



# Autism



Autism is a developmental delay, which impairs a person's ability to communicate and socialize. Some individuals are severely affected; they have little or no language and may also have odd-seeming physical mannerisms or tics. Others are mildly affected with near age appropriate verbal skills. All persons with autism have some degree of weakness in recognizing social cues and responding appropriately. Because of this variation in severity, autism is considered a "spectrum" disorder. The term "Autistic Spectrum Disorders" (ASD) covers those who are mildly affected, severely affected, or anywhere in between.

## How common is Autism Spectrum Disorder?

According to the Centers for Disease Control and Prevention (CDC), 2-6 out of 1000 children has an ASD diagnosis. These disorders affect children of all ethnicities; boys are four times more likely to be diagnosed than girls. The CDC estimates that in the United States up to 500,000 individuals between the ages of 0 to 21 have an ASD. The number of children diagnosed with autism has increased since 1990. The reason is unclear. There may be more awareness of ASDs and there are more screening tools to pick up children with less severe forms of the disorder.

## What causes Autism Spectrum Disorder?

No one knows exactly what causes ASD. However, it is clear that autism is a biological brain disorder. Scientists believe that genes play an important role in the development of autism. Environmental factors may also play a role, but this hasn't been proven. Studies show that neither immunizations nor parenting practices are a cause of ASD.

## How do we identify children with Autism Spectrum Disorder?

There is no laboratory test that can diagnose autism. All children with autism have significant language delays. Careful developmental assessment, particularly speech, language and communication assessment, is a critical part of the diagnosis of autism and forms the basis for early intervention strategies. If you are concerned about a child's social development, there are screening tools available on the Internet that can be downloaded for free (see resources below). These screening tools, when completed by a parent or caregiver, can provide a pediatrician with valuable information and can help parents make a case for referral of their child for developmental assessment, the first step in getting the early intervention services that are critical for children with ASDs. Younger siblings of children diagnosed with ASD are at higher risk for also having ASD and should be carefully observed for developmental delays.

## What associated symptoms do children with ASDs have?

Some children with ASD may have other health problems. About one quarter of children with ASD will have seizures. Constipation, diarrhea, and gastroesophageal reflux are also more common. Children with ASD are often very selective about the foods that they will eat, or have very strong preferences for how food is given to them (for instance, in a certain cup or arranged so different foods don't touch each other on the plate), and growth may be affected. Some children with ASDs have tics (involuntary brief movements or sounds). Two thirds of children with ASDs will have cognitive deficits. When children with ASDs have developmental delays in all areas of functioning, mental retardation may be diagnosed.

## Are there any Early Warning Signs of ASD in infants and very young toddlers?

*Parents and caregivers should be concerned when a baby:*

- Has limited eye contact and diminished overall awareness of and responsiveness to others
- Does not babble, point, or make meaningful gestures by 1 year of age
- Does not combine two words by 2 years
- Has loss of language and/or social skills during the second year
- Does not play “pretend” games (e.g., pretend feeding a doll)
- Does not respond to his/her name at one year
- Doesn’t smile
- Becomes attached to unusual objects
- Seems to be hearing impaired at times, although no evidence of a hearing problem is present
- Exhibits unusual repetitive behaviors like hand flapping, humming, or rocking
- Does not use eye contact and/or finger pointing for the social purpose of sharing experiences with others

## What are the warning signs of ASD in pre-school aged children?

- Has difficulty with change
- Is unable to imitate the behaviors of others
- Has difficulty with expressing emotion and responding to the emotions of others
- Repeats or echoes words or phrases
- Has trouble grasping the meaning of idioms, sayings, humor, and sarcasm
- Has difficulty with initiating and maintaining a conversation with another child
- Laughs, cries, or shows distress for no apparent reason

- Has an unapproachable manner, prefers to be alone
- Has uncontrollable tantrums
- May not want to cuddle or be cuddled
- Has uneven gross and fine motor skills
- Plays oddly with toys or objects
- Is over-sensitive or under-sensitive to pain or other environmental stimuli
- Has no real fear of danger

If you observe these warning signs in a child in your care, talk with the parents about your concerns and suggest that a health care provider who is familiar with evaluating developmental delay evaluate the child. Early diagnosis of ASDs can lead to early intervention, which is the cornerstone of treatment for ASDs. The child who is unable to have social relationships or communicate his needs and feelings is at risk for becoming an adult with severe disabilities. The time to intervene is when that child is a toddler, when her young brain is still more “plastic” and can be taught new skills. Later on the brain is much more “fixed” and less adaptable.

## How is autism treated?

There is no cure for autism or autism spectrum disorders (ASDs). The best hope for children diagnosed with autism is early and intensive intervention that focuses on teaching the child communication and social skills that allow him to connect to the world. Even children with milder forms of ASD, such as Asperger Syndrome and Pervasive Developmental Delay, make better developmental progress with early intervention. There is no one program that is right for every child. Many children need intensive speech therapy to learn how to talk and many need to learn basic social skills like how to greet another child, how to wait their turn or how to understand the emotions of another child.

