

## CHAPTER 1

# THE WORLD OF AUTISM: LIFE TIMES 10

*I have spoken to thousands of incredibly loving, committed parents since I started working with individuals on the spectrum. I hear their pain, frustration, and aggravation.*

**I**ndividuals with autism spectrum disorder (ASD) represent a very perplexing and fascinating phenomenon. They exhibit exceptional proficiency in a number of areas, especially those that are more linear and data driven in nature, such as remembering detailed factual information, memorizing lists, and using computers. They also struggle in a number of areas, especially from a social standpoint. In particular, they have difficulty with communication, especially social/emotional communication, and they can be obsessed with rituals or objects. They can hyperfocus on a certain topic and can get stuck on routines. Most importantly, they have difficulty interacting and functioning socially.

### DEFINITION OF THE AUTISTIC SPECTRUM

The term *autistic spectrum* is an umbrella term that indicates the presence of specific diagnostic criteria. Although there are three specific diagnostic categories under the spectrum umbrella—autism, Asperger’s disorder, and PDD/NOS (which stands for pervasive

development disorders—not otherwise specified)—anyone who meets the basic criteria is said to be *on the spectrum*, or to have ASD.

The autism spectrum includes individuals who are *high functioning* (in which the disorder is almost undetectable) to those who are very *low functioning* (they are unable to carry out some, or most, of life's basic skills and, as a result, may need constant supervision). While the general theory and principals in this book apply regardless of where someone falls on the spectrum, this book is primarily geared toward treatment of higher functioning children.

Autism, as a category, is the most pervasive diagnostic category on the spectrum. That is to say, children with this diagnosis are the most significantly impacted in their abilities to function in daily life. These kids might not speak, might have extreme sensory issues, and might also have significant social impairment. Higher functioning autism is not a diagnostic category, but implies that the child's cognitive (intellectual, innate ability) functioning is in the average range or higher. Moving up the spectrum toward increasing functionality, a child who does not meet the criteria for autism would be diagnosed as having Asperger's disorder.

The difference diagnostically between autism and Asperger's disorder lies within the child's language development. Unlike individuals with autism, children with Asperger's disorder develop language within the developmentally appropriate age range. PDD-NOS is the diagnosis that is given to children who do not strictly meet the criteria for autism or Asperger's disorder, but who are considered to be in the PDD (pervasive developmental disorders) diagnostic category.

Intelligence can vary significantly in individuals on the spectrum, so IQ is not an effective diagnostic criterion. I have treated kids with IQs that range from the 70s to well over 130 or more. Some research indicates that 60–70% of those diagnosed with autism have cognitive impairment, i.e., an IQ below 75. However, I do not believe these statistics for a number of reasons.

First, individuals with autism process the world differently than *neuro-typical* individuals (those considered to have normal brain functioning—see Chapter 4, How Autism Develops), and therefore do not perform as well on tests standardized for neuro-typical individuals. Second, the contexts in which such evaluations are given do not bode well for individuals on the spectrum. During the intellectual assessment process, examinees are required to take a test that is presented using verbal directions, given by a person with whom they are not familiar, and held in an unfamiliar environment. In addition, most individuals on the autism spectrum learn better visually than they do verbally. These are all factors that could impact test performance and resulting scores.

Finally, individuals on the autistic spectrum are motivated primarily by extrinsic factors rather than intrinsic factors. Intrinsic motivation is social, extrinsic motivation is not. Therefore, it is unlikely that a child on the spectrum would want to do well during the examination in order to please the examiner. All of these factors stack the deck against the child on the autistic spectrum from testing well, so some caution should be exercised in using traditional IQ scores for evaluation. Many individuals on the spectrum are extremely gifted in areas that do not reveal themselves on a standardized IQ test.

One thing is generally accepted among professionals treating individuals on the spectrum—every person embodies a unique combination of strengths and challenges. While there are commonalities, there is no one-size-fits-all description of someone on the spectrum.

## **AUTISM IS LIFE TIMES 10**

Autism is not a mental illness and it is not a disease. As I have just mentioned above, the fact that a person has autism does not necessarily mean that that person has a low IQ. People with autism process the world differently. These individuals take in and process information on a neurological level differently than the majority of us. Their way is not