A Thesis

entitled

The History and Significance of the Autism Spectrum

by

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Submitted to the Graduate Faculty as partial fulfillment of the
requirements for The Master of Liberal Studies Degree

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An Abstract of
The History and Significance of the Autism Spectrum
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Walter Atkins
Submitted to the Graduate Faculty as partial fulfillment of the requirements for the Master of Liberal Studies Degree
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“Table Talk” by Martin Luther was a story about a twelve year old boy who may have possessed characteristics of limited social exchange and imagination. Luther believed the boy was a soulless mass of flesh possessed by the devil and suggested that he be suffocated. Had he lived in the modern era, Luther would have described the young man best as having “Autism Spectrum Disorders.”

Seventy-five years ago the world knew little about autism as a whole. With the help of time, we now have a better understanding of the disease spectrum. Those observations made by the early pioneers have evolved as breakthroughs in the disease management process. One must remain abreast of the character traits and discoveries of modern medicine and hopeful preventions that shall advance individual accommodations in future treatments. In exploring past human competency levels and myths of autism, an emphasis of significance is placed on increasing awareness and the reaction factors to seeking treatment, as the scope of early intervention.
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Chapter 1

The Definition and Characteristics of ASD

Autism Spectrum Disorders (ASD) can be described by the federal definition in the United States legal code, “Individuals With Disabilities Education Act” as follows: “A child is classified as having autism when the child has a developmental disability that significantly affects verbal and nonverbal communication and social interaction, that is generally evident before age three, and that adversely affects educational performance.” (Code of Federal Regulations 1308/1308, 15)

This disease is a neurological condition that affects the physical brain and brain chemistry, and can be a severely incapacitating life long developmental disability. It affects a variety of bodily functions and may be manifested by few or many symptoms. Even though two children can be diagnosed with the same form of autism, their physiological capabilities may be very different. Many living with ASD will display characteristics that overlap with other disorders in the autism spectrum group.

A person with ASD may appear as if they are in their own world, having a unique set of sensory, physical, and mental impairments. In some cases, you have children that can or cannot speak. Social situations are difficult, with ASD, as one may present delayed speech with or without meaning, hyperactivity, and repetitive movements.
In the ASD population, it is a common tendency to be sensitive or unusual in reacting to sensory stimulation through taste, touch, smell, hearing or site. A person with ASD may have a time delayed response to learning, or may be incredibly good at other skills. One child with the disorder could show severe physical and cognitive impairments, the other child could have incredible skills in science, art, math, and memory, but may be deficient in their social skills. Other traits include having the inability to control emotions, reactions, and behaviors. They may be more sensitive, or they could display a flat facial expression, appearing to be emotionless.

1.1 Onset and Population of ASD

ASD is usually apparent at an early age, typically it is present by age one. Symptoms can be noted from several months old to age three. The onset, or time in which the disorder is recognized, is usually prior to the third year of the child’s life. A person with ASD can be of any race, culture, social, or economic group. Both sexes are affected, although more males are diagnosed than females. He or she with ASD may suffer in conjunction with other conditions such as: deafness, Attention Deficit Disorder, Down Syndrome, cognitive disabilities, blindness, Cerebral Palsy, Epilepsy, etc. Due to the dynamic nature of ASD, experts say there are no two children with autism that are the same
Chapter 2

Common Myths about Autism

Myth: People with ASD never make eye contact.
Fact: People with ASD do make eye contact, they express themselves differently, less or more than a normal child.

Myth: If you have ASD, you prefer to be isolated.
Fact: People with ASD want to interact with others, but they may not have the social abilities to do so effectively.

Myth: People with ASD do not have feelings, or care about others.
Fact: People with ASD do in fact have emotional feelings but they do not have the ability to spontaneously connect and develop a relationship. They process their feelings in a different and or difficult way.
Chapter 3

History of Autism – Introducing the Pioneers

The word "autism," originally comes from the Greek word "autos," meaning "self." The earliest known documented case of autism was in the court case of Hugh Blair of Brogue. In 1747, Blair’s younger brother appeared in court for a decision on Hugh’s mental capacity to contract a marriage. He successfully petitioned the annulment of his marriage so that he can gain his brothers inheritance (Autism in History..88). Hugh’s argument was that his brother was mentally unstable. There was no proof that Hugh had autism but there was clear evidence that he showed traits of autism.

