Trauma Care

Information

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Autism Disorders

Autism is an umbrella term for a wide spectrum of disorders, sometimes referred to as "Pervasive Developmental Disorders" or "Autism Spectrum Disorders." This article is intended as a basic introduction – who, what, when, where, why, and how of autism.

WHO does autism affect?

There are many types of disorders that fall into the Autism spectrum, some severe and others quite mild, all these need to be correctly diagnosed by a Psychiatrist.

Autism spectrum disorders cut across all lines of race, class, and ethnicity. Autism impacts millions of children, adults, and their families around the world. Boys have a significantly higher incidence of autism than girls: four out of every five people with autism are male.

Because of the genetic link, siblings of a child with autism have a greater chance of being diagnosed with an autism spectrum disorder. Autism spectrum disorders affect not only the person diagnosed with the disorder, but also make a significant impact on the entire family with a variety of social, financial, and other practical demands.

WHAT is autism?
The word "autism" often evokes an image of a person with the most severe symptoms of the disorder; however, autism is an umbrella term for a wide range of disorders. Clinically, they may be referred to as "Pervasive Developmental Disorders" (PDDs) or "Autism Spectrum Disorders."

The term "spectrum" is crucial to understanding autism, because of the wide range of intensity, symptoms and behaviors, types of disorders, and as always, considerable individual variation.

Children with autism spectrum disorders may be non-verbal and asocial, as in the case of many with "classic" autism, or Autistic Disorder. On the other end of the spectrum are children with a high-functioning form of autism characterized by idiosyncratic social skills and play, such as Asperger Syndrome.

WHEN is autism diagnosed?

The *First Signs* of autism most often present themselves before the age of three; with education and practice, some clinicians have even been able to identify the warning signs in children under the age of one. Often, however, 15 to 18 months is the time parents first notice loss of skills or delays in development.

Autism is characterized by what is clinically described as "deficits in social reciprocity." Social reciprocity may include a range of back-and-forth actions, such as gestures, sounds, play, attention, and conversation. Further, ritualistic and obsessive behaviors are often present: for example, a child may insist on lining up toys rather than playing with them. In addition, a child with an autism spectrum disorder may have uncontrollable temper tantrums, an extreme resistance to change, and over- or under-sensitivity to sights and sounds.

The signs may be obvious, or subtle: for example, a three year old child can read, but can't play peek-a-boo. Another child may never utter a spoken word, but rather uses pictures or signing to be understood. The symptoms are varied, but one thing is clear: the earlier a child is diagnosed and begins receiving services, the better the prognosis for the child.

WHERE can a parent of a child with autism go for help?

Help for a child with autism begins at the physician's office. Six months before a child's third birthday, parents should contact their local school district for special educational services. At all stages of the process, from screening and diagnosis to making decisions about educational and treatment options, parents may benefit from an array of support groups, advocacy groups, and other organizations. These groups can provide a firm base for parent education and action.

WHY does a child have autism?

At this juncture, autism has no known cause or cure. Today, many parents and physicians are working together to advocate for increased funding of autism research.

HOW can I ensure the best developmental outcome for a child with autism?

Children with autism will have the best developmental outcome through early identification as well as early, intensive, and appropriate intervention. Parents can help promote a healthy developmental pathway for a child with autism in much the same way as for a typically-developing child: by being a loving, active, and involved caregiver, and by working creatively with each child's unique challenges and opportunities.

WHAT other disorders are often associated with this profile and should be ruled out or in by a specialist?

Often, you will see one or more overlapping disorders, including seizures, allergies, gastrointestinal disorders, immune dysfunction, hyperactivity, obsessive behaviors, anxiety, mood regulation, and depression. None of these on their own would indicate a presence of an autism spectrum disorder, however, many children with ASD will have one or more of these symptoms. About 25% of children with autism will experience seizures during their lifetime.

Possible "Red Flags"

A person with an ASD might:

- Not respond to their name by 12 months of age
- Not point at objects to show interest (point at an airplane flying over) by 14 months
- Not play "pretend" games (pretend to "feed" a doll) by 18 months
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Have delayed speech and language skills
- Repeat words or phrases over and over (echolalia)
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interests
- Flap their hands, rock their body, or spin in circles
- Have unusual reactions to the way things sound, smell, taste, look, or feel

Social Skills

Social issues are one of the most common symptoms in all of the types of ASD. People with an ASD do not have just social "difficulties" like shyness. The social issues they have cause serious problems in everyday life.

Examples of social issues related to ASDs:

- Does not respond to name by 12 months of age
- Avoids eye-contact
- Prefers to play alone
- Does not share interests with others
- Only interacts to achieve a desired goal
- Has flat or inappropriate facial expressions
- Does not understand personal space boundaries
- Avoids or resists physical contact
- Is not comforted by others during distress
- Has trouble understanding other people's feelings or talking about own feelings

Typical infants are very interested in the world and people around them. By the first birthday, a typical toddler interacts with others by looking people in the eye, copying words and actions, and using simple gestures such as clapping and waving "bye bye". Typical toddlers also show interests in social games like peek-a-boo and pat-a-cake. But a young child with an ASD might have a very hard time learning to interact with other people.

Some people with an ASD might not be interested in other people at all. Others might want friends, but not understand how to develop friendships. Many children with an ASD have a very hard time learning to take

turns and share—much more so than other children. This can make other children not want to play with them.

