

Autism Spectrum Disorder, Challenges in Diagnosis and Psychological Care

اضطراب طيف التوحد, تحديات التشخيص والتكفل النفسي

Le Trouble du Spectre de L'autisme, Défis du Diagnostic et de la Prise en Charge
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ملخص:

يرى المختصون أن التوحد اضطراب عصبي نمائي معقد، يمكن إرجاعه إلى الاضطرابات الخاصة بالنمو والتي تدوم طوال العمر، ولعل سبب التوحد يعود إلى خلل وظيفي عصبي بيولوجي في وظائف الاتصال والتبادلات الاجتماعية. لذلك يمكن ملاحظة تأخر أو خلل في جميع جوانب النمو بدرجات مختلفة منذ الطفولة الأولى إلى غاية سن الرشد. إن اختلاف الوجهات حول السببية القائمة خلف المرض وعدم قدرة المختصين على التوافق حول عامل الإصابة في الجزائر، كذلك نقص المهنيين المؤهلين وضعف التكوين الجيد والمتواصل، أدى إلى ظهور إشكالية التكفل التي باتت في غاية الصعوبة، كما ترك المجال إلى أناس متطفلين لولوج عالم الطفولة من هذا الباب والمتاجرة بفتنة الأبرياء. لذلك يعيش أطفال التوحد وعائلاتهم تمرقا رهيبا انطلاقا من تشخيص المرض إلى كيفية التكفل بهذه الفئة. لقد جاء هذا المقال لتوضيح طيف التوحد والمشكلات التي يعانيها طفل التوحد في المجتمع.

الكلمات المفتاحية: التوحد، التشخيص، التكفل النفسي، الاضطرابات العصبية النمائية

Abstract :

Specialists consider autism a complex neurodevelopmental disorder that can be traced back to developmental impairments persisting throughout life. Autism is believed to stem from a neurobiological dysfunction affecting communication and social interactions. Consequently, delays or impairments in various aspects of development can be observed to varying degrees, from early childhood through adulthood. The differing perspectives on the causes of autism and the inability of specialists in Algeria to reach a consensus on its determining factors, along with the shortage of qualified professionals and the lack of continuous, high-quality training, have led to significant challenges in providing adequate care. This situation has also opened the door for unqualified individuals to exploit the issue, entering the realm of childhood care and taking advantage of this vulnerable group. As a result, children with autism and their families experience profound distress, from the initial diagnosis to managing the condition effectively. Therefore, this article aims to shed light on the autism spectrum and the challenges faced by autistic children in society.

Keywords : Autism, Diagnosis, Psychological Care ; Neurodevelopmental Disorders ;

Résumé :

Les spécialistes considèrent l'autisme comme un trouble neurodéveloppemental complexe, résultant de déficiences développementales qui persistent tout au long de la vie. L'autisme serait causé par un dysfonctionnement neurobiologique affectant la communication et les interactions sociales. Par conséquent, des retards ou des altérations dans divers aspects du développement peuvent être observés à des degrés variables, de la petite enfance à l'âge adulte. Les divergences d'opinions sur les causes de l'autisme et l'incapacité des spécialistes en Algérie à parvenir à un consensus sur ses facteurs déterminants, combinées à la pénurie de professionnels qualifiés et à l'absence de formations continues de qualité, ont entraîné des difficultés majeures dans la prise en charge adéquate des enfants autistes. Cette situation a également ouvert la porte à des individus non qualifiés qui exploitent cette problématique en s'impliquant dans le domaine de l'accompagnement

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de l'enfance et en profitant de cette population vulnérable. En conséquence, les enfants atteints d'autisme et leurs familles subissent une détresse profonde, allant du moment du diagnostic à la gestion efficace de la condition. Ainsi, cet article vise à mettre en lumière le spectre de l'autisme et les défis auxquels sont confrontés les enfants autistes dans la société.

Mots clés : Autisme ; Diagnostic ; Prise en charge psychologique ; Troubles neurodéveloppementaux ;

Introduction :

Autism, or Autism Spectrum Disorder (ASD), is a neurodevelopmental disorder that typically manifests by the age of three. Its symptoms primarily affect social interactions, verbal and non-verbal communication, and behavior—often characterized by repetitive and non-functional movements. Therefore, autism is not classified as a psychological disorder or mental illness.

