



Information about  
**AUTISM** in children and adolescents



# WHAT IS AUTISM in children and adolescents?

Autism is a hereditary developmental disorder that manifests itself as a limitation or impairment of the child's or adolescent's development in a number of areas.

In particular, children and adolescents with autism:

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- **Have difficulties interacting socially.**
  - **Have difficulties with social communication.**
  - **Show a lack of flexibility and impaired imagination in social contexts.**
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Children and adolescents with autism find it difficult to understand other people's thoughts and feelings. They can therefore have problems participating in normal social situations. Another typical characteristic of autism is that the child or adolescent displays what is referred to as repetitive or stereotyped behaviour, performing the same actions many times in succession, or many times during the course of a day.

Autism is included under what are known as Autism Spectrum Disorders. This is an overall term that covers all diagnoses within the range of radical developmental disorders. One of the diagnoses is infantile autism, characterised by the presence of symptoms as early as during the first years of the child's life, even though the diagnosis is often not made until later during childhood or adolescence. This may be due to the symptoms only becoming really clear when the child experiences difficulties in

entering social situations, for example at preschool or school.

It is not possible to cure autism. However, with early treatment, education and the right support, it is possible to alleviate the symptoms so that they have as little impact on everyday life as possible.

The earlier autism is detected, the easier it is to begin the correct treatment and thereby help the child or adolescent move forward.



# SYMPTOMS OF AUTISM

Autism manifests itself before the age of three, the child having symptoms in three main areas: Social interaction, social communication and behaviour. The number and severity of the symptoms vary from one individual to the next.

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## SOCIAL INTERACTION

Difficulties with social interaction usually express themselves as differences in the child's or adolescent's behaviour compared to that of children or adolescents of the same age when in the company of other people:

- **Eye contact, facial expression, posture and body movements:** Children and adolescents with autism do not look other people in the eye, they look down at the floor, twist their hands, or sway their upper body back and forth.
  - **Development of interests, activities and emotional relationships:** The child/adolescent is interested in other children and adolescents, but has difficulty understanding other people's feelings. This can cause difficulties in establishing friendships on an equal footing with people of the same age.
  - **Emotional reactions:** The child rarely seeks comfort or draws attention to the fact that he or she needs care. Conversely, autism can cause the child/adolescent to have violent attacks of rage or to self-harm.
  - **Lack of situational awareness.**
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## SOCIAL COMMUNICATION

Although many children and adolescents with autism have a good and well-developed command of spoken language, they have difficulties communicating. This applies to their ability both to express their own thoughts, opinions and emotions, and to understand other people's views and what other people are thinking and feeling. These difficulties apply to their understanding of both spoken language and body language.

Children and adolescents with autism therefore find it difficult to strike up a conversation or communicate on a level with people of their age.

## SOME WAYS IN WHICH THIS EXPRESSES ITSELF:

- **Spontaneous conversation.** Children and adolescents with autism say things that are out of context within the situation in which they find themselves.
  - **Stereotyped speech.** Words and sentences are repeated, or the child/adolescent assigns special meanings to words that no one else understands.
  - **Monotonous, repetitive motor behaviour.** This can take the form of twisting or flapping the hands or certain particular movements of the body.
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## BEHAVIOUR

**Children and adolescents with autism have impaired flexibility and social imagination. By this, we mean that they have difficulty taking part in games with other children of their age, as these games are often based on the ability to take on roles (e.g. pirates, soldiers, mothers and fathers), or to accept agreed rules and frameworks.**

## INSTEAD, CHILDREN AND ADOLESCENTS WITH AUTISM GENERALLY:

- Are heavily preoccupied with one or more narrowly defined areas of interest. For example, this might be knowing all the flight departures from the airport, knowing all the names of football players in a football tournament or recognising all the world's flags.
- Force themselves to keep to specific, pointless routines or rituals. This might be putting numbers into a system, without the system having any purpose in itself. There can also be stereotyped, repeated habits or systems in day-to-day life.
- Are very preoccupied with parts or details that do not have any actual significance in the wider context. For example, this might be the smell or consistency of a toy, or the feeling when they touch it.

