

Autism Spectrum Disorders



Autism Spectrum Disorders (ASDs) are also known as Pervasive Developmental Disorders. ASDs are neurological disorders, which means that they affect how the brain works. Although every child will go through development stages at his or her own pace, a child who has significant delays may have ASD. The different types of ASDs include:

- **ASPERGER'S DISORDER:** Asperger's Disorder is a relatively new diagnosis that affects boys more than girls. Most children with Asperger's Disorder have average or above average intelligence and early language development. However, they have severely impaired social skills and are unable to use their language skills to communicate effectively with others. Many children with this disorder have poor coordination, repetitive speech, problems with reading, math or written skills, odd behaviors or mannerisms, obsession with specific topics, and a lack of common sense.
- **AUTISTIC DISORDER:** Children with this disorder have trouble forming normal social relationships and communicating with others. They may also have a limited range of activity and interests. Autistic Disorder is also sometimes referred to as early infantile autism, childhood autism, classic autism, or Kanner's autism. Autistic Disorder affects boys more often than girls.
- **PERVASIVE DEVELOPMENTAL DISORDER – NOT OTHERWISE SPECIFIED (PDD-NOS):** PDD-NOS is also called atypical autism or mild autism. Children with PDD-NOS usually have severe impairment in several areas of development, including social interaction and communication skills. It is diagnosed when a child has many features of autistic disorder, but does not meet the full criteria. Within the diagnosis of PDD-NOS, there are also two specific conditions:
 - » **CHILDHOOD DISINTEGRATIVE DISORDER:** Childhood Disintegrative Disorder is a condition that occurs in children, ages 3 to 4. The child's thinking, social, and language skills get worse over the course of several months. This rare condition is also known as disintegrative psychosis or Heller's Syndrome.

- » **RETT'S DISORDER:** Rett's Disorder is a genetic disorder seen mostly in girls. It starts in children, ages 6 to 18 months. It is characterized by wringing of hands, slowed brain and head growth, walking abnormalities, seizures, and mental retardation. A genetic test is now available to confirm a diagnosis of Rett's Disorder.

SIGNS AND SYMPTOMS

ASDs affect each child in different degrees. Two children with the same disorder can act very differently and can have very different skills. However, all children with ASDs share difficulties in 3 skill areas: social interaction, social communication, and repetitive behaviors.

Typical signs and symptoms related to social interaction problems include:

- Spending more time alone rather than with others
- Showing little interest in making friends
- Being less responsive to social or physical interactions, such as making eye contact, hugging, smiling, imitating, or being aware of other's feelings

Typical signs and symptoms related to social communication problems include:

- Losing or not developing speech or another method of communicating, such as pointing or gesturing. For example, a child may not have typical speaking skills for his or her age, not respond to his or her name or to parents' questions, or appear not to understand simple requests.

Typical signs and symptoms related to repetitive behaviors include:

- Being very focused on one interest or topic
- Lacking imaginative play
- Not imitating other's actions
- Not beginning or playing along in pretend games
- Becoming too attached to objects or toys
- Playing with toys in unusual ways, such as lining them up
- Not liking changes in routine or the location of objects
- Having unusual body movements, such as spinning or hand flapping

TIP

Help your child learn about his or her condition. Use different materials such as books, brochures, and the Internet. Make sure that the materials are age appropriate. Answer your child's questions but do not overload him or her with more details than he or she needs.

Sensory integration

Every day a child uses his or her senses to guide behavior and interact with the world. These senses include the five common senses (sight, hearing, touch, taste, and smell), as well as sensory systems, such as balance and movement and muscle and joint sense. Just like the brain sends messages to the body about smell or taste, the brain also sends messages to the body about balance, movement, and how to use muscles and joints. For example, balance and movement senses help a child come down a slide or use a swing in a playground. Muscle and joint senses help a child lift a spoon without spilling. The senses are working all the time in order for the body to perform daily functions. Sensory integration is when all of the senses work together well to perform these daily activities.

