

# CHILDHOOD AUTISM

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# Structure of presentation

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# The Autism Spectrum Disorders

Autism is a neurodevelopmental syndrome characterized by limited interaction and communication as well as unusual repetitive behaviors. Autism is a disorder that usually begins in infancy, in the first three years of life. Autism is a heterogeneous condition, two children or adults with Autism can have a different profile of the disorder.

**AUTISM**

**It's not a processing  
error. It's a different  
operating system.**

Individuals with this diagnosis experience difficulty in at least two from the three Autistic Disorder symptom clusters, but who don't meet the complete diagnostic criteria for any other PDD (APA,2000). However, typically have milder symptoms.

Also known as Heller's syndrome, it vary rare condition and it's more likely to affect males. The symptoms are common with Autisms in terms of communication and behavior. A distinct pattern of regression distinguishes it from Autistic Disorder. This pattern includes the ubiquitous loss of speech and frequent deterioration of bladder/bowel and motor skills.

Progressive developmental disorder that occurs mainly in women. The criteria that distinguish Rett's from the other disorders are delayed development of head (between 5 and 48 months), a loss of some hand skills and the appearance of awkward gait and trunk movement.

The diagnostic criteria for Asperger's and Autistic Disorder are essentially the same with the exception of not requiring symptoms of delayed communication. However, diagnosis requires that Autistic Disorder be ruled out before Asperger's is considered. Interestingly, this children tend to make socially inappropriate statements and talk like little professors using unusual and sophisticated words , and they often speak in a monotone.

# Childhood Autism

## Definition and Diagnosis

- ❖ The word “autism” is derived from the Greek *autos*(self) and *ismos*(condition). The first time that the term “autism” appears is at 1911, used by a Swiss psychiatric Eugen Bleuler in order to describe the concept “turning inward one one’s self” and applied it to adults with schizophrenia.
  
- ❖ In 1943, Leo Kanner used the term “infantile autism” to describe children with:
  - inability to develop relationships with people,
  - delay in speech acquisition,
  - communication impairment,
  - repetitive and stereotyped movements,
  - obsessive insistence on the maintenance of sameness,
  - a lack of imagination,
  - good memory skills,
  - repeating phrases with personal pronouns in the exact way heard,
  - strong reaction to noise and moving objects,
  - a normal physical appearance.

# Childhood Autism

- ❖ At first, there was the belief that it was the result of poor parenting. At 1960 and after it was found that many of these children had also epilepsy, eventually began to be viewed as having a neurological basis.
- ❖ In 1977, the International Classification of Diseases, Eighth Revision (ICD-8) mentioned Autism for the first time, listing “Infantile Autism” under the schizophrenia grouping, whereas the APA Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM-II), published around the same time, specified “schizophrenia, childhood type” without any reference to autism.
- ❖ In 1980, infantile autism included for the first time in the third edition of the Diagnostic and Statistical Manual (DSM), within the category of Pervasive Developmental Disorders.

# Diagnostic Criteria

- ❖ At 2013, the American Psychiatric Association published the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) where they changed the name of the diagnosis as Autism Spectrum Disorders and there be no longer subdiagnoses (Autism Disordered, Asperger Syndrome, etc).

The new diagnostic criteria have been rearranged into two areas:

- I. Social communication/interraction,
- II. Restricted and repetitive behaviors.

Although symptoms must begin in early childhood, they may not be recognized fully until social demands exceed capacity. As in the DSM-IV symptoms must cause functional impairment.

# Diagnostic Criteria

All of the following symptoms describing persistent deficits in social communication/interaction across contexts, not accounted for by general developmental delays, must be met:

Problems with social or emotional interaction, difficulty starting or maintaining a conversation, and also with sharing feelings and interests with other people.

Severe problems maintaining relationships, lack of interest in other people, difficulties to play and participate in age-appropriate social activities, and problems adjusting to different social expectations.

Nonverbal communication problems such as abnormal eye contact, posture, facial expressions, tone of voice and gestures, as well as an inability to understand these.



# Diagnostic Criteria

Two of the four symptoms related to restricted and repetitive behavior need to be present:

Stereotyped and repetitive speech, motor movement or use of objects.

