



Autism is a disorder that affects the way a person communicates with and relates to other people. Most (but not all) people with autism also have a learning disability. People with autism need specialist care and education.

### Autism and autistic spectrum

Autism is most likely to be a group of similar disorders with various degrees of severity. So the term 'autistic spectrum disorders' is sometimes used rather than autism.

### What are the symptoms of autism?

Symptoms start in the first 3 years of life. It usually develops from birth (about 4 in 5 cases). In about 1 in 5 cases there is a period of normal development first before symptoms begin. There are four different groups of symptoms, all of which usually occur in children with autism.

#### Social difficulties

there are different types of problems and not all will occur in each case. These can generally be described as "not being able to get on with people".

#### So the child may:

- Seem to be aloof
- Have little or no interest in other people
- Have no real friends
- Not understand other people's emotions. E.g. not understanding why anyone has got cross with them
- Prefer being alone

The sort of problems that children with autism have include one or more of the following:

- Not be able to express themselves well.
- Not be able to understand gestures, facial expressions, or tone of voice.
- Say odd things. E.g. repeating your words back to you, time and time again
- Use odd phrases and odd choices of words
- Sometimes use 10 words when 1 word would do
- Make up their own words
- Not use their hands to make gestures as they speak
- Not be able to understand difficult commands

### **Poor imagination**

Imaginative play is limited in children with autism. They tend to do the games and activities that they learn over and over again. Games may remain exactly the same every day. Games are usually those that a younger child would normally play.

### **Unusual behaviours**

these are typical and include one or more of the following:

- Odd mannerisms such as hand-flapping or other odd pointless movements
- Anger or aggression if routines are changed (children with autism often hurt themselves when they are angry by banging their head or hitting their face, sometimes they do this to get attention)
- Actions are repeated over and over again (like rocking back and forward)
- Obsessions may develop in older children and adolescents (e.g. they may have interests in unusual things like train timetables and lists)
- Parents often find these problems very confusing and often get frustrated

### **What is the IQ (intelligence) of children with autism?**

Most children with autism have a low IQ. Around 7 in 10 have an IQ level below 70 which is low enough to be classed as 'learning difficulty'. (The average IQ of the normal population is 100.) Some children with autism have normal or even high, intelligence.

### **How common is autism?**

Autism is uncommon, but it seems to have become more common in recent years. Boys are 3 times more likely than girls to have autism. A recent study has shown that between 1988 and 1999 the number of cases of autism increased 7 times. In this study 8 in 10 cases were boys. The most common age for diagnosis was between 3-4 years. A small number of children were not diagnosed until 12 years or older. The results of this study suggest that autism will now occur in about 2-3 per 1000 children.

### **What is the cause of autism?**

The cause is not known. There are various theories and various factors may be involved.

Recently there has been speculation that the MMR vaccine may somehow cause autism. There is no evidence that this is true. Recently 2 studies have shown that, whereas the incidence of autism has increased 7 times in the last 10 years, the amount of the children receiving the MMR vaccine has remained the same. Based on these facts, and other studies, there is a strong case to say that there is no link between the MMR vaccine and autism.

### **What is the treatment for autism?**

Most children with autism are under the care of a specialist in child psychiatry. The types of treatments provided include the following:

- Special education to help with language and communication skills
- Behaviour therapy which aims to reduce 'bad' behaviours and promote 'good' behaviours
- Medication is rarely used, but sometimes may be needed to help control outbursts of excitement or aggression

There is no 'cure' for autism. The specialist education and support aim to maximise the potential of each child as they grow into adults. It is thought that the earlier the specialist input is started, the better the outcome.

## **The Triad of Impairments**

People with autism generally experience three main areas of difficulty; these are known as the **triad of impairments**:

- ✚ **Social interaction** (difficulty with social relationships, for example appearing aloof and indifferent to other people)
- ✚ **Social communication** (difficulty with verbal and non-verbal communication, for example not fully understanding the meaning of common gestures, facial expressions or tone of voice)
- ✚ **Imagination** (difficulty in the development of interpersonal play and imagination, for example having a limited range of imaginative activities, possibly copied and pursued rigidly and repetitively).

