WAKE UP WITH UNITED WAY

a speakers series
Introduction to Autism Spectrum Disorder

BloomingTea 8/8/19
Today’s Presenter – James Wiltz, PhD HSPP
A Brief History of Autism

1910:
- Eugen Bleuler coined the word autism based on Greek word *autós*, which means self.
- He was describing a patient with schizophrenia who was withdrawn into his own world.

(Bleuler also coined the term “schizophrenia”)

1940’s:
- Leo Kanner & Hans Asperger studied groups of children with characteristics we now consider part of the Autism Spectrum.
- Kanner used the term “early infantile autism”
“Autism” and “Autistic” included, but not as a diagnosis

- Describes withdrawal from reality
- Found under psychotic reactions in various Psychotic Disorders
- Closer to Bleuler’s original description than what we think of now
A Brief History of Autism

“Refrigerator Mother”

- Bruno Bettelheim’s book *The Empty Fortress* (1967) described autism as a result of mothers withholding affection from their children resulting in a failure to connect with them.

- This idea has *not* been supported by evidence and has been considered mean spirited in blaming parents, and mothers in particular.

- What do you think about this idea?
Autism still not a diagnosis

- “Schizophrenia, childhood type . . . may be manifested by autistic, atypical, and withdrawn behavior”
- Schizoid personality included eccentricity and “Autistic thinking”
- These references bear little resemblance to what we think of today as Autism
A Brief History of Autism

1970’s:

- Greater awareness in general and new ABA treatment by Ivar Lovaas targeting young children and 40 hours per week in-home.

- It had been over 60 years since the term Autism was coined. What did it mean to have Autism?

- Nobody else seemed to know either. And in the 1970’s it was being treated, so it probably was about time to have an actual diagnosis . . .
DSM-III: 1980

Infantile Autism

- Onset before 30 months of age
- Pervasive lack of responsiveness to people
- If speech present, there are peculiar patterns, etc.
- “Bizarre responses” to environment/change/interests
- Absence of delusions, hallucinations, etc. (i.e., it’s not childhood schizophrenia any longer)
Infantile Autism

- The name borrowed from Kanner and his study of children in the 1940’s
- Think about this for a minute – who would likely be diagnosed with “Infantile Autism?”
  - People with normal speech?
  - Normal Intelligence?
- Not really, so something more was needed
DSM-IV: 1994

Autistic Disorder
- 6 or more symptoms with at least 2 from each of 3 categories: social interaction, communication, restricted/repetitive or stereotyped behavior or interests

Asperger’s Disorder
- 2 social, 1 restricted/repetitive or stereotyped . . . , no language delay
Autism Trendiness:

- Movies, such as Rain Man
- Facilitated Communication (FC)
- Lovaas & Early Intervention for 40 hours per week is a “Cure”
- Secretin
- Gluten-Free Diet
- Vaccines “cause” Autism
Vaccine Study:

- 1998: Andrew Wakefield and eleven coauthors published a journal article in the Lancet that linked Autism to the MMR vaccine

- Parents worldwide stopped vaccinating their children as a result

- It turns out Dr. Wakefield was lying – he manipulated data to fake results and accepted funding from lawyers who wanted to make money from vaccine manufacturers
Vaccine Link to Autism Retracted
RETRACTED: Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

Dr AJ Wakefield FRCS, SH Murch MB, A Anthony MB, J Linnell PhD, DM Casson MRCP, M Malik MRCP, M Berelowitz FRCPsych, AP Dhillon MRCP, MA Thomson FRCP, P Harvey FRCP, A Valentine FRCR, SE Davies MRCP, JA Walker-Smith FRCP

Summary

Background
We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods
12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Also in 2010 – Dr. Wakefield lost his medical license
Vaccine Studies:

- Several large-scale studies with hundreds of thousands of study subjects has shown no link between vaccines, any of their components, and Autism

- The original Wakefield study had 12 subjects

- 12 is a small number
Are Autism Rates Increasing?

- We hear so much more about it – is it just increased awareness, media attention, or is it something else?
- Is Autism actually on the rise?
- If so, why?
Autism Rates in Indiana Schools

Pratt (2015) – Indiana Resource Center for Autism at IU
Quick Review . . .

- 1910: First time the word “Autism” is used

- 1980: First time Autism diagnosed in DSM-III
  - But it’s Infantile Autism, so only kids or people with significant intellectual disability would be diagnosed.

- 1994: First time practically anyone – regardless of age or intellect – can be diagnosed.

- What does “practically anyone” mean?
Over 97% of Population
or
39 times more than the other box

Less than 3% of population

The Normal Curve

Number of Scores

Standard Deviation

Wechsler IQ Score
Fast Forward to DSM-5: 2013

(full adoption, January 2014)

Autistic Spectrum Disorder

- No more Asperger’s Disorder
  - It's true, but probably not worth arguing over
  - Controversial due to many having identities tied to the diagnosis of Asperger’s – some also did not like to be grouped with those with severe disabilities.
A. Persistent deficits in social communication and interaction across environments.
   • Such as reciprocity, nonverbal communication like eye contact, and developing & maintaining relationships

B. Restricted, repetitive patterns of behavior, interests, and activities (at least two such patterns).
   • Examples include stereotypy, inflexible routines, intensely focused interests, and hyper/hypo sensory sensitivity

C/D/E: Present at early age, Causes problems, not other dx.
   • Should also specify with or without accompanying intellectual impairment ("without" is similar to Asperger’s)
Autism Spectrum Disorder

Severity Levels (DSM-5 has a table for these)

Level 1 “Requiring support”
Level 2 “Requiring substantial support”
Level 3 “Requiring very substantial support”
# ASD Severity – Level 1

<table>
<thead>
<tr>
<th>Level 1</th>
<th>&quot;Requiring support&quot;</th>
<th>Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.</th>
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<td>Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.</td>
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## ASD Severity – Level 2

| Level 2 “Requiring substantial support” | Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication. | Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action. |
## ASD Severity – Level 3

| Level 3  | Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches | Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action. |
People with ASD generally prefer very tight structure and can have rigidly-focused interests.

They respond well to schedules and can react with problem behavior when in an unstructured environment with too many “surprises.”

**TIPS:** Be predictable – people with ASD often react poorly to change, especially in routines and schedules. Often group activities are not favorites.
ASD & Behavior – Some Basics

- Some people with Autism experience sensory stimulation differently than others – can be sensitive to touch or sounds, for example.

- They might have difficulty understanding that others in the group have needs, too.

- **TIPS:** Avoid arguing. Be aware of sensory needs to avoid them (e.g., possibly loud places). Pay attention to their interests before expecting them to pay attention to yours.
The word Autism is a little over 100 years old

In 1994, with DSM-IV, diagnosis numbers started rapidly increasing after a larger portion of the population were being diagnosed *(39 times!)*

Autism Spectrum Disorder is diagnosed when . . .

1. Persistent deficits in social communication and interaction across environments
2. Restricted, repetitive patterns of behavior, interests, and activities
3. Present at early age, & it causes problems
Questions?