

Autism Society of North Carolina
 This organisation has an extensive list of publications.
 505 Oberlin Road, Suite 230. Raleigh.
 NC 27605-1345. USA
 Tel: 091 919 743 0204.
 Fax: 091 919 743 0208.
 Web Page: www.autismsociety-nc.org

Autism Research Unit (Sunderland, UK) (Casein and Gluten research)
 School of Health Sciences, University of Sunderland, Sunderland,
 SR2 7EE. England
 Tel: 0944 191 510 8922 / 0944 191 515 2581.
 Fax: 0944 191 567 0420
 E-mail: aru@sunderland.ac.uk or
p.shattock@sunderland.ac.uk
 Web Address: <http://osiris.sunderland.ac.uk/autism/>

The Autism File
 P.O. Box 144. Hampton. Middlesex. TW12 2FF. England
 Tel: 0944 20 8979 2525.
 Fax: 0944 20 8979 9665
www.autismfile.com



pursues activities repetitively



inappropriate use of toys



routine bound

* A tendency to focus on minor or trivial aspects of things in the environment, instead of having a full understanding of the meaning of the complete situation;

* May display a limited range of imaginative activities, which you may well find have been copied off the TV etc.;

* Pursues activities repetitively and cannot be influenced by suggestions of change;

* Play may appear complex, but close observation, shows its rigidity and stereotyped pattern;

* Unusual habits such as rocking, spinning, finger-flicking, continual fiddling with objects, spinning objects, feeling textures, or arranging objects in lines or patterns etc.;

* Inappropriate use of toys in play;

* Holding onto objects, e.g. carrying a piece of wool for the whole day;

* Noticeable physical over-activity or extreme under-activity;

* Tantrums may occur for no apparent reason;

* Changes in routine or environment, e.g. a change of route to the shops, or altering the



habitual rocking or flapping



tantrums

2. Differentiation from other conditions. Language impairments resembling those in specific disorders of language development, or poor co-ordination as in dyspraxia, may be diagnosed, but the presence of the triad of impairments may be overlooked.

Other conditions that can occur together with ASD, can disguise the Triad of Impairments, which can go completely undetected. This can also happen with adults contacting psychiatric services, who have never been diagnosed with ASD. It is particularly likely to happen with those who are more verbal and more able.

3. Confusion with sub-groups, such as Childhood Autism, or Asperger Syndrome. It is much more important for the clinicians to diagnose the presence of ASD, than to worry about the sub-group. Specifically qualified assessment teams can evaluate this issue.
4. Relying on the observation of the child
In structured situations and in a limited time frame, an individual with ASD may show no obvious signs of “autistic behaviour” and subtle signs can be missed.
5. Blaming the parents
The social impairment in ASD is, in most cases, present from birth or early life. This often leads to difficulties in the parent-child relationship. Clinicians, understandably, are prone to look for psychopathology in the parents, whenever they see a child with “behaviour” problems who look physically normal. When they see how poorly the child interacts with the parents, they then take this as corroboration of their diagnosis.

The Process of Diagnosis

The pitfalls described above can only be avoided if the clinician bears in mind the possibility of ASD, when faced with a worried or puzzled parent describing odd behaviour in their child.

ASD is a developmental disability caused by chemical dysfunction in the brain. The pattern of abnormal behaviour unfolds over time. The correct diagnosis can be made only by taking a detailed developmental history from infancy and obtaining equally detailed information concerning behaviour in different settings and at different ages.

A definite diagnosis cannot be made by briefly observing or testing the child in the doctor’s room. Observation should be performed by people specialising in the field of ASD and over an extended time frame, in varying situations.

The initial apparent absence of the typical discrepant pattern, does not rule out a possible diagnosis of ASD.

We suggest that if you suspect that ASD is the diagnosis, you mention this to the parents as a possibility and that you would like to refer the patient to a diagnostic team who specialise in the field of ASD.

Please feel free to contact the centre for learners with ASD which is closest to you, for further information, guidance and possible referral for a more indepth assessment:-

Contact details for further information and facilities available in South Africa and Namibia:-

National Body

Autism South Africa
P.O. Box 84209 Greenside. 2034
Memorial Institute for Child Health
and Development.
Gate 13.
Cnr Joubert Street Ext and Empire Road. Braamfontein
Tel: (011) 484 9909 / 9923
Fax: (011) 484 3171
info@autismsouthafrica.org
www.autismsouthafrica.org

Cape Town

Autism Western Cape
P.O. Box 60375 Table View. 7439
47 Nottingham Close, Parklands. CT
Tel: (021) 557 3573 / (021) 556 2600 Fax: 086 671 9120
info@autismwesterncape.org.za
www.autismwesterncape.org.za

