

INFANTILE AUTISM AND CHILDHOOD PSYCHOSIS
(Dr. Frostig)

PATHOLOGY: SYMPTOMS OF DISORDER

Perception

- a. Poor orientation in time and space.
- b. Preoccupation with sensory impressions.
- c. Unusual sensitivity to strong sensory stimuli
- d. Child cannot perceive himself as separate from environment.
- e. Disturbed body image
- f. Confused concepts of sex differences.
- g. Lack of or inappropriate response to stimuli.
- h. Inability to organize perceptions into functional patterns.

Intellectual Functions

- a. Inability to direct attention voluntarily (fluctuation, perseveration of attention, which may be reflected in gaze or action).
- b. Changes in memory function (poor, spotty, unusually focused).
- c. Abstract thinking impaired.
- d. Defective concept formation.
- e. Does not understand the meaning of language.
- f. Lack of goal directed thinking.
- g. Dereistic thinking (stimulus bound, or prompted by inner impulse).
- h. Obsessive thinking.

Language

- a. Mutism. (Refusal to respond orally although the therapist tries to elicit an oral response.)
- b. Use of speech for autistic purposes (neologisms, contaminations, condensations, metaphorical language, displacements, automatic-repetitive speech.
- c. Echolalia
- d. Delayed echolalia.
- e. Play with words or sounds.
- f. Talks of himself in third or second person.
- g. Misuse of pronouns where other people or things are concerned.
- h. Affirmation by repetition instead of "yes!"
- i. Perseverative speech.
- j. Agrammatical speech.
- k. Inappropriate voice characteristics; such as rasping, squeaking, squawking, explosive, sing-song, exaggerated stress, very loud whispering.
- l. Disjointed speech lacking continuity, or otherwise inappropriate speech patterns.

Motor Activity

- a. Circumscribed activity with small range or scattered activity.
- b. Hyper-activity or hypo-activity (constant movement or catatonic-like immobility.)
- c. Circular motions (such as walking in circles, twirling, looking at turning records, swinging, spinning).
- d. Bizarre posturing and gestures.
- e. Stereotyped and perseverative activity (such as tearing paper, turning switches, rythmical hopping, waving hands).

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- f. Sudden uninhibited aggressive actions.
- g. Ideo-motor inhibition (inhibition in the initiation of movements)
- h. Rituals (tics, grimaces, mannerisms, ritualistic touching and tapping).
- i. Disordered motor coordination:
 - 1. Generalized poor coordination
 - 2. Poor coordination in certain areas only
- j. Sudden or exaggerated changes of rhythm or tempo of motor behavior
- k. Changes in muscle tension - heightened or diminished.
- l. Oral behavior (snorting, grunting, sucking, biting, licking, touching with mouth)

Affectivity

- a. Anxiety over change - need for sameness
- b. Lack of cooperation - negativism.
- c. Stereotyped or exaggerated reactions to frustration. (Withdrawal, passivity, intropunitive aggression, extra-punitive aggression, negativism or general restlessness or excitement.)
- d. Temper tantrums or rage without apparent reason
- e. Screaming
- f. Phobias and excessive fears.
- g. Panic
- h. Separation anxiety (as shown by fear of toilet, of people, objects or body parts disappearing, or by tunnel play.)
- i. Prevalent and static moods (anxious, bland, excited, sad, angry, negativistic, terrified, compliant, passive, or changing.)
- j. Sudden changes of mood.
- k. Inappropriate emotional reactions.
- l. Appropriate but exaggerated emotional reactions (in general more withdrawal, more acting out, or regression.
- m. Self-accusation and admonition or soothing of own fears.
- n. Narcissistic self-pity.

Object Relationships

- a. Withdrawal into fantasy.
- b. Relating to things more than to people.
- c. Relating to animals more than to people.
- d. Relating only to things.
- e. Resisting intrusion.
- f. Rejecting people.
- g. Unresponsive but aware of people.
- h. Seemingly unaware of people.
- i. Clinging (freezing) to certain people.
- j. Desperate groping for means of communication.
- k. seeking symbiotic closeness.
- l. Inability to relate to toys and other inanimate objects.
- m. Preoccupation with body zones (oral, anal, genital).

THERAPEUTIC APPROACHES

Perception

- a. To help contact and perceive correctly the world of things.
- b. To divert attention and to enlarge the perceptual field, (as in breaking perseveration.)
- c. To help in self-differentiation. (This is Tommy, This is Sherry. She does this, Tommy that). To define the child's role. (You are here to play).
- d. To identify body parts and functions.
- e. To identify the child's feelings and wishes, thus aiding in self-perception. (You are a proud little girl now).
- f. To identify objects and spatial relationships.
- g. To help the child differentiate between reality and fantasy. (That was your pretend baby. At home you have a real baby sister.)
- h. To identify temporal relationships. (Today we did this; yesterday that; we will do this next.)
- i. To aid the child in perceiving his own activities through verbalization.

Intellectual Functions

- a. To motivate attention - to direct and lengthen attention span.
- b. To help generalize; to build concepts (by sorting, description, and finding similarities and differences, for instance).
- c. To help in acquiring information.
- d. To help in acquiring skills.
- e. To motivate memory functions.

Language

- a. To promote speech by questioning.
- b. To promote speech by asking for wants.
- c. To promote verbal expression of perceptions.
- d. To promote verbal expression through use of emotion-laden situations.
- e. To promote speech by relating concepts to sounds. (This is "up"; This is "down").
- f. To promote verbal expression through identification of social and inanimate objects.
- g. To restate or interpret autistic speech.
- h. To correct misuse of pronouns.
- i. To direct the use of voice quality.

Motor

- a. To diminish aggressive acts through inhibition and redirection.
- b. To direct or redirect activity, giving active help.
- c. To help in eye-motor co-ordination.
- d. To force. (To take a child into a room against his will, for example).
- e. To reflect the child's behavior - to mimic or to chime in with the child. (Making an angry face with him, for instance.)
- f. To teach patterned movements. (Reaching for high things, cutting, drawing, etc.)
- g. To diminish or enhance motor tempo.
- h. To smooth exaggerated or abrupt rhythms.

THERAPEUTIC APPROACHES (Cont.)

Affectivity

- a. To identify and reflect the child's feelings and needs. (Especially anger)
- b. To assuage anxiety (as aroused by changes, interferences, etc.).
- c. To interpret symbolic expressions.
- d. To assuage separation anxiety by use of games like "peek-a-boo" and tunnel games.
- e. To uncover fantasies and to help in symbolic and direct expression.
- f. To uncover conflicts.
- g. To help in expression of such conflicts.
- h. To empathise.
- i. To sooth anger by words.
- j. To give reassurance of love; to give succor.
- k. To try to establish contact through body, eyes, or voice.
- l. To give encouragement and approval.
- m. To try to make inappropriate mood appropriate.
- n. To satisfy various needs (except bodily needs.)
- o. To anticipate and avoid panic and abrupt changes of mood.
- p. To give food or satisfy other bodily needs.

Object Relationships.

- a. To show love - a consistent "caring" attitude.
- b. To build relationships with other people.
- c. To socialize neurotic behavior symptoms. (Substitute less offensive behavior.
- d. To set definite limits.
- e. To provide the child with ready-made reaction patterns.
- f. To enlarge the child's responses. step by step.
- g. To promote social awareness (by using toys, animals or puppets, for instance).
- h. To try to satisfy needs of the child so as to promote a closer relationship.
- i. To try to interest the child in toys or other inanimate objects.
- j. To give the child a feeling of mastery.