The world of autism is a unique one, created by the autistic child and regarded as exclusively their own, resisting any intrusion. In this world, the child seeks solitude and isolation, showing minimal response or reaction to external stimuli despite often possessing significant intellectual abilities.

Bruno Bettelheim describes autistic children as exhibiting a characteristic rigidity when approached by others. They appear unable to perceive the external world or recognize individuals around them, which results in a lack of social interaction.

Autistic children's actions are often peculiar and repetitive, and their language is inconsistent, incomprehensible, and unusual. Their linguistic development is limited, and their speech is often self-centered, serving a highly personal purpose. Consequently, autistic children struggle to engage in relationships with others.

Their inability to express themselves leads to significant difficulties in play activities, which often lack creativity and innovation.

Discussing the world of autistic children raises questions about how to provide support for this group and how parents can navigate such a complex disorder. Parents of autistic children often find themselves overwhelmed by an unfamiliar and challenging situation, while specialized institutions have yet to develop effective strategies to address this disorder.

First : Theoretical Framework

1- An Overview of Autism

Leo Kanner, an American psychiatrist, was the first to identify autism as a childhood disorder in 1943. He observed 11 children exhibiting behaviors distinct from those typically seen in individuals with intellectual disabilities or schizophrenia. Kanner termed these behaviors "early infantile autism," as he noticed an extreme autistic isolation that completely blocked external stimuli.

Kanner considered autistic withdrawal the most fundamental symptom. He also found that these children, from an early age, were unable to communicate in conventional ways, had limited language abilities, and strongly preferred maintaining sameness in their environment.

Despite Kanner's description and later contributions by researchers such as Bernard Rimland in 1964, autism was not officially recognized in diagnostic classifications until the publication of the DSM-III in 1980. In the DSM-IV, autism was categorized as a pervasive developmental disorder.

Since 1943, autism has been described using various terms, including early childhood schizophrenia, infantile withdrawal, childhood psychosis, abnormal development, and atypical ego development. Researchers believe that these varied terminologies reflect the historical evolution of the concept of autism and the differing interests and specializations of professionals working in special education and related fields.

Additionally, the multiple terms used for autism stem from the complexity and ambiguity of differential diagnoses for repetitive behaviors.

Historically, the term "autistic disability" was initially employed in psychiatric contexts, particularly in reference to childhood schizophrenia. At that time, "autism" was used to describe the withdrawal characteristic of individuals with schizophrenia. Eventually, it came to denote autism as an independent disorder.

The significance of studying autism lies in its illumination of a natural stage in child development, namely, the phase of extreme self-focus. However, the critical distinction is that while most children move beyond this stage, autistic children remain fixated in it. A similar regression can occur in schizophrenia, although schizophrenic patients may have initially formed some connections with reality before later reverting to an autistic-like state (Khattab, 2005).

The following tables illustrate the evolution of autism terminology across various diagnostic classifications

Table -1- : Diagnostic Classifications of Autism Over Time

ICD 9 (1975)	DSM III (1980)	DSM III (1987)
Specific Childhood Psychoses	Global Developmental Disorders	Pervasive Developmental Disorders
Infantile Autism.	Infantile Autism. - Complete Syndrome. - Residual Syndrome.	Autistic Disorders.
Disintegrative Psychosis (Childhood Schizophrenic Syndrome).	Global Developmental Disorders Beginning in Childhood. - Complete Syndrome. - Residual Syndrome.	Pervasive Developmental Disorders Not Otherwise Specified.

Other Psychoses.	Atypical Global Developmental Disorders.	
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CFTMEA 1988	ICD 10 (1993)	DSM-IV (1994)
Psychoses	Pervasive Developmental Disorders	Pervasive Developmental Disorders
- Infantile Autism. - Other forms of infantile autism.	- Infantile Autism. - Atypical Autism.	- Autistic Disorders.
- Early Deficit Psychoses. - Psychotic Disharmonies. - Childhood Schizophrenia. - Unspecified Psychosis.	- Rett Syndrome. - Other Disintegrative Disorders. - Asperger's Syndrome. - Hyperactive Disorders with Intellectual Disability and Stereotypies. - Other Pervasive Developmental Disorders. - Pervasive Developmental Disorders Not Otherwise Specified.	- Rett Syndrome. - Childhood Disintegrative Disorder. - Asperger's Syndrome. - Pervasive Developmental Disorders Not Otherwise Specified.