A Swiss psychiatrist, named Eugen Bleuler, first used the term in 1911. He described the symptoms of mental illnesses into a category. The term was then confused with emotional problems and schizophrenia until 1943. During the 1940s, the two pioneers Leo Kanner and Hans Asperger described children with the characteristics we recognize today as being autistic. Autistic became “autism” in 1943 when John Hopkins University Psychiatrist Leo Kanner identified it as a distinct neurological condition without a specific cause. At that time Kanner invented a new diagnostic category called "Early Infantile Autism", sometimes referred to as the Kanner Syndrome.

In 1944, Hans Asperger, an Austrian Pediatrician in Vienna, published a
doctoral thesis and described patients also using the term “autistic.” He and Kanner both
described similar characteristics of impaired communication and social interaction.
Although both doctors described a broad range of symptoms, it was Kanner’s
description that became the most widely recognized. The term “Asperger’s syndrome”
became worldwide when it was made public in 1981, as a condition previously
described by Hans Asperger.
Chapter 4

The Autism Spectrum Disorders

Autism Spectrum Disorders features a group of diagnoses that are considered clinically separate from another, but are many times grouped together for learning purposes, as their characteristics often times overlap. These disorders are listed and expanded below:

- Autism
- Asperger’s Syndrome and High Functioning Autism (HFA)
- Pervasive Developmental Disorders (PDD)
- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) and Atypical Autism

4.1 Autism

Autistic Disorder is a social situation impairment noted by a failure to exchange nonverbal behaviors such as eye contact, facial expression, body posture, and gestures. The onset is prior to three years old. The symptoms of autism can usually be observed by 18 months of age. Some may have a delay in one or more areas of development, while many other autistic individuals may be more typical of other ASDs.
The main signs and symptoms of autism involve problems in the following areas: social interaction, communication, age appropriate play, and reasoning. These impairments are evidenced by lack of appropriate exchange and understanding of emotional, verbal, or body language. Autistic people have issues in developing age appropriate activities and relationships. Routine behaviors are present as they may repeat actions or words in an obsessive manner. Examples include echoing others’ sounds, finger/hand flapping, twisting, and sudden or slow complex whole-body movements. Dangerous or fantasy play inappropriate to developmental level may be displayed. An autistic child may be persistently preoccupied with certain objects such as a hot coffee cup or poisonous chemicals.

This person has a level of impaired development of communication and may or may not present an attempt to use other forms of expressing themselves to share feelings of pain, illness, joy, or sadness. Some individuals may present adequate speech at normal or odd moment, and may or may not have the ability to talk with others.

4.2 Asperger’s Syndrome and High Functioning Autism (HFA)

These conditions are considered by many scholars and health care professionals to have overlapping signs and symptoms of each other. The behaviors may include more or less common aspects of each other. Asperger’s Syndrome is the impaired ability to utilize social cues such as body language, abstract reasoning, appropriate eye contact, and socialization skills.

They tend to have odd behaviors such as being extremely sensitive in responding to stimuli, also exhibiting unusual or repetitive movements. They can be seen as autistic people who talk well. Experts argue that although verbal speech is intact, other
communication problems may exist. Asperger’s can use verbal communication whereas autism usually has limited or no speech. A person with Asperger’s is also described as one who shows no interest in developing human bonds. The degree to which Asperger’s kids actually are aware of their trouble making bonds with others, is often misunderstood.

Asperger’s and Autism together share the issue of recognizing the existence and intentions of others. Children with Asperger's Syndrome, generally have a normal to advanced intelligence level. They may exhibit a satisfactory understanding of vocabulary and grammar subjects with a decreased ability to concentrate and or understand humor.

4.3 Pervasive Developmental Disorders (PDD)

The term Pervasive Developmental Disorders is a diagnostic category used to describe many neurological disorders that involve impaired social skills and repetitive behaviors. They include Autism, Asperger's Syndrome, Pervasive Developmental Disorder not Otherwise Specified (PDD-NOS), Childhood Disintegrative Disorder (CDD)*, and Rett's Syndrome*. (Rett’s Syndrome and CDD will not be included as they differ and have a more progressive course where loss of skills and abilities occur over time.)

