

Information on Autism Spectrum Disorder



Autismus Landesverband **NRW** e.V.



What does autism mean?

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Diagnosis Autism

Autism spectrum disorder (ASD) – including "childhood autism", "atypical autism" and "Asperger syndrome" – are diagnosed with reference to international diagnosis patterns (ICD-10 or DSM IV). The diagnostic criteria consist of the following visible symptoms:

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Avoiding eye-to eye gaze



Avoiding physical contact



Awkward motion



Expressing desires by guiding



Appears to be dumb



Significant speech / Echolaly

People diagnosed with **Childhood Autism** (ICD-10 F84.0) have to reveal difficulties in three main areas:

- Qualitative abnormalities in reciprocal social interaction: Affected people have hardly any possibilities to grasp and express social signals; they show peculiar behaviour in interaction (possible symptoms: problems with eye-to-eye gaze, gesturing and mimicing, little interest in others; clumsy ways of making contact, lack of understanding group processes).
- Qualitative difficulties in communication: Affected people cannot use language appropriately in social interaction. (Possible symptoms: lack of or retarded language acquisition or loss of existing language capability, repetition of words and phrases. Some even cannot speak at all.)
- Restricted, repetitive and stereotyped patterns of behaviour, interests, and activities: Affected people tend to stick to routines rigidly in great parts of everyday life (possible symptoms: turning the wheels of a toy car, grading of objects, awkward hand- and body movements, showing fear of the new, anxiety about changes, distinct particular interests).

The differences between **Atypical Autism** (ICD-10 F84.1) and childhood autism are that the first symptoms only become manifest after the age of three years (atypical age of affliction), and/or that some of the criteria for childhood autism are not fulfilled (atypical symptoms).

Similar to childhood autism, the **Asperger Syndrome** (ICD-10 F 84.5) is characterised by qualitative impairment of reciprocal social interaction; uncommon, intensive and reduced particular interests as well as repetitive and stereotypic behaviour patterns and activities.

By contrast people with the Asperger syndrome in general are not significantly delayed in spoken and received language and cognitive development.

People with the Asperger syndrome can express themselves verbally, but they always face difficulties making contact to peers of the same age.

Often they lack the intuitive capacity to comprehend emotions and social situations and thus to make contact adequately.

Often children with the Asperger syndrome prefer to play on their own or with adults and they frequently need a "social break". When they play with peers they often stand out with self-determined behaviour or social clumsiness.

Verbal peculiarities such as refined speech, peculiar prosody, focus on special topics add to the overall impression.

Apparently they develop particular interests (e.g. car brands or weather maps) and it is hard to draw their attention to different topics (e.g. in school lessons).



Lack of creative playing



Laughing or chuckling without obvious reason



Focus on particular topics



Refusal of changes



No fear of common threats

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Not playing with peers



Uncommon splinter skills

By contrast to their astonishing capacities in their particular interests they mostly have serious problems with practical skills in everyday life.

Many children with the Asperger syndrome are clumsy in motor activities (e.g. ball games or handwriting), they avoid sportive activities and often become outsiders. In school they apparently suffer teasing and bullying.

The Asperger syndrome occurs in different shapes but is not generally a weak form of autism.

When symptoms of autism appear along with normal intellectual capacities, it is often classified as **High Functioning Autism** (without official ICD-10 diagnosis). The most important feature is delayed language development. Later on children catch up in language development so that they can reach the level of children with Asperger syndrome.

By comparison to children with Asperger syndrome their motor skills are mostly much better.

Many adults with high functioning autism can hardly be distinguished from people with the Asperger syndrome, but mostly the autistic symptoms are much more pronounced.

A valid **diagnosis** is crucial for understanding and offering targeted assistance for affected people. Lists of symptoms and self-diagnoses from books and online sources should never replace a professional diagnosis. Children and juveniles can be diagnosed by child psychiatrists or -clinics, adults by psychiatrists, neurologists and psychiatric clinics which partly cooperate with the organisation "Autism Germany / Autismus Deutschland". The chosen institution should be experienced with diagnosing autism. The diagnostic process can include the following features:

- Diverse questionnaires
- Comprehensive survey of biography (anamnesis)
- Inquiry on current difficulties
- Observation of behaviour
- Physical and neuro-psychiatric examination
- Psychological examination (e.g. in the fields of perception, social behaviour, language, motor and intellectual capacities)
- Examination with autism-specific methods (e.g. ADI-R and ADOS)

For **early detection** one can find different symptom lists and questionnaires online and in books (e.g. M-CHAT). These hints can provide orientation but they cannot replace a professional diagnosis.