Alpha school

P.O. Box 48 Woodstock.7915
Cnr Roodebloem and Palmerston Roads. Woodstock
Tel: (021) 447 1212/3
Fax: (021) 448 0405
E-mail: alphasch@xsinet.co.za

2. LANGUAGE AND COMMUNICATION



* The development of speech and language may be abnormal, absent or delayed;

* Minimal reaction to verbal input and sometimes acts as though deaf;

* Facial expressions and / or gestures may be unusual or absent;

* Repetition of words, questions, or phrases, over and over again. Endless monologues about their special interests, without adapting to the needs of the listener;

* Words or phrases may be used incorrectly;

* Production of speech may be unusual. A flat monotonous tone or inappropriate variations in tone are often noted;

* Those who are verbal may be fascinated with words and word games, but do not use their vocabulary as a tool for social interaction and reciprocal communication;

· Difficulties in starting and/or taking part in conversations.



3. BEHAVIOUR AND IMAGINATION

* Imaginative play may be limited or poor, e.g. cannot play with a wooden block, as if it is a toy car;

Asperger's Syndrome. A Guide for Parents and Professionals.

Tony Attwood

Excellent book written to assist parents and professionals in the identification and treatment of children and adults with Asperger Syndrome.

Published by Jessica Kingsley Publishers, 1998.

ISBN 1 853025 77 1

Autism and Asperger Syndrome

Edited by Uta Frith

A clear presentation of the important finding relating to Asperger Syndrome as a distinct variant of autism. Highly recommended for the medical profession and psychologists.

Published by Cambridge University Press.

ISBN 0 521 38608 X

Autism – an introduction to psychological theory

Francesca Happe

Readable introduction to research and theory in the field of autism.

Published by Psychology Press Ltd

(Code NAS 105) ISBN 1 85728 230 2

Autism with severe learning difficulties

Rita Jordan

Offers practical guidelines for children and adults lower on the spectrum. Shows how to build on the strengths and reduce the problems and anxieties.

Published by Souvenir Press (Code NAS 435)

ISBN 0 285 63599 9

Children with autism and Asperger syndrome: a guide for practitioners and carers

Patricia Howlin

Looks at research into the nature, causes and treatment of autism. Different therapies are explored and evaluated and advice is offered.

Good reference book.

Published by John Wiley & Sons Ltd (Code NAS) 070)

ISBN 0471983 28 4

It can get better ... dealing with common behaviour problems in young autistic children

Paul Dickinson & Liz Hannah

Practical A to Z handbook of intervention methods etc

Published by the National Autistic Society.

(Code NAS 284) ISBN 1 899 280 03 0

INTRODUCTION

The earlier appropriate and beneficial intervention is provided to children with an Autism Spectrum Disorder(ASD) the better their prognosis.

Time is precious and as a Doctor, often dealing with young children, we ask you to please study the enclosed information. Hopefully this will enable you to recognise the possibility that a child has ASD. In so doing the child can be timeously referred to a multi-disciplinary assessment team.

OTHER BROCHURES AVAILABLE FROM AUTISM SOUTH AFRICA

INFORMATION FOR PARENTS

INFORMATION FOR TEACHERS

THOUGHTS OF A SIBLING

3 BOOKS WRITTEN BY AN ADULT WITH AUTISM

DIETARY INTERVENTIONS FOR THE TREATMENT OF AUTISM

ASPERGER SYNDOME

Vera School
Private Bag X 4 Clareinch. 7440
20 Anglesey Road. Rondebosch East
Tel: (021) 696 2844
Fax: (021) 696 4877
E-mail: vera@vera.wcape.school.za

Hurdy Gurdy House
70 de Hulk Road
Penhill, Eersterivier. 7100
Tel: (021) 904 2312
E-mail : leanne@stats.uct.ac.za

Pretoria
Association for Autism
P.O. Box 35833. Menlo Park. 0102
Tel: (012) 329 1423 Fax: (012) 329 1899
E-mail: afautism@iafrica.com

UNICA School
P.O. Box 35182. Menlo Park. 0102
Tel (012) 460 6539 Fax: (012) 460 6324
E-mail : autism@mweb.co.za

Lethabo Le Khutso and Abrina House
210 18th Avenue. Rietondale. Pretoria
P.O. Box 35833. Menlo Park. 0102
Tel: (012) 329 3627 Fax: (012) 329 1899
E-mail: afautism@iafrica.com

Johannesburg
P.O. Box 84611 Greenside. 2034
Tel: (011) 726 2445 Fax: (011) 726 7901
E-mail: keyschool@iafrica.com

Action in Autism (KwaZulu-Natal)
P.O. Box 30210. Mayville. 4058
Tel: (031) 261 1154 Fax: (031) 261 9169
lisa@fineline.co.za

Browns School
Private Bag X 04 Ashwood. 3605
Tel: (031) 700 3535 Fax: (031) 700 3117
E-mail: browns@brownsschool.co.za

