

## ASD Module Script

### **Module 1: Autism Spectrum Disorder Characteristics**

**ASD Characteristics:** Welcome to the module on ASD characteristics. The goal of this module is to give you, the listener, a full understanding of the characteristics that comprise an Autism Spectrum Disorder diagnosis and discuss the pending changes to diagnostic criteria.

**ASD Characteristics—What are Autism Spectrum Disorders:** Autism Spectrum Disorders, as they are currently classified, are a group of disorders related to development that share common characteristics. According to the DSM-IV, these disorders fall under the umbrella of Pervasive Developmental Disorders. For the purposes of this discussion, we are going to focus primarily on Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified.

**What are Autism Spectrum Disorders:** Autism Spectrum Disorders are associated with impaired or altered brain growth and development that occurs in infancy and alters the developmental trajectory of an individual in a way that will impact them throughout their life. As a result, these disorders are considered lifelong, developmental disorders. The symptomology of Autism Spectrum Disorders are encompassed by three domains: Communication, Behaviors, and Social. According to the current diagnostic criteria, where an individual falls on the spectrum is determined largely by the severity of their symptomology. A person with a diagnosis of Autistic Disorder, according to the current criteria, will have a marked impairment in all of these domains, along with a delay in language development. A person with a diagnosis of Asperger's Disorder will experience most impairments in both the social and behavior domains, but will experience typical development of language.

**Autistic Disorder (DSM-IV):** In order to meet the threshold for a diagnosis of Autistic Disorder, an individual needs to meet each of the following criteria: qualitative abnormalities in reciprocal social interaction, qualitative abnormalities in communication, restricted, repetitive and stereotyped patterns of behavior, and abnormality of development before three years of age. It is important to note here that a diagnosis does not have to occur prior to three years of age. Next, we are going to go into further detail concerning each of these criteria, in order to assist you in better understanding the diagnosis.

**Understanding the Diagnosis: Social Interaction 1:** Impairment in social interaction is one of the hallmarks of an Autism Spectrum diagnosis. The current diagnostic criteria lists

four possible areas of impairment and in order to meet the criteria in this area, an individual must manifest two of the four.

**Understanding the Diagnosis: Social Interaction 2:** The first of these four areas is the experience of a marked impairment in the use of multiple non-verbal behaviors. Many of us are aware of the importance of non-verbal behavior and how we use it to interact with others. For an individual with an Autism Spectrum Disorder, these non-verbal cues that we take for granted, are often lost. Anything from a simple gesture, such as a shoulder shrug, to a particular look may be missed. Many people with an ASD diagnosis experience significant difficulties with reading facial expressions and interpreting the underlying messages in non-verbal communication.

**Understanding the Diagnosis: Social Interaction 3:** The next area is a failure to develop peer relationships appropriate to the individual's developmental level. This impairment will often emerge early on with play interactions, which are a foundation for relationship development. A child with an ASD diagnosis will not engage in activities, such as imaginary play where they may act out social roles. The severity of this impairment may vary depending on the severity of diagnosis, ranging from an absence of interest in social interaction to a great desire to interact socially that is impaired by abnormal patterns of interacting and difficulty with the language of social situations. This gap will typically widen as an individual gets older.

**Understanding the Diagnosis: Social Interaction 4:** A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people is the next area of potential impairment. Again, the severity of this impairment may look different with each individual. For instance, a child may be isolative or withdrawn or this may manifest itself as difficulty or a lack of desire to share important moments and interests with others.

**Understanding the Diagnosis: Social Interaction 5: Joint Attention:** Joint Attention is a non-verbal way of alerting another person to an object. It allows a child or individual to express enjoyment in sharing an object or an event with another person by looking back and forth between the item and that person or caregiver. While not specifically an area for qualitative impairment in the current diagnosis, joint attention has been recognized as an area of deficiency that contributes substantially to disruptions in social skill development. Joint attention, which begins to emerge around 9 months of age, plays a role in later ASD symptomology since it is associated with verbal language, symbolic play, and social cognition. It is part of a developmental cascade of early deficits that may lead to later impairment. When there is a problem with joint attention, that child will inevitably have less opportunity to learn important skills from others.

**Understanding the Diagnosis: Social Interaction 6:** The last area of possible impairment in social interaction is a lack of social or emotional reciprocity. Children with an Autism Spectrum Disorder are sometimes described as not showing emotion or showing emotions that are inappropriate in intensity or in fit for a given situation. They have extensive difficulty with mirroring appropriate emotions.

**Understanding the Diagnosis: Communication 1:** The second defining characteristic of ASD is the qualitative impairment in verbal and nonverbal communication as well as in imaginative ability. As with impairments in reciprocal/social interaction, the ways in which communication characteristics manifest themselves is highly variable. For example, some children with ASD are non-vocal, while others are vocal with unusual patterns of speech, or vocal with typical patterns of speech. Again, when a child is diagnosed, he or she must meet at least two criteria in the communication domain.

**Understanding the Diagnosis: Communication 2:** The first example of symptoms in this communication domain is a delay in language. A delay in language can be attributed to ASD if the child does not compensate for a delay by using strategies such as gesturing. We will discuss what a delay looks like in more detail later in the module.

**Understanding the Diagnosis: Communication 3:** Another symptom a child can exhibit is trouble initiating and maintaining conversations, particularly with peers. It may seem like he or she is talking at someone instead of with someone. She may also find it difficult to start and stop conversations. It is also common for a child to have significant difficulty with, or be unable to respond to open-ended questions.