The PDDs are characterized by their developmental delays in functional and communication skills. Traditionally children with autism were said to have a PDD, implying that a child demonstrates disorganized development. They are pervasive, meaning the disease affects many areas. Learning ability is affected but may improve to other levels.

The condition is something that happened during early development, and not from an accident or injury. They are medical disorders that are not caused by parenting errors,
toxins, poor care, etc. Some cases may be genetic. There is a wide spectrum of
impairments associated with PDD and ASD, which can range from mild to severe. One
cannot outgrow PDD and to date there is no cure. The condition is expected to be present
for the entire life span.

4.4 Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

and Atypical Autism

The characteristics of PDD-NOS are presented as they have overlapping
symptoms with Atypical Autism. Atypical Autism is the primary diagnosis given to
children who have some form of autistic symptoms but do not have all of the particular
traits to form a diagnosis of autism. These types of cases, mainly the milder forms, are
usually discovered later in life than prior to age three, as general autism. People who are
closely related to the affected individuals have a higher than expected incidence of these
disorders. The cause may possibly have a genetic basis, but there are no facts to support
that notion.

The symptoms and severity of Atypical Autism can vary from person to person. Some
traits of people with Atypical Autism may be that they have a difficulty with language
skills, whereas they display limited or no verbal ability and possess a smaller vocabulary
than other children in the same age group. A child may show normal language
development that may suddenly begin to deteriorate. A common trait is the impaired
ability to interact with others socially. Some people with this disorder may have little or no
interest in socializing and may not even attempt to communicate with other people. Others
may desire social interaction, but do not know how to communicate effectively.

Individuals with PDD-NOS usually experience an area of impairment however
their overall living skills are more advanced than people with autism. They often do not know how to react in an appropriate manner to other people’s emotions. People with this disorder often have difficulty understanding non-verbal cues or language that is not meant to be taken literally. These factors often lead to uncomfortable social interactions, therefore re-enforcing the tendency of people with atypical autism to prefer solitude.

Parents will often have a hard time dealing with any variation from their expectations. Some with PDD-NOS will insist on keeping a strict schedule and will have an outburst of aggressive behaviors when things don’t go as expected. Others may have issues when they encounter specific colors, sounds, or smells due to their inability to deal with sensory stimuli. The higher functioning individuals with PDD-NOS are likely to have an improved extent of verbal and non-verbal communication. They could also have a lesser extent of other impairments making them more able to perform normal functions while others may be severely impaired and have to live either with a relative or at a care facility. Typically the higher functioning people with this disorder have milder symptoms and are more able to manage a normal healthy life.
Chapter 5

The Family Impact

It may be difficult for first time parents to identify with the whole reality of the disorder without having the accurate knowledge, support, and experience in dealing with ASD. Many parents feel a sense of guilt or question, “why me?” A parent may have a lack of knowledge or may be in denial. That can affect other family members as well.

Many parents that have children with autism were in denial of accepting the condition at one point in time. Parents that have a lack of understanding about the disorder may think that their child is just showing normal behavior. Some parents may have denial simply because it is every parents dream to have a healthy child. The challenges that the parent may face is accepting the fact that their child who has autism may never be able to do things as normal children. This can become a burden to a family, especially if they have other children in the house.

If the parents have older children, they may be overwhelmed with the responsibilities of helping to care for a sibling with ASD. Older kids may complain that they are tired of everything being about that one special child. Other children may feel left out and ignored because most of the parent’s time and energy are focused on the child with autism. The older siblings may not be able to do normal teenage activities
that they were formally used to. For example they may not be able to play some sports or join clubs at school because the parent doesn’t have excess amount of time to provide them with rides and give them proper support they need for the activities. Families may feel depressed and neglect the signs that other children are suffering, as they try to balance their lifestyle with an autistic family member.

To make sure the child with autism gets the proper attention and treatment required to have the best chance in life, the entire family must be educated, work as team, and maintain a solid support system. The family has to cater to that child’s individualized needs. Having family meetings with other support people will allow the family to put forth a plan that will be best in relating to the unique circumstances that will be encountered on a daily basis. It is to the advantage of the child and the entire family that proper planning is initiated as soon as possible. It benefits the child because they can observe the structured environment they need, in order to become a more productive citizen. The family will have a sense of relief once they know and understand that the child is receiving proper treatment.

