

Running Head: Overview of Autism Spectrum Disorders

LITERATURE REVIEW: AN OVERVIEW OF AUTISM SPECTRUM DISORDERS

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Introduction

Autism is a pervasive developmental disorder appearing in the first three years of life. Many counselors face the challenge of working with parents or children impacted by Autism; therefore, it is important for them to understand what Autism is, how it is diagnosed and a basic reference to treatment modalities. Autism is characterized by impairments in communication, language, and reciprocal social interaction and by patterns of restricted and repetitive interests or behaviors (American Psychiatric Association, 2000). These presentations are the result of a neurological disorder that affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills. Both children and adults with Autism typically show difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. Autism Spectrum Disorder (ASD) is a broader category characterized by the same set of core symptoms, with a lesser degree of severity, inclusive of pervasive developmental disorder, not otherwise specified and Asperger's Syndrome (American Psychiatric Association, 2000). This literature overview discusses the indicators of when diagnosis of Autism is typically made, special issues related to Autism/ASD, and basic treatment of Autism. Readers should note that this paper is an overview and Autism is a very complicated disorder which requires counselors to deeply research the disorder and subsequent treatments before beginning working with Autistic clients or their families.

How is Autism Diagnosed?

According to Kestenbaum (2008) the first signs of Autism most often present themselves before the age of three. The American Psychiatric Association (2000) states that manifestations of Autism in infancy and through the first year are more subtle and difficult to define than those seen after age two. According to Gotham, Risi, Pickles & Lord (2007), the Autism Diagnostic

Observation Schedule (ADOS) is a common standardized assessment of communication, social interaction, play and imagination designed for use in diagnostic evaluations of individuals referred for possible Autism/ASD. The ADOSs is intended to complement information obtained from developmental tests and a caregiver history. Therefore ADOS is a tool that can be used in diagnosis along with a complete caregiver history.

Autism is characterized by what is clinically described as “deficits in social reciprocity.” Social reciprocity may include a range of back-and-forth actions, such as gestures, sounds, play, attention, and conversation. Further, ritualistic and obsessive behaviors are often present: for example, a child may insist on lining up objects rather than playing with them. In addition, a child with an Autism/ASD may have uncontrollable temper tantrums, an extreme resistance to change, and over- or under-sensitivity to sights and sounds. The signs may be obvious, or subtle: for example, a three year old child can read, but can’t play peek-a-boo. Another child may never utter a spoken word, but rather uses pictures or signing to be understood. The symptoms are varied, but one thing is clear: the earlier a child is diagnosed and begins receiving services, the better the prognosis for the child.

According to the American Psychiatric Association (2000), the diagnostic criteria for autistic disorder include a total of six (or more) items from the following areas: (1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interaction, (2) failure to develop peer relationships appropriate to developmental level (3) a lack of spontaneous seeking to share enjoyment, interests or achievements with other people; and, (4) a lack of social or emotional reciprocity. Secondly, the child must show impairments in communication as manifested by at least one of the following: 1) a delay in or total lack of the development of spoken language, (2) in

individuals with some speech, marked impairment in the ability to initiate or sustain a conversation with others, (3) stereotyped and repetitive use of language or idiosyncratic language, (4) and lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level. Lastly, the child must also present with restricted or repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following: (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus; (2) apparently inflexible adherence to specific, non functional routines or rituals, stereotyped and repetitive motor mannerisms; and (3) persistent preoccupation with parts of objects. Furthermore, the child must also demonstrate delays or abnormal functioning in at least one of the following areas, prior to age 3 years: (1) social interaction, (2) language as used in social communication, or symbolic or imaginative play. Finally, the disorder is not better accounted for by Rett's Disorder or Childhood disintegrative disorder (p. 75).

Special issues related to Autism

Growth Hormones in Autism

Children with Autism are known to have larger head circumferences than their peers and can also have greater weights. In their study of the elevated levels of growth-related hormones in autism and autism spectrum disorder, Mills et al., (2007) found children with Autism had significantly higher levels of growth related hormones than controls and they also had particularly dramatic brain overgrowth in early life. Furthermore, Mills et al. found that although it has been hypothesized that androgenic hormones play a role in Autism and ASD, because of the preponderance of male cases the role of hormones in the unusual growth pattern seen in these cases has received little attention by other researchers. The researchers believe their findings

could help explain the significantly larger head circumferences and higher weights seen in children with Autism but they conclude by stating further studies are needed to examine the potential role of growth-related hormones in the pathology of Autism and ASD.