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## COMPLICATIONS WITH AUTISM

Children with autism are at increased risk of having or developing other disorders, such as ADHD, anxiety and Tourette's syndrome (involuntary muscle movements or utterance of words/sounds). In addition, children with autism may be born with a greater or lesser degree of mental retardation.

Finally, around a third of children and adolescents with autism also have epilepsy.

The doctor in charge of examining and treating the child/adolescent will be aware of these complications.

## HOW CAN A PERSON GET HELP?

In the vast majority of cases, the suspicion of autism first arises at the child's preschool or school. The first step is therefore often an initial discussion and examination with a psychologist or representative of PPR (a Danish educational psychological counselling service) who is linked to the preschool or school. After this, a decision is made as to whether the child can be helped at this level, or whether it is necessary to refer the child for further examination, for example at a Mental Health Centre for Child and Adolescent Psychiatry.

If autism is suspected, you can contact the child's GP. The doctor can determine whether there are grounds for this suspicion and refer the matter on for further investigation and treatment, if necessary.

If your child needs emergency psychiatric help, contact the 24-hour Psychiatric Emergency Department for children and adolescents in Glostrup. For more information, visit [www.psykiatri-regionh.dk/akut](http://www.psykiatri-regionh.dk/akut) or the "Akuthjælp" app.

# TREATMENT OF AUTISM

The overall aim of the treatment is to equip the child to cope with a life with autism. If autism is suspected, the child or adolescent will be examined, either by his or her own doctor, by a specialist in child and adolescent psychiatry, or at the Mental Health Centre for Child and Adolescent Psychiatry.

Within Mental Health Services – Capital Region of Denmark, the examination begins with a discussion aimed at determining what the child's or adolescent's symptoms are. Here, the child's/adolescent's developmental history and upbringing are discussed, along with the relevant symptoms and the extent to which they affect everyday life.

If autism is suspected in a child below the age of 15, the parents are always involved in the course of examination and treatment. The same applies to the investigation and treatment of adolescents over the age of 15, unless otherwise agreed.

If autism is present, an assessment is carried out regarding what changes are necessary in the child's or adolescent's day-to-day life in order to create the best possible existence for him or her. In the vast majority of cases, the treatment consists of social or educational support from the municipality. In other cases, the treatment is supplemented with medicinal treatment of any complications, such as anxiety or depression.

If the medicinal aspect of the treatment takes place within Mental Health Services – Capital Region of Denmark, the doctor will always draw up a plan of

treatment together with the child or adolescent, the parents and other staff to ensure there is agreement as to what will happen. The treatment plan will be approved by a consultant.

## EDUCATION ABOUT MENTAL ILLNESS (PSYCHOEDUCATION)

A good understanding of symptoms and treatment helps to make it easier to live with autism for both the child/adolescent and the parents. For this reason, education about autism is an important part of the treatment.

Education about autism is also called psychoeducation, and it forms part of the vast majority of courses of treatment under Mental Health Services – Capital Region of Denmark. The family and other close relatives can also benefit greatly from taking part in the education.

A good knowledge of the symptoms and the reactions to them can help to resolve the problems associated with having autism. When you are very familiar with the symptoms and reactions, it is easier to help the child or adolescent by handling the reactions in a positive manner and support and train the child or adolescent in social and practical skills.

You can ask the staff at the centre about the possibilities to participate in psychoeducation.

## MEDICINAL TREATMENT

It is not possible to treat autism with medication, although it is possible to treat some of the complications that often arise in connection with autism. These complications include anxiety and depression. By treating these with medication, the child or adolescent can have more energy to work with his or her own resources and on the difficulties that are associated with autism.

There can also be periods during puberty when the adolescent's repeated actions take on the character of compulsive actions or when the adolescent self-harms. During such periods, treatment with medication can be helpful.

Medication is never used as the sole treatment; rather, it is always combined with other forms of therapy.

Some individuals experience side-effects in connection with medicinal treatment. The extent of these side-effects varies from person to person. If side-effects occur, it may be necessary to speak to the doctor about changing to a different type of medication.

If medicinal treatment is stopped, this must be done gradually and by agreement with the doctor.

