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ASD Video Glossary – Glossary of Terms

Introduction

This *Glossary of Terms* was created to accompany the *ASD Video Glossary*, an innovative Web-based tool, designed to help parents and professionals learn more about the early red flags and diagnostic features of autism spectrum disorders (ASD). The *ASD Video Glossary* is a collaborative project between Autism Speaks, Florida State University, and First Signs and it can be found at autismspeaks.org, firstsigns.org, and firstwords.fsu.edu. Within the *ASD Video Glossary*, video clips are posted to illustrate each of the terms below. As with all glossaries, the terms are listed in alphabetical order here for ease of locating a term. The definitions of the terms were derived from the most current professional sources available. All of the sources used in writing the definitions are listed at the end of this *Glossary of Terms*.

Autism Diagnostic Observation Schedule (ADOS)

The Autism Diagnostic Observation Schedule (ADOS) is the instrument considered to be the current gold standard for diagnosing ASD and, along with information from parents, should be incorporated into a child's evaluation. Although a diagnosis of ASD is not necessary to get intervention, in some states the differences in the services provided to children with and without a diagnosis of ASD can be huge. Once a child has had a diagnostic evaluation and is determined eligible for services, additional assessments may be completed to better understand the child's strengths and needs in order to plan intervention goals and strategies.



Autism Spectrum Disorders

Autism is an umbrella term for a wide spectrum of disorders referred to as *Pervasive Developmental Disorders* (PDD) or Autism Spectrum Disorders (ASD). The terms PDD and ASD are used interchangeably. They are a group of neurobiological disorders that affect a child's ability to interact, communicate, relate, play, imagine, and learn. These disorders not only affect how the brain develops and works, but may also be related to immunological, gastrointestinal, and metabolic problems. Signs and symptoms are seen in early childhood. The term *spectrum* is important to understanding autism because of the wide range of intensity, symptoms and behaviors, types of disorders, and considerable individual variation. Children with ASD may have a striking lack of interest and ability to interact, limited ability to communicate, and show repetitive behaviors and distress over changes, as in the case of many with classic autism, or Autistic Disorder. On the other end of the spectrum are children with a high-functioning form of autism who may have unusual social, language, and play skills, as in Asperger Syndrome. The autism spectrum consists of the following disorders: Autistic Disorder or Classic Autism, Rett's Disorder or Rett Syndrome, Childhood Disintegrative Disorder, Asperger's Disorder or Asperger Syndrome, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

Also known as: Pervasive Developmental Disorders (PDD)

Babbling

Typically by six to nine months, a child begins to vocalize repeated consonant-vowel combinations, like “ba ba ba,” “da da da,” called babbling. As vocal development continues, babbling sounds take on the characteristics of adult speech even though the child may not have specific meanings in mind. Babbling precedes real speech, and is necessary in the process of learning to talk.



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Body Postures

Body postures or movements and positioning of the body are nonverbal ways of conveying information or expressing emotions without the use of words.

Communication

Communication is the use of nonverbal (eye gaze, facial expression, body posture, gestures) and verbal (speech or spoken language) behavior to share ideas, exchange information, and regulate interactions.

Compulsions

Compulsions are deliberate repetitive behaviors that follow specific rules, such as pertaining to cleaning, checking, or counting. In young children, restricted patterns of interest may be an early sign of compulsions.

Related terms: Restricted Patterns of Interest, Obsessions

See: Repetitive Behaviors and Restricted Interests

Developmental Milestones

Developmental milestones are markers or guideposts that enable parents and professionals to monitor a baby's learning, behavior, and development. Developmental milestones consist of skills or behaviors that most children can do by a certain age. While each child develops differently, some differences may indicate a slight delay and others may be a red flag or warning sign for greater concern.



