

Fact Sheet

Pervasive Developmental Disorders Not Otherwise Specified

General Overview

Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) refers to a group of disorders characterised by impairment in social interaction, imaginative activity, verbal and non verbal communication skills and a limited number of interests and activities tend to be repetitive. PDD is given when a child meets the criteria for either Autism, Aspergers, Rett Syndrome and Childhood Disintegrative disorder. Children with PDD-NOS either do not fully meet the criteria of symptoms clinicians use to diagnose any of the four specific types of PDD or do not have the degree of impairment described in any of the four PDD specific types. Children are generally 3 to 4 years old before they exhibit enough symptoms for a diagnosis. There is not set pattern of symptoms or signs in children with PDD-NOS.

EFFECTS ON DEVELOPMENTAL AREAS

Social and Emotional

- May lack social skills.
- May experience difficulties interacting meaningfully.
- May be reluctant to give eye contact.
- May appear to lack desire to share his activities with others.
- May be misinterpreted that child may prefer to be alone.
- May make many inappropriate attempts to join in, or will watch others with great interest but have no idea how to become involved. Does not know how to go about making friendships and joining peer initiated activities. (The ability for the child to be taught how to behave appropriately in social interactions may also be severely reduced).
- May have a lack of understanding of issues from another's point of view – social empathy.
- May not be able to understand that other people have their own beliefs, desires and intentions which guide their behaviour.
- May treat people as tools or equipment – something to use to turn on a tap, open a door, get carried by or lean on.
- May not differentiate between familiar and unfamiliar people.

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- May have difficulty in taking turns and/or sharing with peers.
- May often be observed on the outside of social activities, watching, but not joining in.
- May be unintentionally aggressive in an attempt to be social.
- May be limited in play skills: plays with only a few toys and does not display imaginative play.
- May lack self-esteem.

Language and Communication Development

- May not readily *understand* or use appropriate forms of communication including verbal language, body language, facial expression, tone of voice and gestures.
- May have limited or no speech and/or lack typical communicative gestures.
- May have difficulty in developing and understanding any other forms of communication such as gestural systems or picture-based systems.
- Speech may develop to varying degrees, rarely developing to an ageappropriate level of ability.
- May be unable to communicate wants, express concerns or fears, or be able to answer questions reliably.
- May have also difficulties in making or expressing choices.
- May use repetitive sounds or repeats certain questions over and over.

Sensory Information Processing

- May experience great difficulty processing information received from senses - usually nothing wrong with the sense organs themselves, but the information is not able to be processed normally when it gets to the brain.
- May be unusually sensitive to his surroundings and unable to screen out irrelevant stimuli.
- May ignore some sounds but over react or be very sensitive to other sounds.
- May play with, seek out or selectively react to certain sounds.
- May focus intently on the small visual details of walls, furniture, objects, prints, pictures or body parts whilst not seeing the whole picture.
- May show intense interest in light or shiny reflective surfaces e.g. may filter light through fingers or stare at lights or reflections in glasses, watch water going down the plughole etc.
- May explore by smelling or mouthing objects, people and surfaces.

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Adaptation to the Environment

- May find it very difficult to interpret and process new information.
- Minor change to routine, activity or surroundings may cause stress.
- May have difficulty coping with change resulting in different behaviours including cut-off and withdrawal, obsessively manipulating fingers, lining up objects or talking non-stop about dinosaurs.
- May react with aggression to either themselves or anyone else. within reach which is usually very effective at keeping people at a distance, reducing the number of demands made upon them and thereby decreasing the amount of change they will have to cope with.
- May show fear of strangers or new activities by avoiding or resisting contact.
- May develop strong attraction to certain objects, routines and rituals and may stay involved with them for long periods or be upset if interrupted.
- May show anxiety about certain events or schedules.
- May become upset with changes or ask repeated questions about when events will occur.
- May become very concerned about doing work perfectly; may become unwilling to attempt work that he feels cannot do perfectly.
- May become very motivated to be in control of situations and may become very successful at manipulating people into allowing him this control.

Cognitive Development

- May have learning difficulties.
- May not stay long at activities due to low concentration span .
- May require instructions, directions etc to be repeated 2 or 3 times and requires some time to process before responding or acting.
- May have delays in skills of concentration, memory and ability to generalise.
- May have difficulty understanding concepts of turn taking, sharing, how to enter into play situations.

