

# Autism Spectrum Disorders



## Fact Sheet

### Autism Spectrum Disorders

Autism Spectrum Disorders (ASD) is a broad term to describe the range of neurodevelopmental disorders on the autism spectrum. ASD are complex disorders that are characterised by difficulties with social communication, noticeably limited interests and activities, and repetitive behaviours. These difficulties are usually apparent early in life (with some symptoms noticeable from birth or early infancy) but a formal diagnosis may not occur until later in childhood, in some forms of these disorders. The notion of ASD being on a spectrum highlights that there can be large differences in the severity of symptoms, experiences and ability to function in children with ASD, with some children requiring more support than others.

Recent changes published in the latest Diagnostic and Statistical Manual of Mental Disorders (DSM-5) have consolidated the way ASD are classified; with Asperger's Syndrome and Pervasive Developmental Disorder now classified along this spectrum rather than being distinct disorders. This change was identified as necessary to improve the sensitivity and specificity of the criteria for diagnosis, and to allow for more focused treatment.

Prevalence statistics for ASD vary greatly across studies; however recent research estimates that 1 in 100 Australian children have ASD. ASD is more common among males, with almost four times as many boys than girls diagnosed with ASD. The causes of ASD are unknown, however there is thought to be some genetic and/or biological basis. Treatments for ASD can include social skills training, parent and child education, behavioural therapies and in some cases medication can help the child to better cope with the disorder.

### Why is it important?

Early detection and intervention can be crucial factors in increasing a child's chances of coping better with ASD. In early childhood, symptoms of ASD are often misinterpreted as the child being a slow developer. Current research indicates that only approximately half of children with ASD are diagnosed before starting school, even though the early

years are considered to be the most important in terms of improving outcomes for children diagnosed with ASD. Signs or symptoms of ASD are usually noticeable during the first year of a child's life, and its onset is no later than three years of age. Some early indicators of ASD can include:

- An absence of 'babble' talk before 12 months of age;
- The child not attempting to speak at all before 16 months of age;
- The child not responding to his/her name; and
- A sudden loss of any of these abilities.

Other signs may be present, such as lack of eye contact, constantly lining up objects or toys rather than playing with them, attachment to a particular object or inappropriate emotional outbursts.

### ASD in detail

In children with ASD, the brain develops differently from other children, and this impacts on how the brain processes information. The characteristic behaviours and difficulties of children with ASD are thought to be linked with these differences in brain development.

Children on the autism spectrum show a wide range of difficulties and abilities. They often display different ways of learning, not only from their peers, but differences are also evident between children with ASD.

Generally, children with ASD show difficulties in a few key areas:

- Social communication – Children often show delays in their language development and this can reduce their capacity for social communication, including talking to others, social interaction, understanding social norms and behaving accordingly.
- Verbal and non-verbal communication – They can exhibit varying levels of impaired development of language and cognition, leading to challenges





understanding and following instructions and questions, difficulties problem-solving, and a lack of non-verbal communication including eye contact or responding to hand or body gestures.

- **Narrow interests and repetitive behaviours** – A child with ASD can often have obsessive and narrow interests; and prefer routines and adhering to rituals to carry out tasks, e.g. doing something the same way each time, such as eating from the same plate and utensils at each meal. Children with ASD also often exhibit repetitive patterns and behaviours, such as repetitive use of a toy or movement, arranging toys in a particular way repeatedly, and in their speech patterns.
- **Extreme sensitivities to sensations of touch, taste, sound and sight** – Children with ASD may be under-sensitive to their surrounds for example they may seek out specific smells or tastes. Or they may be over-sensitive to busy environments, loud noises and bright lights.

## ASD in the classroom

When a child or student has ASD, it is essential that there is a strong parent-teacher relationship. All children with ASD will display individual differences and parents will be able to provide information with regard to how to manage any common behavioural problems and how best to facilitate relationships within the learning environment. Meeting with the parent/s at the beginning of every school year is a good idea. Other professionals who may also be involved in these meetings are the child's speech therapist, a school counsellor and/or special education teacher.