In addition to this triad, repetitive behaviour patterns and resistance to change in routine are often characteristic.

## Child Development and Autism



Children change in many ways as they get older. They grow physically; they put on weight and get taller and stronger. They learn how to speak, smile and get on with people in other ways, such as playing. This is called **development**. These changes normally happen by specific ages (**developmental milestones**).

- ✚ By the age of 2 months, most babies smile.
- ✚ By 9 months, most follow your finger if you point to something.
- ✚ By 1 year, most babble and point to things they want.
- ✚ By 2 years, most can speak phrases of two words on their own (not copying you) and can play pretend.

Children do not always follow this pattern exactly. They can also be slow to reach certain milestones but not others.

Skills like speaking, smiling and getting on are controlled by a child's **brain**. It gets bigger and forms new pathways as the child gets older.

**What happens in autism?**

With autism, a child's brain does not work as it should and this affects how the child develops in many ways.



Doctors call autism a **pervasive developmental disorder (PDD)**.

On the outside, children with autism usually grow and look like other children. But they do not develop the skills they need to get on well with others or to keep up in school.

With autism a child usually has problems with **speaking**. They may also not like being touched in any way, e.g. cuddling.

They may also behave in odd ways, e.g. doing the same activity over and over or they may follow the same routine all the time.

Sometimes, children with autism are very good at a certain skill or subject, such as maths, drawing or music. This is because they can focus very hard on just one thing. This is linked to their autism but it is **rare**.

Autism affects different children in different ways. Some children never learn to speak and need help all their lives. Other children can learn the skills they need to live on their own.

### Treating Autism - Key Points

- ✚ There is no cure for autism. But treatments may help a child **speak and communicate better and do better at school**.
- ✚ The main treatments use special ways to teach a child and help change how they behave.
- ✚ These treatments seem to help the most if started **while a child is still young**. Doctors call this **early intervention**.
- ✚ Treatments for autism can be expensive and availability may be based on geographical location.
- ✚ If a child also is **hyperactive** or has problems such as tantrums there are drugs to help.
- ✚ There have not been many good studies comparing different treatments but most experts agree that **treatment early in life can help**.

### Treatments for autism

## Education

### Treatments likely to work

- ✚ **Early teaching by parents:** This type of programme aims to help children with autism before they start school. It involves many hours every week.
- ✚ **Applied behavioural analysis:** This is known as ABA for short. It teaches a child in small steps by using good things called rewards. Usually, it also means many hours of therapy each week.
- ✚ **TEACCH:** This is a programme that teaches a child at home or in school in a planned way. TEACCH stands for Treatment and Education of Autistic and related Communication handicapped Children.

## Medications

### Treatments likely to work

- ✚ **Methylphenidate:** This drug is a kind called a stimulant. The brand names for methylphenidate are Ritalin, Concerta and Equasym. It may help if a child is hyperactive. There are side effects.

## Medications

### Treatments that work, but whose harms may outweigh benefits

- ✚ **Risperidone:** This drug belongs to a group called antipsychotic drugs. The brand name is Risperdal. It may calm a child if they have tantrums, fight or try to hurt themselves. There are side effects.

### Treatments that need further study

- ✚ **Selective serotonin reuptake inhibitors (SSRIs):** These are drugs mainly used to treat depression. They include fluoxetine (Prozac), citalopram (Cipramil) and fluvoxamine (Faverin). They may help a child become less anxious and stop doing the same actions over and over. There are side effects.