Adherence to routine, continuous use of verbal or nonverbal behavior and resistance to change

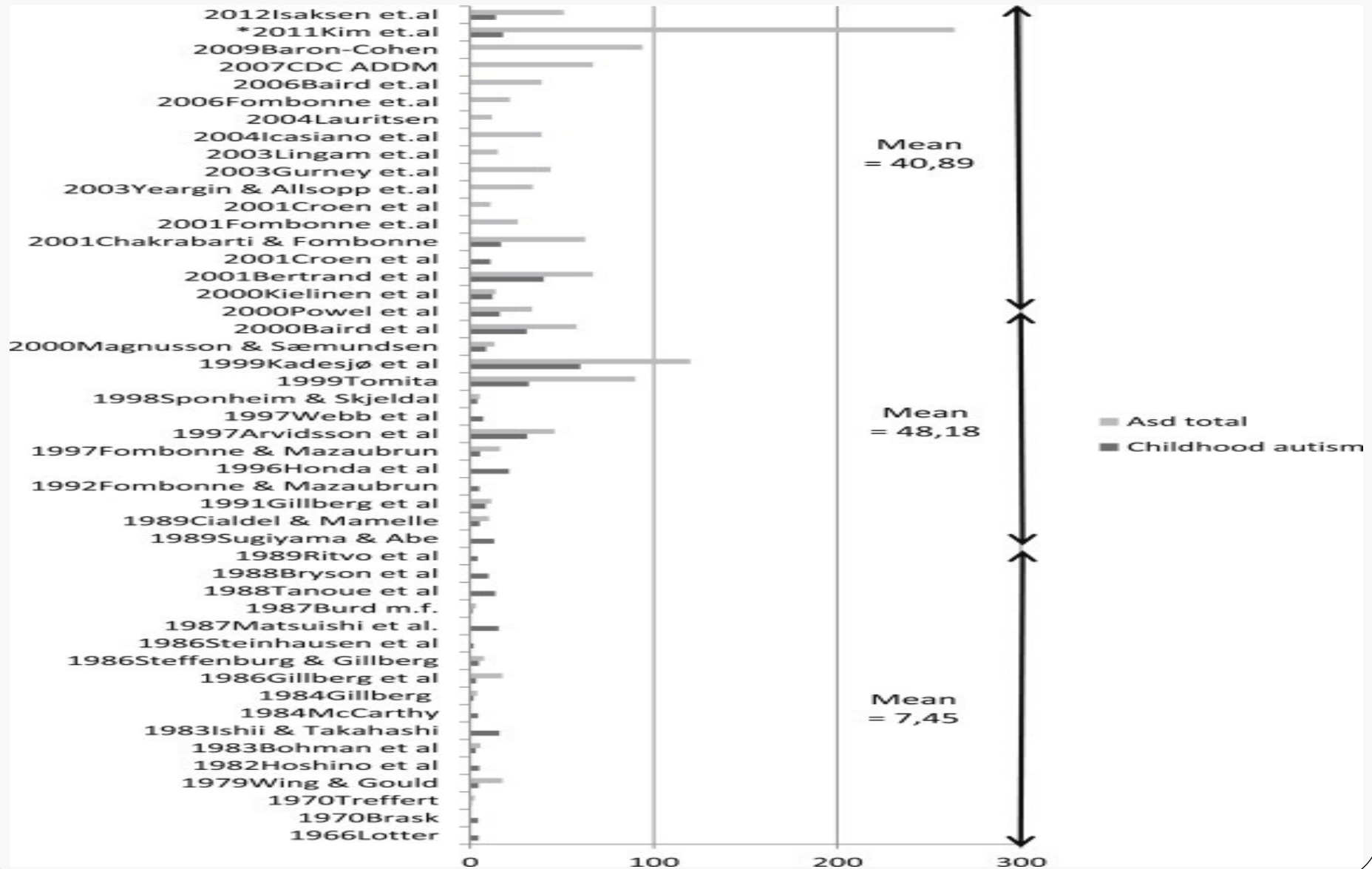
Highly restricted interests that are abnormal in intensity or focus.

Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment.

# Childhood Autism Rating Scale (CARS)

- ❖ Childhood Autism Rating Scale (CARS)
  - Reichler and Schopler developed at 1971 their own 15 scale in response to the limitations of existing classifications systems. The resulting instrument was initially called the Childhood Psychosis Rating Scale (CPRS). In 1979, Schopler, Rutter and Chess after the definition of Autism has expanded they called their instrument Childhood Autism Rating Scale (CARS).
  - The authors of the Childhood Autism Rating Scale (CARS) state in the manual that the best cutoff score for distinguishing low functioning autism (LFA) from intellectual disability is 30 for children and 28 for adolescents and adults.
- ❖ Almost since Autism was first described, clinicians and researchers agreed that there isn't one intervention that is effective for all individuals. However, almost regardless of the approach taken, behavioral and educational interventions seem to be most beneficial.