The brain is developing rapidly in the first three years of life and its “plasticity,” or flexibility, allows it to adapt and learn new skills that are very difficult to learn later when the brain is more set in its ways and less adaptable. Many parents and caregivers of children with ASD know that something

is wrong by the time the child is 12-18 months old but many children are not diagnosed until age three or four. Diagnosing a child this late means they do not receive early intervention for two important early years, and they often becoming increasingly isolated and disconnected from others. Early and effective intervention can make an important difference in the development, and lives, of children with ASDs. A highly structured classroom and intensive skill-oriented sessions will help children develop social and language skills, thereby increasing their ability to participate meaningfully in the human community.

Developmental and behavioral interventions form the core of treatment for children with ASD. Developmental interventions focus on motor, visual and language skills. Behavioral interventions focus on changing specific behaviors that interfere with educational or developmental progress.

Medications do not “cure” autism. They may be used to treat some of the child’s behavioral or emotional problems when these problems interfere with progress in the child’s learning and social development. These behaviors may include hyperactivity, inattention, irritability, self-injury, mood disorder, aggression and anxiety. Medical and environmental causes for the child’s behavior should always be ruled out before medication is tried. Because children with autism have brains that function differently than those of their peers, medications may also affect them differently. A medication that works for one child with ASD may not work for another. Children with ASD may also be on medications for other medical conditions that are common in children with ASD, such as seizures.

Family counseling with the parents and siblings of children with autism often helps families cope with the particular challenges of living with a child with an ASD.

## **What types of educational programs are appropriate for children with Autistic Spectrum Disorders?**

Many children with Autism Spectrum Disorders (ASDs) can make great progress in high quality,

inclusive settings. Programs that have structured, consistent, and predictable daily routines and focus on improving communication, social, behavioral, and daily living skills are appropriate programs for children with ASD. The most successful programs are individualized, and based on each child’s strength and needs. Interaction with non-disabled children is also important as they model appropriate language, social, and behavior skills. It is very important for teachers to build a partnership with parents so that learning activities, experiences, and approaches are consistent between home and the ECE setting.

## **How can you assist the child with ASD in a childcare setting?**

- Keep messages simple and direct.
- Use objects and actions along with words (e.g., show the child the shoe and demonstrate pulling the lace through).
- Focus on improving the child’s communication skills, and emphasize spoken language by having the child ask for something by name whenever possible.
- Give the child opportunities to interact with non-disabled children who are at a comparable level in language and social development.
- Help the child learn “joint attention”: how to share experiences by pointing out objects or events in order to share them with others. This skill of “joint attention” is an important building block for the development of later social and communication skills.
- Use real positive rewards when the child uses new skills (e.g., small toys, stickers).
- Establish a predictable environment including teachers’ language, behaviors, daily routines and classroom furnishing and materials.
- Provide opportunities for the child to use new skills in a variety of settings (home, school, and park) and with a variety of people.
- Reduce class size to minimize distractions. Provide frequent communication with parents and other caregivers.

- Whispering may be a useful communication tool that can be used for both talking with and calming a child with ASD.
- Do not require eye contact when talking with the child; it can overwhelm and confuse a child with ASD to both listen to and look at you at the same time.
- Do not rush the child; children with ASD need more time and patience from you to complete tasks.

## How partnering with parents can be helpful to you?

Parents are the most knowledgeable about their child's health and development. It is critical that you build a partnership with parents and understand that raising a child with ASD can be very challenging. Having a child with no language skills, poor social skills, and difficult behaviors is a challenge that families face on a daily basis. Assist them by providing support, information on resources and help to navigate those resources.

## Where should you refer a family if their child shows signs of Autistic Spectrum Disorder?

As childcare providers, you should communicate your observations with the parent. Remember, you must not label any child with ASD until he or she is fully assessed by a multidisciplinary team. Every program must have a referral policy and process. Follow your program's policy on referrals. Keep in mind that, by law, communication with the parent of the child is confidential. Every state is required to provide early intervention services for children age 0-3 years that are diagnosed with a disability, such as autism. Regional centers are nonprofit private corporations that contract with the California Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities from birth to 3, and School Districts are required by law to provide services to children with special needs from 3 to 21 years old. Based on the Free Appropriate Public Education (FAPE) of Individual with Disabilities Education Act (IDEA) law, all the services from

assessment to providing therapies for all children are free of charge for all parents.

### References

Allen and Cowdery, *The Exceptional Child*, 5th Edition. 2005.

UCSF California Childcare Health Connection July-August 2005, [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

Mark L. Batshaw, M.D. *Children with Disabilities*, 4th Edition. 1997.

Wiseman, N. *Could it be autism?* 2006/

Zeanah, C *Handbook of Infant Mental Health*, 2nd ed. 2000.

American Academy of Pediatrics *Understanding Autism Spectrum Disorders*

### Resources

#### Screening tests:

The Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP) Infant Toddler Checklist can be completed by parents or caregivers in 5-10 minutes and is appropriate for use with children who are 6 to 24 months. It is available at [www.brookespublishing.com/store/books/wetherby-csbsdp/checklist.htm](http://www.brookespublishing.com/store/books/wetherby-csbsdp/checklist.htm).

The M-CHAT is used to screen children ages 16 months to 30 months. It is available at [www.dbpeds.org/media/mchat.pdf](http://www.dbpeds.org/media/mchat.pdf).

#### Information:

Centers for Disease Control and Prevention Autism Information Center

[www.cdc.gov/ncbddd/dd/ddautism.htm](http://www.cdc.gov/ncbddd/dd/ddautism.htm)

Autism Society of America at [www.autism-society.org](http://www.autism-society.org)

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