Autism Eastern Cape
P.O. Box 13276
Humewood. 6013
Tel: 079 2677 22
Fax: 086 511 4841
E-mail: info@autismec.org
www.autismec.org

Quest School
P.O. Box 13276
Humewood. 6013
2 Hoy Street. South End. PE
Tel: (041) 581 0964
Fax: (041) 581 0488
E-mail: quest3@absamail.co.za

East London
Antionette Bruce-Alexander
C/O P.O. Box 1493 East
London. 5200
10 Fairview Place.
Beacon Bay. 5241
Tel and Fax: 043 748 3992

Autism Namibia
P.O. Box 5043
WINDHOEK. NAMIBIA
Tel: 092 6461 22 4561/2
Fax: 092 6461 22 8255
E-mail: petrad@iway.na



* Crying or laughing for no apparent reason;

* Self-injurious behaviour, e.g. head banging, scratching, biting;

* Abnormal sleep pattern.



Children and adults with ASD usually have accompanying learning difficulties. The range of intellectual abilities amongst children with ASD is vast.

The presence of additional disorders such as epilepsy, sensory and intellectual impairments can co-exist with ASD.

Remember that ASD can vary widely and there is no single feature that, if not present, excludes the possibility of an Autism Spectrum Disorder.

Diagnosis

The two internationally used systems of diagnosis and classification are the DSM IV and the ICD 10.

Problems of diagnosis

It is imperative to distinguish Autism Spectrum Disorders from the other disabilities such as hearing, visual, cognitive, other psychiatric and psychological disabilities. Differences between ASD and other primarily intellectual disabilities can be overlooked.

Compared to the pattern found in generalised developmental delay, where all areas of development are affected, the individual with ASD displays impairments in the timing, rate and sequence of many basic psychological, as well as cognitive developmental functions. Severe qualitative impairments for any stage of development are usually present.

The difficulties in diagnosis experienced by clinicians arise mainly because of the following reasons:-

1. Variation in manifestation of features. The manifestations of the diagnostic criteria vary widely.

position of furniture within the home, may cause distress;



limited range of activities

* Interests and range of activities may be limited, e.g. only interested in puzzles;

* A small percentage of learners have abilities that are outstanding in relation to their overall functioning, e.g. exceptional memory in a specific field of interest;



splinter skills

In addition to this Triad of Impairments, you may well observe the following additional features:-



no real fear of dangers

* Little or no eye contact;

* No real fear of dangers;

* Abnormalities in the development of cognitive skills, e.g. poor learning skills or resistance to normal teaching methods;

* Abnormalities of posture and motor behaviour, e.g. poor balance;

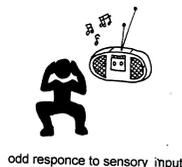
* Poor gross and fine motor skills in some learners;

* Odd responses to sensory input, e.g. covering of ears;

* Sense of touch, taste, sight, hearing and/or smell may be heightened or lowered;

* Bizarre eating patterns - food fads;

* Unusually high pain threshold;



odd response to sensory input

A FEW INTERNATIONAL CONTACTS TO GET YOU STARTED.

It is worthwhile joining various international associations and thus obtaining their regular publications. Many organisations provide additional excellent resource centres.

National Autistic Society - United Kingdom
393 City Road. London EC1V 1NG. England
Tel: 0944 20 7903 3563 Fax: 0944 20 7833 9666
Website: www.nas.org.uk/
E-mail: nas@nas.org.uk

This organisation, through Barnardos Despatch Services, also has a comprehensive publications list, listing books, videos and tapes that are available for purchase:-

World Autism Organisation
<http://worldautism.org>

Autism Europe
Avenue E. Van Becelaere 26b. Bte 21. B-1170. Bruxelles Belgique.
Tel: 0932 2 675 75 05
Fax: 0932 2 675 72 70
E-mail: autisme.europe@arcadis.be.
Website: <http://www.autismeurope.org>

Autism Society of America
7910 Woodmont Avenue. Suite 650. BETHESDA. MD 20814 USA
Tel: 091 800 328 8476. Fax: 091 301 657 0869
Website: <http://www.autism-society.org/>

Autism Research Institute (USA)
This institute is headed by Dr. Bernard Rimland, Ph.D. and is a most interesting resource centre. Dr Rimland focuses on a wide variety of treatment methods and is a great believer in dietary and vitamin therapy. The Institute's monthly journal "Autism Research International" makes for most thought provoking reading. 4182 Adams Avenue. SAN DIEGO CA 92116. USA
Tel: 091 619 281 7165 Fax: 091 619 563 6840
Web site: <http://www.autism.com/ari>

AUTISM SPECTRUM DISORDERS – A GUIDE FOR DOCTORS

As a Doctor you can expect to come across children and adults with Autism Spectrum Disorders (ASD).

