

PDD DISORDERS—FALLON

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movement from home to school, or from one situation to another, can be extremely anxiety producing for the child with PDD. It is at those times that the child is most likely to develop self-stimulating behaviors. At the beginning of the actual transition period for the child the focus will begin to shift from the foreground to the background. At that transitional junction of them being at the background, the child will most often exhibit the SS behaviors.

The autistic child will self stim when they have too much input from the environment and retreat to the background, when they are anxious, or when their nervous system requires the stimulation.

The edge of the door, the flicker of lights, the cursor on the computer screen, can all be part of the visual "stimming" for those on the PDD spectrum. Little is actually known as to the mechanism of visual "stimming." There is however some speculation as to the interaction of the visual fields and visual stimming in the autistic child. It is postulated that autistic children use their peripheral vision rather than their central vision. Certain parts of the brain are far more tolerant in those who have visual processing problems in the peripheral fields rather than in the central fields. So if the flicker or a cursor on the computer is disturbing and distributive to the brain of the autistic child, the child compensates by using their peripheral vision. The light movement therefore becomes less disturbing to the child using the peripheral fields rather than the central fields.

Children on the PDD spectrum, especially if they are moderate to mild will have some degree of social skills. While their socialization is generally considered to be poor, they may have the ability to have some level of conversational interaction even if it is only just looking at you when you speak. They are likely to hold your head still while you are speaking. They may try to kiss you and hold your head still in the process. These are all signs that there is a need for "steadiness" in the visual field.

Hyperacusis

Hyperacusis can be defined as the perception of sound in an overly sensitive manner. To explain it simply, the individual who experiences hyperacusis, hears sounds at a much greater decibel level than we do, or in some altered fashion so as to cause pain and noxious input. Sounds such as those experienced with fireworks, drumming, or other loud booming sound is difficult for the PDD individual to tolerate. Some children, and even some adults have such severe hyperacusis that they must wear sound-proof ear wear.

It has been theorized that other sound alterations experienced by those with PDD can also account for some speech and language problems. Echolalia (the parroting of sound) and the repetitive sound production of the autistic child may be due to hyperacusis. In the section on strategies, auditory integration training will be discussed as a treatment for hyperacusis.

Obsessive compulsive behavior

Obsessive compulsive disorder (OCD) is commonly seen in those with PDD. Defined as the presence of perseverating behavior, OCD is commonly seen outside of those with PDD as well. This is a much greater overlap however than previously thought. The significance of the OCD is that it will often keep the child from learning as well as participating in activities

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