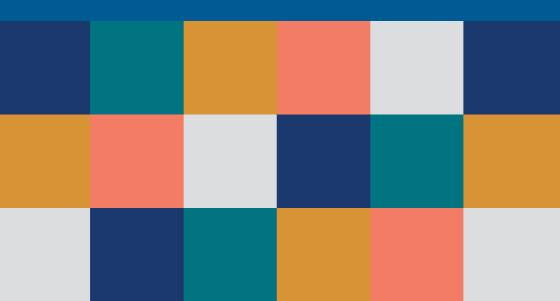


# THE AUTISM SPECTRUM

# - a brief introduction



## **AUTISM SPECTRUM DIAGNOSES**

The autism spectrum covers several related diagnoses. Internationally, the autism spectrum is referred to using the abbreviation ASD (Autism Spectrum Disorders), and this term is now also used in Norway.

There are great individual differences between people with ASD. The presence and severity of different symptoms and challenges vary from person to person.

Sex, age, intellectual ability and additional difficulties are also relevant factors. Many people with ASD are at increased risk of developing additional problems such as mental disorders, epilepsy and sleep problems.

# **CHARACTERISTICS OF ASD:**

- qualitative deficiencies in the capacity for mutual social interaction and communication
- restricted or narrow interests
- restricted activity repertoire
- distinctive unvarying ways of doing things
- challenges relating to social skills and understanding
- limited skills and interest in social interaction
- different eye contact
- abnormal and different reaction pattern
- challenges relating to communication and language
- abnormal behaviour
- different perception of sensory impressions
- increased vulnerability to stress

#### Prevalence

The number of people diagnosed with ASD has increased steadily in recent years. This is often explained by improvements in diagnosis, particularly of people with milder symptoms. Research shows that as many as one in one hundred people could be on the autism spectrum.

About four times as many boys as girls are diagnosed with an autism spectrum disorder. Girls are often overlooked because their problems in everyday life are less obvious, and therefore they are often not assessed for ASD. Some claim that the current tests and diagnostic criteria focus on symptoms that are typical of boys, such as acting out, anger, repetitive behaviours and special interests.



## CAUSES

The causes of ASD are not completely understood. The general consensus is that hereditary factors are important and that various neurobiological factors make individuals susceptible to abnormal development and difficulties with understanding, also known as cognitive difficulties.

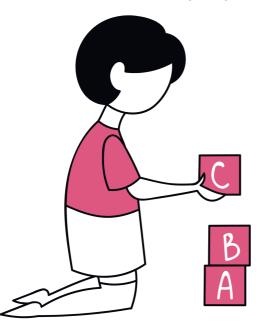
Psychosocial factors, adverse childhood experiences or vaccines do not cause autism.

## SIGNS AND SYMPTOMS

Potential early signs of ASD include limited use of gestures, abnormal eye contact or delayed language development. Regression or stagnation of language or social skills are also potential signs, regardless of age.

ASD symptoms can sometimes be detected at a relatively early age, and a child can in some cases be diagnosed by the age of two or three. However, the signs are often less clear in younger children, and significant individual differences occur. It is therefore sometimes difficult to reach a definitive diagnosis for the youngest children.

People with ASD who are relatively well-functioning may show negligible abnormal development at an early age. The signs may become clearer in late childhood or early adolescence, when the person's surroundings begin to demand more in terms of



social interaction skills and understanding more complex social rules.

In practice, the age at which a definitive diagnosis can be made differs a great deal. Girls are often diagnosed in their early teens or even later. One reason for this is that girls are often better at communicating than boys, and they also tend to react to challenges by becoming quiet and withdrawn.

### DIAGNOSIS

There are no tests that can determine whether or not a person has ASD. The diagnosis is made based on an assessment of behavioural patterns and demeanour. The assessment is based on thorough observations and systematic mapping. A diagnostic investigation must be carried out by an interdisciplinary team in the specialist health service, normally the habilitation or mental healthcare services, based on a referral from a GP.