The family should include in the plan for the autistic child, to have simple responsibilities and activities. This will create a supportive and loving environment by making the child feel more included. When a parent gives a child with autism responsibilities around the household, it can be fun and challenging to the child. They may be able to do simple tasks such as go get the mail or do simple cleaning. He may understand that his job is to take the trash out. The rewarding factor is that the child would have a sense of ownership and responsibility. This could possibly be the highlight of his day. He would feel as if he is contributing to the family’s success and that he plays a major role in doing so. It could be challenging because he may not understand the proper way to take the trash out, even though he has been showed how
to perform the task several times. At this time the parents have to exemplify patience and affection towards the child so that the goal can be completed.
Chapter 6

Causes and Cures

Parents should be reassured that at the present time, there is no scientific evidence to support claims that MMR vaccine or any combination of vaccines cause ASD. No one really knows what causes autism. Autism is not caused by one’s income, parent’s educational level, race, ethnic, or social background.

Autism can be present in any new born, anywhere in the entire world. Some use to think that autism had a direct connection with people who were poor. This is not the case because there are many people that are wealthy that have conceived children with autism. Bad parenting was even considered as a cause, at one point in time, in the early years of the disorder.

We do know that according to the Centers for Disease Control, the incidence rate for autism spectrum disorders is now as high as 1 in 110, including 1 in 70 boys. It is now known to be a heterogeneous disorder, with milder forms being more common than the classic form. Autism is the fastest growing developmental disorder in the U.S., representing a 600 percent increase in the past 20 years. No one can explain why the disorder is growing so rapidly.
Chapter 7

Suspecting ASD and Seeking Support Immediately (SASSI)

An initial suspicion of any ASD means that you should seek professional medical attention immediately. Many options are available to help families provide the best treatments available. Supportive services and testing procedures will help families cope with fears and issues. A good acronym to remember is SASSI.

7.1 Seek Support Services

Any child with a suspected delay or symptoms of ASD should be given the opportunity to enroll in an age-appropriate early intervention program immediately, even before a definitive diagnosis is available. (Pediatric Neurology 39.1 (2008)) Children are entitled to many federally mandated programs and services for children with developmental delays or deviations. Although criteria may vary slightly among states, eligibility for these programs is based on the presence of a delay, not on a categorical diagnosis.

7.2 Conduct Lead Screening
In some cases a child may show developmental delays and behavioral problems that can be a sign of lead poisoning. Children at young ages have a tendency to put many objects in their mouth. These objects could be from a wide range of household items such as crayon, toys, or even tools. With the range of risks involved, lead screenings are performed routinely when a child shows signs of a developmental delay or disorder. If elevated lead levels suspected, refer the child to a local emergency center.

### 7.3 Perform Formal Auditory Assessments

In some cases, a child that may appear to have a developmental delay could actually be hearing impaired. There is a strong relationship between the child’s hearing, and his communication ability. If a child’s hearing impairment goes undiagnosed, he may experience delays in development and communication issues.

A child with a communication or developmental disorder may also have related issues with sensitivity to sound. If a physician is concerned after the screening there should be additional testing done. One the previous issues are ruled out, it may be necessary to seek additional help from an ASD specialist.

### 7.4 Conduct Autism Screening

If the developmental screening raises concern it is highly recommended that parents follows up with an autism screening and diagnosis specialist, (Da Capo Press, 2009). Most autism screening tools are designed to detect autism spectrum disorders, concentrating on social and communication impairments in children and focusing on the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV) criteria for autism. Some professionals use the
International Classification of Disease (ICD-10), which is a diagnostic manual developed by the World Health Organization.

Although all autism screening tools have limitations, most notably by the lack of well-validated screening tools available for children 18 months of age and younger. It is vital that your child receive the proper screenings necessary to determine that he or she has autism.
Chapter 8

Choosing a Pediatrician

It is very important that parents choose the right pediatrician because your child’s well being depends on this. You have to select one that you feel comfortable with, you know he or she will do a good job and has the best interest for your child.“Pediatricians should listen carefully to parents when discussing their child's development. They are reliable sources of information, and their concerns should be valued and addressed immediately”. (Journal of Child Psychology and Psychiatry 40.5 (1999): 719-32.)

