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Autistic spectrum disorders basics

This chapter looks at the historical overview of the diagnosis of autistic spectrum disorders and the key defining features of the condition.

The condition of autistic spectrum disorders is one that has had an array of other names (most with the term 'autism' mentioned somewhere) throughout its relatively short diagnostic lifespan. The conditions of autism and also of Asperger syndrome were formally delineated in the mid-1940s by two separate Austrian medical practitioners: Leo Kanner, a child psychiatrist, and Hans Asperger, a paediatrician. This does not mean, however, that the condition has only existed since that time. It is possible that autism or its characteristics have existed through time, (Frith, 1989; Waltz, 2005).

Currently, we recognize the work of both Kanner, who described a set of characteristics, also termed Kanner's autism, classic autism (1943), and that of Asperger, who described similar characteristics and some physical differences. These two contemporaries published their research at around the same time, but by advantage of living in the USA, Kanner's work became known to the English-speaking population a long time before Asperger's, who published in Austria in German (1943), compared to an English account of Asperger's work by Wing, (1981). A fuller historical picture can be gained from reading Wing (1996), Frith (1989), Jordan (1999).

Over the last 60 years, their work has acted as a guide to crystallizing the condition of autistic spectrum disorders. The terminology has had a chequered history, from the time when it was assumed to be a temporary (in

childhood) manifestation of mental illness, right through to some current terms which 'boggle our minds'.

Look at what professionals and others have used to describe ASD. These are all taken from literature and medical/educational notes.

What's in a name?

Kanner's autism

Classical autism

Childhood schizophrenia

Asperger (a hard sound for the 'g') syndrome

Autistic features

Childhood psychosis

Lack of theory of mind

Pathological demand avoidance

Idiot savant

Pervasive developmental disorder

Pervasive developmental disorder – NOS (Not Otherwise Specified)

Central coherence difficulties

Semantic pragmatic disorder

Executive function deficit

The current terminology is autistic (or autism) spectrum disorder/s (Wing, 1996). To have a basic understanding of the condition, it is important to know about the 'triad of impairments' (Wing, 1996) – the three main areas of development where people on the autistic spectrum manifest differences. These areas are social interaction, communication and rigidity of behaviour and thought.

Social interaction

- Preference for individual activities
- Apparent aloofness
- Indifference towards others
- More adult oriented than peer oriented
- Likely to exhibit different spontaneous responses
- Passive acceptance of contact
- Lack of empathy
- Failure to appreciate significant others
- Poor understanding of social rules and conventions
- Unable to seek comfort at times of distress

Wing and Gould (1978) believe that there is also a sub-group of three distinct character/behaviour types in social interaction.

Aloof

The most commonly manifest characteristic, which describe those people with ASD who behave as if you are not there, do not respond to your interactions and lead you to the place/activity that they want rather than requesting it.

Passive

May be the least common sub-group who are completely passive in their interactions with others/will accept interaction and become a willing 'participant' in whatever is happening.

Active but odd

These characteristics are evident in those who wish to have social contact but lack a means of initiating it in a socially appropriate way. So they may hold a gaze too long, sit too close or respond in an unpredictable way.

Communication

- Little desire to communicate socially
- Lack of understanding of non-verbal gestures of others
- Not appreciative of need to communicate information
- Idiosyncratic use of words and phrases
- Prescribed content of speech
- May talk *at* rather than *to*
- Poor grasp of abstract concepts and feelings
- Literal understanding of words and phrases
- Does not 'get' subtle jokes
- Will develop expression before understanding

Rigidity of behaviour and thought

- May have stereotyped play activities
- Can become attached to repetition of movement or certain objects/routines
- Complex order of play/activity
- Cannot deviate from one way of doing things
- May be tolerant of situations and then over-react to something minor
- May develop rituals that have to be completed
- Can have extreme physical rituals, e.g. spinning, rocking
- Can develop extreme behaviours to avoid certain stimuli

Areas of difference in the child's development have to be noted by the age of 3 years. This is not to say that diagnosis only happens in early childhood, but by reviewing early developmental milestones, a diagnostician will ask questions of parents/carers about their levels of communication and play *before* the age of 3.

The recognized descriptors for diagnosis are contained in two separate medical reference books: the *ICD 10 – International Classification of Diseases version 10* (1993), which is compiled by the World Health Organization, and the *DSM IV – Diagnostic and Statistical Manual of Mental Health version IV* (1994), which is compiled by the American Psychiatric Association.

REFLECTIVE OASIS



Do you recognize these characteristics in a child known to you?

How do these areas of impairment pervade the way they function?

What about children who do not have a diagnosis: are these characteristics evident in their functioning?

Here are some common characteristics of children with ASD in school:

Social interaction

- Limited play skills
- Limited peer tolerance
- Inability to share or take turns
- Inappropriate play or social behaviours
- No desire to investigate or explore, unless it's an interest
- Lack of empathy for others
- Inability to know what others are thinking or feeling
- Socially aloof or awkward
- Restricted interests
- Simple social actions are often a complicated process (lining up, personal space, dialogue)
- May know some social conventions and apply them rigidly

Communication

Understands some basic instructions
Expresses own needs
Lack of desire to communicate
Lack of understanding of the attempts of others
No shared enjoyment of social situations
No use of gesture, intonation or non-verbal expression, and inability to understand their use by others
Cannot respond spontaneously
Appears not to 'hear' what has been said
Limited conversation repertoire
Talks incessantly on topic of interest and can manipulate conversations round to this topic

Rigidity of thought and behaviour

Does not understand pretend play/drama/role play
Cannot use imagination to create models or pictures – images are derived from others
Difficulty in social games – turn-taking, winning, a draw
Repetitive quality to play
Will copy but not necessarily understand – often sees the outcome (bad behaviour and punishment)
Inability to see cause and effect of their own behaviour
Holds black-and-white views
Doesn't understand subtlety/sarcasm/jokes
Cannot create spontaneously without a model or intensive input

Work by a Midlands special school (Aird and Lister, 1999) used these characteristics as an audit for ASD within their population of pupils with severe learning difficulties (SLD). Staff within the SLD field might be surprised to discover how many of these characteristics appear within many of their pupils. There is a general consensus of opinion that, in behavioural terms, there is no singular 'autistic' way of responding. These characteristics exist within all of us. The difference is that we, 'neurotypicals' (NTs) are very good

at disguising our stress, anxieties and weaknesses. Those on the autistic spectrum are not.

Points to remember



- The use of different terminology
- The implications of the triad of impairments
- The relevance of ICD 10/DSM IV upon diagnosis