The evaluation of autistic behaviours is complex, and time consuming, and one cannot make a diagnosis on the basis of a few minutes of observation. Furthermore, no autistic behaviour is unique to autism, it is not qualitatively different from normal behaviour but differs in its persistence and severity.

As we have seen in the video clips, children of normal intelligence with autism spectrum disorders challenge our traditional views that autism describes children in a world of their own with no desire to make friends.

In those with clinical traits that are ‘subthreshold’ and who therefore do not warrant a formal diagnosis, the degree of functional impairment is often just as severe.

Many young people with autism spectrum disorder have problems at school. Substantial numbers are excluded from school for antisocial behaviour, usually because they have been aggressive to peers or teachers, and this can be triggered by their misinterpretation of other people’s social cues.

People with social communication disorders are at greater risk than the general population of developing comorbid psychiatric disorders.

Young people who present to psychiatric services may have their autistic symptomatology unrecognised or misdiagnosed in adolescence, where internalising symptoms can predominate – especially in girls.

Children with ASD who show relatively subtle social communication deficits in one-to-one interactions with adults may be more prominent in a busy school setting where the level of social skills required are significantly higher. A school observation can identify children with an autism spectrum disorder that is impairing their ability to access the curriculum.

Identifying females on the autistic spectrum can be difficult, as they may not present with the typical male phenotype, especially in terms of their stereotyped and repetitive behaviours.

Females with ASD tend to do better in one-to-one interactions than their male counterparts; their impairment is often more striking in the social environment at school, especially in groups of their peers.

Females with ASD may appear to be ‘acting’ or have a superficial quality to their interactions. Their special interests may be more socially acceptable than is found in males, and therefore may not be seen as qualitatively different from normal preoccupations.

Some children with ASD make efforts at compensation by modelling the normal social skills observed in more able children, and children who compensate well may appear superficially socially able, especially if female.

The prevalence of autism is 1 in 500 and for ASD could be as high as 1 in 90: prevalence studies agree the total with autistic spectrum disorders far exceeds the proportion with typical autism or Asperger syndrome.

Evidence suggests that the numbers of children being diagnosed with autism and ASD are increasing, possibly due to increasing recognition of impairment.

The risk of developing autism is strongly influenced by our genetic inheritance.

Autism is associated with deviant neuropathology in terms of brain growth.

Studies of people with autism with normal intelligence implicate amygdala-mediated over-arousal and anxiety in the development of deficits.
Reflection

(1.8) Can you think of some reasons why there has been so little replication between linkage analysis or genome wide association studies?

As you watch, reflect on any relevant observations:

(2.7) Patrick talks about friendship and his understanding of relationships.

(2.9) Joseph talks about friendship.

(2.10) Joseph talks more about his friends.

(2.11) Joseph describes what being a friend means to him.

(2.13) Jake talks about his experience of having an autism spectrum condition and the impact this has on him.

(2.14) Jake talks about his experience of having an autism spectrum condition and the impact this has on him.

(2.16) Benedict displays a literal interpretation of language. Reflect on the various ways in which different aspects of impaired social communication manifest in the language Benedict uses.

(2.18) Here Patrick turns the conversation to his special interest topic. Reflect on the various ways in which different aspects of impaired social communication manifest in the language Patrick uses.

(2.19) Benedict describes his school and his classmates. Reflect on the various ways in which different aspects of impaired social communication manifest in the language Benedict uses.

(2.21) Patrick turns the conversation to his special interest topic. Reflect on the various ways in which different aspects of impaired social communication manifest in the language Benedict uses.

(2.23) Benedict narrates a story from a picture book. Reflect on the various ways in which different aspects of impaired social communication manifest in the language Benedict uses.

(2.28) Owen enjoys playing with some toys. Reflect on any restricted interests, sensory sensitivities and mannerisms that you observe.

(2.30) Edward looks at a picture. Reflect on any restricted interests, sensory sensitivities and mannerisms that you observe.

(2.32) Jake talks about his fondness for routine. Reflect on any restricted interests, sensory sensitivities and mannerisms that you observe.

(3.7) Part 1: Eleanor identifies the things she likes. Note down any signs of Asperger syndrome that are manifest in the way she interacts with the examiner.

(3.8) Part 2: Eleanor talks about her relationship with the other children at school. Note down any signs of Asperger syndrome that are manifest in the way she interacts with the examiner.

(3.9) Part 3: Eleanor describes an occasion of bullying. Note down any signs of Asperger syndrome that are manifest in the way she interacts with the examiner.

(3.10) Part 4: Eleanor describes a time when she annoyed her classmates. Note down any signs of Asperger syndrome that are manifest in the way she interacts with the examiner.

(4.14) Joseph in the classroom. Here we see how a young boy presents in school. Conversation from his teachers describes their struggle to understand and help. Reflect on aspects of his autistic behaviours you observe.
Recognising autism spectrum disorders in children with normal-range intelligence

Qualitative impairments in reciprocal social interaction skills

Deficits in the use of language for social communication

Stereotyped behaviour, sensory sensitivities and restricted interests
School observations

During school observations, the following should be assessed:

<table>
<thead>
<tr>
<th>Language</th>
<th>Interests</th>
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<tbody>
<tr>
<td>- Amount</td>
<td>- Narrow range</td>
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<tr>
<td>- Initiating and sustaining conversation</td>
<td>- Unusual degree of interest</td>
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<tr>
<td>- Stereotyped utterances</td>
<td>- Adherence to non-functional</td>
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<td>- Prosody</td>
<td>- routines or rituals</td>
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<td>- Pedantic language</td>
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<td>- Misinterpretations</td>
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<tr>
<th>Motor</th>
<th>Sensory</th>
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<tr>
<td>- Mannerisms</td>
<td>- Unusual interest or distress in</td>
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<td></td>
<td>response to:</td>
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<td>- Unusual gait</td>
<td>- Ordinary sounds</td>
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<tr>
<td>- Poor motor co-ordination</td>
<td>- Light touch</td>
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<td></td>
<td>- Clothes</td>
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<td>- Other objects</td>
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<th>Play</th>
<th>Reciprocity</th>
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<tr>
<td>- Make-believe play</td>
<td>- Interest in other children</td>
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<td>appropriate to</td>
<td>- Interactions</td>
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<td>developmental level</td>
<td>- Showing and pointing</td>
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<td></td>
<td>- Adherence to social cues</td>
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<td>- Nonverbal communication</td>
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References


Further reading


