

# Guide for the use of videos (for trainers)

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## **INTRODUCTION**

ASDs are not diagnosed within 5 minutes of direct observation. It is necessary to use several tools, to take into consideration the anamnestic data that traces back to the early development of the person and to use indirect observation to give access to the daily functioning of the person.

Those clinical vignettes are the result of a montage elaborated to illustrate certain symptoms and the different types of ASD.

## NICOLAS, 7 YEARS OLD

Observation done in the framework of ADOS module 1 (diagnostic tool used to assess the development of the socio-interactive behaviours of the child)

### Area of reciprocal social interactions

- ✓ *“No visual contact, facial expression, body language or gesture to manage social interactions”*

Only one single look occurred during the event. It took place during the bubble game when the psychologist asks Nicolas to blow by miming the oral-facial praxis. The rest of the time, the look isn't used to modulate the interaction. The facial mimic remains poor and non-targeted, no interactive gesture is noticeable and generally speaking, Nicolas doesn't notice the presence of an adult, doesn't trigger any interaction and doesn't respond when his name is called.

- ✓ *“Inability to develop relations with his peers, which would require the mutual sharing of interests, activities and emotions”*

Unobservable during this session.

- ✓ *“The absence of socio-emotional reciprocity leading to an altered or deviated response to the feelings of others; or absence of modulation of the behaviour according to the social context or weak integration of the social, emotional and communicative behaviours”*

It is difficult to observe. However Nicolas doesn't change his behaviour according to the situation.

- ✓ *“Doesn't spontaneously try to share his enjoyment, his interests or his achievements with other people”*

Nicolas is interested by objects that stimulate his senses (musical box, jack-in-the-box, musical toy, mechanical rabbit, soap bubbles) but he doesn't include the adult. He therefore has pleasure for his own actions or for the stimulations offered by others but he doesn't experience a shared pleasure within the interaction.

## Area of communication

- ✓ *“Delay or total absence of oral language development with no attempt to communicate through gesture or mimics”*

Nicolas is non-verbal. He doesn't use any alternative behaviour (gesture, look, facial mimic) in order to compensate for his lack of language as it is often the case in children with specific language disorder. The receptive side seems also strongly altered since Nicolas doesn't respond to any verbal instructions or to his name being called. He can however understand a few gesture incentives. It is also noticeable that if Nicolas doesn't react to verbal stimulations, he however notices non-verbal sounds.

- ✓ *“Relative inability to engage or maintain a conversation involving a reciprocal exchange with other people”*

The lack of language makes it difficult to strictly comprehend this symptom. It is however noticeable that there are no signs of taking turns or even simply rotating.

- ✓ *“Stereotyped and repetitive use of language or idiosyncratic use of words or sentences”*

Presence of jargon in the second half of the assessment

- ✓ *“Lack of varied spontaneous pretend play or social imitative play”*

There is no game or object manipulation that shows a pretend play activity. When the psychologist says “the rabbit makes bubbles?!” it is clear that it has to do with a sensory exploration during which Nicolas rubs the bubble maker's stick on the rabbit's plastic nose. There is however an understanding of the objects' function (jack-in-the-box, mill, mechanical rabbit, bubble maker...) though without access to the symbolic function.

## Area of limited interests and stereotypical behaviours

- ✓ *“Concern highlighted by one or several stereotypical and limited interests that are abnormal due to their content or focus; or presence of one or several interests that are abnormal due to their intensity or their limited characteristic but not to their content or focus”*

There is a kind of focus on objects that bring sensory stimulations (musical box, jack-in-the-box, musical toy, mechanical rabbit, soap bubbles) that he is using in a stereotypical and repetitive manner but in their function.

✓

- ✓ *“Apparently compulsive adherence to specific and non-functional routines or rituals”*

There was no behaviour linked to this symptom.

- ✓ *“Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements)”*

There was no behaviour linked to this symptom.

- ✓ *“Concern about some parts of an object or about non-functional parts of game material”*

Nicolas can focus on the nose of the mechanical rabbit.

