

Some of the difficulties shared by children on the Autism Spectrum

Interpreting and expressing verbal and non-verbal communication, such as unusual tone of voice, facial expressions & body language. May have a **literal understanding of language** which can cause **difficulty in understanding jokes & sarcasm**; can struggle with **reciprocal social chit-chat**. May talk a lot about their **own interests or dominate conversations**.

Reading other people's feelings & intentions and expressing their own. May appear insensitive & controlling; may not seek comfort from others when they are distressed. Some may appear **distant and uninterested in social interaction** with others. Can find **unstructured times** difficult E.G. playtime at school and **struggle at making & keeping friends**.

May exhibit **unusual play that is lacking in imagination**, such as lining up cars rather than playing with the car in a make-believe game. Others may have **good imaginative play** but it may be **repetitive and/or appear copied**.

May need to **adhere to the same daily routine** and struggle with change and transitions. Many will have **intense and highly focused interests**, some of which may appear unusual. Many children will experience **difficulties regulating and processing sensory input**.



This is a guide for GPs, nurses, health visitors, social workers, teachers and other primary care workers

It is important for professionals to recognise children who may have an autism spectrum disorder because early diagnosis, support and intervention is often crucial for the best long term outcomes for the child.

Remember: Due to their child's complex and challenging behaviour **the parent may be exhausted and very concerned**. They may have already **done a lot of research into what may be contributing to their child's difficulties**.

LISTEN to their concerns.

LOOK at the evidence before you.

TALK to other agencies involved.

REFER for multidisciplinary assessment.

Diagnosis

If an autism spectrum disorder is suspected a referral should be made to the **local service responsible for assessing and diagnosing children for an autism spectrum disorder**. The National Autistic Society has a useful guide on the diagnostic process.

www.autism.org.uk/about/diagnosis.aspx

Not all clinics will be familiar with the PDA profile and so **onward referral may be required**. Our website can provide further information or you can contact our enquiry line.

www.pdasociety.org.uk

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Recognising Autism Spectrum Disorders In the Early Years



Understanding changes in evolving diagnostic terms and Autism Profiles

“Over the years, different terms have been used for autism. This reflects the different autism profiles presented by individuals, and the diagnostic manuals and tools used. Because of recent and forthcoming changes to the main diagnostic manuals ‘autism spectrum disorder’ (ASD) is now likely to become the most commonly given diagnostic term. However, clinicians will still often use additional terms to help to describe the particular autism profile presented by an individual.” National Autistic Society

A clinician might describe a person as having an **Asperger syndrome profile, classic Autism profile or a Pathological Demand Avoidant profile (PDA)**

Autism is dimensional and the different profiles affect people in varying ways and to varying degrees. However, children will all share difficulties in the following areas:

- Social communication
- Social interaction
- Restricted and repetitive patterns of behaviour, activities or interests

Children may also have other conditions alongside their ASD, for example Dyslexia, Dyspraxia, Sensory Issues, Mental Health issues, Learning Disabilities and Attention Deficit Hyperactivity Disorder (ADHD).



Profiles that some children on the Autism Spectrum may present with

Classic Autism Profile

Children with a classic autism profile are **more likely to have a learning disability. They may be non-verbal, have limited speech or use echolalia.** These children may benefit from, or prefer to use, **other forms of communication such as visual symbols and sign language.**

Asperger Profile

Children with the Asperger profile are likely to have **less difficulties with verbal communication than those with the classic autism profile,** but they will still have **difficulties with understanding and processing language.** They are **usually of average or above average intelligence** but they may sometimes have specific learning difficulties such as dyslexia.

Female Asperger Profile

Girls on the autism spectrum appear to be more **socially motivated** but may struggle to initiate social contact. They are often able to **mask their difficulties** to fit in with peers. The special interests of girls can be similar to those of other girls, **it is the intensity of those interests** that may appear unusual. Many girls **have active imaginations** and more pretend play. Girls are often not diagnosed until later in life. *Further information about girls and ASD* www.autism.org.uk/about/what-is/gender.aspx



Pathological Demand Avoidance Profile

Some children with an ASD could display one or more of the behavioural features of PDA but it is when many of the key features of PDA occur together, in conjunction with the other difficulties shared by those on the spectrum, that **it is helpful to have a diagnosis of the PDA profile because this has implications for successful intervention and management.**

Children who present with the PDA profile are driven to **avoid normal everyday demands & expectations to an extreme extent.** This behaviour is rooted in an anxiety-based need to be in control. They may **mask their difficulties** in some situations and **appear to have better social understanding, communication skills and imaginative play** than others on the spectrum. They are therefore particularly vulnerable to being **undiagnosed or misdiagnosed.**

Key features of the PDA profile

- Resists and avoids the ordinary demands of life** including activities that the child would usually enjoy
- Uses social strategies as part of avoidance** such as distracting, giving excuses, delaying etc.
- Appears sociable, but lacks understanding** e.g. unaware of their social hierarchy in society. Appear to have little sense of shame or embarrassment
- Experiences excessive mood swings and impulsivity** often for no obvious or apparent reason
- Appears comfortable in role play and pretence** but the child may blur the edges between fantasy and reality
- Displays obsessive behaviour** that is often social in nature