

The NIH Center of Excellence in Autism Research at the University of Pittsburgh



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The Verbal Individual With Autism or Aspergers: Have You Seen This Person?

As verbal individuals with autism or aspergers are frequently misdiagnosed, we'd like to take this opportunity to alert you to their display of symptoms.

In the early years:

- Development of language and communication is atypical
- Delayed speech or repetitive use of phrases
- Shrink from social contact with peers
- May not have pretend play with toys or imaginative play

By school age:

- Usually talking well and can enter school
- May have stopped avoiding social contact or is at least tolerant of it
- May be socially awkward and socially immature

Over the next few years:

- "Eccentricities" dominate his social interactions
- A "little professor" on topics of special interest to him
- When not talking about his interests, his social interactions are immature or stilted
- The child may interact with peers, although others may perceive him as different

As time passes and social demands increase:

- May become anxious in social situations
- Peers may reject him and he may become depressed
- In school, he may be placed in learning support classes because of social, behavioral or language comprehension problems
- He may be considered to have an attention problem or obsessive compulsive behaviors

If you or your child have displayed some or all of these characteristics, or would just like to find out more about our research program, please contact us at::

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Log onto our website for more information: www.pittautismresearch.org



The Verbal Individual With Autism or Asperger's: Have You Seen This Person?

Although 70% of individuals with autism have mental retardation, are non-verbal, and socially isolative, 30% are designated as "high functioning" because they develop language, interact socially and have IQ scores in the normal range. As **verbal individuals with autism are frequently misdiagnosed**, we'd like to take this opportunity to alert you to **their symptoms, which deviate substantially from the classical case of autism with mental retardation**. The **early history is very important**. In the preschool years, these individuals may or may not be recognized as abnormal. **Development of language and communication is atypical**. There may be a **delay** in acquisition, **echolalia** or repetitive use of language, or other unusual language and communication patterns. When the child is two or three years of age he may be observed **to avoid social contact with peers (may or may not display affection towards mom or dad)**. The child may ignore peers that come into the yard or actually leave the area when other children approach. In preschool, he may choose to play alone for extended periods and only seek out adults when in need of something. It is at this stage that the diagnosis of autism may be considered, but is often discarded because the child is verbal. These children are instead described as autistic-like, having autistic features, language delayed, or socially and emotionally delayed.

By school age, the high functioning autistic child is **usually talking well and** may even excel in school skills. In addition, he may have stopped avoiding social contact and is at least tolerant of it, although he remains socially awkward and socially immature. This behavior may be viewed as lack of cooperation, or difficulty being in or working in groups.

Over the next few years, his "eccentricities" dominate his social interactions. He might become a **"little professor" on topics of special interest** to him. He learns "all there is to know" about a topic and proceeds to talk to everyone he meets about it. These interests become the dominant topics of high functioning autistic individual interactions into adulthood. When not talking about his special interests, his social interactions are quite immature or stilted, a stark contrast to his factual expertise. At this stage, the child co-exists with peers, although others may perceive him as strange because of his perseveration on his special interests. As time passes and social demands increase, **his peers may reject him** and he may become depressed. In school, he may be placed in learning support classes because of social behavioral or language comprehension problems. When he comes for medical attention, it is often because of academic, "emotional," or behavioral problems. He may be considered to have an attention problem because he fails to pay attention in the class. He may even be considered schizophrenic or schizoid because he seems so "odd" even though he desires social interactions, or atypical bipolar disorder if he is agitated with labile affect. Furthermore, he may be described as having a conduct disorder because of socially inappropriate behavior or aggression in socially demanding situations. Some are diagnosed as learning disabled, because of problems with reading comprehension, although they learned to read, spell, and do arithmetic in grade school.

In **summary**, the presentation of the verbal child or adult with autism or Asperger's differs significantly from the presentation classically associated with autism. You should think of autism in verbal individuals if: 1) a child is diagnosed with ADHD but has the social characteristics described above 2) an individual seems "odd" but does not fit diagnostic criteria for schizophrenia; 3) the individual has very immature social skills (i.e., often does things you hope your three-year old doesn't do or say); 4) the individual has an amazing interest in selected topics and an excellent memory for facts despite poor performance with peers; 5) the individual is disliked by peers and staff who perceive him as offensive because he violates social etiquette constantly, usually unintentionally and unknowingly; or 6) the individual is ritualistic but does not really fit the criteria for obsessive-compulsive disorder.

For more information contact the NIH Center for Excellence in Autism Research at the University of Pittsburgh, Webster Hall, Suite 300, 3811 O'Hara Street, Pittsburgh, PA 15213. Call toll free 1-866-647-3436 or local 412-246-5485 OR email us autismrecruiter@upmc.edu. Log onto our website for more information: www.pittautismresearch.org