When a parent reports to their pediatrician that their child is showing symptoms of slowed development, it is now in the hands of the pediatrician to do what is necessary for the child. When following the younger sibling of a child with a known ASD disorder, pediatricians should demonstrate a high level of caution and monitor the child closely for any developmental or behavioral concerns. This child has a greater chance of showing ASD trait because of the relatively high familial recurrence rates. Pediatricians who utilize screening and diagnostic tools specific for ASD, should make sure the tests are culturally and linguistically appropriate. (Journal of Child Psychology and Psychiatry 40.5 (1999): 719-32.)

If the pediatrician doesn’t specialize in the required area to treat the disorder, it is
important that you are given an additional physician referral that can possibly help you. A family pediatrician can only do so much for your child if he has autism. If a family pediatrician feels unable to test or diagnose the child properly, he or she should be promptly referred to a specialist, or preferably, a multidisciplinary team of specialists with expertise in ASD. If the parent has no experience in the medical field then it is very important to continue to follow up with the specialists, report new conditions, and get a second or third opinion when they are unsure.
Chapter 9

Awareness and Early Detection

The key to advanced treatment and technology is early detection of autism. Recognizing the early signs can be a challenge for parents and healthcare professionals (American Psychiatric Association, 2000). The reason it can be challenging for parents is because many of them are unaware of the signs to look for.

Pediatricians have a limited time in each visit that they have to recognize symptoms of autism. Paying close attention to your baby's developmental milestones is the most important underlying factor in the early detection and treatment of ASD. The reason being is because a parent knows their child the best. They are the eyes and ears in the early detection of abnormal changes.

She's smiling and pointing, and seems normal. With developmental, behavioral, and learning disabilities on the rise, there is much that remains poorly understood, from the cause to curing autism. Experts say there are red flags in a child's early development that may lead to identifying an autistic spectrum disorder as early as 12 to 18 months of age (American Psychiatric Association, 2000). Current research has revealed that parents are usually correct in their concerns about their child's development. (American Psychiatric Association, 2000) Pediatricians have to take every case scenario that a
parents tells them, and put it into consideration. Any concerns should be valued and should lead to additional investigation. This is mainly for precautionary reasons that should be taken serious.

There are some cases where parents jump to conclusions as they lack understanding of typical developmental delays and autism. A parent may feel as if their child is not progressing in a timely matter. What they have to realize is that all children mature and develop differently. Some develop social and motor skills at a faster pace than others. This can be a very contradicting topic because on one side, physicians encourage parents to notice symptoms of autism, then they say don’t jump to conclusions. I believe this makes it difficult for a parent to actually realize when their child has symptoms because they don’t want to jump to conclusions.

Take home information and manuals are available when parents take their babies from the hospital. They are informed on the specific signs of autism that a child may show at an early age to make parents aware of possible situations a baby could face. This is an awareness and prevention method for parents of newborns in America and across the world.

Other methods of teaching autism awareness are presented during the parenting classes that pregnant women and spouses attend. People learn in many different ways, it is a better and exciting way to actually learn from visual information. Videos and acting out a live detection of autism is an excellent way to educate parents on the subject. Hot lines are available to listen carefully to parents' concerns about their child's development and behavior.

It is believed that the earlier the diagnosis of autism, the better the outcome for that particular child’s life. The family should report anything they suspect as abnormal
regarding their child immediately. When parents notify their physician early on, treatments for the child could start sooner. The longer the parent waits, the more time the baby goes without the proper treatment needed to help them throughout life.

"There is no cure for autism, but the faster you get a child into intensive treatment, the more promising the long-term outcome is for both the child at risk and the family,"(Da Capo Press, 2009). Many pediatricians feel this statement is true because if the child is helped early on, he or she could function more independently than the average kid with autism. There is one widely-accepted fact: early and intensive intervention can have a profound impact on the quality of life for children at risk and their families.(Da Capo Press, 2009)
Chapter 10

Early Detection Screening Tools

The American Academy of Pediatrics and American Academy of Neurology practice parameter, were developed in order to establish standard practices amongst physicians, to simplify the screening process, and to ensure that all children receive routine and appropriate screenings and timely interventions. (Pediatrics, 108 (1): 192)

The screenings can give physicians the knowledge to share a child’s developmental strengths and challenges with the parents (American Psychiatric Association; 2000). Also enables them to work with the family to get that child on the correct developmental path. The sooner the physician determines the correct developmental path the better.