RESOURCES

Rehab New England, Inc.
401-941-9111

Sargent Rehabilitation Center
401-886-6600

Senseabilities: Understanding Sensory Integration (1993)
By Maryann Colby Trott, MA,
Marcie K. Laurel, MA, CCC-SLP, and
Susan L. Windeck, MS, OTR/L

When one or more senses is not working and the brain cannot tell the body how to behave, it is called Sensory Integrative Disorder. Sensory Integrative Disorder can reveal itself in many ways. On one hand, a child may be overly sensitive to touch, movements, sounds, or sights. He or she may withdraw from touch, avoid certain textures in clothes or food, or be very sensitive to loud noises. On the other hand, a child may be under-reactive to stimulation. He or she may seek out intense sensory experiences, such as whirling around, falling, and crashing into objects, or appear oblivious to pain or body positioning. Children with Sensory Integrative Disorder may also have the following signs and symptoms:

- Unexpected reactions to sensory inputs (for example, aggression or fearfulness in new situations)
- A high or low activity level compared to other children
- Coordination problems (for example, poor balance, difficulty with new tasks, or awkward, stiff, or clumsy behavior)
- Academic or motor development delays (for example, tying shoes or zipping a coat)
- Difficulty following directions
- Lacking in the ability to plan tasks or anticipate outcomes
- Appearing distracted, bored, lazy, or unmotivated
- Avoiding tasks and appearing stubborn or troublesome

An occupational therapist who is trained in sensory integration can evaluate and treat Sensory Integration Disorder. The therapist creates an environment where a child can play in an organized manner. A balance of structured and free play teaches the child to use his or her senses effectively. In addition, treatment also includes developing a predictable schedule and daily routine for the child. Doing this limits the amount of disruption and disorganization in the child's environment. The therapist can also work with a parent to help the child at home.



In addition, a child's senses (sight, hearing, touch, smell, or taste) may be overactive or underactive. A child may:

- Cover his or her ears
- Become stiff when held
- Remove clothes often
- Refuse to eat certain foods
- Smell objects frequently
- Become either overly quiet or hyperactive in noisy or bright environments

EVALUATION AND DIAGNOSIS

Most children with an ASD show signs of a disorder in infancy. ASDs are usually diagnosed in children, ages 18 to 24 months, with the exception of Asperger's Disorder, which begins later on. To make a diagnosis, providers must see clear signs and symptoms of an ASD before age 3. If you think your child has ASD, your child may need a developmental evaluation or a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**. Before using these evaluations, providers may first use several medical tests to rule out other problems, such as hearing loss or mental retardation.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with ASDs include:

- Anxiety Disorders (p48)
- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Bipolar Disorder (p59)
- Depression (p67)
- Learning Disorders (p75)
- Tic Disorders (p97)

Families are often the first to notice that their child is not reaching developmental milestones and to observe worrisome behaviors. As a parent, it is important to keep track of your child's development and to note changes or signs of difficulty in these areas. For more information on early child development, turn to page 10 in **SIGNS AND SYMPTOMS OF MENTAL HEALTH ISSUES.**

TREATMENT FACILITIES

Center for Autism and
Developmental Disabilities at
Bradley Hospital
401-432-1189
www.bradleyhospital.org

Groden Center
401-274-6310
www.grodencenter.org

Sargent Rehabilitation Center
401-886-6600

TREATMENT

Treatment facilities exist specifically to treat ASDs. ASDs can be treated by a developmental behavioral pediatrician, a neurologist, a child and adolescent psychiatrist, a psychotherapist, a speech-language pathologist, and/or other professionals who specialize in early intervention. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Treatments for ASDs work to different degrees for different children. Treatment must be tailored to the needs and strengths of your child. Factors to consider when choosing treatments include: your child's age, level of skills, type of learner (for example, whether they learn better by seeing or hearing things), behaviors, and previous treatments.

Many treatments have been developed to address a range of social, language, sensory, and behavioral challenges that children with ASDs may have. These treatments include parent management training and medications for particular behaviors. For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If the ASD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

Autism Project of Rhode Island
401-785-2666
www.theautismproject.org

Autism Society of America, Rhode Island Chapter
401-595-3241
www.autism-society.org

Rhode Island Department of Health's
*Resource Guide for Families of Children with
Autism Spectrum Disorders* (2006),
800-942-7434
www.health.ri.gov/family/specialneeds/autismguide.pdf