Early signs of Autism Spectrum Disorder:

- Lack of interest in other children
- Does not react to calling of name
- No imitating
- No pointing gestures
- Lack of eye contact
- No joint attention (In joint attention children show the capacity to e.g. follow the mother's view on an object and to switch attention between the mother and the object.)

These hints point to an eventual abbreviation from normal development which should be examined closer by specialists.



Treatment

The range of Autism Spectrum Disorder is extremely variable. Thus our organisation takes care for people with multiple severe impairments, people with cognitive capacities in the range of learning disabilities as well as normally or highly skilled people. The age of individuals varies from 4 to 54 years. Moreover their perceptive and motor development is often retarded.

Futhermore they sometimes have accompanying difficulties such as anxiety and compulsive behavior. Therefore therapeutic treatment is closely adapted to the individual's needs and capacities, applying different methods and goals of assistance.

Behaviour Therapy



Elements of behaviour therapy play a crucial role in treatment because people with Autism Spectrum Disorder have their own way of learning new things. They are less capable of learning by imitation or orientation at peers, moreover they have difficulties in intuitively grasping situations and generalising behavior they have already learned. It is helpful to offer them clear "if...then" connections along with – whenever possible - positive consequences. That makes it easier for them to adopt new behavior patterns. Offering clear structures and predictability provides security and promotes – transfer to different situations.

Also people in the individual's surroundings profit from an exact behavior analysis that reveals the interconnection between e.g. sensoric stimuli and reaction. Behavior analysis fosters the understanding of behaviour and enhances the capacity for taking adequate action. By carrying out close observations the therapist can draw plans for strengthening desired behaviour.

Methods from behavior therapy can be applied to concrete modes of behavior (e.g. fostering autonomy) as well as to the modification of mindsets and attitudes (e.g. anxiety and compulsive behaviour).

TEACCH



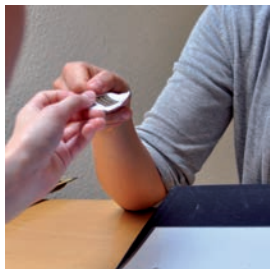
Treatment and Education of Autistic and related Communication handicapped Children

The TEACCH approach was developed by Schopfer et al at the University of North Carolina in the 1970s. It is not limited to children but can be applied to people of all ages and ranges of impairment. The surroundings

and the place of learning is modified in a way that is understandable for people with Autism Spectrum Disorder. Clear surroundings make them feel relaxed so that they are open to learn new things and carry out tasks autonomously. On the one hand TEACCH promotes independence, on the other hand it gives the opportunity to

apply individual learning and practising tasks. Complex activities are subdivided into parts, thus revealing their structure and visualising processes. That facilitates the perception of time and space, which is often difficult for people with autism. Many people with autism regard visual backup as helpful because it supports the understanding of processes and situations. It is important for them to understand "what comes next" along with the opportunity to process information in their own pace. Visual structures also avoid feelings of insecurity when they have forgotten or misunderstood verbal information.

Assisted Communication



Even though many people with autism cannot speak or have reduced active verbal capacities, their passive vocabulary and language perception is much more developed. Methods of assisted communication provide them with alternative ways of making contact. With PECS, one can communicate by cards with

images, symbols or words. The method was especially developed for people with ASD by Lori Frost and Dr. Andy Bondy in the end of the 80's. It is carried out in a clearly structured and continuous way guided by the client's preference and interest, thus raising their attention and their intrinsic motivation to communicate. Using image cards provide great opportunities for transfer because they can easily be understood by the interaction partner.

Making use of gestures is another opportunity.

Another opportunity to communicate by symbols, images or even written language is provided by electronic aids such as "talkers". It is strikingly important to use these devices in all parts of life, in order to integrate them closely to everyday life so that the clients can apply and practise with them regularly. That presupposes close integration of the devices into the individual's surrounding.

Sensory Integration Therapy



According to Jean Ayres, sensory integration means the sensible division and processing of sensory stimuli in the central nervous system. Sensory integration even makes it possible to adequately interact with one's environment. When this processing capacity in the central nervous system is impaired, people can-

not react to their environment in a targeted and planned way. That becomes noticeable in extreme unrest or reduced activity, disruption of the wake-sleep-rhythm, hypersensitivity against touch stimuli, lack of self- and body awareness, difficulties adapting to new situations, clumsiness in motor activity, noise sensibility, partial impairment in performance and much more. The therapeutic method is also adapted to the client's individual level of development and includes diagnostic findings, for example in form of a screening. In the course of treatment individuals have the opportunity to experience a wide range of sensory stimuli and to connect them sensibly, especially in the fields of balance, depth perception, touch and tactile sense. Furthermore they learn about hand-eye-coordination, planning of action and motion coordination. Therapists work with swaying and twisting movements, climbing opportunities, crook level, motion parcours, trampoline, ball bath, waterbed, massage mat, push- and pull exercises, weights, diverse tactile opportunities, etc.