People with autism or Asperger syndrome are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life (Tantam & Prestwood, 1999)

## Depression

- About 1 in 15 people with Asperger syndrome suffer from symptoms of depression (Tantam, 1991)
- Life events, e.g. leaving home or going to college, can trigger depression in people with Asperger syndrome
- **Depression** is more common in children aged 10-12 years with high-functioning autism/Asperger syndrome than in the general population of children of the same age (Kim et. Al., 2000)
- **Depression** in people with Asperger syndrome may be related to a *growing awareness* of their disability or a sense of *being different* from their peer group and/or an inability to form relationships or take part in social activities successfully

## Anxiety

- **Anxiety** is a common problem in people with autism and Asperger syndrome
- For some people, it is the treatment of their anxiety disorder that leads to a diagnosis of Asperger syndrome
- People with Asperger syndrome are particularly prone to anxiety disorders as a consequence of the social demands made upon them
- One way of coping with anxiety levels is for persons with Asperger syndrome to retreat into their particular interest
- The level of preoccupation used can be a measure of the degree of anxiety
- The more anxious the person, the more intense the interest (Attwood, 1998)

## Managing Anxiety

- One potentially good way of managing **anxiety** is to use behavioural techniques
- For children, this may involve teachers, parents, carers, support workers looking out for recognised symptoms (e.g. rocking or hand-flapping)
- Adults and older children can then be taught to recognise these symptoms themselves, although some might need prompting
- Specific events may also be known to trigger anxiety e.g. a stranger entering the room
- When certain events are recognised as a sign of imminent or increasing anxiety, action can be taken
- E.g. relaxation, distraction or physical activity
  
- The choice of relaxation method depends very much on the individual
- Young children may respond to watching their favourite video
- Older children and adults may prefer to listen to calming music
- It is also important to have access to a quiet room
- Other techniques include massage , deep breathing and using positive thoughts
- Howlin (1997) suggests the use of photographs, postcards or pictures of a pleasant or familiar scene (small enough to be carried about and laminated in order to protect them)
- Howlin also stresses the need to practice the relaxation method chosen at frequent and regular intervals for it to be of any practical use
- If the person is very agitated physical activity can work (Attwood, 1998)
- Drug treatment may also be effective for anxiety

- As with all drug treatments it may take time to find the correct drug and dosage for any particular person
- Treatment must only be conducted through a qualified medical practitioner
- It is crucial to identify the cause of the anxiety
- This should be done by careful monitoring of the events leading to an increase in anxiety

### Obsessive Compulsive Disorder

- Obsessive compulsive disorder (OCD) is a condition characterised by recurring, obsessive thoughts (obsessions) or compulsive actions (compulsions)
- Obsessive thoughts are ideas, pictures of thoughts or impulses, which repeatedly enter the mind, whereas compulsive actions and rituals are behaviours which are repeated over and over again (Thomsen, 1999)
- The stereotypic obsessive action seen in children with autism differs from the child with OCD (Baron-Cohen (1989)
- A child with autism does not have the ability to put things into perspective (Thomsen (1999)
- People with Asperger syndrome can sometimes respond to conventional behavioural treatment to help reduce the symptoms of OCD
- This is only effective if the person wants to stop their obsessions

Medication can reduce anxiety to enable coping with the frustration of not carrying out the obsession (Carpenter, 2001)

### Schizophrenia

- There is no evidence that people with autistic conditions are any more likely than anyone else to develop schizophrenia (Wing, 1996)
- People have been diagnosed as having schizophrenia when in fact they have Asperger syndrome
- This is because their odd behaviour and speech pattern (for example) are seen as a sign of mental illness
- Obsessional thoughts can become quite bizarre during mood swings and these can be seen as evidence of schizophrenia
- A person with Asperger syndrome experiencing hallucinations or delusions that they find distressing can be prescribed conventional antipsychotic medications

### Psychological Treatments

- A primary psychological treatment for mood disorders is cognitive behavioural therapy (CBT)
- It is effective in changing the way a person thinks and responds to feelings such as anxiety, sadness and anger, addressing any deficits and distortions in thinking (Attwood, 1999)
- CBT can be adapted for use with people with Asperger syndrome:
  - Having a clear structure e.g. protocols of turn-taking
  - Adapting the length of sessions e.g. 10-15 minutes long
  - The therapy must be non-interpretative (Hare and Paine (1997))
  - The therapy must not be anxiety provoking
  - Group therapy should not be used
  - The therapist should have a working knowledge and understanding of Asperger syndrome in a counselling setting
  - Hare and Paine (1997)



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## References

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