Source :Nazet, P., et al.,*In Manuel du Résident*, Edition Tsunami, 2009.

CFTMEA: The French Classification of Mental Disorders in Children and Adolescents.

CIM: The International Classification of Diseases (ICD).

DSM: The Diagnostic and Statistical Manual of Mental Disorders (DSM)(Nazet et al., 2009).

2- Definition of Autism:

Autism is a pervasive developmental disorder that severely disrupts all functional aspects of an individual, including cognitive, social-relational, and emotional domains. Practically, it is often observed in young children through the absence of speech and behavioral disturbances (stereotypies, unusual reactions) (Gasman, 2008, p. 422) .

Autism is a neurodevelopmental disorder that affects development in three key areas: communication, social skills, and imagination.

Abdel Moneim Al-Hanafi refers to autism as "self-absorption," a term originally introduced by Bleuler to describe one of the primary features of schizophrenia. Self-absorption, according to Bleuler, is a state where cognitive processes are directed towards fulfilling personal needs rather than engaging with the external world. For example, a hungry person thinks about food, a traveler in the desert imagines an oasis, and an elderly person nostalgically recalls youthful memories. In contrast, an autistic child exhibits extreme withdrawal, often spending hours playing with their

fingers or scraps of paper, appearing to retreat into an internal world of their own imagination (Khattab, 2005, p. 13) .

In early childhood, autism manifests most intensely, with the following key characteristics:

- The child rarely points to objects or toys they like as a form of social interaction.
- The child does not respond to their name and may appear deaf, yet they may react to other environmental sounds, such as the noise of a toy.
- Unlike typical children, autistic children avoid direct eye contact and often actively evade it.
- The child does not engage in babbling sounds like other infants.
- The child does not play with toys or interact with peers in a typical manner; instead, they may line up objects repetitively and exhibit rigid play patterns. They also lack the ability to engage in imaginative or pretend play.
- The child has significant deficits in imitation skills.
- The child does not raise their arms to be picked up by a parent (Al-Shami, 2004, p. 20).

3- Theoretical Approaches to Autism:

Autism has been examined through multiple theoretical lenses, with each offering distinct insights into its etiology. Indeed, psychological theories, once dominant, falsely attributed autism to parental coldness, as seen in the discredited "refrigerator mother" hypothesis. While, genetic theories identify hereditary markers, particularly Fragile X syndrome, as contributors to autism's neurological and behavioral traits. Also, biological theories link autism to prenatal and perinatal complications, reinforcing the role of early brain development. Whereas, neurological theories associate autism with central nervous system dysfunction, manifesting in motor and sensory abnormalities. Besides, cognitive theories highlight deficits in attention, flexibility, and information processing. Lastly, Theory of Mind explains autism's social impairments through an inability to attribute mental states to oneself and others, hindering empathy and interaction.

3-1. The Psychological Theory:

During the 1950s and 1970s, proponents of psychoanalysis and learning theories primarily attributed autism to psychological factors. Kanner (1995) suggested that uncoordinated or inconsistent parental caregiving and emotional coldness were responsible for autism. Bettelheim similarly argued that parents of autistic children exhibited unconscious hostility towards their children, often describing them as emotionally detached and harsh. The "refrigerator mother" hypothesis emerged from these views, claiming that emotionally distant mothers caused autism. However, this theory has since been discredited and is no longer considered valid.

3-2. The Genetic Theory:

Research has indicated a genetic link between autism and chromosomal abnormalities. Studies suggest that autism is associated with genetic markers, particularly on the **Fragile X chromosome**, which has been identified as a hereditary factor contributing to both autism and intellectual disability. This genetic anomaly is linked to behavioral issues such as hyperactivity, violent outbursts, and self-centered behavior. Individuals with **Fragile X syndrome** often exhibit severe language delays, motor development deficits, and poor sensory processing skills.

3-3. The Biological Theory:

Biological factors in autism are often related to prenatal, perinatal, or postnatal brain injuries. These include maternal infections during pregnancy, complications during childbirth (e.g., oxygen deprivation, the use of medical instruments), and environmental factors such as prenatal hemorrhaging, physical trauma, or advanced maternal age.

