



EITI Newsletter

Early Intervention Training Institute
Rose F. Kennedy Center ■ University Affiliated Program

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CHARACTERISTICS OF PERVASIVE DEVELOPMENTAL DISORDERS IN YOUNG CHILDREN

Children with pervasive developmental disorders have deficits in social interaction, communication, and behavior. Those with autism have more severe deficits. Children with “pervasive developmental disorder not otherwise specified”¹ (commonly known as “PDD”) have more mild impairments. The following discussion pertains to the latter group.

Impairment in Social Interaction

Impairment in social interaction is one of the defining features of PDD. It takes many forms in young children, but results in difficulties getting along with other people or making friends.

Some children with PDD prefer to be alone. They may play contentedly by themselves, but do not seek to share their enjoyment with others by pointing, showing objects, or calling attention to what they are doing. They may not initiate or share well.

Some children with PDD are interested in other people, but lack the ability to make appropriate social contact. They have trouble using eye gaze, gestures, body posture, or physical distance to regulate social interactions. They do not comprehend other people’s social cues. They cannot participate reciprocally in the give and take of social interaction.

PDD is sometimes described as a deficit in empathy. A child with PDD is apt to have difficulty taking the perspective of another person. The child may not be able to understand how someone else is feeling, or how his or her actions may affect another person. Missing this key element of emotional reciprocity means that social interactions, if they occur at all, will seem empty and superficial.

A problem often seen at home, in early childhood settings, and during developmental evaluation sessions is difficulty adapting to imposed demands.

Young children with PDD may look fine when left alone, but become anxious and distressed when expected to respond to demands of various kinds (requests, tasks, conversations). They may show their distress by withdrawing, becoming affectively remote, avoiding eye contact, refusing to comply, screaming, becoming physically active, or having tantrums.

Impairment in Communication

If adults listen carefully, they will recognize that the language of young children with PDD is qualitatively different from that of other young children. Many children with PDD repeat what others say in a parrot-like, rather than purposeful, manner. Repetition (echolalia) can occur immediately or after a delay of hours, days, or weeks. Often the source of delayed echolalia is a television program or commercial.

Children with PDD may learn whole segments of language as single entities (“Gestalts”) and try to use them for communication. The segments have a script-like quality, and sound pedantic or increasingly odd as the current situation differs from the context in which they were initially acquired. The children lack the flexibility to generate new utterances for new situations.

Social use of language (pragmatics) is always a problem for children with PDD. Those with adequate intelligence and better linguistic proficiency may be able to describe pictures, speak in sentences, and express their own ideas adequately. They tend to have great difficulty conversing or tailoring their language to fit requirements imposed by a conversational partner. “Demand” or “reactive” language is thus poor. Due in part to their social impairment, children with PDD may not take the listener’s needs into account, and may not provide sufficient background for the listener. Communication then seems to come “out of the blue.”

The language of children with PDD reflects unusual interests and preoccupations. Often there is an inclination to recite or label letters, numbers, or shapes when no one has requested it. Excessive interest in monsters, superheros, cartoon figures, sequenced material (days of the week, months of the year, schedules), or other preoccupations can intrude into neutral linguistic contexts and distort communication. Children with PDD tend to talk about their own interests and preoccupations rather than listening to other people. Repeated references to particular (often idiosyncratic) themes give their language a perseverative quality.

Many young children with PDD have speech abnormalities. Their speech sometimes has a high pitched or flat sound. They may not vary intonation patterns to convey expression of emotion and feelings.

Unusual or Restricted Interests and Behaviors

The behaviors and interests of young children with PDD tend to be atypical. Many children with PDD exhibit mannerisms; others do not. Hand flapping or finger stiffening are sometimes seen, particularly during moments of excitement or stress. Toe walking can be a mannerism or may be due to other causes.

Some children with PDD stare at lights, sniff toys, or put their hands over their ears when

listening to certain sounds, thus exhibiting abnormal sensory responses. Many become preoccupied with nonessential parts of objects (a spot of glue, a thread on a garment) and examine object parts in an over focused, repetitive manner.

Many young children with PDD tend to seek sameness in various aspects of their lives. Some insist on following certain routines (mealtime routines, route taken to supermarket), and become distressed when the routines are altered even in minor ways. Many have difficulty making the transition from one activity to another. Some have unusual food preferences (insistence on a restricted range of foods, or foods of a particular color, shape or texture). Some insist on having their belongings arranged in a particular way. Although many young children with PDD can engage in symbolic or imaginative play, their repertoire tends to be less varied and flexible than that of peers. Play themes may reflect preoccupations.

1. American Psychiatric Association (1994),
Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).
Washington DC, Author.

—By Susan Vig, Ph. D.

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