

## Chapter 1

# Understanding Autism

In our day to day life, we come across a variety of people. Some people are comfortable with making friends easily and are social. Some of us have a technical mind and love a structure to things but have difficulty in social relationships. A few of us are a mixture of both. This shows that there is a diversity of different minds and behaviour and it becomes difficult to define what is normal. The deviation from 'normal' becomes apparent when there is a swing towards one side and only then can we define conditions such as autism, attention deficit hyperactivity disorder (ADHD) and other neurological conditions.

Autism is a lifelong developmental condition that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them (National Autistic Society, 2014). Autism is generally accepted to be present from birth and affects several aspects of development. Autism is a spectrum disorder that means the level of ability varies from low to high. No two individuals with autism are similar.

**The cause** of autism is still unknown. Research has attributed it to genetics, environmental pollution and high level of testosterone in the womb and even the side effect of vaccination. Autism cannot be cured but it can be effectively managed with early intervention. Now, let's discuss the features of autism.

According to the DSM IV (APA 1994), Individuals with autism have impairments in three areas –

- a) Social interaction – Poor eye contact, difficulty in understanding facial expressions and body language. Difficulty in making friends and maintaining day to day relationships.
- b) Communication problems – Significant language problems such as starting and keeping up with a conversation. Stereotyped or repetitive speech and a lack of imagination.
- c) Narrow range of interests – deep interest in a particular object. Repetitive hand and body movements.

Autism may exist independently in a child or one or more conditions may exist along with autism. When there are other conditions or disorders existing along with autism, it is called co-morbidity; E.g., a child may have autism along with ADHD or an intellectual disability. The rates of co-morbidity may be as high as 70%.

**It is important** to remember that medication is prescribed to reduce the signs of autism such as hyperactivity, anxiety and sensory issues. Medication is not given to cure autism.

## ***Difference between autism and intellectual disability***

- a) Individuals with autism have varying levels of intelligence ranging from low to average to even superior. The level of IQ is usually below 75 in individuals with intellectual disability.
- b) Development of skills and abilities is at an even pace in children with intellectual disability. Development of skills is usually uneven in children with autism.
- c) Children with autism have poor understanding of emotions and social skills. Children with intellectual disability are not 'mind blind' and are able to understand emotions.
- d) Children with autism can have a severe verbal impairment. This may not be the case in intellectual disability.

## ***What to look out for:***

Parents have a large role to play in identifying any concern about their child. Mothers spend a lot of time with their child and it is often a good idea to approach your paediatrician if you notice anything strange about your child.

According to the Centre for Disease Control (CDC), these are some of the possible red flags for autism.

A child with autism may:

- a) Not respond to their name by 12 months of age.
- b) Not show interest at any object by 14 months.
- c) Not play imaginative games by 18 months.
- d) Avoid eye contact.
- e) Have trouble understanding emotions.
- f) Have delayed speech and language.
- g) Repeat words and phrases.
- h) Get upset by changes.
- i) Have obsessive interests.
- j) Flap hands, rock their body, or spin.
- k) Have unusual reactions to certain smells, sounds or touch.

## **Assessments**

If the need for intervention arises, the child is usually advised to have an assessment. There are generally 4 types of assessments:

- a) Assessments to identify autism – checklists have been made to identify autism. The commonly used checklists are Childhood Autism Rating Scale (CARS), Modified Checklist for Autism in Toddlers (M-CHAT) and the Indian Scale for Assessment of Autism (ISAA).

- b) Psycho-educational assessments – these are a combination and are used to assess the level of skills and also any specific skills that the child has. E.g. Psycho-educational Profile (PEP).
- c) Informal assessments – These are used to check for any learning disabilities like dyslexia or reading disorders. E.g. a basic classroom skills assessment, Brigance Test for learning disability, normal developmental checklist.
- d) Psychological assessments – this includes intelligence tests (IQ). E.g. Binet-Kamat Test of Intelligence, Seguin Form Board and Bhatia's battery of performance tests of intelligence.

The type assessments required is based on the age, ability of the child and the presenting concerns.

## **References**

1. National Autistic Society (25<sup>th</sup> February 2015)
2. Kutscher, Martin L., (2005) Kids in the Syndrome Mix, Jessica Kingsley Publishers, London.
3. American Psychiatric Association (APA) (1994) Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition). Washington DC; American Psychiatric Association.
4. Centre for Disease Control and Prevention (26<sup>th</sup> February 2015), <http://www.cdc.gov/ncbddd/autism/signs.html>