## Conclusion:

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**Nicolas is diagnosed with childhood autism with mental disability. He has been seen here for the third time in order to understand his development and to re-adapt his care situation.**

<b>THEO, 7 YEARS AND 9 MONTHS OLD</b>
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Observation done in the framework of ADOS module 3 (diagnostic assessment)

### Area of reciprocal social interactions

- ✓ *"No visual contact, facial expression, body language or gesture to manage social interactions"*

Theo has difficulties focusing his eyes during the assessment. He moves a lot and can sometimes clearly turn his back to the person he is talking with. There aren't many adapted facial mimics and they are not targeted.

- ✓ *"Inability to develop relations with his peers, which would require the mutual sharing of interests, activities and emotions"*

Not noticed here but the anamnestic data reports some important difficulties about this subject since quite a few years.

- ✓ *"The absence of socio-emotional reciprocity leading to an altered or deviated response to the feelings of others; or absence of modulation of the behaviour according to the social context or weak integration of the social, emotional and communicative behaviours"*

Theo doesn't realize that he is boring his conversation partner with carnivore plants. He also finds it difficult to admit that the adult doesn't know about the carnivore plants "that close" (cf. difficulties in theory of the spirit). However, we notice that during the whole interview he can scratch his nose, which doesn't fit with the behaviour of a 7 year old child who is filmed interacting with an adult he barely knows. Generally speaking, he doesn't especially change his behaviour according to the social environment.

- ✓ *"Doesn't spontaneously try to share his enjoyment, his interests or his achievements with other people"*

Theo comes with a little drawing and a plastic insect but he never spontaneously mentions it to the adult or attempts to explain what he likes. He however has some interesting capabilities in drawing even if rotating is a challenge. Theo happily accepts to explain the way forward, the steps to draw a carnivore plant.

## Area of communication

- ✓ *“Delay or total absence of oral language development with no attempt to communicate through gesture or mimics”*

Theo is a verbal child who has never shown any delay in language acquisition.

- ✓ *“Relative inability to engage or maintain a conversation involving a reciprocal exchange with other people”*

He happily answers questions and brings a lot of information but Theo has a clear tendency to lecture. He can interrupt people talking and more broadly struggles with taking turns (task in which he must give the pen). It is difficult for him to follow the development of the conversation and can present some perseverations or jump from one subject to the next.

- ✓ *“Stereotyped and repetitive use of language or idiosyncratic use of words or sentences”*

The prosody is peculiar, slightly theatrical. Theo has a tendency to use stereotypical sentences. Without clearly participating to the tripod, there are some astonishing syntax errors made at vocabulary level in his favourite field. His speech is also disorganised with a kind of structural default in his oral thoughts. Finally, there are sound effects (sucked in whistles).

- ✓ *“Lack of varied spontaneous pretend play or social imitative play”*

Not noticed here but Theo's parents can describe that 'he has never been able to play'.

## Area of limited interests and stereotypical behaviours

- ✓ *“Concern highlighted by one or several stereotypical and limited interests that are abnormal due to their content or focus; or presence of one or several interests that are abnormal due to their intensity or their limited characteristic but not to their content or focus”*

Carnivore plants! Since a few years they invade conversations and activities (drawing motivates reading and information searching....).

- ✓ *“Apparently compulsive adherence to specific and non-functional routines or rituals”*

Not noticed here but Theo presents alignment conducts.

- ✓ *“Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements)”*

Not noticed here but Theo presents flapping and spinning types of stereotypes.

- ✓ *“Concern about some parts of an object or about non-functional parts of game material”*

Not noticed here.

## Conclusion:

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**Theo is diagnosed with Asperger (notably characterised by the timely introduction of the oral language). According to the DSM-V classification system, he would have ASD without mental disability. Children with this type of symptomology tend to be diagnosed far less early than the ones presenting a typical childhood autism with or without mental disability. This leads to a late diagnostic and delayed adapted care.**