### For schools and teachers

**Making sense of the classroom environment.** Studies have shown that most children with ASD are visual learners. Using pictures and words around the classroom is therefore particularly helpful for students with ASD. These visual supports reinforce what is expected of the child, emphasise meanings and assist in communication. A child with ASD

may require more explicit instruction when it comes to tasks and social situations. Modelling behaviours, actions or examples of tasks will aid their understanding of what is required. Use language that is as straightforward and as literal as possible as a child with ASD often has trouble comprehending implied meanings. Remember that what may seem 'common sense' to you may be a very difficult concept for a child with ASD.

**Creating a safe and comfortable classroom.** It is important for the child to feel safe and comfortable in their learning environment. Removing environmental factors that may exacerbate the child's anxiety can assist in making them feel at ease. Children with ASD are also generally averse to change in routines or the environment e.g. if the furniture in a room is rearranged. This can be mitigated by giving lots of notice of changes to schedules and routines, and involving them in the process of moving things around.

Children with ASD are commonly very sensitive to sensory stimuli. Should the child at any point feel over-stimulated, it may be helpful to have a quiet area, preferably somewhere neutral and away from bright lights and loud noises. It is also important to communicate regularly with the child's family for example about the child's likes and dislikes and how you can support the child when they are feeling overwhelmed.

**Keep the lines of communication open.** It is important to clarify what is appropriate and inappropriate behaviour, keeping in mind that a child with ASD generally may have a limited comprehension of what is socially appropriate. It is also important to be sensitive and responsive to behavioural cues and looking beyond what may appear to be 'problem' behaviours. These are quite often communicative attempts and/or indicators of the level of anxiety the child is experiencing at the time. Speaking positively in your instructions to a child, and using statements rather than questions can increase your communication.

**Remember not to overload the child.** This could be with questions, information or sensory input. You may need to allow extra time for the child to respond to a question or explain themselves and also allow time for you to translate that information. Avoid language that might be confusing,



such as metaphors and sarcasm. Remember that this kind of language can be taken literally by a child with ASD. Respect the fact that a child with ASD does not have to maintain eye contact to be attentive. In fact quite often the two states are mutually exclusive.

**Encouraging success.** As with all children, it is helpful to reward a student with ASD when they use positive and appropriate behaviour. Using rewards that have meaning to the child will make them want to achieve success. Remember each child is different and it is important to respect the child's individuality and not merely categorise them by their diagnosis.

**Focusing on the big picture.** For students with ASD, particularly in later years of schooling, it is also helpful to focus on developing skills that may be of use in the student's home life, as well as their community and adult lives. When the child is ready, involving them in small, cooperative learning groups may be useful in terms of peer support, relationship building and social interaction.

Above all, be open-minded, allow time to deal with your own reactions and be willing to accept challenges and learn. Ask questions and consult regularly with the child's parents and other professionals who are involved in supporting the child and their family. Children with ASD will usually require different approaches to teaching and learning, but a supportive learning environment will be the best preparation a child with ASD can have for life beyond the classroom.

## Sources and Links

Autism Help: [www.autismhelp.info/](http://www.autismhelp.info/)

Australian Psychological Society, Understanding and managing autism spectrum disorder: [www.psychology.org.au/autism](http://www.psychology.org.au/autism)

Autism Spectrum Australia: [www.autismspectrum.org.au/sites/default/files/Quick-guide-to-autism-web.pdf](http://www.autismspectrum.org.au/sites/default/files/Quick-guide-to-autism-web.pdf)

Autism Victoria: [www.amaze.org.au](http://www.amaze.org.au)

Behavioural Neurotherapy Clinic: [www.autism.net.au](http://www.autism.net.au)

Early Childhood Australia. (2006). Including children with autism in early childhood settings. *Every Child* 12(3). Available at: [Every Child Vol 12, No.3 2006](#)

Jordan, R. (2004). Meeting the needs of children with Autism. *Autism Spectrum Disorders in the early years. Australian Journal of Early Childhood*, 29, 1-7.

Positive Partnerships (an initiative to support school age students on the Autism Spectrum): [www.positivepartnerships.com.au](http://www.positivepartnerships.com.au)

Raising Children Network: [raisingchildren.net.au/articles/autism\\_spectrum\\_disorder\\_overview](http://raisingchildren.net.au/articles/autism_spectrum_disorder_overview)