There is substantial evidence supporting the role of biological factors in autism. One key indicator is that autism frequently coexists with neurological symptoms, intellectual disability, or specific health conditions such as epilepsy. Additionally, autism occurs at roughly the same prevalence across different cultures and societies, suggesting that social factors alone cannot account for the disorder.

3-4. The Neurological Theory:

If autism is biologically rooted, it must be associated with abnormalities in the **central nervous system (CNS)**. Scientific evidence supports this hypothesis, as many hallmark features of autism (such as impaired language development, intellectual disability, atypical motor behaviors, and abnormal sensory responses) are linked to CNS dysfunction. Furthermore, many autistic children (especially those who reach adolescence) exhibit neurological disorders that are closely tied to CNS abnormalities.

Neurological examinations of autistic children often reveal unusual motor behaviors, including poor coordination, excessive drooling, and hyperactivity.

3-5. The Cognitive Theory:

Autistic children exhibit severe cognitive impairments that affect their ability to imitate, understand, be flexible, and apply learned rules and principles. Cognitive theories propose that these deficits are primary causes of social impairments.

According to these theories, autistic children demonstrate **selective attention deficits** due to perceptual impairments. This means they can only focus on one stimulus at a time (whether visual, auditory, or otherwise) limiting their ability to process multiple sources of information simultaneously.

3-6. Theory of Mind:

As proposed by Frith, this theory suggests that the social, communicative, and imaginative impairments in autistic individuals stem from **abnormalities in brain function that prevent the development of "theory of mind."** This concept refers to the ability to attribute mental states (such as beliefs, intentions, or emotions) to oneself and others. Autistic individuals struggle with predicting and interpreting others' behavior based on mental states. Essentially, they find it difficult to perceive situations from another person's perspective or "read" others' thoughts (Al-Malghout, 2006, p. 59).

4- Diagnosis of Autism:

The diagnosis of Autism Spectrum Disorder (ASD) relies on standardized criteria from the DSM-5 and ICD-10, emphasizing deficits in social communication, restricted behaviors, and early

developmental onset. The DSM-5 outlines persistent impairments in reciprocity, nonverbal communication, and relationship-building, alongside repetitive behaviors and sensory sensitivities. Symptoms must cause functional impairment and not be solely attributed to intellectual disability. The ICD-10 similarly requires early abnormalities in language, social interaction, and play, with distinct impairments in communication and rigid behavioral patterns.

4- 1. DSM-5 Criteria for Autism Spectrum Disorder (F84.0)

A. Persistent deficits in communication and social interaction across multiple contexts, currently or as documented in history, manifested by:

- Deficits in social-emotional reciprocity.
- Deficits in nonverbal communicative behaviors.
- Deficits in developing, maintaining, and understanding relationships.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following:

- Stereotyped or repetitive motor movements, use of objects, or speech.
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal and nonverbal behavior.
- Highly restricted, fixated interests that are abnormal in intensity or focus.
- Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.

C. Symptoms must be present in the early developmental period.

D. Symptoms cause clinically significant impairment in social, occupational, or other areas of functioning.

E. These disturbances are not better explained by intellectual disability or global developmental delay. If intellectual disability and autism spectrum disorder co-occur, social communication should be below the expected level for general developmental functioning (Al-Hammadi, 2022, p. 52).

4- 2. ICD-10 Criteria for Autism Spectrum Disorder:

A. Evidence of abnormal development in at least one of the following areas before age three:

1. Expressive language used for communication.
2. Development of social interaction and joint attention.
3. Symbolic or functional play.

B. Qualitative impairments in reciprocal social interaction, such as:

1. Failure to use eye contact, facial expressions, gestures, or body language to regulate social interaction.
2. Failure to develop relationships involving shared interests, activities, and emotions.
3. Limited seeking of comfort or play with others in times of distress, or failure to provide comfort to others.
4. Lack of shared enjoyment with others.
5. Lack of emotional and social reciprocity, with difficulties responding to others' emotions.

C. Qualitative impairments in communication, including:

1. Delayed or absent spoken language, without attempts to compensate with alternative means.
2. Inability to initiate or sustain a conversation.
3. Repetitive language use (echolalia).
4. Atypical vocal tone or speech modulation.