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Inclusion Strategies

Each child diagnosed with **PDD-NOS** will be different and individual. It is important to gain information from the parents as to what characteristics of **PDD-NOS** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependent on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Assign children set jobs or tasks to take responsibility for such as watering plants, setting up cups/bowls for morning tea etc. Keep the jobs consistent and routine to enable children to plan for these in their day.
- Play "Simon says" – where children copy the actions of the group leader/child care worker but are not excluded from the game if they make a mistake.
- Dramatise familiar stories with children using props including costumes, felt board stories etc.
- Consistency is important. If the child finds that every time he is given that direction, the same response is expected, or that every time he reacts in that way, the same consequence follows, he will learn the appropriate behaviour far more quickly.
- Limiting choices or alternatives can help child retain a feeling of control by being able to make a choice. The child can be offered the choice between two activities available – "Do you want to clear the blocks away with Shannon or tidy the reading corner with Blake?" Giving choices
- encourages the child to take some responsibility for his actions.
- Give the child clear information about what is going to be happening, and what will be expected of the child in that new situation giving the child the chance to prepare himself for the event and to work out how to behave.
- Warnings help the child cope better with unpleasant events such as finishing an activity he is enjoying alerting that he has got 2 minutes left on the computer, or can have 10 more bounces on the trampoline, etc., allows the child to prepare for and deal with finishing more appropriately.

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- Behaviour problems may increase when child is bored, confused, stressed, making repeated mistakes or when the child doesn't have other alternatives. In addition, some behaviour problems – e.g. aggression – can escalate in response to “negative correction procedures” that is punishment, a negative verbal response (“Don't do that”), a frown or yelling. The same inappropriate behaviour can be for different reasons at different times or places .
- Often has limited number of ways of communicating his feelings or needs, so one behaviour is used to communicate a number of messages. For example, a tantrum might, at different times/in different situations, mean “I don't want to”, “I have to get out of here”, “That hurts”
- or “I'm scared”. Therefore, the response given to the child's inappropriate behaviour may need to vary according to the circumstances.

Physical development

- Keep things in the same place to assist child to be able to move from one place to another. If you change the environment walk and talk this through with the child.
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills.
- Provide lock boxes and musical boards to promote finger and wrist movement and rotation.
- When setting up collage table provide clear defined areas for differing materials in boxes.

Language and Communication Development

- Encourage children to talk about what they are doing by asking several times throughout the day Also, ask children to tell you what you or others are doing.
- Provide positive reinforcement during play times and encourage dramatic play.
- Provide clear directions and break into manageable steps in sequence.
- Use picture or object system for organising the daily events and encourage children to sequence - establish a comfortable routine.
- Provide advance warning if routine is going to change.
- Maintain a calm approach to ensure situations are more likely to be successfully resolved. Being calm when dealing with a child when they are feeling anxious, upset or frightened is more likely to reassure the child, and settle him down more quickly.
- Confidence and assertiveness is necessary if a child is expected to comply with any direction given.

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- The child's full attention is required *before* giving any instruction or information to establish specific "good listening" behaviour. Encourage the child to indicate that he is paying attention e.g. when a child hears his name, he should turn his body towards the person calling, put down what he is holding and *possibly* give eye contact.
- Simple, clear language and short sentences are necessary for children with autism, no matter how verbally able in some situations. Often they tune in and out of sentences, or are unable to understand some of our more ambiguous language. Limit interactive language to the fewest number of information-carrying words at a time. If the instruction contains a number of steps, give one step at a time, wait for the child to comply, then give the next part. Frustration and confusion due to lack of understanding are major causes of behaviour problems.
- Use positive statements by telling the child what you do want him to do as the child may genuinely not know what else to do and the negative statement is of no help to him. Negative statements are more difficult to process, so the child may have difficulty understanding what is meant by it and the child may only hear and focus on part of the statement and think he is being told to actually do that action, not stop it.
- One person only to give verbal information/directions at a time - if the person requires help to make the child understand or comply, the other adults can help by possibly physically patterning or prompting the child – e.g. modelling the desired behaviour in an obvious way.
- Plan for success - check to see that everything is set up as much as possible to guarantee success.
- Ask for attention when standing close by the child.
- Give directions when the child is fully attending.
- Carry out demanding activities at the time the child functions best – first thing in the morning, after lunch.
- Organise the physical setting to aid the child as much as possible.
- If the child has been doing really well, avoid pushing him/her for more than he/she is capable of.
- Establish an expectation that explanations will be given after the direction is carried out, not before.
- Consistency is important. If the child knows that each time the same direction is given, the same response is expected, or that every time he reacts in that way, the same consequence follows, appropriate behaviour will be learned far more quickly .
- Know the message clearly before speaking & physically guide the child towards the correct place, using appropriate strategies to encourage the child to comply.

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Cognitive

- Avoid generalisation
- Use concrete representation to enhance concept development.
- Focus and reinforce relevant information, aspects, attributes and characteristics.
- Allow the child time to complete tasks and practice skills at own pace.
- Acknowledge level of achievement e.g. "you have placed that piece in the puzzle, well done" rather than just "Good boy".

References

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Harcourt Brace:

Websites

www.nichcy.org/pubs/factshe/

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