# Epidemiology



# Educational Intervention Programs for students with Autism

## ❖ ABA – Lovaas

The program ABA-Lovaas (Lovaas' Applied Behavioural Analysis) was carried out by Dr. Ivar Lovaas at the University of California at Los Angeles (UCLA), USA. The ABA - Lovaas is a widespread intensive early intervention for children with autism. From individual, initially, the program aims to generalize knowledge with the help of parents. The program lasts more than 40 hours a week for two years. Starts from learning basic skills of speech and self-taught and then gradually nonverbal and verbal imitation skills and the importance of dealing with games.

## ❖ Early Bird

The EarlyBird program of the National Autistic Society (NAS) of Great Britain to educate parents of preschool children with autistic spectrum disorders. The program helps parents understand their child's autism, to structure the interaction with him, to use problem-solving strategies and thereby regain control.

# Educational Intervention Programs for students with Autism

## ❖ PECS

The PECS (Picture Exchange Communication System) was developed in 1985 by Lori Frost and Andy Bondy. PECS is based on research and practical application of Applied Behavior Analysis (Applied Behavioral Analysis). Emphasizes the development of functional communication skills, the use of appropriate amplifiers and creating behavioral interventions programs. It is necessary to use specific learning strategies, support systems, strategic error correction and generalization strategies for teaching each skill.

## ❖ Son-Rise

The Son-Rise Program was created by the authors / teachers Barry ("Bears") Neil Kaufman and Samahria Lyte Kaufman, when their son, Raun, was diagnosed as severely and incurably autistic. The program "Son-Rise" teaches a system of treatment and education, designed to help families and those who care for children and enabling children to improve in all areas of learning, development, communication and skills acquisition.

# Educational Intervention Programs for students with Autism

## ❖ SPELL

Schools and adult services of "National Autism Organization" of Great Britain (National Autistic Society, UK) have developed a framework for understanding and responding to the needs of children and adults with a disorder on the autism spectrum. The framework is also useful to identify fundamental issues, to reduce the harmful effects of disorders of the autism spectrum, and to provide a basis for communication. It also forms the basis of all specific staff about autism and a moral basis for mediation. The acronym for this framework is SPELL the words Structure (transl. Structure), Positive (transl. Epikoikodomitiko), Empathy (transl. Empathy), Low arousal (transl. Mild irritation), Links (transl. Couplings).

## ❖ TEACCH

The TEACCH (Treatment and Education of Autistic and Communication Handicapped Children) is a state program, which was implemented in 1972 in Psychiatry at the University of North Carolina, USA as a continuation of a research work that had begun in 1966.

# Educational Intervention Programs for students with Autism

## ❖ TEACCH

It is an alternative education program for children with autistic spectrum disorders, incorporating interventions in environment, daily schedule and scope of work, and communication. It has four basic elements:

- The physical layout of the environment.

Regard to the organization of the environment. Building not necessarily mean uniformity.

- The individual daily program.

It helps the child to understand what things will do during the day.

- The system of individual work.

It is a way of organizing an activity at school or at home, so the person with autism can apply.

- The visual presentation of activities

It is a communication system for children that allows him to make itself known to the needs of someone else.

# Interventions Programs through Art

## ❖ Dance - Kinetic treatment

It is the psychotherapeutic use of expressive movement and dance from which the person can engage creatively in a process of personal development and growth. So the dance therapy - therapy achieves kinetic changes in the physical (body), emotional and mental field and in social behavior. The main features of the dance therapy is that used body language and nonverbal communication which expression is to achieve communication.

## ❖ Music Therapy

In Great Britain and other European countries is music therapy applied for 60 years. Music therapy can provide an alternative way of communication and expression to those people that verbal communication is impossible or insufficient as an instrument of expression. Music therapy is started based on the assumption that the ability to respond to music is an inherent human quality, which is not altered through illness or disability.



# Intervention programs through the game or through the development of social relations

## ❖ DIR/Floortime

The DIR program based on Applied Behavior Analysis (ABA) with special emphasis on the involvement of children in a circle interactions based on play and fun. The "game on the floor" is a special technique where for twenty minutes or more each time a special education teacher is sitting on the floor to interact with the child, but also it's a universal philosophy that characterizes all daily interactions with the child.