Creative Therapy Approaches



People with ASD often have a limited range of behaviour, they tend to stick to familiar experiences. In addition to the autism-related reasons other factors play a role, such as experiences of failure, lack of stimulating environment or little trust in oneself. Creative therapeutic approaches such as painting or form design give

the clients the opportunity to make new experiences with their surroundings and thus to expand their range of behaviour. The foregrounded goal is the process of getting into touch with new materials and experience them, not the actual result. The individuals make the experience of actively transforming and altering their environment, which fundamentally enhances their self-respect and their capacity to take action. Being engaged into tolerating unknown stimuli and new activities and even experiencing them as pleasant help them to overcome anxiety and blockades. Moreover creative work is an opportunity to confront and divert aggressions.

“More than anything else creative perception that give the individual the feeling that life is worth living.” (Winnicott)

Psychomotor therapy



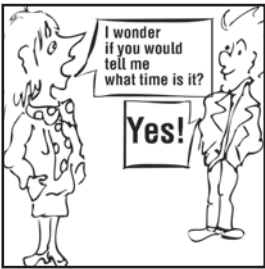
Psychomotor therapy, developed by Ernst J. Kiphard and others in the 50s, is a holistic approach to address the client's body and motor activity, that means enhancing their perception, motion, language as well as cognition and experience. Individuals who are impaired in their cognitive and executive functions and who are

limited in their social life and emotional experience are fostered with purpose.

Key Aspects of Treatment

Promotion of Capacities for Social Interaction and Communication

You can find the most striking symptoms of autism in the field of social interaction. People with ASD have difficulties in recognizing and understanding social signals. Thus they frequently do not react to gestures and mimic, or they do not understand ironic statements and sayings. Furthermore individuals tend to send confusing signals, for example they seem to be emotionally unaffected whereas they have already become quite angry or insecure. Their voice or intonation does not seem to match the spoken content. Often it is hard for them to conceive their own emotional processes. Frequently



there is a lack of intuitive and appropriate eye contact. Gestures and mimic do not fit the context or is not used at all. In interaction people with autism mostly recognise the factual content whereas they ignore the messages in-between which express what is actually meant. For example the answer to the question

"Can you tell me the time?" might accordingly be "Yes." In the course of therapy individuals learn to recognise emotional processes in themselves and others by the help of image and photo cards, role plays and analysing video sequences. These methods also aim at enhancing the client's self-awareness.

Training of Social Skills



Social skills are defined as the necessary capacities to make appropriate contact with other people: the capacity to express one's needs; the ability to recognize and express limitations; making compromises; expressing and receiving criticism properly; asking for help; etc. Having a stable feeling of self-worth as well

as seeing through social situations is absolutely necessary for developing these skills. Many people with ASD are unable to cope with these tasks.

They might run into conflicts because they cannot understand social networks such as hierarchies, and they might be unable to adapt their behaviour to the context of the situation. In treatment

they are trained by image and photo cards, role plays and video screening, complemented by real life exercises. Therapists and individuals are analysing behaviour together and carefully agree on proposed alterations. Thus they become sensitive to their own reactions. It is made clear why others might feel different without judging about right and wrong. In the course of the process, individuals are learning to cope with social norms and agreements, whilst nonetheless taking their particular constitution seriously.

Development of an Adequate Self- and Autism Awareness

Psychoeducative approaches consist of giving information about autism in an age- and development-appropriate way. The aim is to help individuals to develop a realistic self-image in a way that fosters their feeling of self-value. In a resource-oriented view on autism the distinctiveness should be integrated into identity as part of the individual, not as stigma. Some everyday challenges become easier just by knowing about one's strengths and weaknesses. Furthermore it is important for the surroundings to know about autism in order to understand and integrate behaviour patterns, and to feel more able to act.

Promotion of Autonomy



Being a decisive focus in treatment, autonomy covers a wide range of issues. It embraces basic skills like toilet training or eating singly, as well as debonding from family and living in one's own flat as independently as possible. In dialogue with the individuals and their surroundings, the target is to outbalance how much

autonomy can be reached, and in what areas help from outside is necessary. In close cooperation the skills initiated in treatment need to be practised and consolidated in everyday life. Often visual structuring methods such as TEACCH are used with the sake of limiting interventions by related people, thus fostering independent activity. In addition methods from behavior therapy are implemented, e. g. intensifier plans.