It is highly recommended that a physician or certified physician assistant perform routine developmental screenings using a highly validated screening tool at each visit on all children from birth through school age to identify those at risk for atypical development. Physicians should take a brief moment at the start of each visit to observe how the child behaves, interacts, and communicates with a parent or caregiver in either the reception area or examining room. The child should be acting accordingly for his/her age.
The physician should refer to the social, emotional, and communication milestones for a child’s age and discuss the child’s development with the child’s parents or caregivers (Journal of Child Psychology and Psychiatry 40.5 (1999). This will supply the parent with things to look for at home. If this behavior continues, then the parent should report it to the physician to allow the important data to be recorded, continuously observed, and monitored, in the child’s developmental progress over time.

There are several ways a physician does a developmental screening in a common visit. He can have the parent complete the screening form in the waiting room, or even at home before a the visit, sometimes these screenings take less than 10 minutes (Clinical Pediatrics 33.5 (1994). This will give the physician a good idea of how far along the child has progressed and what areas they may need to look at. One should know that screening tools vary with respect to targeted age range, accuracy, simplicity of use, completion time, languages available, and cost.

Some developmental screening tools are more specific to social and communication milestones and some are more specific to gross and fine motor skills, while others are more specific to behavior and temperament (Clinical Pediatrics 33.5 (1994). All screening tools have limitations and should not take the place of good clinical history and observations. The best way for a physician to have a better understanding of the child is through the old fashion way, notes and observation, because it is more of a hands on approach.

Alternative tools have been developed to aid physicians in screening for ASD in younger children. These relatively new instruments, although promising, need additional validation to assess their sensitivity and specificity across various ethnic populations.
The screening guidelines for children under 36 months outline a six-step process for physicians to use when monitoring healthy development in a child. During this period of early development, children make regular visits to the physician.
Chapter 11

Pre-Diagnosis

When considering the diagnosis of ASD, physicians refer to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) to determine whether or not a child meets the criteria-based diagnosis for a disorder within the spectrum (American Psychiatric Association; 1994). The definition and criteria for ASD have been broadened to include milder forms. The newest criteria in the accompanying technical report can be found in the DSM-IV (APA; 1994) or the DSM for Primary Care, Child and Adolescent Version published by the Academy. These criteria were established for children 3 years and older and may be difficult to apply to younger children.

Children should be formally monitored for developmental progress at every well-child care visit. Developmental surveillance is an important function of the pediatrician in the context of the medical home (Clinical Pediatrics 33.5 (1994) and should include social and emotional milestones in addition to the more traditional ones like motor, cognitive, and language.

Parents may complete a standardized developmental questionnaire or an objective screening tool may be used during the visit (Clinical Pediatrics 33.5 (1994)) Parents are encouraged to report subjective and objective data to assist in clinical observations, and
charting developmental milestones. Further concerns will prompt the pediatrician to perform a more comprehensive standardized test and implement creative interventions.
Chapter 12

Post Diagnosis

If a child meets some but not all criteria, the diagnosis of PDD-NOS may apply. Once the diagnosis of ASD is made, the family and caregivers should be provided with current literature and information regarding parent support groups, websites, specific autism intervention programs, and other available community services.

12.1 Obtaining a Second Opinion

The most successful approach to dealing with the symptoms of Autism involves systematic and intensive treatment and support. You may or may not want to pursue a second opinion regarding your new diagnosis. If you do feel that the diagnosis is correct, one should make it a priority to proceed forward in developing plans to treat the language and social difficulties of the child. On the other hand, treatment should be incorporated as you are also looking for a second opinion.

12.2 Support Groups and Counseling

Parent support groups are formed so that the parents can have someone to relate to. It is already tough to deal with the fact that your child suffers from autism, so with the support group it gives parents an outlet to ease stress (American Psychiatric Association,
It can also be a form of counseling, and knowledge gain from the group sessions.