Sexuality in Autistic Individuals

Another area of interest to researchers includes understanding sexuality and sexual behaviors of individuals with Autism. According to Sullivan and Caterino (2008) in the past there has been a tendency to believe that Autistic individuals are unaffected with sexual interests and when sexual interests were noted, those behaviors were generally viewed in a negative manner due to related social stereotypes and impairments associated with the disorder. Nonetheless, research by Sullivan and Caterino (2008) suggested that most adolescents and adults with these disorders engage in sexual behaviors and many desire intimate relations with others. They also say that past case studies have focused on negative social perceptions and draw attention to deviant sexual behaviors such as public masturbation, fetishism, compulsive sexual behaviors among this population.

Individuals with Autism/ASD generally follow a normal physical sexual development path with the emergence of secondary sex characteristics at puberty; however, the normal emergence of emotional changes and increasing sexual urges are often delayed (Sullivan & Caterino, 2008). Inappropriate sexual behaviors are often concerning for others because Autism/ASD individuals do not connect the sexual drives with appropriate socialization and understanding of social norms. Since sexual knowledge and behavior is connected to social interactions from which people with Autism are often excluded because of their social and communication deficits, Sullivan and Caterino say there is a need for specialized sex education for individuals with Autism. Their research has shown that there is a high frequency of sexual

behaviors among this population; consequently caregivers and others must be prepared to facilitate appropriate learning opportunities for sexual expression when working with Autistic clients. Self-management techniques and social skill training may also be effective in reducing inappropriate sexualized behaviors.

Treatment Approaches

Since Autism/ASD can occur on a continuum, treatment approaches can vary greatly. Typically clinicians utilize a combination of medication management and therapeutic interventions when treating individuals with the disorder. Since the condition is pervasive and continues throughout the life span, interventions focus on improving behavioral, social and cognitive functioning (McDougle, Stinger, Erickson, & Posey, 2006).

Because Autism/ASD is biological in origin, medical researchers have made extensive efforts to find effective medications for children with the diagnosis (McDougle, et al., 2006). Medications are helpful in reducing destructive behaviors such as tantrums, aggression or repetitive ritualistic behaviors. Drug treatment strategies can target specific symptom domains including motor hyperactivity and inattention, interfering repetitive behavior, aggression and self-injurious behaviors. Drug treatment studies in Autism have focused on the use of one drug to target one symptom domain or group of related symptoms. In a review of drug trials treating Autism, McDougle, et al. found the psychostimulant methylphenidate and clonidine are useful for treating motor hyperactivity and inattention. Antipsychotics have also been used for the treatment of aggression and self-injurious behavior. Many other types of medications have been studied, but none have clearly been shown to be helpful for all clients with Autism/ASD.

Therapeutic interventions include speech and language therapy, behavior therapy, play therapy, cognitive behavioral therapy and social skills training. One therapeutic intervention

called Applied Behavioral Analysis (ABA) employs methods that are believed to produce comprehensive and lasting improvements in important skill areas for most people with ADS. ABA employs therapeutic interventions which are based on behavioral modification techniques that build useful social skills while reducing problematic ones. The effective and ethical use of ABA requires specialized training but in essence can be described as a treatment focusing on teaching small, measurable units of behavior systematically. Every skill the child with Autism/ASD does not demonstrate, from simple responses like making eye contact, to complex acts such as spontaneous communication and social interaction is broken down into small steps (Maurice, Green & Luce, 1996). According to Kestenbaum (2008) the chief goal of any therapeutic or medication intervention is to help the child become a member of society, and help the child interact in a more productive level with their world. The most salient point brought forward about treating children with Autism/ASD is that each child presents with a unique set of developmental strengths and deficits therefore treatment can often be a difficult and complex puzzle. Counselors working with Autism/ASD children and their families should approach the client with a wide lens, including other service providers from medical, psychological, developmental and educational arenas.

Conclusion

Sometime shortly after a young child is diagnosed with Autism/ASD, the quest for help begins and families often seek the help of counseling professionals to assist them in understanding what the disorder means, how it will impact their child and what kind of help exists in the community for the child and the family. As counselors, it is important to fully understand the disorder and all implications involved. Autism is a pervasive spectrum disorder that impacts a multitude of social, emotional, behavioral and educational domains. Treatment can

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be very complex, requiring a process of trial and error. It seems no one treatment that fits all clients. Although this paper is an overview of Autism/ASD, it provides counselors a window where they can see the disorder and the many domains it impacts. Autism is a perplexing disorder and there seem to be many discussions about the causes and treatments which seem to provoke intense responses. Therefore the individual counselor's search for information and answers when treating specific clients may be influenced by values, beliefs, cultural expectations, and social movements. Clearly, this short paper is a mere glimpse into a very complex disorder which deserves further investigation.

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