Autism Spectrum Disorders

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Disclosures

- Dr. Elliott has no conflicts of interests.

- There is no commercial support for this presentation.

- There will be no endorsements of products.
Objectives

- Describe common characteristics along with needs of patients with Autism Spectrum Disorder.
- Discuss the challenges these patients present to the healthcare provider.
- Discuss specific interventions healthcare professionals can provide to facilitate a comforting environment for patients with Autism Spectrum Disorder.
Autism Spectrum Disorders

- Autism
- Asperger Disorder
- Pervasive Developmental Disorder

Definition: Autism spectrum disorders also called pervasive developmental disorder is a neurobiological brain disorder that significantly affects a person’s ability to understand people, interpret events, communicate, and interact with others.
Spectrum of Autism

Autism
The Classical Diagnosis
Leo Kanner
Baltimore, 1943
“early infantile autism”
2/10,000

Pervasive Development Disorder
B. Rank, 1949
“atypical personality”
1/200

Asperger
Hans Asperger
Vienna, 1944
“autistic psychopathology”

2013 DSM-V is one diagnosis, Autism Spectrum Disorder
Proposed Change Comparison

**DSM-IV**
- Four Diagnostic Categories
  - Autistic Disorder
  - Asperger’s Disorder
  - Childhood Disintegrative Disorder
  - Pervasive Developmental Disorder, NOS
- Three main symptom groups

**DSM-V**
- One Diagnostic Category
  - Autism Spectrum Disorder
- Two main symptom groups
Change Comparison

DSM-IV

▪ Autistic Diagnosis
  • 6 of 12 symptoms in the 3 groups

▪ Asperger’s Diagnosis
  • 3 of 8 symptoms in two groups

DSM-V

▪ Autism Spectrum Disorder
  • All 3 symptoms in social communication and social interaction are required
  • 2 of 4 symptoms required in restricted, repetitive patterns of behavior, interests or activities
Reasons For Diagnostic Change

Significant research has shown:

• All 4 conditions in DSM-IV have similar symptoms that fall more on a continuum rather than belong in separate categories.

• The symptoms in the social interaction group and the communication group in DSM-IV almost always appear together, thus leading to collapsing the two groups.

• Addition of sensory sensitivity is a core feature of ASD.
Advantages and Disadvantages of New Diagnostic Criteria

**Advantages**
- Definition of autism spectrum disorders is grounded in scientific research
- New criteria is more accurate
- Clearer and cleaner definition – less confusing

**Disadvantages**
- The threshold (number of required criteria) may be too high
- Many currently diagnosed with Aspergers and/or PDD may not fit new criteria
- Individuals may not receive critical state educational and medical services
Overall Incidence

- Once considered 1 in 2000 children

- Current estimates:
  1 in 250, AACAP, 2000
  1 in 125 children, AAP, 1/2012
  1 in 88 children, U.S. CDC, 3/28/2012

- Increase in incidence is likely due to multiple factors: More careful assessments and treatment awareness, greater parent acceptance, more accurate recording.

- DSM-V change will sharpen the diagnosis/criteria = fewer diagnoses
Clinical Features

- Intelligence
  - Typically, average to above average IQ.
  - But, a larger percentage are superior or very superior in comparison to the general population.
  - Traditionally do not manifest a large discrepancy between their performance and verbal IQ’s but with new IQ test that has changed.
  - High IQ does not = school ability.
Clinical Features

- Maturity
  - Emotional maturity level is significantly below what is expected for their chronological age, especially during teenage years.
  - Appear to have the emotional maturity of someone two-thirds their age.
  - Maturity is often assessed by one’s actions within the social setting.
  - Kids with ASD may appear “clueless” or “naïve”, hypersensitive, misinterpreted.
  - Interests may be immature.
Clinical Features

- Rote Memory
  - Often an asset (i.e., sought after for spelling bees, science fairs, quiz bowls).
  - Skill is misleading, giving the impression that these kids understand the concepts.
  - ASD individuals can parrot information.
  - Their ability may only be at the factual level.
  - Lead to the false impression that these kids can remember pieces of information or events at any time.
Clinical Features

