Autism Spectrum Disorder. How do Maltese Care Services Respond?

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Abstract: Autism Spectrum Disorder can be particularly distressing to families. Caregivers who operate in the Maltese social care sector need to be responsive to the underlying factors that bring about this distress; including the impact that the disorder has on a person’s development and the constraints associated with the social stigma that ASD tends to elicit on community and neighbourhood levels. The management of care services needs to heighten the social care sector’s responsiveness by understanding the stressors and achievements associated with working in this sector; as well as by remaining regularly updated about how any services offered can be further developed.

Keywords: Autism spectrum disorder, service provision, service-user empowerment, challenging of stigma.

Autism spectrum disorder (ASD) in children can be particularly distressing to families. Unlike other conditions like Down’s Syndrome, it does not have any symptoms at birth. Screenings by paediatricians can determine the level of risk for ASD in infants at 9, 12, and 15 months – before a formal screening is carried out at 18 and 24 months. A diagnosis involves a combination of developmental screenings, assessment instruments, parent interviews, and child observations. Various assessment instruments are used which are usually accompanied by specific observations of behaviours associated with autism (Dawson et al. 2010; Dawson 2013). The diagnosis is usually made when a child is 18 months or older when deficiencies in social interaction, communication, and behaviour tend to be more pronounced and can therefore be more clearly observed.

Very early indicators of autism would include no babbling or pointing by age 1; no single words by age 16 months or two-word phrases by age 2; no response to name; a loss of language or social skills previously acquired; poor eye contact; excessive lining up of toys or objects; and no smiling or social responsiveness. Later indicators would include an impaired ability to make friends with peers; an impaired ability to initiate or sustain a conversation with others; an absence or impairment of imaginative and social play; a repetitive or unusual use of language; abnormally intense or focused interest; a preoccupation with certain objects or subjects; and an inflexible adherence to specific routines or rituals. Not all people manifest all these symptoms and those that do may not necessarily manifest them with the same intensity (Moldrich and Marraffa 2013). Some children and adults with ASD are fully able to perform all activities of daily living, while others require substantial support to perform basic activities. Family members may experience guilt, shame, disbelief, fear, disillusionment, and a sense of loss when a child is diagnosed, most especially since ASD is a life-long condition and will thereby have a long-term impact, possibly a life-long impact, on family members. ASD occurs in every racial and ethnic group and across all socio-economic levels, even though it is more prevalent in boys than in girls.
The word autism (as autism spectrum disorder used to be called) was originally used by Kanner (1943, 1944). During the 1940s and 1950s, the Diagnostic and Statistical Manual: Mental Disorders (DSM-1) (APA 1952) classified autism as a psychiatric disorder. This is in contrast to the outlook of a later compilation of the Diagnostic and Statistical Manual of Mental Disorders which was issued in the 2000s (DSM-5 2013). By this time, the term autism spectrum disorder (ASD) – rather than autism – started to be far more widely used. This illustrated the fact that autism presents with varying severities and, of particular pertinence, that that there is a range of autistic disorders rather than simply one type of autism.

The DSM-5 does not only present ASD as a neurological condition but also includes Asperger’s syndrome, childhood disintegrative disorder, and pervasive developmental disorders not otherwise specified (PDD-NOS) as also comprising ASD, rather than as separate disorders. ASD is sometimes referred to as a ‘condition’ (in preference to a ‘disorder’). Employing the term ‘condition’ is more likely to call attention to the inherent neurodiversity of people with ASD. Likewise, the word ‘spectrum’ is likely to call attention to the different ways in which autism needs to be managed and treated by medical professionals, people who work in the social care sector, family members of children with ASD, and children and adults with ASD. Sometimes, ASD presents co-morbidly with other disorders that include sleep or seizure disorders, aggressive behaviours, gastrointestinal disorders, bipolar disorder, attention deficient and hyperactivity, obsessive-compulsive behaviour, Tourette syndrome, anxiety disorders, clinical depression, and visual problems; however, in some instances, accompanying medical conditions can have a heavier impact on a person’s quality of life than in others (Levy et al. 2010).

**Rationale for this Paper and Supporting Literature**

This paper contributes to the existing literature on how the management of care services that cater for children with ASD in Malta is approached. It explores how managers of formal care support for children with ASD perceive the impact that the services they offer have on the children and their families and whether the care offered empowers these families to face the challenges of bringing up a child with ASD. This paper presents the following research question: Do managers of agencies that provide social services to families with autistic children perceive the services provided as empowering to service users?