**Understanding the Diagnosis: Communication 4:** Next, a child may exhibit problems with language such as:

- **Stereotyped:** An individual intensely fixates on one topic for an extended period of time.
- **Repetitive:** An individual has immediate or delayed echolalic speech that, for example, they are repeating from TV or a family member.
- **Idiosyncratic (neologisms):** This is the use of words in strange ways or using made-up words to convey meaning. This is a non-conventional communication tool unless used with a family member or those who are close with the child.

**Understanding the Diagnosis: Communication 5:** Lastly, a child may exhibit significant delays in play skills. Typically, as a child ages, he or she should move from basic imitation to more complex make-believe play. Imaginative play is something children on the spectrum often do not do spontaneously.

**Understanding the Diagnosis: Behaviors 1:** The last defining characteristic of ASD is restricted repetitive and stereotypic patterns of behavior, interests and activities. This deficit must be manifested in at least 1 of the following criteria.

**Understanding the Diagnosis: Behaviors 2:** First, a child must exhibit strong interest in a specific topic or toy. Many children with ASD gravitate towards numbers, letters and colors in their play and communication with others. Some children become fixated on videos and will watch the same segment of a video repeatedly. While it is common for typically developing children to have favorite toys or watch a movie over and over again, red flags present when a material is not age appropriate, or when the child's memory, skill, and interest presents with unusual intensity.

**Understanding the Diagnosis Behaviors 3:** Next, a child with ASD may have rigid ideas about time, travel, and routines. These issues can revolve around feeding, dressing and the placement of objects. Parents and practitioners often report that a child with ASD thrives on structure, has difficulty adjusting to change (e.g., vacation or moving), and will become agitated if the routine is altered. This often can be seen in children with ASD during play. They may insist that a play sequence unfold a certain way and become annoyed or withdrawn if peers or adults alter their preferred course of action or placement of game pieces.

**Understanding the Diagnosis: Behaviors 4:** Probably one of the most obvious symptoms of ASD includes atypical body movements. While this is not always indicative of autism, it is often the first thing people notice in terms of unusual behavior. These atypical body movements include spinning, unusual positioning, body rocking, toe walking, flapping hands and flicking or crossing fingers.

**Understanding the Diagnosis: Behaviors 5:** Lastly, a child with ASD may engage in unusual play-based behavior including: lining up/stacking toys, categorizing them or positioning them a specific way, repeatedly dropping or spinning toys/objects, and visually examining toys/objects by peering at them through the corner of their eye or waving it through their field of vision. A classic example is a child who, rather than functionally playing with a toy truck as intended, will flip it over to watch the wheels spin.

**Understanding the Diagnosis: Venn Diagram:** Again, we are looking at all three domains of symptoms associated with ASD. It is important to understand that under the current DSM, "Autistic Disorder" is currently defined by difficulties in all three. To qualify for an Asperger diagnosis, a child demonstrates deficits in the social and behavior domains. They cannot have an identified history of communication difficulties early in life, meaning that their basic expressive and receptive skills do not appear to be impaired before age 5.

**Understanding the Diagnosis: PDD NOS:** The diagnosis of Pervasive Developmental Disorder, Not Otherwise Specified, has become a diagnostic catch-all of sorts for individuals who meet the severity of many of the defining characteristics, but are not fully satisfying the criteria for either Autistic Disorder or Asperger's Disorder. As noted, there is no minimum number of symptoms and this diagnosis will often present with an enormous variance of symptomology across areas of potential impairment.

**Understanding the Diagnosis: Delays:** In order to qualify as an individual with Pervasive Developmental Disorder, NOS, an individual needs to experience severe and pervasive impairment in some of the various symptoms already discussed, as well as delays or abnormal functioning in either social interaction, language as used in social communication, or symbolic or imaginative play.

**It's A Wide Spectrum:** Thinking about the diverse domains and range of severity within those domains, it is easy to see how incredibly diverse the presentation of an ASD in an individual might be. If you think about each one of the diagnostic domains discussed, you may be able to place them on a continuum or spectrum of their own. For instance, a child

may range from being socially withdrawn and isolative, to socially innocent and naive, to manifesting difficult social behaviors that may cause them to be labeled as rude. Here you can see several more examples of this continuum. Interestingly enough, some of the upcoming diagnostic changes encompass this idea of varying levels of severity.

**Understanding the Diagnosis: DSM-IV TR Diagnostic Criteria:** The most recent version of the Diagnostic and Statistical Manual of Mental Disorders, or the DSM, is currently undergoing revisions and a new edition, the DSM-V, is expected to be completed in May of 2013. In this version, it is proposed that the umbrella category of Pervasive Developmental Disorders will be eliminated and all of the diagnoses falling under it (i.e., Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, and Childhood Disintegrative Disorder) will be collapsed into one category, Autism Spectrum Disorder. Rett's Disorder will be eliminated from this category entirely, as it has been determined to have its own specific etiology. It is rationalized that the distinctions between disorders have been inconsistent over time and were often related to associated features of the disorder rather than core features. ASDs are considered to be represented by a common set of behaviors and as such, may fall into one diagnostic category with clinical specifiers, such as severity and verbal ability, and associated features, such as genetic components and comorbid disorders.

**Understanding the Diagnosis: Changes to Diagnostic Criteria:** The new proposed diagnostic criterion condenses the three current ASD criteria into two domains that will have accompanying severity ratings. These domains are social communication and interaction and behavior and interests. Concerning the social communication and interaction domain, it was determined that many of the deficits in social and communication behaviors were inseparable. The current proposed revision suggests three criteria and impairment would need to be present in all three. For the area of fixed interests and repetitive behavior, there are four criteria and impairment would need to be present in two of the four.

**Summary: ASD Characteristics:** You have now completed Module 1: Autism Spectrum Disorder Characteristics. In this module we reviewed the current diagnostic categories, the characteristics of ASDs, and the pending diagnostic changes. Please proceed to the post assessment.