It is often that parents get into these groups and they learn from their peers about things to expect, who the best doctors in town are, what actives to put your child into, and any other autistic programs that are offered to children. Families can also seek support in genetic counseling appropriate to their family member’s etiologic diagnosis. Parents of a child with an apparently isolated ASD should be counseled regarding the increased recurrence risk (3%-7%) in subsequent children (American Psychiatric Association, 2000). Counseling should be utilized as soon as possible to ensure that the family receives proper guidance, resources, and answers.
Chapter 13

Individualized Interventions

When a developmental screening indicates a possible delay, it is highly recommended that you communicate this information as soon as possible to the child’s doctor. If there is serious concern about the child’s development, the physician will refer the parent to early intervention programs and specialists for further developmental evaluation. Early intervention specialists will analyze the need for further developmental evaluation.

In 1986, the U.S. Congress created the mandate for a range of services to be provided to infants and toddlers with disabilities, through what is referred to as “Early Intervention” (Individuals with Disabilities Education Act Reauthorization Act.1994). In Public Law 105-17, the provision of special services for the youngest members of our society was established. This was due to “an urgent and substantial need” both to “enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay.” (Individuals with Disabilities Education Act Reauthorization Act.1994)

Each state across the country is provided grants from the federal government to give comprehensive services to infants and toddlers that have disabilities. A lead
agency in each state administers the statewide program. Each state establishes criteria for eligibility within parameters set by the federal government (*Individuals with Disabilities Education Act Reauthorization Act*.1994) The Early intervention services are designed to serve children with disabilities individually, under the age of three, and the families who care for them.

When your child is showing more significant signs of delay or disorder he or she can be referred for additional services. Depending if your child qualifies, the services could be free or cheap. (*Individuals with Disabilities Education Act Reauthorization Act*.1994) The Early Intervention program is designed to provide children with the proper training needed to improve outcomes of disability, through intensive intervention at early stages.

A set of professionals offer services including: screening and assessment; family training, activities, counseling, and home visits; dietary therapy, speech therapy; occupational therapy; psychological services; audiology services; vision services; social work services; and transportation. (*Individuals with Disabilities Education Act Reauthorization Act*.1994) These are provided, with some exceptions, at no cost to some families. The government has taken this matter into serious consideration and is pushing these initiatives to help unprivileged families with the costly findings that it would normally take to pay for all these services.

With early intervention and support, a child can overcome a wide range of developmental, behavioral, and learning problems (*American Psychiatric Association; 2000*). Rigorous, well designed and timely interventions can improve the prospects and the quality of life for many children who are considered at risk for cognitive, social, or emotional impairment. There are even a few cases, were effective
intervention can improve conditions once thought to be virtually untreatable, such as autism. Well-implemented programs can brighten a child’s future and the impact a developmental disorder has on the family. A child could possibly become more independent than other with his or her same disorder.
Chapter 14

Treatment

There is no single best treatment for all children with ASDs, because no two individuals are alike. What may work for one may not work for another. A well structured treatment plan designed to teach specific skills is ideal and very important. Before a family chooses a treatment regime, it is important to talk with the child’s health care team to understand all the risks and benefits that are involved. Routine medical, dental, physical, and mental exams should be a part of the treatment plan. It may be hard to tell if a child’s behavior is related to an ASD or caused by another underlying condition. For example, a head banging child could have an ASD, or they could simply just be having headaches. In some cases a thorough physical exam is needed.

Many different types of treatment options exist such as auditory training, discrete trial training, vitamin therapy, anti-yeast or anti-allergy therapy, music therapy, occupational therapy, physical therapy, and sensory integration. The different types of treatments fall into the following four categories: Complementary and Alternative, Medicine, Behavior and Communication Approaches, Dietary Approaches, and Medication.
Chapter 15

Education Centers for Patients and Families

Online and home schooling options are available for families that prefer alternative therapies for their children. It is ultimately up to the parent and the specialist to come up with the best possible plan for the child. It has to be suitable for the child’s individual need to create the highest possible outcome for the child.

There are year round educational facilities for children in the autism spectrum specializing in developing functional, communication, social, as well as academic skills. These programs will assess each student and implement a uniquely designed program. The “highest functioning” children are grouped according to developmental, communication and social skills.