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Diagnosis

Since there is no biological way of confirming a diagnosis of ASD at this point in time, diagnosis should be based on the observation of the behavioral features using the DSM-IV-TR® framework. The Autism Diagnostic Observation Schedule (ADOS) is the instrument considered to be the current gold standard for observing features of ASD and should be used in making a diagnosis, along with information from parents. A diagnosis should include information about the child's developmental and medical history, current activities, and behaviors, and is often done by an inter- or multi-disciplinary team of professionals from several different specialties. Often, this will include at least one physician, such as a neurologist, psychiatrist, or developmental pediatrician; a psychologist specializing in child development; a speech-language pathologist; an occupational and/or physical therapist; a social worker; and special educator. Although a diagnosis of ASD is not necessary to get intervention, in some states the differences in the services provided to children with and without a diagnosis of ASD can be huge. Once a child has had a diagnostic evaluation and is determined eligible for services, additional assessments may be completed to better understand the child's strengths and needs in order to plan intervention goals and strategies.

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR®)

DSM-IV-TR® or *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, is a handbook used widely by medical professionals in diagnosing and categorizing mental and developmental disorders. It is published by the American Psychiatric Association and lists the criteria, or characteristics, of many disorders. The Fourth edition of the DSM was published in 1994 with text revisions that were completed in 2000. The DSM-IV-TR uses the term Pervasive Developmental Disorders (PDD), also referred to as Autism Spectrum Disorders (ASD) in other sources, as the umbrella term that includes 5 disorders: Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and PDD-Not Otherwise Specified. According to the DSM-IV-TR, an ASD diagnosis is given if a child has impairments (defined as problems that limit development or participation in everyday activities) in social interaction, impairments in communication, and restricted interests and/or repetitive behaviors. It is important to understand that while some children may show many or most of these features, other children will show only some of these features. The DSM is expected to be updated with a fifth edition to be published in 2011. (Adapted from American Psychiatric Association, 2000)



Echolalia

Echolalia is the repetition of words, phrases, intonation, or sounds of the speech of others. Children with ASD often display echolalia in the process of learning to talk. *Immediate echolalia* is the exact repetition of someone else's speech, immediately or soon after the child hears it. *Delayed echolalia* may occur several minutes, hours, days, or even weeks or years after the original speech was heard. Echolalia is sometimes referred to as "movie talk" because the child can remember and repeat chunks of speech like repeating a movie script. Echolalia was once thought to be non-functional, but is now understood to often serve a communicative or regulatory purpose for the child.

Also known as: "Movie talk," Scripting

Related term: Repetitive use of language

Emotional Regulation

Emotional regulation is a child's ability to notice and respond to internal and external sensory input, and then adjust his emotions and behavior to the demands of his surroundings. Emotional regulation includes the body's involuntary reactions (heart rate, respiratory rate, etc.) to events or perceptions, as well as voluntary responses. Voluntary responses may be behaviors that the child does to soothe, or excite himself, such as spinning the wheel of a toy car, rubbing a smooth surface, rocking, or hand flapping. This may also include the use of communication to get help modulating emotion, such as reaching to request comfort when afraid. Many children with ASD have difficulties with emotional regulation and often have abnormal or inappropriate responses to the ordinary demands of their surroundings. They may also have problems adjusting to change, and transitioning from one activity to another, responding with strong negative emotions, tantrums, stereotyped, or even self-injurious behaviors.

Related terms: Seeking Comfort, Distress, Tantrums, Self Injury



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Engaging in Interaction with Adults and Peers

Engaging in interaction with adults and peers refers to a child's interest in being with and interacting with adults or other children by looking at them, smiling, and communicating in verbal and nonverbal ways. A typical 6 month old will relate to her parent with joy, smiling often while playing with her caregiver. A typical 12 month old will show more interest in the parent or caregiver, than in objects and toys. With experience in childcare settings, a typical child will show an interest in other children, and respond to, and initiate offers for interaction with peers. A child with ASD may show more interest in objects and toys than engaging in interaction with people.

Expressive Language

Expressive language is the use of verbal behavior, or speech, to communicate thoughts, ideas, and feelings with others. Language involves learning many levels of rules — combining sounds to make words, using ordinary meanings of words, combining words into sentences, and using words and sentences in following the rules of conversation. Expressive language is the ability to produce or say words and sentences.