People with an ASD might have problems with showing or talking about their feelings. They might also have trouble understanding other people's feelings. Many people with an ASD are very sensitive to being touched and might not want to be held or cuddled. Self-stimulatory behaviors (e.g., flapping arms over and over) are common among people with an ASD. Anxiety and depression also affect some people with an ASD. All of these symptoms can make other social problems even harder to manage.

Communication

Each person with an ASD has different communication skills. Some people can speak well. Others can't speak at all or only very little. About 40% of children with an ASD do not talk at all. About 25%–30% of children with an ASD have some words at 12 to 18 months of age and then lose them.[1] Others might speak, but not until later in childhood.

Examples of communication issues related to ASDs:

- Delayed speech and language skills
- Repeats words or phrases over and over (echolalia)
- Reverses pronouns (e.g., says "me" instead of "I")
- Gives unrelated answers to questions
- Does not point or respond to pointing
- Uses few or no gestures (e.g., does not wave goodbye)
- Talks in a flat, robot-like, or sing-song voice
- Does not pretend in play (e.g., does not pretend to "feed" a doll)
- Does not understand jokes, sarcasm, or teasing

People with an ASD who do speak might use language in unusual ways. They might not be able to put words into real sentences. Some people with an ASD say only one word at a time. Others repeat the same words or phrases over and over. Some children repeat what others say, a condition called echolalia. The repeated words might be said right away or at a later time. For example, if you ask someone with an ASD, "Do you want some juice?" he or she might repeat "Do you want some juice?" instead of answering your question.

Although many children without an ASD go through a stage where they repeat what they hear, it normally passes by three years of age. Some people with an ASD can speak well but might have a hard time listening to what other people say.

People with an ASD might have a hard time using and understanding gestures, body language, or tone of voice. For example, people with an ASD might not understand what it means to wave goodbye. Facial expressions, movements, and gestures may not match what they are saying. For instance, people with an ASD might smile while saying something sad.

People with an ASD might say "I" when they mean "you," or vice versa. Their voices might sound flat, robot-like, or high-pitched. People with an ASD might stand too close to the person they are talking to, or might stick with one topic of conversation for too long. They might talk a lot about something they really like, rather than have a back-and-forth conversation with someone. Some children with fairly good language skills speak like little adults, failing to pick up on the "kid-speak" that is common with other children.

Unusual Interests and Behaviors

Many people with an ASD have unusual interest or behaviors. Examples of unusual interests and behaviors related to ASDs:

- Lines up toys or other objects
- Plays with toys the same way every time
- Likes parts of objects (e.g., wheels)
- Is very organized
- Gets upset by minor changes
- Has obsessive interests
- Has to follow certain routines
- Flaps hands, rocks body, or spins self in circles

Repetitive motions are actions repeated over and over again. They can involve one part of the body or the entire body or even an object or toy. For instance, people with an ASD might spend a lot of time repeatedly flapping their arms or rocking from side to side. They might repeatedly turn a light on and off or spin the wheels of a toy car. These types of activities are known as self-stimulation or "stimming."

People with an ASD often thrive on routine. A change in the normal pattern of the day—like a stop on the way home from school—can be very upsetting to people with an ASD. They might "lose control" and have a "melt down" or tantrum, especially if in a strange place.

Some people with an ASD also may develop routines that might seem unusual or unnecessary. For example, a person might try to look in every window he or she walks by a building or might always want to watch a video from beginning to end, including the previews and the credits. Not being allowed to do these types of routines might cause severe frustration and tantrums.

Other Symptoms

Some people with an ASD have other symptoms. These might include:

- Hyperactivity (very active)
- Impulsivity (acting without thinking)
- Short attention span
- Aggression
- Causing self injury
- Temper tantrums
- Unusual eating and sleeping habits
- Unusual mood or emotional reactions
- Lack of fear or more fear than expected
- Unusual reactions to the way things sound, smell, taste, look, or feel

People with an ASD might have unusual responses to touch, smell, sounds, sights, and taste, and feel. For example, they might over- or under-react to pain or to a loud noise. They might have abnormal eating habits.

For instance, some people with an ASD limit their diet to only a few foods. Others might eat nonfood items like dirt or rocks (this is called pica). They might also have issues like chronic constipation or diarrhea.

People with an ASD might have odd sleeping habits. They also might have abnormal moods or emotional reactions. For instance, they might laugh or cry at unusual times or show no emotional response at times you would expect one. In addition, they might not be afraid of dangerous things, and they could be fearful of harmless objects or events.

Development

Children with an ASD develop at different rates in different areas. They may have delays in language, social, and learning skills, while their ability to walk and move around are about the same as other children their age. They might be very good at putting puzzles together or solving computer problems, but they might have trouble with social activities like talking or making friends. Children with an ASD might also learn a hard skill before they learn an easy one. For example, a child might be able to read long words but not be able to tell you what sound a "b" makes.

Children develop at their own pace, so it can be difficult to tell exactly when a child will learn a particular skill. But, there are age-specific developmental milestones used to measure a child's social and emotional progress in the first few years of life.

Remember not to panic if you think your child may have symptoms listed above. To diagnose any of the autism disorders there are many symptoms that need to be present and diagnosis must be done by a Psychiatrist.

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