#### **MEASURES AND FACILITATION**

Individually adapted training and education should be implemented as soon as possible – even in cases where ASD is suspected, but the diagnosis has yet to be confirmed.

The educational and psychological counselling services (PPT) should be involved to map the child's abilities and contribute to a comprehensive range of individually adapted services. The education must include social and practical skills in addition to ordinary school subjects, and it should be based on the individual pupil's interests and strengths. Additional resources and special needs education measures are often required to adapt education for individual pupils.

An individual teaching plan (IOP) must be prepared for pupils receiving special education. This plan must set out the goals and content of the education, who are to be involved and how the education is to be organised. The school must, if possible in cooperation with the pupil and parents/guardians, prepare an IOP based on the expert assessment from PPT.

People with ASD need long-term, coordinated services. People who use two or more health and care services are entitled to an individual plan (IP). An IP also entitles the user to have a coordinator appointed by the municipality. The function of the coordinator is to ensure follow-up and coordinated services.

# MISUNDERSTOOD PEOPLE

Most people with ASD are no different from other people in terms of appearance. It is therefore difficult for their surroundings to understand why they behave differently. People with ASD find it difficult to sort and prioritise when they encounter several sources of sensory input and demands at the same time. They are often misunderstood and may be perceived as rude or lacking manners.

The demands of everyday life can be challenging because they are sensitive to stress, demands, nagging and criticism. Many also find planning and organising difficult, known as executive function difficulties.

Challenges related to determining what people with ASD are actually capable of could lead to either too high or too low demands being made of them.

#### **Assessment and prognosis**

Early diagnosis, information to all affected parties, adapted demands and good assistance form the cornerstones of long-term measures. When the specialist health service has completed its diagnostic investigation, it is important that the child's parents/ guardians, or alternatively the person him/herself, be informed of the rights they may have.

Getting proper help, adaptation and individually adapted education during their upbringing is vital to ensuring a good prognosis for people with ASD becoming as independent as possible and having the opportunity to live a good life. Targeted early efforts can reduce the risk of developing depression and other mental problems as a reaction to the surrounding world and its demands.

Most people with ASD will need lifelong support and assistance. Small changes in their life situation could have a major impact on their quality of life. Measures must be planned, well prepared, continuous and comprehensive in order to help to ensure a lasting good life.

Join us!

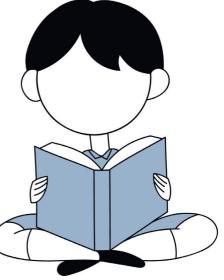
#### **THE NORWEGIAN AUTISM SOCIETY**

The Norwegian Autism Society (AiN) is a special interest organisation for people with diagnoses on the autism spectrum and their parents/guardians, closely related persons, professionals and other interested parties. The Society is neutral in terms of party politics, religion, sexual orientation and ethnicity.

The Norwegian Autism Society is national organisation with local branches in all counties. Many local branches offer conversation or networking groups for adolescents and adults with ASD and closely related persons. Contact the local branches for information about activities in your area.

The Norwegian Autism Society is of the opinion that individually adapted services that are based on binding and comprehensive long-term planning and cover all phases of life – with a particular focus on transitions – are vital to ensuring good lives for people with ASD. We work to ensure that everybody should have the opportunity, based on their own interests and potential, to participate in society on a par with other citizens.

You can find information about ASD, rights and the Norwegian Autism Society on the Society's website www.autismeforeningen. no, which also contains information about courses and seminars, ASD news and research. You can also find contact information for the organisation's representatives and peers in your local area.





Secretariat: (+47) 23 05 45 70 Monday to Friday, 9.00–15.00

Helpline: (+47) 23 05 45 72 Monday, Wednesday, Thursday 10.00–14.00

Postal and office address: Wergelandsveien 1-3 NO-0167 Oslo

post@autismeforeningen.no www.autismeforeningen.no