Eye Gaze

Eye gaze is looking at the face of others to check and see what they are looking at and to signal interest in interacting. It is a nonverbal behavior used to convey or exchange information or express emotions without the use of words.

Facial Expressions

Facial expressions are movements of the face used to express emotion and to communicate with others. They are nonverbal behaviors used to convey or exchange information or express emotions without the use of words.



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Functional Play

Functional play is when a child uses objects for their appropriate or usual purpose, like rolling a toy car or ball, stirring with a spoon, or brushing a doll's hair with a brush.

Gestures

Gestures are hand and head movements, used to signal to someone else, such as a give, reach, wave, point, or head shake. They are nonverbal behaviors used to convey or exchange information or express emotions without the use of words.

Healthy Development

Healthy (or typical) development describes the physical, mental, and social development of a child who is acquiring or achieving skills according to the expected time frame.

See: Typical Development

Hyperresponsiveness

Hyperresponsiveness is abnormal sensitivity or over reactivity to sensory input. This is the state of feeling overwhelmed by what most people would consider common or ordinary stimuli of sound, sight, taste, touch, or smell. Many children with ASD are over reactive to ordinary sensory input and may exhibit sensory defensiveness which involves a strong negative response to their overload, such as screaming at the sound of a telephone. Tactile defensiveness is a specific sensory defensiveness that is a strong negative response to touch.

Also known as: Over Reactivity to Sensory Input

Related terms: Sensory Defensiveness, Tactile Defensiveness



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Hyporesponsiveness

Hyporesponsiveness is abnormal insensitivity or under reactivity to sensory input, in which the brain fails to register incoming stimuli appropriately so the child does not respond to the sensory stimulation. A child who appears as if deaf, but whose hearing has tested as normal, is under reactive. A child who is under reactive to sensory input may have a high tolerance to pain, may be sensory-seeking, craving sensations, and may act aggressively, or clumsily.

Also Known as: Under Reactivity to Sensory Input

Related term: Sensory Seeking

Idiosyncratic Language

Idiosyncratic language refers to language with private meanings or meaning that only makes sense to those familiar with the situation where the phrase originated.

Insistence on Sameness

Insistence on sameness refers to a rigid adherence to a routine or activity carried out in a specific way, which then becomes a ritual or nonfunctional routine. Children with ASD may insist on sameness and may react with distress or tantrums to even small changes or disruptions in routines. Sometimes such reactions are so big they are described as catastrophic. A child's response of insistence on sameness may reflect difficulty with change in activities or routines or being able to predict what happens next, and therefore, may be a coping mechanism. Young children with ASD may also show some repetitive movements with objects, such as lining things up, collecting objects, or clutching similar small toys.



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Joint Attention

Children seek to share attention with others spontaneously during the first year of life. Joint or shared attention is first accomplished by the caregiver looking at what the infant is looking at. Infants learn early to seek joint attention spontaneously by shifting gaze between an object of interest and another person and back to the object (also called 3-point gaze), following the gaze or point of others, and using gestures to draw others' attention to objects (e.g. holding out and showing an object or pointing to an object), either by pointing to it or by eye gaze. This desire to share attention on objects builds to sharing enjoyment by looking at others while smiling when enjoying an activity, drawing others attention to things that are interesting, and checking to see if others notice an achievement (e.g., after building a tower of blocks, looking up and clapping and smiling to share the achievement). Ultimately, children learn to talk and use language to share enjoyment, interests, and achievements and later to share ideas and experiences. Impairment in joint attention is a core deficit of ASD.

Also known as: Shared Attention, 3-Point Gaze

Make-Believe Play

Make-believe play is where children pretend to do things and to be something or someone else. This kind of play typically develops between the ages of 2 and 3 years.

Also known as: Symbolic Play

“Movie Talk”

Echolalia, sometimes referred to as “movie talk”, is the repetition of words, phrases, intonation, or sounds of the speech of others, sometimes taken from movies, but also sometimes taken from other sources such as favorite books or something someone else has said. Children with ASD often display “movie talk” in the process of learning to talk.

