



Dr Richard Eisenmajer - *Autism Spectrum Disorder*

Autism spectrum disorder, or ASD, is a neuro developmental condition that affects a number of areas of an individual's every day functioning.

There are core characteristics that affect each person on the spectrum though the presentation can vary widely across individuals. It is true you will never see two people with ASD exactly alike.

The core features of someone with an ASD are some form of weakness in their social and communication skills and importantly, a restricted imagination that affects child's play skills when younger. This weakness in imagination may limit their range of interests, and make them need more predictability and routine in their life.

Other common characteristics are problems with processing sensory information where the person might over or under feel the world around them; weaknesses with gross and fine motor skills are also common, as are problems with Executive Functioning skills that can affect things like organisation skills, impulse control and concentration skills.

The autism spectrum includes individuals from the most severely disabled to a much higher functioning group who might best be described as having a different style of thinking.

Though no two individuals are exactly alike there are a few subtypes that some professionals like to use to characterise different presentations on the spectrum. These subtypes were first described a number of years ago by Dr Lorna Wing in her book *The Autism Spectrum*.

Perhaps the most well known presentation of Autism to people in the wider community is the group best described as Aloof, people who are in their own world; they are usually our most severely delayed in everyday functioning. People in this group are often non-verbal or have a very restricted vocabulary, severe learning delays, and play skills more like that of a baby. So they may use objects for sensory stimulation such as sucking on things, or making noises, or lining things up, rather than using the object for its real purpose. These children are typically identified at a very young age and begin some form of intervention, such as speech or occupational therapy, in the preschool years.

A more hidden, difficult to diagnose group, and perhaps more typical of girls on the spectrum, are a group of individuals described as having passive ASD. This group are less aloof; more interested in their peers in kinder and early primary school years, but may struggle to join in socially. They may make a small group of friends but will tend to follow more dominant children.

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They may have had a milder form of language delay but with therapy and development these children often improve with their talking and listening skills. Their ongoing communication weakness is usually in the form of pragmatic language skills, that is, the social use of language. They may struggle with two-way communication skills and remain literal in their interpretation of language longer than their peers. This group of children typically present as shy and quiet, and perhaps float under the diagnostic radar for many years. In later years this group can develop high levels of anxiety and in teen years become depressed as they develop an awareness of their difference to their peers. They usually have a narrow range of interests and their immaturity can affect their schooling. In the past this group might have attracted a diagnosis of PDD-NOS or semantic-pragmatic language disorder, and may not have been seen by a health professional as displaying a 'typical' presentation of ASD.

The third group is described as active but odd and typically these days attract a label of Asperger's Syndrome. In some ways these children can be easier to diagnose than the passive group as they are usually trying to socialise with their peers but having lots of difficulties. They may be very keen on communicating and have very good vocabularies but interrupt, and can talk too much about their interest areas. They might be quite intelligent and have very narrow interest areas that can dominate their conversation and play skills. These children are often described as bright but bossy, stubborn, they do not go with the flow, and class group work can be a challenge for them. When things don't go their way they can become very frustrated and meltdowns are common.

It's important to understand that these subtypes are not neatly defined groups, but tend to merge into one another. Also some children can present differently depending on the environment that they are in, for example, some may be passive and quiet at school but more active but odd and dominant at home. Many parents have the experience of not being believed by a health professional or teacher that their quiet, rule-orientated child can be such a handful at home. This of course can lead to confusion about the nature of the child's true difficulties and can delay the path to an accurate diagnosis and assistance with management. Indeed one of the greatest problems in diagnosing ASD is you can't see it! It is a brain difference and hidden from view!

Over the last 20-25 years, there has been a huge increase in the wider community's awareness of ASD. In the 1960s and 70s, you would not have had a GP, Dentists, vets, accountants, librarian, engineer, scientist, saying they have an Autism-based condition. Now days you do!

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In the 1980s the introduction of the Asperger's label helped push out our understanding of autism across the entire spectrum; where in the past Autism was considered a rare, severely disabling condition, the recognition of the higher functioning presentations of Autism mean now it is thought as much more common, and likely to be present in one in every 50-80 people in our community (*please contact your state organisation for current statistics*). Where in the past a higher functioning individual may have been considered naughty, disobedient and poorly parented, we are now seeing a much better awareness that the child may indeed have a condition that affects their social and communication skills such as those with Asperger's Syndrome.

In the coming presentations you will see and hear a number of health professionals describing their work and what is possible in addressing some of the difficulties that people on the Autism spectrum face.

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