- Theory-of-mind Deficits
  - “Theory of mind” is the ability to pick up and act on assumptions.
  - Kids with ASD don’t know how to read nonverbal signals.
  - Do not understand nuances.
Clinical Features

- Executive Function
  - Have problems with executive function – planning, organizing, shifting sets or attention, and multitasking.
  - Problems with long-term assignments, such as lengthy reading requirements.
  - Cannot break tasks down into manageable parts and budget their time.
  - Knowing how to approach a task systematically is a problem.
Clinical Features

- Executive function
  - They often do not seek assistance.
  - Not uncommon for ASD kids to have organizational problems—keeping notes, textbooks and assignments neatly organized and turned in on a timely basis.
  - Shifting attention sets is also quite difficult.
Clinical Features

- **Problem-Solving**
  - Demonstrate ineffective problem-solving in day-to-day tasks.
  - Use only one problem-solving strategy regardless of the situation.
  - Difficulty accessing information or strategies at the right time.
  - Difficulties with word problems, estimation, algebra and geometry – anything that requires problem-solving skills and a high level of abstraction.
Clinical Features

- **Generalization**
  - Problems applying information and skills across settings and people.
  - Can be exacerbated when experiencing stress.
  - ASD kids often revert back to behavior learned early on.
Clinical Features

- **Special Interests**
  - The key with special interests is determining whether they are a “primary obsession” or “secondary interest.”
  - Primary obsessions can interfere with engaging in other tasks.
  - Secondary interests can be a motivator.
Clinical Features

- Language and Socialization
  - Good structural language skills such as clear pronunciation and correct syntax, but poor pragmatic communication abilities.
  - Tend to lack understanding that nonverbal cues (i.e., facial expressions, gestures, proximity, eye contact) convey meaning and attitudes.
  - Difficulty using language to initiate or maintain a conversation.
Clinical Features

- Language and Socialization
  
  • Difficulty realizing that other people’s perspective in conversation must be considered.
  
  • Tendency to interpret words or phrases concretely.
  
  • Often fail to understand the unstated rules of the hidden curriculum, or set of rules.
  
  • A lack of awareness that what you say to a person in one conversation may impact how that person interacts with you in the future.
Clinical Features

- Sensory Issues
  - Not uncommon for AS kids to experience all range of sensory sensitivities.

- Motor Skills
  - Both fine and gross motor skills are frequently deficits.
  - Can affect daily self-care such as dressing and fixing hair, any type of written work including copying, general appearance, and may inhibit participation in physical activities.
Clinical Features

- **Behavior**
  - **Anxiety and Stress**
    - High levels of stress and anxiety may be present at all ages.
    - Frequently becomes more intense during the adolescent years.
    - Will manifest signs of stress in different ways; therefore it is critical to be aware of what signs to look for.
    - Subtle signs that go unrecognized can escalate into a crisis.
Clinical Features

- Behavior
  - Depression
    - Also widespread, particularly during the teenage years.
    - In a recent study, 70% of all participants with ASD were taking antidepressants.
    - ASD adolescents are becoming more aware of how they are different from their peers, and they tend to blame themselves if something negative occurs.
Clinical Features

- Behavior
  - Distractibility and Inattention
    - A frequent co-morbid diagnosis for ASD kids.
  - Tantrums, Rages, and Meltdowns
    - Causes for these episodes can vary widely, from sensory issues, to changes in routine, to fear of failure or embarrassment, to academic stress, to social pressures.
Clinical Features

- Behavior
  - Often are inflexible, adapting to change is hard.
  - Often prefers to follow a rigid routine.
  - Often needs structure.
  - Often wants to know what to expect.
Tips for Caring for ASD Patients

- Awareness and Education
  - Be cognizant of the increase in ASD patients, as well as those with sensory issues.
  - Increase knowledge about Autism Spectrum Disorders. Recognizing each child is different.
  - Best treatment partner with an ASD child is the child’s parents.
Tips for Caring for ASD Patients