See: Echolalia



Nonfunctional Routines

Nonfunctional routines are specified, sequential, and apparently purposeless repeated actions or behaviors that a child engages in, such as always lining up toys in a certain order each time instead of playing with them. Children with ASD may follow routines that appear to be senseless, but may have significance to the child.

Nonverbal Behaviors

Nonverbal behaviors are those things people do to convey or exchange information or express emotions without the use of words. These include eye gaze (looking at the face of others to check and see what they are looking at and to signal interest in interacting), facial expressions (movements of the face used to express emotion and to communicate with others nonverbally), body postures (movements and positioning of the body in relation to others), and gestures (hand and head movements to signal, such as a give, reach, wave, point, or head shake). In the first year of life, children learn to coordinate nonverbal behaviors to regulate social interaction so that they can use their eyes, face, body, and hands together to interact. At the same time, children learn to *read* or understand the nonverbal behaviors of others. For example, they learn to follow gaze and look where someone else is looking, understand if others show with their face or tone of their voice that they are happy, sad, or angry, or look at what someone is pointing at. Before learning to talk, children can take turns with nonverbal behaviors in back-and-forth interactions.

Obsessions

Obsessions are repetitive thoughts that are persistent and intrusive. In young children, preoccupations with specific kinds of objects or actions may be an early sign of obsessions.

See: Repetitive Behaviors and Restricted Interests



Over Reactivity to Sensory Input

Over reactivity to sensory input is abnormal sensitivity or hyperresponsiveness. This is the state of feeling overwhelmed by what most people would consider common or ordinary stimuli of sound, sight, taste, touch, or smell. Many children with ASD are over reactive to ordinary sensory input and may exhibit sensory defensiveness – a strong negative response to their overload, such as screaming at the sound of a telephone.

Also known as: Hyperresponsiveness

Related terms: Sensory Defensiveness, Tactile Defensiveness

Perseveration

The term perseveration refers to repeating or “getting stuck” carrying out a behavior (e.g., putting in and taking out a puzzle piece) when it is no longer appropriate.

Perseverative Speech

Children with ASD who learn to talk usually have repetitive use of language. Perseverative speech refers to repeating the same phrase or word over and over or bringing up the same topic repeatedly with a sense of “getting stuck” when it is no longer appropriate.

Also known as: Repetitive Use of Language



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Pervasive Developmental Disorders

Pervasive Developmental Disorders (PDD) is an umbrella term for a wide spectrum of disorders referred to as Autism or Autism Spectrum Disorders (ASD). The terms PDD and ASD are used interchangeably. They are a group of neurobiological disorders that affect a child's ability to interact, communicate, relate, play, imagine, and learn. These disorders not only affect the development and function of the brain, but may possibly be related to differences in the immunological, gastrointestinal, and metabolic systems. Signs and symptoms are seen in early childhood and are visible in differences in very basic aspects of social interaction and communication, and in restricted interests and repetitive behaviors. The term spectrum is important to understanding autism because of the wide range of intensity, symptoms and behaviors, types of disorders, and considerable individual variation. Children with PDD may have a striking lack of interest and ability to interact, limited ability to communicate, and show repetitive behaviors and distress over changes, as in the case of many with classic autism, or Autistic Disorder. On the other end of the spectrum are children with a high-functioning form of autism characterized by idiosyncratic social, language, and play skills, as in Asperger Syndrome. The autism spectrum consists of the following disorders: Autistic Disorder or Classic Autism, Rett's Disorder or Rett Syndrome, Childhood Disintegrative Disorder, Asperger's Disorder or Asperger Syndrome, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS).

Also known as: Autism Spectrum Disorders (ASD)

Pointing

Pointing is an important gesture of the index finger used to request an object (called protoimperative pointing) or to draw attention to an object to comment on it or share interest in it (called protodeclarative pointing). The ability to make pointing gestures typically develops by the age of 12 months.



