



PERVASIVE DEVELOPMENTAL DISORDERS

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- I. The term **PERVASIVE DEVELOPMENTAL DISORDER** is an “umbrella” term used to describe a “group of early developmental disorders characterized by delays and distortions in multiple areas of development, including social skills, cognition and communication.” (Janzen, 1996)

Included under the **PERVASIVE “umbrella”** are:

- **Autistic Disorder** – pervasive social and communication problems that have an impact on the ability to understand and manage the world of people.
- **Asperger’s Syndrome** – form of high-functioning Autism characterized by significant Nonverbal symptom complex – often synonymous with:
 - Atypical High Functioning Autism or Mild Pervasive Developmental Disorder refer to people who have profound “people reading” difficulties which interfere with their social development and awareness but their high cognitive functioning (average to above average) allows them to be quite successful in the academic mainstream and careers.
 - Nonverbal Learning Disabilities or Nonverbal Symptom complex indicates difficulties:
 1. Information processing problems in complex, new situations
 - Nuances of social discourse may be ignored, misperceived or misinterpreted

- Academics focusing on “new” concepts which have little connection to “old, well- reasoned items may prove confusing
 - 2. Following directions
 - 3. Performing mathematical tasks
 - 4. Interpreting the emotions of others
 - 5. Organizing schedules and written work
 - 6. With fine motor control
 - 7. With visiospatial awareness
- **Pervasive Developmental Disorder not otherwise specified (PDDNOS)** – indicates that many but not all symptoms of autism are present.
 - Also – **Rett’s Syndrome and Disintegration Disorder** (very specific pervasive disorders)

II. Current research has determined that **PERVASIVE DISORDERS** are due to **BIOLOGICAL (PHYSIOLOGICAL)** rather than psychological factors causing brain abnormality. Various researchers have specifically pinpointed various combinations of difficulties within the brain stem, Corpus callosum, cerebellum, amygdala, and frontal lobes in individuals who have pervasive disorders.

III. **EDUCATIONAL “LABELS” may thus include:**

A. **Developmental Delay**

A preschool child may be declared eligible for special education services under the category of developmental delay. This category can only be used for young children, ages 3 through 5, who meet the criteria of one or more of the other disability categories and who are experiencing delay in at least one of the following areas: physical development, cognitive development, communication development, social and emotional development, or adaptive development. The child must be determined

eligible for special education under one of the IDEA special education categories in order to apply the developmentally delayed category.

B. **Other Health Impaired**

A child may be diagnosed as Other Health Impaired if there is a medically diagnosed physical or physiological condition, including but not limited to a seizure disorder, asthma, or diabetes, which causes educationally related problems. The disability interferes with the student's ability to function at school using traditional instructional materials and techniques.

C. **Autism**

Autism is a developmental delay that generally appears before the age of three and significantly affects verbal and nonverbal communication and social interaction. Children with autism may have significant difference in the ability to do some or all of the following

PERVASIVE DISORDERS, therefore:

1. ALL involve "world of people" reading problems
2. Are Developmental Disorders
3. Are due to a Physiological condition

IV. PERVASIVE SYMPTOMS include difficulty:

1. "Scanning" a situation or area to focus on the important elements.
2. Bringing various sensory experiences together.
3. Organizing and/or analyzing:
 - ideas
 - relationships
 - plans
4. Very literal/concrete interpretation of their world

5. Time confusion
 - Awareness of time passage is often impaired
 - Sequences are often recalled out of order
6. Information that is heard is often not processed well.
7. Nonverbal cues are often missed (gestures, expressions of feeling, etc.)

V. TIPS FOR HELPING PEOPLE WITH PERVASIVE DISORDERS

1. Routine and structure
 - a. Regularity allows them to use processing energy for moment to moment adaptation
 - b. Structure is reassuring and comforting which frees emotional energy for adaptation
 - c. Help the person to learn that change can be good
 - d. Help them to find alternative ways of doing things
2. Help dealing with abstraction and conceptual thinking
 - a. Their world is more understandable when it is made concrete and real
 - b. Break tasks into smaller steps if the student has difficulty learning
3. Help organizing their world
 - a. Understanding the sequence of their day
 - b. Careful preparation for change
 - c. Direct assistance with written expression
4. Help with listening and reading comprehension
 - a. Their sequential memory difficulties often interfere with meaningful comprehension of “new”
 - b. SLOW processing makes it difficult to keep up with oral directions, explanations and social input
 - c. Speech is often interpreted literally. Avoid
 - i. Idioms
 - ii. Double meanings
 - iii. Sarcasm

- iv. Nicknames
 - v. “Cute” names
- d. Avoid verbal overload. Use clear, short statements
- 5. To be taught how to “read people”
 - a. Inability to understand gestures confuses their understanding of social situations
 - b. Auditory processing and memory difficulties cause inaccurate, sequentially incorrect interpretation of social occurrences
 - c. They often appear naïve or eccentric due to this difficulty
- 6. To be taught how to act in many social situations
 - a. Visual, sequential presentation of social cues must be taught as cognitive skills
 - b. Role playing and use of videos can assist understanding of social nuances
 - c. Help the person to seek interactions and teach appropriate social responses
- 7. Dealing with stress
 - a. Stress can be caused by:
 - i. Feeling that they have lost control
 - ii. Too much input, too quickly
 - iii. Difficulties focusing attention
 - iv. Sensory overload due to senses being too easily over or under stimulated – i.e.:
 - 1. Lights may be too bright or not bright enough
 - 2. The “hum” of fluorescent lights may be overwhelming
 - 3. Noises in the hall may create over stimulation
 - 4. Food allergies can cause systemic overload and/or slow responses
 - 5. People standing too close be perceived as aggressors or closing in on their personal space
 - b. Unusual behaviors often increase with stress

- i. Behavioral issues are rarely due to the student being manipulative
 - ii. Unusual behaviors are often the result of efforts to survive confusing, disorienting or frightening experiences
 - iii. Recall the egocentric nature of people with PDD when assisting them
- c. Relaxation techniques
 - i. Removing self from stressful situations
 - ii. Having a “safe” person available to help the student deal with the stress
 - iii. Help them to ask for assistance