- Create a Treatment Team
  - It is critical to partner with the parents.
  - Seek out information about the patient from parents. Inquire about the following, preferably beforehand:
    - Has your child had difficulty with medical procedures in the past?
Tips for Caring for ASD Patients

✓ Has your child experienced a positive medical visit/procedure? What worked?
✓ What is your child’s pain tolerance and reaction to pain like?
✓ How do you comfort your child in distress? What works best?
✓ Does your child have any sensory sensitivities? What are those? What helps your child to work through them and soothe them?
Tips for Caring for ASD Patients

✓ What is the best way for us to communicate with your child?
✓ What is the best way to communicate what treatment will involve to your child? Would visual pictures help? Would a visual story board help? A video?
✓ How does your child respond to transitions? What helps your child navigate through a transition?
Tips for Caring for ASD Patients

- Explore reinforcements. Does your child respond to praise? Rewards? If so, what type of rewards?
- Does your child respond to redirection or distractions, such as playing electronic games, watching a movie, playing a game?
- If your child becomes upset, what would you like for us to do?
Tips for Caring for ASD Patients

Helpful Suggestions

• Try to schedule an ASD patient either as the first or last appointment.
• Minimize waiting time.
• Allow patient to wait in a quite area with less stimulation.
• Allow plenty of time with your ASD patient so they do not feel rushed and feel safe.
Tips for Caring for ASD Patients

• Remain calm and reassuring.
• Explain what you are going to do, visual cues help. Short, simple and direct communication generally works best.
• Allow extra time to process information.
Tips for Caring for ASD Patients

- Try not to use feeling words that convey fear or worry.
- ASD patients often take things literally so be careful with how they interpret your communication.
- Avoid metaphors or idioms.
- Check for understanding.
Tips for Caring for ASD Patients

• Generally ASD patients do better if they have some control, so provide choices whenever possible.

• Always communicate to the ASD patient when you are going to touch them. Enlist the parent to help facilitate. Suggest the parent go through the motions first. This is particularly helpful if the patient is nonverbal.
Tips for Caring for ASD Patients

• Be responsive to your patient’s sensory sensitivities. Lower lights, turn off beepers, reduce the number of people in the room.

• Try to maintain consistency of treatment team.

• Maintain the same schedule as much as possible.

• Praise your patient’s success as you go.
Tips for Caring for ASD Patients

• Give reinforcement as soon as possible.
• If possible, have the parent practice the procedure steps at home.
• Manage pain – use cold spray, EMLA cream, etc. – demonstrate they will not feel as much pain – if necessary.
• Utilize Child Life or Psychology.
Resources Specific to Medical Treatment

- Autism Speaks Autism Treatment Network (offers a blood draw tool kit to download)
- Help Autism Now Society website
- The Autism Society of America website
- The Vanderbilt Kennedy Center website
- The Autism Intervention Center at Rady’s Children’s Hospital in San Diego
- The Autism Network Resources for Physicians Web Site
Resources Specific to Medical Treatment

- *Prescription for Success: Supporting Children With Autism Spectrum Disorder in the Medical Environment* by Jill Hudson
- *Therapeutic Activities for Children and Teens Coping with Health Issues* by Hart and Rollins
Additional Resources

- **Autism Support Services**
  - Families for Effective Autism Treatment North Texas (FEAT-NT)
  - “100 Day Kit” for Families of children Newly Diagnosed with Autism
  - “100 Day Kit” for Families of Children Newly Diagnosed with Asperger’s Syndrome and High Functioning Autism
  - Autism Family Resources for Texas
  - Autism Speaks Dallas
  - Autism Society of America
  - Autism Spot
  - Texas Parent-to-Parent
  - DARS/Division for Rehab Services
  - Arc of Tarrant County
  - Arc of Denton County
  - Future Horizons, Inc.
Summary

- No one autistic spectrum child is alike.
- Early recognition, diagnosis and treatment.
- Partner with the child’s parent for best treatment.