Pragmatics

Pragmatics are social rules for using functional spoken language in a meaningful context or conversation. Challenges in pragmatics are a common feature of spoken language difficulties in children with ASD.

See: Nonverbal Behaviors, Social Reciprocity, Joint Attention, Expressive Language

Preoccupation with Parts of Objects

A preoccupation with a part of an object is a persistent unusual interest or fixation in one aspect of something that is usually to the exclusion of interest in people, or in using the object in social interactions or in a functional way. Young children with an ASD may manipulate parts of an object, such as spinning the wheel of a toy car, flicking a handle, or opening and closing a door, rather than use the whole object functionally or in pretend play. Like preoccupations with restricted interests, preoccupations with parts of objects can interfere with a child's normal activity or social interaction, and can be related to anxiety.

Pretend Play

Pretend play is when children use their imagination to do things and to be something or someone else.

See: Symbolic Play, Make-Believe Play, and Social-Imitative Play

Prosody

Prosody is the rhythm and melody of spoken language expressed through rate, pitch, stress, inflection, or intonation. Children with ASD can range from having no functional language (do not use words conventionally for communication) to having very proficient vocabulary and sentence structure. Usually, those who talk have odd intonation (flat, monotonous, stiff, or “sing songy” without emphasis on the important words), and those who do not yet talk make unusual sounds.



Protodeclarative Pointing

Protodeclarative pointing is an important gesture of the index finger used to draw someone's attention to an object to comment on it or share interest in it.

See: Pointing

Protoimperative Pointing

Protoimperative pointing is an important gesture of the index finger used to request an object.

See: Pointing

Receptive Language

Receptive language is the ability to understand or comprehend words and sentences that others use. Typically by 12 months a child begins to understand words and will respond to his/her name and may be able to respond to familiar words in context. By 18 to 20 months a child will be able to identify familiar people by looking when named (e.g., Where's mommy?), give familiar objects when named (e.g., Where's the ball?), and point to a few body parts (e.g., Where's your nose? Where's your mouth?). Receptive language skills commonly emerge a little ahead of expressive language skills, but it is easy to overestimate what a child understands. Often young children figure out the message by responding to nonverbal cues (e.g., pointing gestures, or situational cues), and this may make it appear like they understand the words.

Red Flags for ASD

Red flags for ASD are the early indicators or warning signs for autism spectrum disorders (ASD).



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Regulatory and Sensory Systems

The regulatory and sensory systems control a child's ability to take in or "register" and respond to internal sensory input (such as thoughts and feelings, heart rate, etc.), and external stimuli (sights, sounds, tastes, smells, touch, and balance), and then adjust his emotional and behavioral response to those stimuli and the demands of his surroundings. Many children with ASD have regulatory and sensory deficits, but other children do as well, so the presence of this kind of impairment is not part of the criteria for a diagnosis of an ASD. Regulatory and sensory deficits are associated features that are common in children with ASD, but not necessarily indicative of the disorder.

Repetitive Behaviors and Restricted Interests

Repetitive behaviors and restricted interests are common in children with ASD. Children with ASD may appear to have odd or unusual behaviors such as a very strong interest in a particular kind of object (e.g., lint, people's hair) or parts of objects, or certain activities. They may have repetitive and unusual movements with their body or with objects, or repetitive thoughts about specific, unusual topics.

Repetitive Motor Mannerisms

Repetitive motor mannerisms are stereotyped or repetitive movements or posturing of the body. They include mannerisms of the hands (such as handflapping, finger twisting or flicking, rubbing, or wringing hands), body (such as rocking, swaying, or pacing), and odd posturing (such as posturing of the fingers, hands, or arms). These mannerisms may appear not to have any meaning, or function, although they may have significance for the child, such as providing sensory stimulation (also referred to as self-stimulating behavior), communicating to avoid demands, or requesting a desired object or attention, or soothing when wary or anxious. These repetitive mannerisms are common in children with ASD.

