Autism Awareness: An Introduction

WEBINAR SUMMARY
February 12, 2016

I. Experts:

Irene Stevens, CELCIS, University of Strathclyde, Scotland,

Maja Cepanec, Faculty of Education and Rehabilitation Services, Zagreb, Croatia

II. History and key facts:

Mrs. Stevens started by explaining that autism was discovered in the 1940s, by two clinicians, Leo Kanner and Hans Asperger, who were working with children displaying symptoms unusual for those times. Kanner was working with eleven young children, who lacked verbal communications. In turn, Asperger focused on older children, displaying atypical behavior and being quite aggressive, though they were verbal.

The expert proceeded to stating that autism is a lifelong condition. It is more prevalent in boys, rather than girls (4:1) and consists of unusual reactions to sensory stimulations. It is a spectrum disorder, with various degrees of expression, which is possibly genetic. To reflect the condition’s wide variability and complexity, it is now known as Autism Spectrum Disorder (ASD).

III. Early signs and red flags:

Mrs. Cepanec explained that some of ASD’s first signs in children include:

1. Not being verbal, usually by the second year of life;
2. Not responding to their own name, even though they might respond to other stimuli, like music;
3. Not communicating properly; when they do, it is mostly to demand something;
4. Not playing as other children, but rather in a stereotyped, repetitive way and not imitating parents or being interested in what the latter are doing;
5. Displaying strange behaviour, such as clapping hands and being very selective to food.

There are several red flags of autism that parents should take note, such as:

1. Not smiling and maintaining eye contact by six months;
2. Not babbling and responding to their name by twelve months and not developing gestures, such as pointing, showing, reaching and waving;
3. Not speaking any words by sixteen months.

IV. Screening checklists and diagnosis criteria:

Mrs. Cepanec emphasized that screening checklists were developed to determine if children have autism. However, these checklists have high sensitivity, often catching children with other types of disabilities. At the same time, not all countries have ASD checklists.
Most studies say that the screenings should take place at around 16-30 months for accuracy, especially since before 18 months, it is difficult to distinguish between typical and atypical communication, which can lead to many false positive results. There are currently no medical tests to diagnose autism. Determination is based on patterns of behavior. There have been historical changes in the diagnosis criteria that were both qualitative and quantitative and there is still no proper ways to distinguish between different subtypes of autism in an effective way.

In order to be diagnosed with ASD, children have to display some of the criteria in the following two subcategories (A and B) presented below.

A. All three of the following behaviors must be encountered:
   a. Deficits in socio-emotional reciprocity;
   b. Deficits in non-verbal communication, including eye contact;
   c. Deficits in developing, maintaining and understanding relationships: a child with ASD will not have many friends and will not know how to make them.

B. Two out of four elements must be fulfilled:
   a. Stereotyped or repetitive motor movements, use of objects, speech;
   b. Insistence on sameness, inflexible adherence to routine: children will display an emotional reaction to situations that are not happening as they expect them to;
   c. Highly restricted, fixated interests, abnormal in intent or focus, such as technical equipment;
   d. Hyper- or hypo-reactive to sensory input, which represents a newly introduced criteria.

Mrs. Cepanec explained that the ASD assessment is usually conducted by a multi-disciplinary team, using standardized tests/questionnaires.

V. Children with ASD’s interaction with the world:

Mrs. Stevens followed by stressing that children with ASD have a poorly developed theory of mind, which is the ability to understand the mental states of other people and use this information to understand and predict their actions. These children lack reciprocity in their interactions with other people.

At the same time, they have poor central coherence, which refers to pulling information from different sources and developing a high-level meaning and developing overall patterns. Instead, they are very observing details. They also have problems regarding executive functions, such as attention, working memory, forethought and the ability to focus and filter out distractions.

Ultimately, children with ASD have major difficulties in understanding the world and being able to cope with it and fit in. Routine behaviors and self-injury become ways of trying to manage and feel safe. They feels anxious and afraid constantly, confused and unable to let others know how they feel.

In terms of integrating children with ASD, the traditional view is the medical model of disability, where the individual is viewed as impaired and blamed for his/her condition and the medics alleviate the effects or problems.
Currently, integration is heading increasingly toward a social model of disability, where society is seen as raising multiple barriers, the environment is viewed as the inability and attitudes stereotypes and discriminations might prevent the individuals with disabilities to thrive.

In order to help a child with ASD in social interactions, the parents and staff should be aware of his particular rituals and sensory issues, such as hyper-reactions to noise, and create an adequate setting. They should also introduce the child to new situations gradually and always stay calm.

Therefore, it is helpful to create clear visual timetables for the child to know what will happen next and prepare accordingly, taking one task at a time. Tasks should also be marked as beginning or ending. The language used in communications should be consistent, clear and unambiguous.

Mrs. Stevens presented a positive example of Donald T, Kanner’s first child diagnosed with autism, whose parents had been advised to put him in an institution. Instead, they decided to raise him in the community, which accepted him and accommodated his needs. He is now 82-years-old and has lived a fulfilling life, having been accepted by his family and community.

Mrs. Cepanec stressed that one in 100 people currently are expected to have ASD, with the prevalence changing over the last 10-20 years.

Both experts emphasized in response to a question that ASD is a spectrum disorder, with some people having professional lives and families, without being badly affected by their condition. Some people live in their own house, with assistance close by. The condition changes over the course of lifespan. The level of support is based on intellectual abilities, with those above average, statistically needing less support.

They also stressed the importance of early interventions, focused on improving communications and alleviating some of the behavioral patterns. Using various types of interventions and therapies, such as art, animal and music therapy, can be beneficial for children with ASD.