Instructors and expert practitioners in the field come to teach the current strategies and interventions for this population. Children learn from a variety of speech, occupational, and sensory integration therapists, psychologists and behavioral specialists in this field. As a direct result of the intensive teaching, most children will grow in each area that they work in. It is a good feeling to see this type of progress when you are dealing with one who suffers from autism. Parental involvement in the learning process, the children and teachers will be happy to see that the work is benefiting the student.
Chapter 16

Creating and Maintaining a Safe Home Environment

Parents of clients with ASDs know that it is very important to take care of their loved ones 24/7. In providing the best care, it is a consistent routine to create and maintain a safe living atmosphere. Most changes are relatively simple and inexpensive to initiate. ASD resource centers are always helpful in giving tips and information on items such as electrical outlet covers, door gates, cabinet locks etc. to ensure the highest level of safety possible.
Chapter 17

Resources and Programs for ASD

Well developed programs can also enable a child to be included in his or her community. Everybody in the world wants to feel like they belong to a group, society, or team etc. The same goes for people with autism in that they want to be accepted as if they are normal people in society. Indeed they are normal people in society but they just happen to suffer from a certain disorder.

We all have flaws and imperfections in our lives. Those with autism are more visible than others but it doesn’t make them any less of a person than those of us considered normal. They have the right to be accepted in their respected communities just as we do. Resources and programs offered for children and families that suffer from autism allows them to be one step closer to a more higher functioning level, satisfying the need to feel accepted in society. Individuals that are higher functioning with autism now have more opportunities than ever to pursue employment. The disability act of 1990 ensured that no employee would get discriminated against because they have a disability. This act has really opened doors for people that suffer from disabilities for over 20 years. It has given them an opportunity to be more independent in life.
17.1 The TEACCH Program

Another valuable resource center, TEACCH (Treatment and Education of Autistic and Communication related handicapped Children) is an organization that provides evidence based services, training, and research programs for individuals of all levels of autism spectrum disorders. TEACCH was established in the 1970s by Eric Schopler and his colleagues.

The TEACCH program has helped thousands of individuals and families with autism spectrum disorders. The TEACCH organization provides clinical support services such as diagnostic testing and evaluations, parent teaching and support groups, age appropriate social play and recreation groups, individualized counseling for higher-functioning clients, and employment assistance.

In addition, TEACCH conducts annual training on an international level. They provide consultation scenarios for teachers, care providers, and other professionals of all kinds. Research activities and services include psychological, general learning, and biomedical studies. Most clinical services from the TEACCH program and training centers are free to citizens of North Carolina (www.teacch.com).

17.2 Additional ASD Resources

The National Institute on Deafness and Other Communication Disorders

The National Institute of Dental and Craniofacial Research

The Autism Treatment Network (ATN)
Chapter 18

Understanding the Significance of Autism Spectrum Disorders

Autism is characterized as a unique set of neurological disorders that affects the individual’s communication abilities, reasoning, learning, and physiological response. Children with autism demonstrate behaviors and skills that can range from mild abnormalities to severe developmental challenges. Although clinical patterns vary depending on severity, all children with ASDs lack the normal ability to fully engage in mutual social interaction, communication, movements, behaviors, interests, and activities. One has to remember there are no two people with autism that are alike. Interventions must be individualized and catered to accordingly, the person’s specific autism traits. Although autism may not be curable, it is manageable through treatment, support systems, resources, and awareness.

Sharing knowledge and awareness prevents discrimination, neglect, and dispels myths. It is vital for parents, employers, the general public, and counselors to know the significance of the autism spectrum so that society can be aware of the warning signs, interventions, and breakthrough technologies that allow the person early treatment. Most importantly, if we do not act to detect the early developmental abnormalities, we will
delay the individualized care to the autistic population, and ultimately decrease their quality of life.
AUTISM

Persons with autism may possess the following characteristics in various combinations and in varying degrees of severity.

- Inappropriate laughing or giggling
- No real fear of dangers
- Apparent insensitivity to pain
- May not want cuddling
- Sustained unusual or repetitive play; Uneven physical or verbal skills
- May avoid eye contact
- May prefer to be alone
- Difficulty in expressing needs; May use gestures
- Inappropriate attachments to objects
- Insistence on sameness
- Echoes words or phrases
- Inappropriate response or no response to sound
- Spins objects or self
- Difficulty in interacting with others

1-800-3AUTISM

Autism Society of America
7910 Woodmont Avenue, Suite 650 Bethesda, MD 20814-3015

January is National Autism Awareness Month.

Adapted from original by Professor Linda Short, University of Queensland, Brisbane Children's Hospital, Australia
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