materia di cura delle persone con
disturbi dello spettro autistico
e di assistenza alle famiglie!***