Also known as: Repetitive Movements of the Body, Stereotyped Movements of the Body, Self-Stimulating Behaviors, "Stimming"



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Repetitive Use of Language

Children with ASD who learn to talk usually have repetitive use of language. Repetitive language is seen in the use of echolalia, which is the repetition of words, phrases, intonation, or sounds of the speech of others. Children with ASD often display echolalia in the process of learning to talk. Immediate echolalia is the exact repetition of someone else's speech, immediately or soon after the child hears it. Delayed echolalia may occur several minutes, hours, days, or even weeks or years after the original speech was heard. Echolalia is sometimes referred to as "movie talk" because the child can remember and repeat chunks of speech like repeating a movie script. Echolalia was once thought to be non-functional, but is now understood to have a communicative or regulatory function for the child. Repetitive use of language can also be seen in stereotyped phrases that are used repetitively. Stereotyped or stereotypy refers to an abnormal or excessive repetition of an action or phrase over time. The term perseveration is a related term and refers to an adaptive behavior that is repeated beyond when it is needed and reflects getting stuck. Thus, the term perseverative speech is also used to refer to repetitive phrases. Children with ASD may have idiosyncratic use of language, which refers to language with private meanings or meaning that only makes sense to those familiar with the situation where the phrase came from.

Related terms: Echolalia, "Movie Talk"

Restricted Patterns of Interest

Restricted patterns of interest refer to a limited range of interests that are intense in focus. This may also be referred to as stereotyped or circumscribed patterns of interests because of the rigidity and narrowness of these interests. This may be particularly apparent in very verbally fluent children with autism or Asperger Syndrome who often become obsessed with a single topic for months or even years. Restricted interests, obsessions, and compulsions can interfere with a child's normal activity or social interaction, and can be related to anxiety. In young children with ASD, similar restricted patterns may be evident in repetitive movements with objects. Rather than playing with toys in simple pretend play, or using objects in appropriate ways, children with ASD line up or stack toys or objects in the same way over and over again, persistently knocking down and rolling objects, or wobbling or spinning objects, and/or may show an intense focus and interest in how these actions or objects look.

Also known as: Stereotyped Patterns of Interest

Related terms: Obsessions, Compulsions



Rituals

Rituals are specific and seemingly meaningless behaviors that a child performs repeatedly in certain situations or circumstances, such as turning the lights on and off several times when entering a room.

Related terms: Repetitive Behaviors and Restricted Interests, Obsessions

Screening

Screening is a quick and simple way to monitor a child's typical development. The American Academy of Pediatrics (AAP) recommends routine developmental screening and surveillance of all children from birth through school age to identify those at risk for atypical development. Screening tools are brief measures (often in the form of a parent questionnaire) that distinguish children who are at risk for developmental delay or disorders, such as ASD, from those who are not. Screening can be conducted by healthcare providers, clinicians, educators, childcare providers, and parents. A screening should be used on all children whether or not they are showing obvious signs of developmental delay or disorders, in order to determine whether the child should be evaluated for a specific diagnosis. A screening is not a diagnosis but indicates a child's need for further assessment and follow-up. A complete list of the most accurate developmental and ASD screening tools can be found at www.firstsigns.org.

Related terms: Screening Tools, Screening Measures

Scripting

Echolalia, sometimes referred to as “scripting”, is the repetition of words, phrases, intonation, or sounds of the speech of others, sometimes taken from movies, but also sometimes taken from other sources such as favorite books or something someone else has said. Children with ASD often display “scripting” in the process of learning to talk.

See: Echolalia



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Self-Injurious Behavior

About 10% to 15% of individuals with ASD engage in some form of self-injurious behavior (SIB), causing self-inflicted bodily harm, such as bruises, redness, or cuts. The most common forms of SIB include head banging, hitting the face, biting the hand or arm, and excessive scratching or rubbing. SIB can range from mild to severe, and can potentially be life threatening. A child who engages in SIB may be seeking attention, feeling overwhelmed and frustrated, seeking self-stimulation, or may be hypersensitive to certain sounds. SIB may be biologically or neurologically based.

