

What is autism or ASD?

<http://www.autismqld.com.au/autism/autism.html>

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**Autism Spectrum Disorder (ASD), which includes Autism, Aspergers syndrome and PPD-NOS(Pervasive Developmental Disorder) is a neuro-biological disorder that affects:**

- The way a person communicates
- Socialises with others
- Processes information from his/her senses
- Adapts to his/her environment.

These deficits often lead to behaviours such as:

- Rigid adherence to routines
- Fixations on objects or topics
- Withdrawal
- Aggression
- Bizarre or repetitive body movements.

ASD can have a profound and complicated impact on the most apparently simple everyday activities. ASD affects:

- People of all intellectual abilities from those with a profound intellectual disability to people who are more able and, in some cases, gifted
- Approximately four boys to every girl
- At least one person in every 250.

**COMMUNICATION**

ASD involves a mild to severe communication deficit. This does not relate to one particular aspect of communication - it affects them all. A person with ASD does not readily understand or use any form of communication:

- Verbal language
- Body language
- Facial expression
- Tone of voice
- Gestures.

However, these difficulties may be very subtle and well disguised by a more able person with ASD, so that to a casual observer no communication deficit can be seen. Some people with ASD never develop speech. These individuals will probably also have difficulties in developing and understanding any other forms of communication such as gestural systems or picture-based systems. Many people with ASD do develop speech, but to very varying degrees. It rarely develops to an age-appropriate level of function. It rarely develops to the stage of being able to cope with complex or abstract concepts.

A person with ASD may be unable to tell people what he or she wants, express concerns or fears, or be able to answer questions reliably. They often have difficulty in making or expressing choices. In routine situations, the individual's expressive and receptive skills may appear far better than they really are. This often causes people to overestimate the person's abilities and underestimate the severity of the communication deficit. This can have serious consequences for the person's success in a number of situations.

These are some of the ways a person with ASD may display communication deficits:

- May have limited or no speech and/or lack typical communicative gestures
- May use speech but revert to non-verbal (which may also be inappropriate) behaviours when confused or anxious
- May speak in complete sentences but be unable to carry on or maintain an interactive conversation
- May guide an adult by the hand to a desired object rather than ask, or do things independently, or do without, rather than use a person for assistance
- May use repetitive sounds or repeat certain questions over and over
- May have unusual vocal quality (tone, pitch, speed of speaking)
- May reverse pronouns (will use "you" instead of "I", etc.)
- May not consistently follow verbal directions
- Understanding of language is very literal and concrete.

## **SOCIAL SKILLS**

ASD involves a severe socialisation deficit. It is often difficult to interact in a meaningful way with a person with ASD because the message the person gives - through reluctance to give eye

contact, apparent lack of desire to share activities with others and appearance of extreme social isolation - is that the person wishes to be left alone.

This has sometimes led to the misunderstanding that people with ASD prefer to be alone. However, the opposite is often true, especially with the younger people and children who will make many inappropriate attempts to join in, or who will watch others with great interest but have no idea on how to become involved. It is not that adults and children with ASD cannot feel affection or that they do not want to be socially involved, but that they do not know how to go about it.

Another aspect of the socialisation impairment is the failure to develop social empathy; that is, the ability to "put oneself in another's shoes". It seems that people with ASD find it very difficult to see the world from anybody else's point of view. They cannot understand that other people have their own beliefs, desires and intentions, which guide their behaviour. This lack of empathy - which is often misconstrued as selfishness - is not a willful decision on the part of the person with ASD; it is an utter inability to respond in any other way.

Without such awareness of other people's feelings and thoughts, social interaction can be extremely limited. The ability for the person to be taught how to behave appropriately in social interactions is also severely reduced.

An autistic person may merely treat people as tools or equipment - something to use to turn on a tap, open a door, get carried by or lean on. Some people with ASD may be able to respond appropriately to people within very familiar routines or to very familiar people, but become confused and anxious at any other time. At times they may appear rude because of their inability to understand and use the more subtle aspects of social interaction. These are some of the ways an adults and children with ASD may display a socialisation deficit:

- May not differentiate between familiar and unfamiliar people
- May appear rude in variety of ways: by approaching strangers inappropriately; by ignoring another person's attempts to interact
- May have difficulty with taking turns and/or sharing with peers
- May often be observed on the outside of social activities, watching, but not joining in
- May be unintentionally aggressive in an attempt to be social
- May cope very badly with being teased
- May be limited in play skills: plays with only a few toys and does not display imaginative play
- May lack self-esteem.

## **SENSORY INFORMATION PROCESSING**

People with ASD may appear to have great difficulty processing the information that comes to them through their senses. There is usually nothing wrong with the sense organs themselves, but the information is not able to be processed normally when it gets to the brain.

