

# childPSYCH News

A newsletter for professionals and parents

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**We have moved to  
2/606 Sherwood  
Rd, Sherwood**

## Special points of interest:

- We have a NEW learning centre! Call us now for more information
- At *childpsych* only psychologists who are registered teachers and/or Educational Psychologists will write the report on learning difficulties
- To unsubscribe from this newsletter at any time, either email or call *childpsych*

## Introduction to Autism Spectrum Disorders

By Susie Turner, staff Psychologist at *childpsych*

**A**utism spectrum disorder, which is often referred to as ASD, is the term used to describe a group of disorders that includes Autism and Asperger's Disorder. The symptoms associated with ASD appear early in a child's development and this is why it is considered to be a 'developmental disorder'. The term 'spectrum' is used because it describes the wide variety and differing levels of severity of symptoms found in children with ASD. Some experts think that Asperger's Disorder is a high-functioning form of autism. Others believe there is no difference because these disorders share the same characteristics and similar difficulties. What is important is that the general approach to treatment for both these disorders is the same, with specific treatment being tailored to the needs of the individual. Recent research suggests that on average, one in 160 children will be diagnosed with ASD, with boys outnumbering girls four to one.

Children with Autism have difficulties that are usually grouped into three areas, verbal and non-verbal communication, social interactions and activities and interests. The severity of difficulties in these three areas varies across individuals. For example, a high functioning person with Autism may have milder difficulties such as a fixation with certain topics of



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conversation and difficulty understanding facial expressions or gestures. In comparison, a low functioning person may have no verbal language, engage in 'unusual behaviours' such as head banging or hand flapping, and need constant support in everyday activities such as dressing and preparing a meal. There is no clear explanation about what causes Autism or the other Autism Spectrum Disorders (Asperger's Syndrome and Pervasive Developmental Disorder). However, family studies have shown that genetics play a role. Autism also tends to occur more often than expected among people with certain medical conditions. Researchers are investigating the link between children whose mothers had problems during pregnancy or delivery, as well as the contribution of viral infections, dietary imbalances, and exposure to environmental chemicals.

Typically, Autism is identified before a child starts school and many children are now diagnosed from a very young age. Usually parents, a health professional or a childcare worker will have noticed something unusual

in the child's development. Examples include failure to respond with appropriate social behaviours such as smiles or other facial expressions, poor language development, and a lack of other forms of communication such as pointing and waving. Some children are not diagnosed until they are at school, with concern often raised by teachers. Less commonly, a diagnosis may occur in late adolescence or adulthood. This often occurs when the symptoms are quite mild in nature and not readily obvious. Such individuals may be diagnosed with Pervasive Developmental Disorder – Not Otherwise Specified or a mild case of Asperger's Disorder.

Because many of the behaviours associated with Autism are also present in other disorders, a medical assessment is important so that other possible causes of these difficulties (such as a hearing problem) can be ruled out. A diagnosis of Autism in children generally occurs after a thorough assessment by a team of health professionals. An assessment team is usually made up of a psychologist, a speech pathologist, occupational therapist and a paediatrician or child psychiatrist, and can provide information needed to make decisions about approaches to treatment.

No *single* treatment program has been found to be suc-

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"The extreme introvert is almost a recluse and avoids social contact. The extreme extrovert in contrast seeks out people and finds being alone difficult"

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### Autism con't

cessful in treating all individuals with Autism. Psychologists plan treatment to match the person's particular needs, their strengths and difficulties. Psychological treatment, including behavioural interventions has been shown to improve the functioning of people with Autism. In treating Autism in children it is important to begin the treatment early on in the disorder, plan a treatment program to meet the child's needs, treat both behaviour and communication problems, and involve parents and other primary caregivers. Early intervention focuses on teaching social skills, developing motor and communication skills, reducing problem behaviours (e.g., emotional outbursts, head-banging, aggression) and promoting positive behaviours (e.g., turn-taking in social situations). When seeking treatment it is important to consider treatments that have scientific evidence sup-

porting them. There is a long list of possible treatments for Autism, some of which have no evidence to show that they work. Effective treatment programs for Autism should include psychological, speech, occupational therapy and medical treatments to address difficulties in behaviour and attention and promote the development of language and communication and social skills.

### Tips for helping children with Autism:

Provide a reasonable level of daily routine and prepare the child for any changes to their routine. When a significant change is going to happen, spend time prior to the event talking to the child about what is going to happen and ensure that they have support to manage any anxiety. This may help them cope with change more easily. Give a step-by-step list of instructions for completing everyday activities, such as getting

ready for school or taking a shower. A wall chart with pictures illustrating each step can be a good way to present this information.

Provide instructions in simple language allowing time for the individual to absorb the information and respond. Try not to use phrases such as "pull your socks up" or "it's raining cats and dogs" because people with Autism often take things literally. If an appropriate response is not given it is helpful to check that the person has understood.

Teach and practise social 'rules' such as turn-taking and how to greet people, and provide opportunities for the child to interact with others. Strategies such as role-plays can be a useful way of helping the child to learn new social skills. Seek help when family issues arise. Family assistance and treatment can improve outcomes for the family.

## The Introvert

Some children however seem to prefer to be on their own or prefer to avoid a lot of social contact. Children can avoid social contact for a range of reasons. For some children, they may have autism or an anxiety disorder. But what about those children who prefer to be alone but do not appear to have autism or some other diagnosable condition. In other words, is there anything wrong with being a "loner"? Well, if the child's behaviour is interfering with their social and emotional development, then "yes" the child may require some help. After all we know that social isolation can set up a series of problems such as poor social skills leading to increased social isolation and more serious mental health problems such as depression.

We can think of personality traits as occurring on a dimension. Half of us will be on the introvert side and the other half will be on the extrovert side. This means that individual's generally having a preference for how much social contact they need. On the extreme ends are the stereotypical introvert



and extrovert. The extreme introvert is almost a recluse and avoids social contact. The extreme extrovert in contrast seeks out people and finds being alone difficult. If your child shows a preference for playing by themselves, or is mentally tired after a day with friends then they may be on the introvert side. If they seem to get bored easily and always asking for a friend to come over, then they may be on the extrovert side.

Introverts prefer solitude and prefer to think things over. The introverted child prefers a small group of friends or a single friend to play with. Interestingly, because the introverted child, by nature, likes to

think things through before speaking or acting, they learn best in a quiet environment. In contrast, the extroverted child likes to learn by discussing and studies best with some noise in the background. So if you have a teenager who likes their music on while studying, think about if they are an introvert or extrovert – they actually could be studying! Introverts have a hard time in our western society where being an extrovert is highly revered. The introvert finds socializing challenging as they often spend half the time thinking about what to say as well as how they appear to others.

If your child is on the introvert side then there are a few things you can do. First become aware of how you behave socially. Make sure your child observes you smiling cheerily at someone as you place an order. Make sure you visit friends and family at least once a month. Enroll them in activities that encourage social interaction such as Scouts. Finally, let your child have "down time".