Also known as: Self Injury

Self-Stimulating Behaviors or “Stimming”

Self-stimulating behaviors or “stimming” are stereotyped or repetitive movements or posturing of the body. They include mannerisms of the hands (such as handflapping, finger twisting or flicking, rubbing, or wringing hands), body (such as rocking, swaying, or pacing), and odd posturing (such as posturing of the fingers, hands, or arms). Sometimes they involve objects such as tossing string in the air or twisting pieces of lint. These mannerisms may appear not to have any meaning or function, although they may have significance for the child, such as providing sensory stimulation (also referred to as self-stimulating behavior), communicating to avoid demands, or request a desired object or attention, or soothing when wary or anxious. These repetitive mannerisms are common in children with ASD.

Also known as: Repetitive Motor Mannerisms, Stereotyped Movements of the Body



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Sensory Defensiveness

Sensory defensiveness is an abnormal reaction to ordinary sensory input. Children who are over reactive may display strong negative emotions to stimuli.

See: Hyperresponsiveness

Sensory Input

Sensory input includes both internal (e.g., heart rate, temperature) and external (e.g., sights, sounds, tastes, smells, touch, and balance) sensations. A child's response to sensory input depends on his ability to regulate and understand these stimuli and to adjust his emotions to the demands of his surroundings.

Sensory Stimulation

Children with ASD often have odd behaviors, such as finger flicking and toewalking, which may be related to anxiety, tactile defensiveness (aversion to touch), or may be self-stimulatory. These mannerisms may appear not to have any meaning, or function, although they may have significance for the child, such as providing sensory stimulation (also referred to as self-stimulating behavior - also called "stimming"), communicating to avoid demands, or request a desired object or attention, or soothing when wary or anxious. These repetitive mannerisms are common in children with ASD. Many children with ASD who have trouble responding to and regulating internal and external stimuli are over reactive to ordinary sensory input, and may exhibit sensory defensiveness, or engage in self-stimulating behaviors to soothe or comfort themselves.

Also known as: Self-Stimulating Behaviors, "Stimming"

Related terms: Hand Flapping, Toewalking



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Shared Attention

Children seek to share attention with others spontaneously during the first year of life. Shared or joint attention is first accomplished by the caregiver looking at what the infant is looking at. Infants learn early to seek joint attention spontaneously by shifting gaze between an object of interest and another person and back to the object (also called 3-point gaze), following the gaze or point of others, and using gestures to draw others' attention to objects (e.g. holding out and showing an object or pointing to an object), either by pointing to it or by eye gaze. This desire to share attention on objects builds to sharing enjoyment by looking at others while smiling when enjoying an activity, drawing others attention to things that are interesting, and checking to see if others notice an achievement (e.g., after building a tower of blocks, looking up and clapping and smiling to share the achievement). Ultimately, children learn to talk and use language to share enjoyment, interests, and achievements and later to share ideas and experiences. Impairment in joint attention is a core deficit of ASD.

Also known as: Joint Attention, 3-Point Gaze

Social-Imitative Play

Social-imitative play is pretending to act out the actions of daily routines (e.g., stirring food or brushing hair) or the actions of others (e.g., a parent talking on the telephone) in the context of play. In typical development by about 18 – 24 months a child should be engaging in simple pretend play, like feeding a doll, or putting it to bed. This forms the foundation for make believe play. The lack of spontaneous social imitative or make-believe play appropriate to a child's age or developmental level is one of the criteria for a diagnosis of ASD. Children with ASD may become preoccupied with the toy itself or parts of a toy or object (like spinning the wheels on a car over and over) rather than engaging in pretend play or social imitation.

Also known as: Pretend Play, Make-Believe Play, Symbolic Play



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Social Interaction

Social interaction is the use of nonverbal or verbal behavior to engage in interaction with people. This can involve eye gaze, speech, gestures, and facial expressions used to initiate and respond to interactions with others.

