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## Autism Victoria trading as Amaze: Professional Advisory Panel

Position statement on:

### What is an Autism Spectrum Disorder?

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Autism Spectrum Disorders (ASDs) include Autism (Autistic Disorder), Asperger's Disorder and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS).

ASDs are characterised by severe and lifelong difficulties in a number of areas of development. These include markedly impaired development in social interaction skills, communication skills, and restricted, stereotyped and repetitive behaviours, interests, and activities. Difficulties in one or more of these areas are generally present in the first few years of life. Autism and PDD-NOS are often accompanied by developmental delay or intellectual disability, the degree of which can range from mild to profound. Some individuals with autism have only mild or no intellectual disabilities, and this is often referred to as High Functioning Autism (HFA). Individuals with Asperger's Disorder (AspD) do not have an intellectual disability. Despite normal cognitive abilities, individuals with HFA and AspD have functional impairments which impact on their adaptive behaviour.

#### **Social interaction**

Difficulties in social interaction can include impairments in nonverbal social behaviours, for example use of eye contact, facial expressions, and gestures. Individuals have severe difficulties in understanding other people and making friends. This can range from a lack of awareness of other people and interest in them, to a desire to make friends but a lack of ability in interacting with other people. Individuals with ASDs can be seemingly unaware of other people, have no concept of the needs of others, and may not notice if someone is upset.

Individuals with ASDs frequently do not seek to share their enjoyment of things or activities with others. They may not point out objects of interest to others, or bring them things to show that they find interesting. Children with ASDs are often not interested in social play or social games, preferring to play on their own, or alongside other children.

#### **Communication**

Difficulties in communication may involve absent, abnormal, or delayed spoken language abilities. Some children begin to talk, using a few or more words, and then stop talking. In those individuals who are able to speak, they often have significant difficulties in starting a conversation, following the

topic someone else has started, and taking turns in the conversation. They may prefer to talk at length about a topic they are especially interested in.

In individuals who are able to speak, they may talk too fast, too slow, in an odd tone, or with an unusual rhythm. They may repeat words or phrases they hear others say, or repeat commercials or scripts from a video or television for no apparent reason. They may use unusual expressions which they have made up, which mean something specific to them, but which no one else can understand. Individuals with ASDs may find it difficult to combine speech and gestures when they speak.

Children with ASDs do not show normal development of play interests and skills and may not play pretend games, or engage in make believe play.

### **Restricted, stereotyped and repetitive behaviours, interests, and activities**

Difficulties in this area can include preoccupations or obsessions with particular interests or topics. Such interests can be typical but overly intense (e.g. Thomas the Tank Engine), or unusual (e.g. street lights, washing machines, phone numbers, street directories, water pipes). These obsessive interests can be all consuming, and prevent the person from participating in other activities. Individuals with ASDs may be preoccupied with parts of objects, open and close doors repeatedly, line up toys or objects in a specific way or pattern, or spin wheels over and over again. They may become overly attached to unusual objects, such as a piece of string or collection of twigs.

People with ASDs may find minor changes in their daily routine very distressing. For example, they may need to drive exactly the same way to school each day. Changes in school or work timetables can often be very upsetting or produce extreme distress reactions. Minor changes in their environment can be problematic, such as becoming very distressed if furniture in the house is moved, or needing to have their food placed on their plate in exactly the same way each day. Individuals with ASDs may insist upon doing things in a particular strict order or sequence, or have things placed in certain specific ways in rooms. They may become very distressed if this routine not followed or is changed in any way.

Unusual and stereotyped body movements can include walking on tip toes ('toe walking'), hand flapping, finger twisting or flicking. Other odd hand movements or body postures may be present.

Not all of these characteristics or symptoms are present in any one individual with an ASD. However, all individuals with an ASD have a number of these difficulties, which together make it extremely hard for them to understand other people and the environment around them.

### **How common are ASDs?**

Current estimates suggest that ASD occurs in 1 in every 110 children.\* Autism is 3-4 times more common in males than females.

### **What causes ASDs?**

The exact causes of ASDs are unknown. We do know that it is a biological condition that children are born with. Genetic factors play an important role. ASDs are not caused by 'poor parenting' as was once thought.

**Is there a cure or treatment?**

Research and experience shows that the best treatment approach for ASD is a combination of educational and behavioural strategies that are highly structured and designed to meet the particular needs of each individual. It is important to begin structured intervention as early as possible in the child's development. Unfortunately there is no known cure (see Roberts and Prior, (2007) for review of early intervention programs

(<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-autbro>).

\* Centers for Disease Control and Prevention, 2009