Should you feel that you are not wholly confident as regards your knowledge and understanding of this disorder, we would like to offer you this brochure for your reference and referral.

The detection of children with Autism Spectrum Disorders, in their formative years is vital. As a Doctor you are an important role player in this essential early detection.

Autism Spectrum Disorders are the result of disordered brain development and function, NOT a psychological or emotional disorder. It is not the result of bad parenting and children with Autism Spectrum Disorder do not choose to misbehave.

Autism Spectrum Disorder is a lifelong, extremely complex developmental disability, which appear to occur as a result of multi-factorial environmental triggers interacting with a genetic predisposition. The prevalence of ASD seems to be on the increase and the latest international research is implying that ASD is found in 1 in every 158 children under the age of 7 years and affects 4 times as many boys as girls.

The onset of ASD is from birth or before the age of 3 years. Various subgroups are referred to within the Autism Spectrum Disorders. The ICD 10 system (International Classification of Diseases, 10th edition, World Health Organisation, 1992) and the DSM IV (Diagnostic and Statistical Manual, 4th Edition, American Psychiatric Association, 1994) suggest some subgroups, the best known of which are “childhood autism / early infantile autism” and “Asperger Syndrome” There is a fair amount of academic argument concerning the criteria differentiating these subgroups. However, in clinical practice, the most helpful approach to diagnosis is to establish if the child or adult

References

1. “Classification and diagnosis - looking at the complexities involved”
Dr Lorna Wing.
2. “Communication” Winter 1998.
The National Autistic Society, England.
3. The autistic spectrum - a parent’s guide
The National Autistic Society, England.
4. Autism: Bibliography. A guide to books and videos
The National Autistic Society, England.
5. The Autism Spectrum. A guide for Parents and Professionals.
Dr Lorna Wing.
6. Developing a Broad and Balanced Curriculum.
Mrs Margaret M Golding. Autism The Way Forwards RSA.
September 1998.
7. Autism: How to help your young child
Leicestershire County Council and Fosse Health Trust.
ISBN 1 899280 65 0
8. National Autistic Society (UK) Publications Catalogue 2002

Sleep better! A guide to improving sleep for children with autism
V Mark Durand

Personal insights from families who have struggled with sleepless nights. The author shows dramatic improvements that are possible without medication. A variety of widely tested and easy-to-implement techniques.

Published by Paul H Brookes (Code NAS 280) ISBN 1 557663 15 7

The Autistic Spectrum: a guide for parents and professionals

Lorna Wing

Useful, practical and easy to read.

Published by Constable. 9COE NAS 216)

ISBN 0 094751 60 9.

Thinking in Pictures. Temple Grandin

This wonderful book offers Temple's insights into autism and the way people with autism think and act.

Code NAS 108. ISBN 0 679772 89 8

You can either order these books via E-mail from Barnardos Despatch Services, or if you would like us to fax you the order form from this company, please contact Autism South Africa.

Tel: (011) 486 3696. Fax: (011) 486 2619.

P.O. Box 84209. Greenside. 2034.

E-mail: autismsa@iafrica.com

Please note that we have listed popular books for your reference, but this does not necessarily mean that the views expressed in these books represent the policy or views of the National Executive Committee of Autism South Africa.

On behalf of the children and adults with Autism Spectrum Disorders in South Africa, we sincerely thank you for your interest and concern.

A certain amount of material included in the brochure is chiefly taken from a paper written by Dr Lorna Wing, Consultant at the Centre for Social and Communication Disorders. It has been reproduced with the kind permission of Dr Lorna Wing and the National Autistic Society, United Kingdom, who published this paper in their quarterly magazine, "Communication", edition Winter 1998.

concerned, has an autistic spectrum disorder and then to provide information concerning their present level of varying abilities. This type of detail is far more useful for identifying a person's needs, rather than just putting him or her on a diagnostic subgroup.

Although children and adults with ASD present with many different levels of severity and also display a wide range of individual characteristics, they are all affected by the "Triad of Impairments". This triad is typically associated with a narrow, repetitive pattern of activities and resistance to change in things that directly affect the individual concerned and manifests with an impairment in the quality of development in the following areas:-

1. SOCIAL INTERACTION



little awareness of others

* Little awareness of others, or of their feelings;

* Poor or absent ability to make appropriate social contact;

* The most severe form is aloofness and indifference to others, although most show an attachment on a simple level to parents or carers;



emotional indifference



dislikes being touched

* Indifference to or dislike of being touched, held or cuddled;

* Difficulty in forming relationships;

* In less severe forms, the individual passively accepts social contact, even showing some pleasure in this, though he or she does not make spontaneous approaches;



difficulty with interaction



prefers to play alone

* Prefers to play alone.