D. Restricted and repetitive behaviors and interests:

1. Intense preoccupation with restricted interests.
2. Unusual attachment to inanimate objects.
3. Rigid adherence to routines and rituals.
4. Repetitive, mechanical behavior.
5. Focus on parts of objects rather than whole objects.
6. Preoccupation with minor environmental details.

E. The clinical presentation does not align with pervasive developmental disorder (PDD), language disorder, or emotional/social disorders(Nasr, 2002, p. 25) .

5- Autism Assessment Methods:

Assessing Autism Spectrum Disorder (ASD) requires a multidimensional approach integrating developmental, genetic, prenatal, and behavioral evaluations. Hence, developmental history traces cognitive, social, and linguistic milestones to determine onset and contributing factors. Genetic history examines hereditary patterns, recognizing autism's strong genetic basis. Prenatal history investigates maternal health, environmental exposures, and gestational risks. Behavioral assessment, through structured and unstructured observations, evaluates social interactions and adaptive functioning. Together, these methods provide a comprehensive foundation for accurate diagnosis and tailored intervention.

5-1. Developmental History

A crucial aspect of diagnosing autism involves obtaining a comprehensive developmental history, including milestones, changes, medication history, medical incidents, and their timing. This helps establish the onset and contributing factors of autism, along with strengths and weaknesses.

5-2. Genetic History

Genetic history assessment includes a family pedigree to determine if any relatives have disorders related to autism. Studies suggest that 30–50% of autism cases may have a genetic basis. Some findings indicate that families of autistic children may exhibit social difficulties, introversion, or emotional stress.

5-3. Prenatal History

A specialist investigates potential prenatal risk factors, such as maternal infections, medication exposure, chromosomal abnormalities, or maternal psychological stress, which may contribute to autism development.

5-4. Behavioral Assessment

Behavioral assessment requires expertise and can be conducted using:

1. **Unstructured Observation:** The clinician observes the child's interactions, particularly in play scenarios with a parent, to assess eye contact, physical proximity, and emotional connection.
2. **Structured Observation:** Uses standardized measures with predefined scales to quantify behaviors (Nasr, 2002, p. 29).

6- Treatment Approaches for Autism:

The complexity of Autism Spectrum Disorder (ASD) necessitates an advanced multidimensional framework of intervention, one that transcends mere symptom management to present a holistic development and adaptive functioning. Indeed, given the profound variability in cognitive, emotional, and behavioral manifestations among individuals with autism, therapeutic modalities must be both different and integrative, addressing the complex nexus of neurological, psychological and environmental factors.

This section delineates a spectrum of intervention strategies, each grounded in distinct theoretical underpinnings. Indeed, each of them can be considered as a comprehensive, individualized treatment paradigm which aspires not merely to mitigate deficits but to unlock latent potential thereby fostering meaningful engagement with the social world.

6-1. Psychoanalytic Therapy

Psychoanalysis aims to foster a strong therapeutic relationship resembling an accepting, nurturing mother. The approach involves:

- **Phase 1:** Providing the child with support, emotional stability, and minimizing frustration.
- **Phase 2:** Developing social skills and training in delayed gratification.

6-2. Behavioral Therapy

Behavioral interventions focus on modifying behavior at home and school, as many autistic children struggle in mainstream classrooms due to disruptive behavior and social deficits. The approach emphasizes rewarding positive behaviors and ignoring inappropriate ones.

6-3. Environmental Therapy

Environmental therapy involves modifying the child's immediate surroundings to optimize social and psychological well-being. This may include structured social programs to encourage interaction.

6-4. Medical Treatment

Medical treatment targets symptom relief and skill-building in communication, self-care, and social adaptation. Additionally, parental guidance and training programs help families adjust to the condition (Khattab, 2005, p. 92).

Second : The Field Study

1- Objective and Instrument:

To gain insight into the reality of clinical practice and the psychological care of autistic children within service institutions, it was necessary to establish contact with specialists who perform their duties in this setting. This was achieved through a series of structured interviews conducted with the concerned professionals.

