

EUNAD-IP

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Autism Spectrum Disorders

Definition of Autism Spectrum Disorder

- Autism spectrum disorder represents a group of developmental impairments.
- Symptoms of ASD may persist to adulthood.
- Recognition of functional impairments varies from one individual to another due to the characteristics of the affected individual and the environment.
- Manifestations vary greatly depending on the severity of the autistic condition, developmental level, intellectual level, language ability, treatment history, current support and chronological age.

Characteristic impairments

- **Social interaction:** restrictions to interpret nonverbal communication, limited ability to build up relationships with peers, limited interest to share emotions with others
- **Communication:** late onset or no verbal communication and no compensation by gestures, or no ability to engage in conversation with others, stereotypical repetitive language
- **Behaviour:** often narrow and repetitive patterns of behaviour

Subtypes

- Autism spectrum disorder
- Asperger's disorder
- Pervasive developmental disorder

Levels of severity

- Requiring support (Level 1)
- Requiring substantial support (Level 2)
- Requiring very substantial support (Level 3)

- The classification of severity is based on impairments in social communication, as well as on restrictive and repetitive patterns of behavior.
- Levels serve to design individualized treatment plans and interventions to improve speech, language and social skills as well as behavioral aspects.

Prevalence

- 1% of children are affected with autism spectrum disorder
(Kogan et al., 2009)
- Imbalance between boys and girls: autistic spectrum disorders occur 4 to 5 times more frequently in boys (CDC, 2010).

Typology (Wing, 1997)

- Aloof
- Active but odd
- Passive
- Loner

Aloof Type

- The aloof type appears reserved and indifferent to others. Some of them have no social skills and only motor skills which manifest in motor stereotypies.
- Other people from the aloof type have moderate to mild learning disabilities with higher levels of skill in specific areas.
- Some have cognitive skills in a normal range or even superior range.
- Some have no speech but mostly their speech shows conspicuities manifesting in echolalia. This can occur immediate and they repeat other people's utterances or delayed that shows in the repetition of words or phrases in a stereotypical way.
- Also they do not use nonverbal communication (eye contact, gesture etc.) to accompany or substitute verbal speech. There can occur temper fluctuation if the normal routine is disturbed.

Passive type

- The passive type is not actively interacting socially but passively accepts the approach from others. They have disabilities in communication and imagination. They have commonalities with the aloof type but they tend to be more accessible and less upset if their routine is disturbed.

Active but odd type

- The active but odd type makes social approaches but they are odd and inappropriate. They often have good grammar and vocabulary and fluent speech but their speech is repetitive and not fitting for reciprocal conversation. They are concerned with only one or a few topics which are not shared with other people.

The loner type

- This type in general has high ability, including fluent speech. Most of them choose to stay alone. They also show a lack of empathy. Otherwise they are able to lead a normal life.