## ❖ Friends' Play

The method is applied to groups that target the social interaction of children through play, education to the social norms, the basic principles of cooperation and coexistence in a group of peers, understanding the feelings and needs of themselves and others. Children through role play, group painting, psychomotor exercises, games, music, stories and tales about feelings and changes in our lives and how we can adapt to them, will have the possibility of developing strategies that will encourage of developing cooperation in the game, communication, management friendly relations and ways to manage conflicts.

# Intervention programs through the game or through the development of social relations

## ❖ Relationship Development Intervention (RDI)

Dr. Steven Gutstein is the creator of the program RDI / Relationship Development Intervention. The program wants to help the parents and aims to help in the discovery of unknown functions of the brain. The purpose of RDI is to build and restore the dynamic intelligence. Teaches parents to be more aware of the process, giving them development goals, and gives children and parents a second chance. It does not change the natural process, but almost adapts to the needs of each individual.

## ❖ Holding Therapy

Treatment by hug (or holding therapy) received significant attention, when Dr Martha Welch, Child Psychiatrist of New York, began to use it as a means of working with children with autism. Treatment includes hug by a person, usually the mother or therapist who keeps close contact with the child with autism to ensure visual contact among them. The aim is to deliberately child exhaustion and fatigue, to be a need to accept and satisfaction and relief.

# Intervention programs through contact with animals

## ❖ Dog-Assisted Therapy

The SAPT HELLAS has created a free program alternative therapy through animals, with visits to institutions, schools, institutions, in order the students to have a direct contact with specially trained dogs. The program is based on the idea that a dog, by nature a social being, pleased and responds to caresses and attention, regardless of whether they come from and that is why their "therapeutic" forces priceless.

## ❖ Therapeutic Riding

Therapeutic riding is an alternative, holistic, therapeutic approach for people with disabilities. It is a form of treatment in which the horse is used to achieve therapeutic goals without replacing the classical therapies. First people that talked about therapeutic riding was Xenophon and Ippokraths from Greece. Therapeutic riding benefits people with disabilities at the level of physical, social, educational and psychological long as it is an enjoyable sport and therapeutic activity.

# References

- ❖ Iraksen J. , Diseth H. T. , Schjolberg S. , Skjeldal H. O. (2013). Autism Spectrum Disorders – Are they really epidemic?. *European Journal of Paediatric Neurology*, 17, 327-333.
- ❖ Brock E. S. , Jimerson R. S. , Hansen L. R. (2006) . Identifying, Assessing, and Treating Autism at School, Introduction and Overview (pp. 1-9). PA: Springer Science & Business Media.
- ❖ Schopler E. , Reichler J. R. , DeVellis F. R. , Daly K. (1980). Toward objective classification of childhood autism: Childhood Autism Rating Scale (CARS) . *Journal of Autism and Developmental Disorders*, 10(1), 91-103.
- ❖ Rutter M. , (1978). Diagnosis and definition of childhood autism. *Journal of autism and childhood schizophrenia*, 8(2), 139-161.\
- ❖ Hyman L. S. (2013). New DSM-5 includes changes to autism criteria. *The official newsmagazine of the American Academy of Pediatrics*.

Retrieved from :

<http://aapnews.aappublications.org/content/early/2013/06/04/aapnews.20130604-1>

# References

- ❖ Ousley O. , Cermak T. (2014) . Autism Spectrum Disorder: Defining Dimensions and Subgroups . Current Developmental Disorders Report , 1(1), 20-28.
- ❖ Mayes D. S. , Calhoun L. S. , Murray J. M. , Morrow D. J. , Yurich K. L. K. , Cothren S. , Purichia H. , Mahr F. , Boudier N. J. , Petersen C. (2011). Use of the Childhood Autism Rating Scale (CARS) for Children With High Functioning Autism or Asperger Syndrome. Focus on Autism and Other Developmental Disabilities, Retrieved by : <http://foa.sagepub.com/>
- ❖ Treating Autism (intervention models). Retrieved from : <http://www.noesi.gr/> (It is a greek web site that has been certified by Health on the Net Foundation)

## *Photos References*

- ❖ <http://www.just-health.net/Autism.html>
- ❖ <http://brittanyfichterwrites.com/autistic-spectrum-disorders-asd-part-i/>
- ❖ <http://planetoutreach-asd.blogspot.cz/>
- ❖ <http://www.childrenandautism.com/supplement-suggestions/>



# AUTISM

*awareness*

**Thank you for watching this  
presentation!**