

## Understanding Social Challenges in ASD

No. 41, September 2012

This article is an excerpt (pages 8 to 10) from a full report published by Autism Ontario in 2011: SOCIAL MATTERS: Improving Social Skills Interventions for Ontarians with ASD. Click here to view the full report: [www.autismontario.com/Client/ASO/AO.nsf/object/SocialMatters/\\$file/Social+Matters.pdf](http://www.autismontario.com/Client/ASO/AO.nsf/object/SocialMatters/$file/Social+Matters.pdf).

Autism Spectrum Disorders (ASD), also referred to as Pervasive Developmental Disorders (PDD), are believed to be caused by neurological differences in brain development with possible genetic origins. Although there is significant research exploring the neurological and genetic causation of ASD, we are still a long way from truly understanding the cause for autism symptoms in any individual.

In 1943, the term “infantile autism” was first coined by Dr. Leo Kanner to describe the most severely affected children who showed extreme social withdrawal. Today, the Diagnostic and Statistical Manual of Mental Disorders (4th Edition Revised, American Psychological Association, 2000) used by physicians and psychologists to make diagnoses includes five variants of Pervasive Developmental Disorders: Autistic Disorder, Asperger’s Disorder, Rett’s Disorder, Childhood Disintegrative Disorder and, for those whose autism symptoms do not quite meet the criteria for one of those four disorders, Pervasive Developmental Disorder – Not Otherwise Specified. (For more information on PDD diagnoses see: [www.autism-society.org/about-autism/diagnosis/diagnostic-classifications.html](http://www.autism-society.org/about-autism/diagnosis/diagnostic-classifications.html)).

***For all individuals with diagnoses under the PDD umbrella there is agreement that people with ASDs share challenges in three domains:***

### Social Interaction

Children and adults with ASDs have difficulty interacting with other people. This will likely include challenges in initiating, responding to or maintaining interactions or conversations, and will present differently depending on age

and cognitive level of functioning. In the most severe cases, the individual will actively avoid interactions or may appear oblivious to others’ presence. While at the other end of the spectrum, they will demonstrate a desire to interact, but lack the appropriate skills to make social interactions effective.

### Communication

All individuals with ASD have qualitative difficulties in how they communicate, both verbally and non-verbally. These challenges will range from a lack of language and gestures in the most severe cases, to the use of complex language that may be odd or inappropriate in those who have Asperger Syndrome (AS) or high functioning forms of Autistic Disorder (AD) where speech and intellectual abilities are within the normal range.

### Behaviour

For individuals with ASD of all ages and abilities, they may show one or more highly repetitive and often non-functional behaviours (e.g., hand-flapping, spinning objects). This could also include inappropriate and/or inflexible routines within daily activities or play or a highly restricted range of interests within play or conversation.

While all individuals with ASD have some sort of difficulty in each of these areas, the specific difficulties vary from person to person. It is important to remember that no two individuals

will share the exact same pattern of difficulties. This is why autism is now commonly referred to as a spectrum disorder to represent the broad range of abilities and challenges found among those with autism.

# What are the social challenges faced by Individuals with ASD?

## Preschool

Social challenges for most children with ASD are detectable in early childhood or even infancy (Wicks-Nelson & Israel, 2006). For those with autism, problems with eye contact, responding to their name, sharing attention and imitation skills are some of the earliest signs of social challenges. These signs may persist, especially for those with more severe cognitive challenges, and they may remain socially indifferent or even socially avoidant. At the other extreme, toddlers and preschoolers who receive a diagnosis of Asperger's Disorder or Asperger's Syndrome (AS) or Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) may have social challenges that initially go undetected because they are very similar to the behaviours seen in typical children going through the “terrible twos” (for example, defiance, tantrums). What may distinguish children with ASD from typical two-year-olds is the extreme social inflexibility, insistence on sameness, and severe tantrums or “meltdowns” associated with change in routines, transitions or any situation where the child is not able to control the situation or get what he or she wants. These highly inflexible patterns that lead to meltdowns are quite common in children with ASD of all ability levels. For verbal children, such as those with AS and High Functioning Autism, their inflexibility often shows up as a strong need to control and direct the play or activities of siblings and peers, and they may be unwilling to follow someone else's direction or example. The impact of extreme inflexibility and frequent and persistent upsets is to stigmatize and further isolate the child from peers and potential friends.

## School-Age

Without effective early social intervention, the problems of early childhood are likely to persist and may escalate with the increased social demands of school. Children with ASD often have limited play abilities and show minimal interest in play with peers. However, when there is interest in peers, which is more typical in children with some language development, these children usually

lack the appropriate skills to initiate play, to respond to the play invitations of peers, or to learn to play through observation of peers. Their attempts at social interaction may be immature and may include intrusions into personal space, inappropriate touching or even aggression. For many children, their confusion about the social world and failures in interacting or making friends may lead them to avoid social interactions altogether. When they do have friends, their friends tend to be very accommodating children who acquiesce to their need to control play. Maintaining friendships as they get older can be very challenging given that typical children become less tolerant of the one-sided nature of the friendships, especially when the conversational skills of the child with ASD are limited or the topics of conversation are restricted to special interests that don't match the peer's.

## Adolescence

As children with ASD move into junior high and high school, they are likely to be increasingly isolated from peers. For those who have severe autism or significant cognitive challenges, they are likely to persist with the same interests and play patterns of early childhood, which may lead to stigmatization amongst peers. However, the school's efforts to create an environment of acceptance and inclusion may help to minimize stigmatization and increase the potential for peer friendship. For those with higher language abilities, they may have greater awareness of their differences and greater potential for learning how to fit in. However, it is common that by adolescence they will have experienced social rejection or bullying, as well as the social anxiety that would naturally accompany these stressors. Anxiety Disorders or Obsessive Compulsive Disorders are more likely to be diagnosed in adolescence, to some degree a product of the increasing social pressures. Not surprisingly, these teenagers gravitate toward spending more time with adults who encourage them in their special interests, or they spend more time on their own, strengthening their knowledge or skill in areas of special interest or ability.

## Adulthood

The challenges of adolescence persist into adulthood and are exacerbated by growing demands for independence

beyond high school and, in most cases, fewer supports or services for building social connections and friendships (as pointed out in our past publication, *Forgotten: Ontario Adults with Autism and Adults with Aspergers*). As identified in our *Forgotten* report, socialization challenges include, “being overwhelmed by the presence of too many people, and/or by noise. They may be unable to concentrate sufficiently to learn new skills or participate in group activities. All of the above can lead to misunderstandings, frustration and behavioural issues” (2008, p. 11).

In the *Forgotten* report, it is suggested that, for some individuals with ASD, they may not have received a diagnosis until their late teens, meaning that they may have struggled through adolescence and early adulthood without appropriate services. As well, some young adults may have received an incorrect diagnoses or a diagnosis that no longer fits their profile. Without an appropriate diagnosis, the individual may not have access to any social skills interventions. To date, we have very little information on adult social skills programming for those with ASD.

**DISCLAIMER:** This document reflects the views of the author. It is Autism Ontario’s intent to inform and educate. Every situation is unique and while we hope this information is useful, it should be used in the context of broader considerations for each person. Please contact Autism Ontario at [info@autismontario.com](mailto:info@autismontario.com) or 416-246-9592 for permission to reproduce this material for any purpose other than personal use. © 2012 Autism Ontario 416.246.9592 [www.autismontario.com](http://www.autismontario.com)