This paper has been approached by firstly finding out what literature there was on in the subject that focused specifically on the Maltese context and reviewing it. As a result of this literature search, the authors found out that there was only sparse literature on children with ASD, most of it focusing on their educational needs. The local literature includes Daniel Scicluna’s thesis (2015) for a Bachelor of Education degree entitled ‘Teaching Children with Autism’ and De Martino’s (2017) thesis for a Master of Fine Arts degree entitled ‘Living Autism – An Immersive Learning Experience’. Both Scicluna and De Martino observe that teachers are often unprepared for having a student with ASD in their class and concluded that teachers cannot fully visualize the experience that the student goes through. Consequently, they are not in a position to take the student’s perspective fully into consideration when delivering their lessons.

From a social care perspective, ASD is often researched within the overall context of disability. For instance, Perera Vega (2014) - who presented a thesis for a Master’s in Counselling degree entitled ‘Seeing an Invisible Child: Using Different Therapeutic Modalities in Counselling Children with Autism’ - establishes that counsellors tend not to
interact much with children with disabilities. She looks at counselling services for children with autism and observes that not all counsellors have enough awareness or knowledge about autism in order to be effective, although the same can also be said for many other types of disability.

The authors observed that the more widely known organizations that cater directly for children with ASD in Malta are:

(1) ‘Hand in Hand’ which works directly with children with ASD through the medium of Applied Behavioural Analysis. This is a system of autism treatment based on behaviourist theories which, simply put, state that desired behaviours can be taught through a system of rewards and consequences. The therapy sessions that the organization offers includes speech therapy and occupational therapy (Hand in Hand 2017).

(2) Inspire Malta which offers different therapeutic, educational, and leisure service to children with ASD. It also offers therapeutic sessions to family members (Inspire 2018).

(3) The Malta Autism Centre which enables individuals to be independent and to interact with other people in the community. It also raises awareness about the challenges that people with ASD have (Malta Council for the Voluntary Sector 2018).

(4) The Autism Parents’ Association. The Association has 286 family members who have a child diagnosed with autism. In this association, parents of children with ASD create awareness at a societal level and share knowledge about how they can best meet their children’s needs (Autism Parents’ Association 2018).

These organizations and associations all share a common concern for the overall welfare of children with ASD and they all respond to the different communication problems of children with ASD. These communication problems include the children's low language abilities and tantrums. These manifestations are usually a result of the frustration a child feels when unable to communicate (Raising Children Network (Australia) 2017). A common defining aspect of ASD are the challenges that people with this condition tend to face in fully understanding other people’s perspectives. Children with ASD tend to lack empathy and this lack of emotional connectedness further adds to the challenges of family members in successfully interacting with such children. The behaviour that the child with ASD exhibits can give rise to different types of stereotyping, rejection, and exclusion by the wider society, mainly because the behaviours exhibited make such children stand out. This stigma makes families feel awkward and further compounds their problems. Family members may find themselves avoided by neighbours and with fewer friends than they had prior to having a child with ASD. If people at large do not understand what ASD is, rejection of the child with ASD is more likely to arise. This experience of being alone is compounded by their lack of a ‘political voice.’ In a thesis presented for a Master’s degree in Disability Studies at the University of Leeds, Cardona (2007) points out that there is a lack of disability movement in Malta meaning that people with disabilities often feel too helpless to effectively bring about needed change.

Having various organisations operating in the sector assists in responding in different ways to people’s needs. As a case in point, families need different support mechanisms in place. On the one hand, families need the practical support offered by the Autism Parents’ Association and the Malta Autism Centre. On the other hand, they need the therapeutic support offered by Hand in Hand and Inspire. They also need support on a wider societal level to counteract the stigma; all four organizations play an important part
in this since they all promote the well-being of children with ASD and their families in a very widely known way, thereby showing that having ASD is not something that should be feared. However, other services are also necessary. For instance, although family therapy services are available in Malta, there are not enough services to cope with demand. This notwithstanding that besides effecting individuals, ASD affects families. When the child is diagnosed with ASD, family members tend to experience a sense of loss and confusion – it is likely that the happiness of having a new child would be mixed with feelings of sadness and possibly a rejection of the child. This could have an impact on the conjugal relationship or intimate bond between the parents of the child. One cannot exclude the fact that even the financial costs that could be incurred for the child’s treatment can induce considerable stress, particularly if the parents engage the assistance of medical specialists at private hospitals. This stress justifies the need for the provision of services to assist families with a child or children with ASD.

