Autism Spectrum Disorder (ASD) is a neurological, developmental disorder which effects how people with ASD communicate, socialise and interact with others. It is also characterised by restrictive, repetitive behaviours, interests and activities.

DSM-5 (2013), the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, changed previous diagnostic criteria with ASD now encompassing the four separate disorders of DSM-IV: Autistic Disorder (autism), Asperger’s syndrome, Childhood Disintegrative Disorder and Pervasive Developmental Disorder not otherwise specified.

In DSM-5, these four areas meet the criteria for ASD.

Autism Spectrum Disorder encompasses two main areas of impairments:

- **A** Impairment in social communication and interaction
- **B** Restrictive repetitive patterns of behaviour

Levels of severity are based on social communication impairments and restricted, repetitive patterns of behaviour.

**Level 3**
"Requiring very substantial support"

**Level 2**
"Requiring substantial support"

**Level 1**
"Requiring support"

If there are no RRBs, then the diagnosis is a Social (Pragmatic) Communication Disorder.

Hyper or Hypo reactivity to sensory input or unusual interest in sensory aspects of the environment is included as part of the RRB criteria.
NCSE Policy Advice Paper No 5 (2016) recommends that Department of Education and skills (DES) adopt a prevalence rate for autism as 1.55% for planning purposes. (The rate according to Dublin City University (DCU) research, in 2013, was 1% )

Pupils with Autism Spectrum Disorder (ASD) may have difficulties with verbal and non-verbal communication. Verbal difficulties may include a delay in the development of language, comprehension difficulties, literal thinking and speech, poorly modulated intonation and delivery of speech, echolalia (echoing speech), unusual vocabulary, and repetitive use of language.

Non-verbal difficulties include difficulty in understanding social context, empathising with others and appropriately interpreting social cues, body language and facial expressions. Gestures are often stiff, stilted or over-exaggerated.

Problems with social behaviour will sometimes arise from difficulties with understanding the changing context of social situations and with theory of mind or understanding the intentions of others. This may present as difficulties in interpreting facial expression, gestures and vocal intonation. Also, as pupils with ASD tend to be literal thinkers, they will have problems with knowing the rules that govern social behaviour and understanding jokes or idioms.

Pupils with ASD can become anxious with changes in routine and have problems with sharing attention, turn-taking and with interactive, imaginative play with others.

Therefore, difficulty with participating in the activities or enjoyment of others is a particular challenge to teachers as it affects the student’s ability to share and have varied interests, adapt behaviour according to the situation, accept changes in rules and routines, accept others’ points of view, and generalise learning.

Pupils with ASD may also experience erratic sleep patterns, display unusual eating habits, engage in self-injurious or aggressive or hyperactive behaviour, exhibit an unusual posture or gait, and have irrational fears or phobias.

Teachers need to understand the strengths and difficulties experienced by each individual with ASD, in order to provide for effective teaching and learning for each pupil.

For information on SESS courses on general Assessment, and ASD specific Assessments, please follow these links :

http://www.sess.ie/sess-post-primary-courses

http://www.sess.ie/sess-primary-courses

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