## WHAT CAN RELATIVES DO TO HELP?

The most important task for relatives is to ensure that the child or adolescent receives professional help. With small children, it can be difficult to distinguish between whether the child is simply a loner and whether autism is present. It is up to the doctor to decide in close consultation with parents and other adults who are close to the child.



Children and adolescents with autism need a clear structure in their everyday lives. Relatives can contribute to this by agreeing things in advance, creating schedules of what is to take place during the day, or otherwise incorporating routines into everyday life.

For example, you can pay particular attention to supporting the child in conjunction with leisure activities, help to arrange visits with friends or help with homework. You can also help find activities that are specifically arranged for children and adolescents with autism.

Education about mental illness can help make parents more aware of their child's condition, symptoms and reaction patterns. Knowledge about autism and guidance as to how to recognise the symptoms help parents to support the child.

There are associations for people who have autism and their relatives. Information about these associations can be found at [www.psykiatri-regionh.dk/patientinfo](http://www.psykiatri-regionh.dk/patientinfo).

Mental Health Services – Capital Region of Denmark has published a leaflet containing information about the role of relatives, the involvement of relatives in the treatment and the potential for help and support for relatives. Please feel free to contact the staff at the Mental Health Department for Child and Adolescent Psychiatry or find the leaflet at [www.psykiatri-regionh.dk/patientinfo](http://www.psykiatri-regionh.dk/patientinfo).

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### GOOD TIPS FOR RELATIVES

- **Take autism seriously.**
  - **Find out what autism is.**
  - **Help and support the child or adolescent in getting professional help.**
  - **Plan activities that take the reactions and symptoms of the child into consideration.**
  - **Be there for the child or adolescent – including when he or she is frustrated, angry or tired of it.**
  - **Avoid reproaches – it is almost impossible for children or young people with autism to control their way of being and thinking.**
  - **Don't start long discussions about why the child or adolescent has autism.**
  - **Seek help for yourself if you have questions, lack support or need assistance in your everyday life.**
  - **Remember that autism is not anyone's fault.**
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## FURTHER INFORMATION

[www.psykiatri-regionh.dk](http://www.psykiatri-regionh.dk)

You also have the opportunity to consult with PsykInfo for further information, advice and guidance on mental illness. PsykInfo is a mental health information centre in central Copenhagen aimed at all citizens that need to know about mental illness.

See [www.psykinfo-regionh.dk](http://www.psykinfo-regionh.dk).





This booklet is for you who are a patient of Mental Health Services (Capital Region of Denmark) and your relatives. With this booklet, we want to help you and your relatives to experience a good and comprehensive treatment – and good co-operation with the Mental Health Services (Capital Region of Denmark) staff.

It is you and those closest to you who live with the illness and best know how you feel and how your illness affects your life.

We place great emphasis on keeping you well informed about the treatment throughout the process and you are always welcome to ask questions.

### **THE PATIENT AT THE CENTRE**

The treatment at the Mental Health Services (Capital Region of Denmark) often consists of a combination of therapies and is always based on the patient's individual and most acute needs. Therefore, no courses of treatment are the same.

The mental health staff has professional insight into how mental illnesses can develop and how they can be treated. We want to hear how you experience your illness and what your treatment goal is. We consider both when collaborating to plan the treatment.

The goal is for the treatment to heal you or make you significantly better. It varies when and to what extent people with mental illness recover. However, with the right treatment everyone can develop and create or re-create a daily routine.

### **REGION HOVEDSTADENS PSYKIATRI (MENTAL HEALTH SERVICES – CAPITAL REGION OF DENMARK)**

Many come into contact with a mental illness during their lifetime. At the Mental Health Services (Capital Region of Denmark), we treat approximately 41,000 children and adults for various illnesses every year. The treatment is provided both on an outpatient basis, by visiting teams and, where necessary, by inpatient admission.

#### **Mental Health Services – Capital Region of Denmark**

Kristineberg 3

DK - 2100 Copenhagen Ø, Denmark

Tel.: 3864 0000

[www.psykiatri-regionh.dk](http://www.psykiatri-regionh.dk)

Graphic design: RegionH Design

Photo: Phillip Drago Jørgensen

2014