With a Maltese context, siblings are also liable to be affected by the birth or presence of a child with ASD. While it is possible that older siblings will share their parents’ distress, younger ones may suffer from jealousy, since they may perceive family members to be more focused on the child with ASD rather than on themselves. It is also possible that these siblings, on growing older and coming to understand the situation in a clearer way, eventually become, metaphorically speaking, the ‘second parents’ of the child with ASD. The siblings can also experience personal growth. This is because they have to develop coping strategies to deal with the lack of response from the child with ASD and thereby exercise self-restraint particularly if a refusal to play the same games they do results in disappointment and hurt. However, each family situation is different. It is possible that siblings accept the ASD of a family member at some point while, at other times, they do not accept that a family member has the condition at all, resulting in a fluctuation in the feelings expressed, and a navigation across experiences of denial, bargaining, and acceptance throughout their lives.

Particularly in the Maltese context, where some families are extended families and grandparents are very much a part of the daily lives of families, grandparents are likely to also share in the pain when they come to know that their grandchild is diagnosed with ASD. They would be hurt because would see their children stressed and shocked by the diagnosis and would be worried about the child’s future. Having said this, grandparents may provide a lot of emotional and mental support to the family of the child with ASD and this is likely to be an extremely welcome source of support to family members. In Malta, the geographical proximity of families due to Malta’s small size can also help extended families to give practical help to family members who have a child with ASD.

Families may receive both formal and informal help. This help is necessary. This is because a family with a child with ASD needs emotional, social and practical support to cope with the life-changes associated with bringing up a child with ASD. The family needs support to be understood, included, not afraid, and listened to. The family needs support to cope with everyday challenges and to deal with stress and other emotions. The group support that is offered by the Autism Parent’s Association is likely to be of considerable help. Group support from people facing similar challenges serves to enable people to find understanding, to share knowledge and to develop greater acceptance (Banach et al. 2011). One must also add, in the Maltese context, the role of the Church and the voice of the Church both in providing practical support to people with disabilities and countering stigma. External strategies, including spiritual support and prayer (Poston and Turnbull 2004), are often resorted to by people who have spiritual leanings as a manner of coping.
Research Methodology

This paper is a small-scale study. It further develops the research conducted by Jessica Borg as part of her studies leading to the award of an undergraduate degree in Health and Social Care at the Malta College of Arts, Science, and Technology (MCAST). This paper builds on the data extrapolated from two managers in two different social care organizations that cater for children with ASD. Dr. Damian Spiteri, Ph.D., a Senior Lecturer in Health and Social Care at MCAST, had previously supervised the research that had been initially undertaken as an undergraduate study.

The goal of the current research is to show how management perceive and understand the services offered and whether they gauge the services provided as empowering to service users. Farely (2013) sees small-scale qualitative studies – which would include the research conducted – as contributing to the empirical literature. This is because, unlike relatively more large-scale studies, small-scale studies enable researchers to have enough time to discuss matters in detail with interviewees, to talk things through, and to have clearer insights about the research area being explored, thereby leading to more accurate and empirically robust reflections on the perspective of the managers about the services offered. The study employed a case-study approach and was based on interviewing two managers in two different care settings. Both interviewees have several years working experience both as managers and as people who have taken up other roles in their respective settings. This implies that they would be likely to know not only what is happening in the organization today but also the steps taken to get there over time, thereby further enriching the study. The case study approach has been applied to different units of study in past studies. These include ‘... an individual, a family, a work team, a resource, an institution, an intervention’ (Edwards and Talbot 1991: 51).

The interviews lasted approximately three-quarters of an hour each and the semi-structured interview schedule consisted of eight pre-prepared questions, but it was designed in such a way that further questions could be asked. The first three questions were focused on the interaction that the managers and their staff had with families; the next question was dedicated to exploring what experiences of stigma and fear managers believed service users to experience; and the last questions were focused on whether the managers believed the services they were offering were reaching their goals, acting on feedback offered by the service-users.

