

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a lifelong developmental disability characterised by impairments in social communication and interactions, as well as restricted or repetitive patterns of behaviour, interests or activities. For an ASD diagnosis to be made these symptoms need to be evident from childhood, and impair daily functioning (APA, 2013). The word 'spectrum' is used because the range and severity of the difficulties people with ASD experience can vary widely.

How common ASD?

Research shows that about 1 in 100 children, almost 230 000 Australians, have an ASD and that it is more prevalent in boys than girls (Taylor & Seltzer, 2011; Brugha, et al., 2011).

What are the causes?

Currently, there is no single known cause for ASD, however, recent research has identified strong genetic links. ASD is not caused by an individual's upbringing or their social circumstances.

Symptoms

Some of the following may be early indicators of ASD. No single indicator necessarily signals ASD - usually, a child would present with several indicators from some of the following categories:

Behaviour

- Has inexplicable tantrums
- Has unusual interests or attachments
- Has unusual motor movements such as flapping hands or spinning
- Has extreme difficulty coping with change

Sensory

- Afraid of some everyday sounds
- Uses peripheral vision to look at objects
- Fascination with moving objects
- High tolerance of temperature and pain

Communication

- Not responding to his/her name by 12 months
- Not pointing or waving by 12 months
- Loss of words previously used
- Speech absent at 18 months
- No spontaneous phrases by 24 months
- Selective hearing - responding to certain sounds but ignoring the human voice
- Unusual language patterns (e.g. repetitive speech)

Social Skills

- Looks away when you speak to him/her
- Does not return your smile

- Lack of interest in other children
- Often seems to be in his / her own world
- Does not seek to share interests with others

Play

- Prefers to play alone
- Very limited social play (e.g. "Peek-a-boo")
- Play is limited to certain toys
- Plays with objects in unusual ways such as repetitive spinning or lining up

Diagnosis

ASD is diagnosed through an assessment which includes observing and meeting with the individual, their family and service providers. Information is gathered regarding the individual's strengths and difficulties, particularly in the areas of social interaction and social communication as well as restricted and repetitive interests, activities and behaviours. Such information may be obtained by administering standardised tests or questionnaires. ASD is usually diagnosed in early childhood, but assessments can be undertaken at any age. There is no single behaviour that indicates ASD. Currently, there are no blood tests that can detect ASD.

Developmental paediatricians, psychiatrists and psychologists with experience in assessing individuals with ASD are qualified to make a diagnosis. If you have concerns, your GP may refer you to a developmental paediatrician or diagnostic assessment service in your area.

Management

Effective early intervention programs are an important first step for children with an ASD and those with other disabilities or developmental concerns. Early diagnosis followed by individualised early intervention can provide the best opportunities for achieving their potential.

The period following a diagnosis is an extremely challenging one for families. Not only are you experiencing many emotions, you are also faced with decisions regarding intervention options for your child. This period of decision-making can be overwhelming for parents, given the nature of waiting lists, the number of different service providers, and the desire to help your children as quickly as possible.

Choosing interventions that will best suit your child and family's needs requires thought, discussion and information. Some questions to consider:

- Does this program or practitioner respect and incorporate my role and knowledge of my child as a parent?
- Can parents/carers learn how to implement this approach in everyday family situations?
- Is it clear to me what type of intervention is offered and why it would help my child?
- What does the intervention involve, who will be involved in delivering it and how is the approach introduced to the child?
- Was the approach specifically developed for use with children with ASD?
- Does this approach benefit all children with ASD, or is it designed for specific use with one sub-group?
- Is this approach flexible? Does it take into account the differences of individual children with ASD and their needs?
- Has this approach been evaluated? Is there any research published which supports the safety and effectiveness of this type of intervention?
- How long has this approach been used with children with ASD?
- Can this approach be used in conjunction with other approaches?

- To what extent will it affect our whole family's lifestyle?
- Is it home-based, centre-based, and can the approach be used and generalised across all situations?
- How does this approach address my child's communication, social, behavioural and sensory processing needs?
- How much will it cost?
- How will I know if the approach is working?

Typically, a co-ordinated approach is taken that may involve some or all of the following professions working together with the child and family, depending on the needs that have been identified:

- General Practitioner (GP)
- Paediatrician's
- Psychiatrists
- Psychologists
- Occupational therapists
- Speech pathologists
- Early Intervention specialists
- Behavioural support specialists
- Teachers
- Teachers' aides
- Education Consultants
- Specialist educators
- Counsellors

Possible Outcomes

An early diagnosis followed by early intervention provides the best opportunities for a child with ASD.

Early intervention, specialised education and structured support can help develop an individual's skills. Every individual with ASD will make progress, although each individual's progress will be different. Progress depends on a number of factors including the unique make-up of the individual and the type and intensity of intervention. With the support of family, friends and service providers, individuals with ASD can achieve a good quality of life.

Finding Help

If you have concerns, your GP may refer you to a developmental paediatrician or diagnostic assessment service in your area. Alternatively, you may contact Autism Spectrum Australia (Aspect) about information on ASD and related services.

Contact Aspect customer service:

Phone: **1800 277 328** or **(02) 8977 8377**

9am-5pm Monday to Friday.

Web: www.autismspectrum.org.au

Email: customerservice@autismspectrum.org.au

References

APA. (2013). *Diagnostic and Statistical Manual of Mental Disorders 5*. Washington, DC: American Psychiatric Association.

Brugha, T., McManus, S., Bankart, J., Scott, F., Purdon, S., Smith, J., et al. (2011). Epidemiology of autism spectrum disorders in adults in the community in England. *Archives of General Psychiatry*, 68(5), 459-466.

Taylor, J., & Seltzer, M. (2011). Employment and post-secondary educational activities for young adults with autism spectrum disorder during transition to adulthood. *Journal of Autism and Developmental Disorders*, 41, 566-574.