



Understanding Autism

Naomi Brower, MFHD, CFLE, Utah State University Extension
Clarissa Barnhill, USU Intern

Parents want their children to be happy and successful from the very start of their lives. It can be discouraging to see a young child exhibiting common early warning signs such as not responding to his/her name or to see a school-aged child not be able to relate with or interact appropriately with peers. These may be indicators of autism, or a related disorder. Children with such disorders can be very happy and successful with the help of parents and professionals. This paper will provide a general overview of autism and suggest resources to help parents that may have a child that is struggling with this disorder.

What Is Autism?

Autism and autism spectrum disorders (ASD's) are considered to be pervasive developmental disorders. ASD's usually create difficulties three main areas of development: communication, behavior, and/or social skills, such as behavioral rigidity and abnormal adherence to routines. The spectrum refers to how ASD's affect each individual differently. ASD's usually begin before the age of 3 and continue throughout the individual's life. ASD's vary in severity, onset, and nature (Centers for Disease Control and Prevention [CDC], 2010, May 13).

Cause

While it is challenging to know the cause of ASD's, what is known and backed up by scientific studies about the cause of ASD's is that there are a variety of genetic and environmental contributors. While there is still much being researched, it is important to note that despite the claims of some individuals and groups, the Institute of Medicine and many other scientific organizations found no link between ASD's and mercury-based vaccines (National Institute of Mental Health [NIMH], 2009).

All races, ethnicities, and socioeconomic groups are susceptible to ASD's. Boys are four times more likely than girls to have an ASD, and children with a parent or a sibling who has an ASD are at a higher risk of having an ASD themselves. The Centers for Disease Control and Prevention estimates that an average of 1 in 110 children in the United States has an ASD (CDC, 2010, May 13).

Indicators of ASD's

(Autism and Development Disabilities Monitoring Network [ADDM], 2009; CDC, 2010, October 1; NIMH, 2009)

Some of the indicators of autism may include:

- Does not babble, point, make gestures or respond to their name by 1 year of age
- Does not speak one word by 16 months
- Does not combine words by 2 years of age
- Does not point at objects to show interest
- Does not pretend or play make-believe games
- Avoids eye contact and wants to be alone
- Has trouble understanding other people's feelings or talking about his or her own feelings
- Repeats words, phrases, or actions over and over
- Flaps hands, rocks body, spins in circles, or other repeated behaviors
- Has unusual reactions to the way things sound, smell, taste, look, or feel
- Has difficulty adapting to changes in routines

- Loses skills he or she once had
- Appears to be unaware of others talking to him or her, but responds to other sounds
- Appears to be interested in other people, but does not know how to talk to, play with, or relate to them

What Should I do if I Suspect My Child has an ASD?

If you suspect that your child has an ASD, you should seek help as soon as possible. Research suggests that early intervention is critical to helping the child make as much developmental progress as possible.

The first important step is to speak with the child's doctor. Well-child check-ups should include developmental screening (American Academy of Pediatrics, n.d.). If not included, parents should request their children be screened. If the doctor observes any possible indicators, further evaluations will need to be performed. A comprehensive diagnostic evaluation should then be performed by speech therapists, neurologists, psychologists, psychiatrists, or other professionals trained in diagnosing ASD's (NIMH, 2009).

Additionally, if the child is 3 years old or younger, contacting the state of Utah's early intervention service provider, "Baby Watch," may be very helpful. This agency provides identification and developmental services for infants and toddlers. Contact information for this agency can be found at:

<http://www.utahbabywatch.org/bwlocations/index.htm>

If the child is over 3 years old, he/she can receive services through the local school district. Parents can contact the school the child attends to request an eligibility evaluation to see if their child qualifies for special education services. The following websites may be helpful in contacting the local school district in Utah:

<http://www.schools.utah.gov/sars/>

<http://www.schools.utah.gov/default/Directory.pdf>

Intervention/Treatment Options

Though there is no current known cure for ASD's, individuals can make great developmental progress with appropriate interventions (CDC, 2010, May 13). The child's doctor and service providers can help to find programs and interventions that will best help the child. A brief overview of some of the common interventions is listed below. After discussing the most appropriate intervention for the child with a professional, it may be helpful to research these approaches in more depth.

Behavior and Communication Approaches

Applied Behavior Analysis (ABA) encourages appropriate behaviors and discourages inappropriate behavior by reinforcing desired behaviors and removing reinforcement for undesired behaviors.

The National Institute of Mental Health identifies applied behavior analysis as being "widely accepted as an effective treatment" (NIMH, 2009, Treatment Options, para. 5).

Some evidence based ABA interventions include: modeling desired behavior, training peers/siblings how to facilitate interactions, creating a schedule of specific steps to complete a task or activity, and teaching individuals with an ASD to regulate and record his/her own behavior (National Autism Center [NAC], 2009). The National Autism Center has recommended that a team of individuals should consider the unique needs, the environment, and history of the person with an ASD to select appropriate treatments (NAC, 2009).

Medication

There are no current medications to treat ASD's, but related symptoms may be treated with medication. Symptoms that can be treated with medication include depression, irritability, and anxiety (NIMH, 2009). A doctor should be consulted before using any medication.

Alternative Interventions

There are many other alternative treatments that families try, such as dietary treatments; however at this time there is no scientific evidence to support these treatments. Before beginning an alternative treatment, a doctor should be consulted because some treatments may even have harmful effects (NIMH, 2009).

Family Supports

A family member with an ASD can add challenges for other family members and their relationships with one another. Available resources should be utilized to give emotional support and help in caregiving. Natural support groups include extended family, friends, neighbors, and churches. There are also formal support groups for parents and siblings (Myers, 2007). The following are some possible family support resources:

- <http://autismcouncilofutah.org/> **Autism Council of Utah** provides resources, education, and support for families of persons with disabilities.

- <http://www.autismspeaks.org/> **Autism Speaks** provides education, news and science updates, as well as support and advocacy resources for families of persons with disabilities.
- www.utahfamilytofamilynetwork.org **Utah Family to Family Network** provides resources, education, and support for families of persons with disabilities.
- www.utahparentcenter.org/resources_autism.htm **Utah Parent Center (UPC)** is a federally funded program that provides training, resources, support, referrals, and assistance to parents and professionals.

While having a child with an ASD can be challenging, there are many resources available to help children, parents, and families overcome obstacles and fulfill their dreams.

References

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National Institute of Mental Health (2009, July 22). *Autism spectrum disorders (pervasive developmental disorders)*. Retrieved from <http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml#pub4>

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