The interviews were conducted at the managers’ work-place and all the data was collected during the active research phase of Borg's undergraduate studies. Two interviews were carried out, one which each manager. With the permission of the managers, the interviews were recorded and transcribed. Ethical clearance for the carrying out of the study was previously given by MCAST which recommended that, due to the small number of services offered to autistic children locally, it would be more ethically correct if the names of the participants or their respective agencies were not published. Participants were reassured that the data given would be confidential and that they were free to discontinue the interview at any stage. If the interview was ended prematurely, any data given the interviewer would be discarded. It was deemed unnecessary to apply for further ethical clearance for the publication of this paper since no fresh data was being required from participants.

The study has had several limitations after its initial stage. It was immediately recognized, even at a research design stage, that the study would need to be contextualized as offering empirically researched insights that offer particular points of emphasis. If this research
were to be conducted at another time with these two people, or with other people from the same agency, they might easily have spoken about different matters since the things they saw as important and relevant to them might not necessarily have been the same as those that the interviewees saw as important. A further, somewhat unusual limitation, was that the two managers work in different settings: one offers far more services and is distinctly larger than the other. The manager who worked in the larger organization had far more to say than the other (or so it seemed to the researchers). Although both interviews lasted the same amount of time, it transpired that the person who worked in the smaller agency repeated herself time and time over; this implied that the data provided, while useful, was not as ‘thick’ (content-wise) as that provided by the other person who hardly repeated herself at all.

Furthermore, since the study is focused on managers’ perceptions, it does not investigate the experience of children with ASD directly. While triangulating the data to incorporate also the children’s voice could have enriched the study, it may also have detracted from eliciting the managers’ view-points which is the focus of this paper. In effect, the analysis refers extensively to the application of systems theory to social-care contexts and explores managers’ view-points about how the quality of life of families of children with ASD is dependent on the systems in their social environment. These include informal carers, the agencies that provide services, and societal systems, including hospitals and schools. It is often the sum effect of these systems that inter-operate in people’s lives. This paper acknowledges the difficulties that managers appreciate that service users face in accessing any of these services; it also contributes to local literature by identifying those elements in the interaction between the individual and these different systems, and by highlighting how they are intervening to overcome this. This paper is the first small-scale case study published in this journal; this reflects the fact that research is a highly pluralistic activity, since there is no one way in which all research is to be conducted. Rather, as this paper shows, what is essential is ‘fitting the method or technique to what is being investigated’ if a study is to be carried out empirically (Campbell et al. 2003: 5).

Research Outcome

Due to the nature of the study, and the focus of the research question on exploring manager’s perceptions of the services offered, it was decided that the interviews would mainly focus on (1) families of children with ASD and how managers perceived the families as making use of the services offered and (2) on whether the services offered were reaching their goals. These two points were incorporated as the overlying theme in this paper. The research outcome of this paper is thereby on the overall well-being of families, considering that children with ASD have difficulty in interacting with others, weak relationship and formation skills, and great difficulty (or inability) to communicate with others.

Establishing the well-being of family members is a problematic concern since families have different coping skills and it is likely that there are times when family members feel more tense than in others. This is particularly the case since the lack of social skills may be a life-long concern which could leave persons with ASD isolated from family/community interactions and may also infer that they would be unable to live independently. The paper shows the need for effective interventions that target social skills development in children with ASD, while also considering that the approach adopted should be tailor-made specifically for each individual, since each individual has differing levels of functioning and abilities.
Findings

Use of the services offered
The management did see the services offered in a systemic light, observing how families that have a child with ASD can access resources like the Internet, on-line support groups, and also seminars that are organized from time to time by private providers and by institutions like the University of Malta and MCAST. Therefore, they were not solely dependent on the services offered by the agencies. They also mentioned generic services offered locally and, while some locally service-providers offer ASD-specific provision, in most cases, this is bridged with services for other people with a range of disabilities.

The managers said that all families were different and these differences needed to be respected. Some families take longer than others to accept the diagnosis of their child and to come to terms with the fact that ASD is a life-long condition. For this reason, it was healthy for more than one service to be offered, provided that services were offered in a coordinated way. They said that this is particularly so since it is not only the child who needs specific interventions but also family members who can only be empowered if they have knowledge and awareness. The managers acknowledged that family members often feel at a loss about what to do from the diagnosis stage onwards; that is why support is so important. They also observed that some feel more at a loss than others. As one manager said: ‘We have families that need more support than others; usually we approach this by providing them with information incrementally, and guiding them a bit more slowly than we sometimes do with other families.’