Related terms: Social Communication, Social Engagement, Social Reciprocity

Social Reciprocity

Social reciprocity is the back-and-forth flow of social interaction. The term reciprocity refers to how the behavior of one person influences and is influenced by the behavior of another person and vice versa. Social reciprocity is the dance of social interaction and involves partners working together on a common goal of successful interaction. Adjustments are made by both partners until success is achieved. The skills involved in social reciprocity in very young children begin with showing interest in interacting with others and exchanging smiles. This builds to being able to share conventional meanings with words, and later topics, in conversation. Impairment in social reciprocity may be seen in not taking an active role in social games, preferring solitary activities, or using a person's hand as a tool or a person as if they are mechanical objects. This may lead to not noticing another person's distress or lack of interest in the focus or topic of conversation.

Spoken Language

Spoken language (also referred to as expressive and receptive language) is the use of verbal behavior, or speech, to communicate thoughts, ideas, and feelings with others. Language involves learning many levels of rules — combining sounds to make words, using conventional meanings of words, combining words into sentences, and using words and sentences in following the rules of conversation.



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Stereotyped Behaviors

Stereotyped behaviors refer to an abnormal or excessive repetition of an action carried out in the same way over time. This may include repetitive movements or posturing of the body or repetitive movements with objects.

See: Repetitive Behaviors and Restricted Interests and Compulsions

Stereotyped Language

Stereotyped or stereotype refers to an abnormal or excessive repetition of an action or phrase over time.

Also known as: Stereotypy

Related terms: Repetitive Use of Language, Repetitive Motor Mannerisms

Stereotyped Patterns of Interest

Stereotyped or restricted patterns of interest refer to a pattern of preoccupation with a narrow range of interests and activities.

See: Restricted Patterns of Interest

Symbolic Play

Symbolic play is where children pretend to do things and to be something or someone else. This kind of play typically develops between the ages of 2 and 3 years.

Also known as: Make-Believe Play, Pretend Play, Symbolic Play



Tactile Defensiveness

Many children with ASD are over reactive to ordinary sensory input and may exhibit sensory defensiveness, a strong negative response to a sensation that would not ordinarily be upsetting, such as touching something sticky or goeey or the feeling of soft foods in the mouth. Tactile defensiveness is specific to being touched or touching something or someone.

See: Hyperresponsiveness

Tantrum

For most typically developing children, a tantrum is an expression of intense, immediate frustration that occurs most often at an age when a child is unable to express his or her emotions due to inadequate verbal skills. However, many children who have ASD are unable to communicate in a way most typically developing children do. Instead, they may develop inappropriate ways to communicate, through aggression, self-injurious behavior (SIB), or tantrums. The tantrums may be much more intense and more frequent than those of typically developing children. Often, a tantrum may be due to a child seeking attention, feeling overwhelmed, frustrated, or hypersensitive to the environment, or the child may be trying to escape from a difficult task, protesting against a change in routine or schedule, or trying to regulate himself in a more predictable way.

See: Emotional Regulation



AUTISM SPEAKS™



Typical Development

Typical (or healthy) development describes the physical, mental, and social development of a child who is acquiring or achieving skills according to the expected time frame. A child who is developing in a healthy way pays attention to the voices, faces, and actions of others, showing and sharing pleasure during interactions, and engaging in verbal and nonverbal back-and-forth communication.

Also known as: Healthy Development

Under Reactivity to Sensory Input

Under reactivity to sensory input is one aspect of abnormal insensitivity to sensory input, or hyporesponsiveness, in which a child does not respond to sensory stimulation. A child who appears as if deaf, but whose hearing has tested as normal, is under reactive. A child who is under reactive to sensory input may have a high tolerance to pain, may be clumsy, sensation-seeking, and may act aggressively.

Also Known as: Hyporesponsiveness

Related term: Sensory Seeking

Words

Words, as distinct from babbling, are speech that is recognizable and has specific meaning. Typically by 15 months a child can use and understand at least three words, such as “mama,” “dada,” “bottle,” or “bye-bye”, or other words for things that are common to the child’s environment. Even when a child is able to say a few words, he/she continues to include babbling consonant and vowel combinations in vocalizations.