They may behave and respond to psychological tests as if they cannot make a coherent pattern out of the information which comes to them through their eyes, ears, touch and taste organs.

This has far-reaching consequences for the person's intellectual, social and emotional development and may well be one of the fundamental causes of their disordered functioning in all the other areas described above.

These are some of the ways a person with ASD may display sensory information processing deficit:

- May be unusually sensitive to the surroundings and unable to screen out irrelevant stimuli
- Capabilities and the ability to attend and respond may vary from day to day - performance is typified by discrepancies, inconsistencies and variability
- May ignore some sounds but overreact or be very sensitive to other sounds
- May seek out or selectively react to certain sounds
- Eye contact may be actively avoided, fleeting or lacking in social intent
- May use peripheral vision rather than central vision (and therefore gives the appearance of not giving eye contact or looking)
- May focus intently on the small visual details of walls, furniture, objects, prints, pictures or body parts whilst not seeing the whole picture
- May show intense interest in light or shiny reflective surfaces e.g. may filter light through fingers or stare at lights or reflections in glasses, watch water going down the plughole
- May explore by smelling or mouthing objects, people and surfaces
- May have eating problems that could be related to the smell, texture or flavour of food - often has strong preferences or refuses new foods
- May chew or eat things that are not food
- May have delayed or no response to obviously painful events
- May seek out vibrations or engage in repetitive movements such as rocking, bouncing, flapping arms and hands, or spinning with no apparent dizziness
- May hold or move hands or body in unusual (often rigid) postures
- May have difficulty with position of body in space, and motor planning
- May walk on tiptoes
- May have disturbed sleep pattern
- May have difficulty with toilet training.

## **ADAPTATION TO THE ENVIRONMENT**

Due to the impact of the three areas of deficit already described, ASD also involves a severe deficit in adaptation to the environment. A person with ASD finds it very difficult to interpret and process new information. Thus it is far more comfortable for them if things remain constant and unchanged.

Everybody finds it stressful to have to cope with a great deal of new input at once; for people with ASD, this level of stress can be caused by any minor change to a routine, activity or their surroundings. The ways in which people with ASD display this difficulty in coping with change and intrusion can vary enormously. Some respond by using cut-off and withdrawal - this can be

displayed by the person seeming to be "living in a world of his own", or by obsessively manipulating his fingers, or by lining up objects or by talking non-stop about dinosaurs.

Others react with aggression to either themselves or anyone else within reach. This reaction is usually very effective at keeping people at a distance, reducing the number of demands made upon them and thereby decreasing the amount of change they will have to cope with

These are some of the ways a person with ASD may display adaptation deficit:

- May show fear of strangers or new activities by avoiding or resisting contact
- May develop strong attraction to certain objects, routines and rituals and may stay involved with them for long periods or be upset if interrupted
- May show anxiety about certain events or schedules
- May become upset with changes or ask repeated questions about when events will occur
- May be very concerned about doing work perfectly
- May become unwilling to attempt work that he or she feels cannot do perfectly
- May become very motivated to be in control of situations
- May become very successful at manipulating people into allowing control

## **STRATEGIES**

**( The Autistic children's Association of Queensland INC- Autism, information and strategies for adults with ASD 1997 Andrea Bidby, Patricia Mark )**

### Behavioural Support

ASD is more than a collection of disruptive behaviours, it is a combination of mild to severe deficits that can cause the person to become anxious, frustrated, confused, frightened or over stimulated. These behaviours by their nature can often result in limiting people with ASD from being understood and consequently attaining their individual potential. Although the behaviours can be very distressing, disruptive and inappropriate at times they do occur for a reason, and as such represent a means of communication.

Challenging behavior may communicate not only wants or needs, but feelings being experienced, or be a response to changes in the surroundings, or an expression of inability to cope with the frustration encountered in everyday life. The behavior may also be a way of obtaining or avoiding something, desired or disliked. Consideration of the socialization, communication and adaptive difficulties experienced by people with ASD, is crucial for behavioural support.

Behavioural support is more than a list of responses or strategies of anecdotal information to different situations. Cootharinga apply **Positive Behaviour Support Plans** (for behaviours that require restrictive practices) and **Strategies for Success** (for behaviours that do not require restrictive practices and don't fall under that legislation) to support clients with their individual behaviours.

Our Behavioural Support Co-ordinator develops individual plans for each client collectively with therapists, family and staff. Support staff are fundamentally important to the process. Feedback is essential to ensure that strategies are effective and functional. Staff should liaise with their Line Manager if strategies are not successful. Also, if support staff have other strategies for behaviour support that they are included in these plans to share with other staff.