The services also differed according to the children’s ages, their diagnosis, and their educational placement. The managers pointed out, for instance, that families that used respite services were more likely to have an older child diagnosed with ASD. In most cases, the child would be in a special-education setting and would most likely have severe learning disabilities. These families were also likely to have a social worker. The managers also observed that the services they offer serve to evolve service users’ awareness of available facilities. One manager pointed out that: ‘We have family evaluation sessions, we have support groups, we offer parent empowerment talks; all this is done to enable family members to cope and to be as supportive as they can to one another.’ Another manager spoke about the need to encourage families of children with ASD to remain as active as possible and not close themselves off because of the child. The need to speak with parents of children with the same condition and to express worries and concerns as well as to speak about successes and to share knowledge was what this manager highlighted. She mentioned how attendance at support groups was regular and this high level of attendance was a statement that the support group service was being seen as useful.

The active involvement of agencies in the field of ASD is likely to trigger work-satisfaction in managers since this is likely to translate into improving social skills in children with ASD. The improved social interaction is also likely to give rise to social-emotional reciprocity; as a result, families may be inclined to react positively to the increased responsiveness of their children. Exploring the managers’ perceptions of the services offered needs to also take account of the ‘feel good’ factor that is associated with improving children’s lives, particularly when interventions lead of positive results.
Reaching Goals

When asked if they believed that enough was being done in Malta with families with a child or children with ASD, the managers said that a lot is being done from the practical side. Services in cash, in the form of welfare benefits, and services in kind, most especially through social work services, were given. They had an overall positive impression of the services offered and they were often told by service users that they were of ‘considerable help’, since not only did they take off ‘some of the pressure of bringing up a child with ASD’ but also because they taught the child ‘skills that enabled interactions at home to become easier’.

The managers believed though that much more needed to be done on an emotional level, essentially for two reasons. Primarily, there was a lot of social stigma associated with ASD as with disability in general. While one participant claimed that Maltese society has come on a long way since the days when disabled people had been ‘hidden away in the cellars’, children with ASD could be excluded in other ways, most especially if they were simply not included in activities with other children at school or other places that they attend. One participant explained that ‘social stigma is one of the topics that come up during support group time. It’s one of the main things that’s hurting families. They feel judged by others. They believe that their children are judged. Family members need to support one another and reach out for outside support if they are to foster the resilience to counter stigma.’ Secondly, they observed that parents tend to keep their feelings bottled up inside, and this is unhealthy. Thirdly, they noted that some professionals lacked specific training about disability, meaning that they experience difficulty in interacting with children with ASD, possible reflecting their hesitance about their abilities to offer an effective service, and this is picked up by the parents who feel uncomfortable as a result.

They spoke about the need for more professionals to be giving training and commended the recent starting-up of a course in ‘Disability Studies’ at the University of Malta. It takes time, effort, energy, and commitment for professionals to develop the requisite skills; it would also normally require input for a longer time than interventions (for instance, by social workers) with children or people who do not have disabilities.

**Figure 1:** Catering for children with ASD and their families: what managers believe they need to be conscious of in order to develop an effective service
It transpires that the managers are advocating programme models that focus on the child and the child’s family, the team of care-workers with whom they interact, the social environment, and the services offered by their agency. The managers recognized the importance of also training families about the challenges of caring for a child with ASD in order to enable them to form realistic expectations about their child and not to take set-backs too personally.

The managers explained that they thought that a lot has been done to decrease stigma mainly since parents seem to have increasingly taken it upon themselves to serve as resource persons to spread positive messages in their neighbourhoods. The managers believe that parents have increasingly shown other people that they are not afraid when their child has a tantrum in public. However, both managers concurred with the idea that more needs be done on both personal and societal levels to counter stigma. They observed that some parents seem to handle troublesome situations (like a child throwing a tantrum in public) better than others, while other parents report ‘deep feelings of shame’ when their child does something that makes them feel conspicuous in public places. On a personal level, the managers believed that they needed to empower parents not to experience these levels of shame, even if they were self-conscious about the behaviour of their child. On a societal level, the managers said that they thought that more needed to be done so that people would be more accepting and understanding. This reflects a belief expressed by Sarris (2016), namely that families have different problems, emotions, and challenges that they need to face in society and they do so in different ways; at times, it may be easier for them to be accepted than at others. One manager summed this up: ‘Because social stigma will always be out there – to a certain extent – the stronger our service users become, the better they can cope.’ One manager explained that she perceived the services that are agency-offered as one that ‘strengthens families’, since it enables them to be more resilient while remaining focused on the needs of their child/children with ASD.