The objective of these interviews was to identify the actual tasks they perform within institutions, the types of psychological treatments they employ with autistic children, and the challenges that hinder the achievement of desired outcomes. A series of interviews were conducted with these specialists, leading to several findings that will be discussed later.

The interview questions were as follows:

- Did you anticipate working in a psychiatric hospital before joining the field?
- How did you envision the nature of the work?
- Can you assess your level of training immediately after graduation?
- Can you evaluate your level of training now, after gaining some work experience?
- Discuss the different categories of patients you work with in the hospital.
- Which category do you prefer working with the most? Why?
- Do you have a specific approach when working with autistic children? Describe your method.
- What are the working conditions like in the hospital?
- What types of treatments do you use?
- Do you follow a specific therapeutic approach consistently with autistic children? If so, how?
- What is your relationship like with the parents of autistic children?
- How was your academic training in relation to different treatment approaches?
- Can you share some findings you have reached through a specific therapeutic method with autistic children?

2- Findings:

From the interviews conducted with clinical specialists working with autistic children, the results emerged at two levels:

2-1. At the Level of Tasks:

- Theoretical and practical training is insufficient, preventing psychologists from providing optimal care for autistic children. This weakness is particularly evident in the practical aspect of the specialist's work.
- The lack of experience among practicing specialists makes it difficult to effectively interact with autistic children and limits their ability to engage in what is referred to as "personal innovation" in practice.
- There is a significant lack of academic knowledge concerning the different therapeutic approaches that can be applied in child psychiatry, as well as the various childhood disorders that specialists often encounter.

- Psychologists in child psychiatry units struggle to assert their role alongside treating physicians due to their weak academic background.
- Many psychologists rely on so-called therapeutic workshops without clearly defining their objectives or specifying the type of treatment being applied. Additionally, they administer psychological tests that do not align with the social and cultural characteristics of the community.
- Most psychologists in child psychiatry departments primarily employ a supportive therapy approach with parents, despite lacking fundamental knowledge of this method.
- Some psychologists regard clinical interviews and the application of psychological tests as standalone treatment methods.

2-2. At the Level of Field Challenges:

- The absence of a dedicated space for each psychologist, which would allow them to carry out their duties freely and apply appropriate methods in each case with independence and autonomy.
- The interference of non-professionals, such as parents, in the psychologist's tasks.
- Lack of coordination among psychologists, with each one working independently, preventing the overall scientific advancement of the group.
- Insufficient training sessions for psychologists, which would enable them to improve their skills and explore various therapeutic approaches applicable to autistic children.
- The need for continuous supervision and follow-up in clinical settings, as psychologists often remain uncertain about the accuracy of their interventions.
- An inadequate number of psychologists in hospital settings, especially considering the high number of patients, which hinders comprehensive and effective care.

2-3. Recommendations:

Based on the aforementioned findings, several recommendations can be made to enhance the theoretical and practical training of clinical psychologists in the field of autism care. These include:

- Strengthening training by allowing clinical psychology students to engage with real-world cases during their academic formation, particularly in childhood disorders, under the supervision of a professor.
- Enhancing the curriculum by deepening the study of clinical assessment techniques in the third year, enabling students to reach a level where they can effectively apply different psychological tests. Likewise, the study of therapeutic approaches in the fourth-year clinical psychology curriculum should be expanded.
- Emphasizing the importance of proficiency in French, particularly in the third and fourth years of specialization, in a more comprehensive manner.
- Organizing professional training sessions for clinical psychologists, providing them with an opportunity to discuss challenges and propose solutions.

These recommendations aim to equip psychologists with the necessary tools to face real-world clinical challenges effectively.

Conclusion:

Autism is among the disorders increasingly affecting children, causing distress and helplessness among parents, who often find themselves lost and in search of support without success.

Despite the availability of resources in many institutions that provide services to autistic children, the lack of adequate training among professionals responsible for their care remains a significant concern.

Moreover, university training programs often lack a practical component that complements academic learning and reinforces acquired knowledge. Additionally, many specialists rely on foreign intervention models without considering the specificities of local society and family structures, which hinders the provision of tailored support for autistic children.

Thus, adapting foreign-based care programs to the local context is essential for improving intervention strategies. Furthermore, specialists must strive to develop specialized therapeutic strategies that can be effectively applied to support both autistic children and their families.

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