Moreover specific skills are trained by motor exercises because they are necessary for adapting new behaviour.

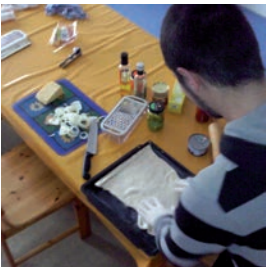
Behaviour in Play and Activity



This field of treatment also covers a wide range of content. Depending on the individual's needs and stage of development, it involves the initiation of sequences practising the proper use of toys as well as organising spare time autonomously and sensibly.

For the sake of developing these skills it is necessary to foster focused attention and concentration by reducing the distractibility which is caused by overwhelming environmental stimuli. In treatment, the methods applied are elements of sensory integration therapy, structuring tools according to TEACCH, or approaches from behavior therapy. Often the first simple sequences of play are derived from the field of perception training: many of the materials offered are quite attracting character and thus motivate the individuals to take the initiative to act. Further contents are the learning of "pretend-as-if" sequences in play and developing sequences of free role play, initially by using pawns in a game or hand puppets. Frequently the goal is to divert the individuals from stereotypes, or to utilise their particular interest to promote a broader the scope of action. For instance, children interested in bus routes and timetables can be encouraged to organise the next trip of their clinic. Their particular interest can inspire them to go to the library on their own in order to search for new books. Taking part in a small clinic can prepare them for visiting an activity group.

Work Behaviour



In this field the focus is on acquiring techniques that make it easier to cope with given tasks. Treatment is also based on exercises that help individuals to prolong their attention span and their ability to concentrate, as well as to strengthen their resilience. The intervention is carried out in small steps for the sake of generating feelings of success, and motivating individuals to act on their own initiative. Visual structuring tools from TEACCH help them to get an overview of the kind of task, the necessary materials, the

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steps of operation and, above all, about the beginning and the end of the job. Thus they can achieve a great deal of autonomy. It is sensible to add methods from behavior therapy such as weekly timetables, learning diaries, and work plans.

Perception Processing



Many people with ASD suffer from impairments in the procession of environmental stimuli perceived via their senses. Either they are hypersensitive so that stimuli tend to become overwhelming and frightening, or they have forms of reduced sensitivity so that they have a limited perception of stimuli. In everyday life

these impairments in perception processing become visible in stereotypes which either have self-stimulating function – or offer protection from being overwhelmed by environmental stimuli. Symptoms like anxiety, avoidance behaviour or insisting on decisive rituals are frequently caused by impairments in perception processing. Offering different qualities and intensities of perceptions in a purposeful and continuous way helps individuals to differentiate between environmental stimuli, moreover it reduces avoidance behaviour and expands their the freedom of action.

For that sake therapists apply methods from sensory integration therapy.

Motor Activity



Usually ASD goes along with delayed development of motor function. This also mirrors the difficulties in adequate processing of environmental stimuli. One can find impairments in the realm of gross and fine motor skills as well as in physical coordination and balance. Perhaps experiences of failure have

lead to anxiety and avoidance behaviour. Therefore treatment never focuses on learning isolated skills, but it aims to foster psyche and motor in a holistic approach. Individuals are supported in having joy and fun in movement and in developing a feeling for their own

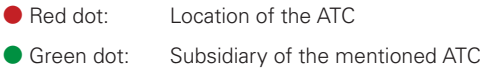
bodies by playful exercises, thus reducing avoidance strategies. Experiences of scope always help to improve the feeling of self-value and the trust in one's own capabilities. Improved control over their bodies makes it easier for individuals to get into touch with their environment. This is initiated by elements from motor therapy.

Work with the Social Environment



Integrating the individual's social environment is a decisive base for successful therapeutic processes. In addition to the family, people like teachers, classmates, child care workers, assistants for disabled people, staff from residential homes, workshops, occupational trainers etc. might be involved. Transferring thera-

peutic contents into everyday life is a decisive part of treatment. Additionally advice is given about how to deal with problematic behavior in concrete situations. Furthermore information about the impairment is necessary, so that the people involved can better understand modes of behavior and develop successful interventions. Of course feedback from the individuals's surroundings is closely integrated into defining the focus of aid. In addition to counseling interviews they can also sit in on therapeutic sessions.



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- 3 autismuszentrum bottrop
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- 5 AutismusTherapieZentrum Köln
- 6 Autismus-Therapie-Zentrum Mülheim-Duisburg-Wesel
- 7 Autismus-Therapiezentrum Netphen/Wenden/Gummersbach
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