Conclusion

The systemic focus that the managers adopted is evidenced by their constantly placing the family with a child with ASD in the context of the resources of wider society. This does not mean that management does not believe that family members should not undertake personal work to foster resilience and grit; however, interventions need to be also made – possibly involving the parents – with society at large in order to generate greater acceptance of children with ASD. The managers said that there needs to be also an accentuation on training about disability issues across disciplines. What is certain is that personnel who have multiple interactions with children and their families have a chance to foster ongoing relationships. For instance, developmental screenings offer a chance for parents and paediatricians to discuss the developmental progress of their child and also to raise any concerns they might have. Since there are a number of families that need support to offset the challenges of caring for a child diagnosed with ASD, the ideal would be for professionals across disciplines and agencies to work together to increase the levels of independence and educational functioning of such children. Ideally, since ASD is a life-long condition, services for children with ASD need to have a life-time focus that continues also to be operative when they become adults. Ideally, continuity of care in educational, residential, and employment services, should be given, as well as support to families offered on a long-term (life-time) basis.
The interviewed managers highlighted that support to families does not only need to be practically inclined, but also directed at supporting parents and enabling them to engage directly with their children in purposeful ways. The family is seen as an essential component of the child's development and it should play a central role in the services offered. It emerges clearly from this study that the value that the managers attribute to the services offered is that of positively contributing to the quality of life of children with ASD and their families by offering them professional and holistic support to make it more possible for them to reach this aim. There is an almost unspoken assumption that such children do not exist and function in isolation. They live within a context (the family) and, as systemic family therapists would say, the family is influenced by the members who constitute it – when something happens to one family member, all others are affected in some way. At times, professionals may ask the parents to carry out certain tasks to assist in the development of the child with ASD; for some this can be relatively overwhelming, particularly if they do not have the time to carry out these tasks effectively. Bearing this in mind, there needs to be professional staff who can work as a team and be responsive to the needs of different families.

No two children are the same. Likewise, no two families are the same. Services also need to be well coordinated and this includes having a healthy liaison between all professionals involved and to ensure adequate interactions with family members. Added to this is the need for children and young people to become actively involved in their care and treatment since this is highly likely to enable them to feel more empowered as their individuation is respected (Spiteri and Zammit 2011). In the systemic literature, reference is made to the resource person. This is the person who is most adept at dealing with the overall situation who can be a sibling or a grandparent, if not one or both the parents. As seen in this paper, these people are an important support system and for this reason need to be engaged in the care of children with ASD by service providers.

It has also emerged from what the managers have said that more work needs to be undertaken on the education side so that children and young people with ASD would be more welcomed in society and thereby feel more integrated. Such children need to be clearly visible in social spaces for children. This is not only out of respect to them and to their families but also to show other children that there is nothing to fear and to give them opportunities to focus on their strengths rather than their weaknesses. One has to keep in mind that different children with ASD may have different levels of social skills with some finding it relatively easier to position themselves among others. In college and university settings, the use of simulations to enable students without ASD (neuro-typical individuals) to realize how difficult it could be to process all the different sensory inputs in their environment would also prove helpful. Simulations are an important aspect of problem-based learning and is used extensively in university settings to enable people following courses in the caring professions to empathize with service users in a more accurate manner (Spiteri 2013). Some people with ASD are hypersensitive to sights and sounds. Children with ASD would flap their arms, rock back and forth, or make other ‘unnatural gestures’ as a way to cope with the chaos they are experiencing in their mind as a result of such hypersensitivity. Since neuro--typical individuals may not experience the anxiety and confusion that accompanies this sensory overload, replicating this experience in college and university settings via simulations would enable them to foster a deeper understanding of possible challenges that people with ASD experience.

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