

[Autism Spectrum Disorder \(ASD\)](#)

What is Autism Spectrum Disorder (ASD)?

(*Please note that the diagnostic criteria for ASD according to the DSM-V changed as of May, 2013. Autism Spectrum Disorder now is a single category that encompasses Autistic Disorder, Asperger's Disorder and PDD-NOS). The information below is in line with the current diagnostic criteria).

Autism Spectrum Disorder (ASD) is a pervasive developmental disorder depicted by markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activities and interests.

[Book an assessment for your child](#)

What are the common features of Autism Spectrum Disorder (ASD)?

- Difficulties understanding language and using verbal and non-verbal communication (e.g. gestures, facial expressions, body language).
- Poor social awareness and interaction with others.
- Limited or absent imaginative play skills (variable interests and behaviours).
- Less able to interact with the world as other children do.

Common difficulties often (but not always) experienced by the child with Autism Spectrum Disorder (ASD):

- Poor understanding of the conventions of social interaction.

- Deficits in developing and maintaining relationships.
- Limited play interests.
- Difficulties sharing in, and use of, imaginative play.
- Deficits in social-emotional reciprocity.
- Stereotyped or repetitive speech, motor movements or use of objects (e.g. echolalia, repetitive use of objects, hand flapping).
- Excessive adherence to routines and rules.
- Hyper or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.
- Does not initiate conversation with others.
- Resistant to change, very rigid in routine.
- Preference for solitary play.
- Can be impulsive or aggressive.
- Poor non-verbal communication (e.g. gestures, facial expression, eye contact, body language).
- Limited understanding and use of language.
- Poor understanding of instructions, questions or jokes.

Management strategies that support the child with Autism Spectrum Disorder (ASD) (at preschool, school and/or home):

- Routine/planned and structured events.
- A good knowledge of the child's strengths and weaknesses, interaction preferences and early signs of distress.
- Social stories to help teach the child how to act in given situations or how to initiate social communication.
- Use of visual cues to describe the routine.
- Visual cues to prepare for changes in routine.
- Extra time/support to transition to school.

Occupational Therapy approaches and activities that can

support the child with Autism Spectrum Disorder (ASD) and their carers include:

- **Using social stories:** Providing ideas and education around social story development.
- **School transition:** Advocating and professionally supporting the transition to school and liaising with teachers, as required.
- **Visual cues** can be used to support routine and to introduce new activities, or a change in tasks.
- **Routines:** Providing ideas and education to provide routine and structure in order to manage daily life and cope with changes in routine (e.g. pre-warning).
- **Physical skills:** Developing strength and coordination to enable a child to participate in a multitude of co-curricula activities which will be a good vehicle for social interaction.
- **Sensory processing:** Improving sensory processing of the child so they are able to demonstrate their skills across a wider variety of environments.
- **Expanding abilities:** Developing a broad range of skill areas.

Speech Therapy approaches and activities that can support the child with Autism Spectrum Disorder (ASD) and/or their carers include:

- **Speech and language assessment** to help the family understand how the child is processing, understanding, learning and using language and communication.
- **Communication strategies:** Providing the family with strategies and techniques to increase and enhance communication with the child.
- **Daily activities:** Helping the child to understand the environment, routines and language.
- **Developing language:** Helping the child to understand and use richer language and to use their skills more spontaneously.
- **Conversation skills:** Developing conversation skills (e.g. back and forth exchange, turn taking).
- **Concept skills:** Developing concept skills, especially abstract concepts,

such as time (e.g. yesterday, before, after).

- **Non-literal language:** Developing an understanding of metaphors, idioms and sarcasm.
- **Emotions:** Helping the child to understand different emotions and to recognise these emotions in other people.
- **Empathy:** Helping the child to understand about empathy (i.e. being able to identify with someone else's feelings in a given situation).
- **Visuals** can be used to help with understanding and the child's ability to express their needs, wants and thoughts.
- **Social skills:** Development of social skills (i.e. knowing when and how to use language in social situations).
- **Enhancing verbal and non-verbal communication** including natural gestures, speech, signs, pictures and written words.
- **Teaching alternative forms of communication** such as the Picture Exchange Communication System (PECS) and Key Word Sign whilst verbal language is developing.
- **Visual strategies:** Using visual information to help understand, organise and plan the routine for the day.
- **Social stories:** to help a child understand routines and how to respond in certain situations.
- **Liaising** with educational staff and other professionals involved in the child's care regarding the nature of the difficulties and ways to help the child to access the curriculum.

Why should I seek therapy if I notice traits of Autism Spectrum Disorder in my child?

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant *functional* challenges).

- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

If left untreated, the child with Autism Spectrum Disorder (ASD) may have difficulties with:

- **Following instructions** within the home, preschool or school environment.
- **Vocabulary** whereby a child cannot clearly get their message across due to limited word knowledge.
- **Understanding jokes** and figurative language during interactions with others, and when watching TV shows and movies and reading books.
- **Learning to talk**, speech intelligibility and clarity.
- **Managing a full school day** due to poor strength and endurance.
- **Participating in sporting activities** leading to an inactive lifestyle, increasing the risks of other health related issues such as obesity, diabetes, cardiovascular disease or similar conditions.
- **Bullying** when others become more aware of the child's difficulties.
- **Fine motor skills** (e.g. writing, drawing and cutting) due to poor core stability, meaning they do not have a strong base to support the use of their arms and hands.
- **Completing self-care tasks** (e.g. doing up shoelaces, buttons, zips, using cutlery).
- **Self regulation and behaviour**, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
- **Accessing the curriculum** because they are unable to attend to tasks long enough to complete assessment criteria.
- **Social isolation** because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- **Anxiety and stress** in a variety of situations leading to difficulty reaching their academic potential.
- **Reading/understanding social situations** and being perceived as 'rude' by others.

- **Social communication**, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- **Academic performance:** Developing literacy skills such as reading and writing and coping in the academic environment.

More specific implications of failing to seek treatment will be strongly influenced by the individual difficulties that are *functionally* most influencing your child.

What does the diagnosis of Autism Spectrum Disorder (ASD) really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- The course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child

© 2017 Kid Sense Child Development childdevelopment.com.au 1800 KIDSENSE

on 1800 KID SENSE (1800 543 736)

