



*Autism  
Spectrum  
Disorder*

*Questions from Parents*

*Anne Arundel County Public Schools  
Office of Psychological Services*

*Autism is the most commonly known condition in a group of developmental disorders collectively called Autism Spectrum Disorders (ASD). This booklet uses both terms to define general issues related to children with ASD.*

## *Frequently Observed Behaviors of Autism Spectrum Disorder:*

All children on the spectrum of autism may not display symptoms in the same way.

Although this list is not comprehensive, several of the observed behaviors of ASD may include:

### **Social Difficulties**

- Limited and/or inconsistent eye contact
- Difficulty reading social cues
- Limited or inconsistent awareness of others

### **General Language Delays**

- Echolalic speech (*repeating words or phrases*)
- Scripted speech (*practiced, rote phrases or dialogues from movies*)
- Communication Difficulties

### **Stereotypical behaviors/interests**

- Repetitive motor movements, such as rocking, flapping hands, and spinning
- Focusing on a specific theme or unimportant components of a toy, unusual use of toys, lining up or ordering toys
- Restricted play skills

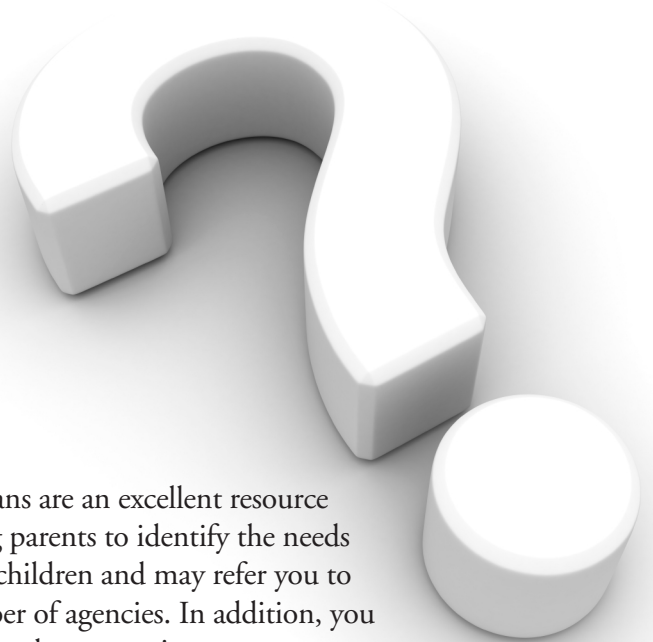
### **Challenging behaviors**

- overactivity
- impulsivity and aggression
- difficulty with following adult commands, transitions (*moving between activities*), or changes in routines

### **Additional challenging behaviors**

- Over/under-sensitivity to sensory input such as noises, light, touch, textures, and/or odors
- Unusual patterns in eating, drinking and/or sleeping
- Little awareness of danger

# Questions from parents



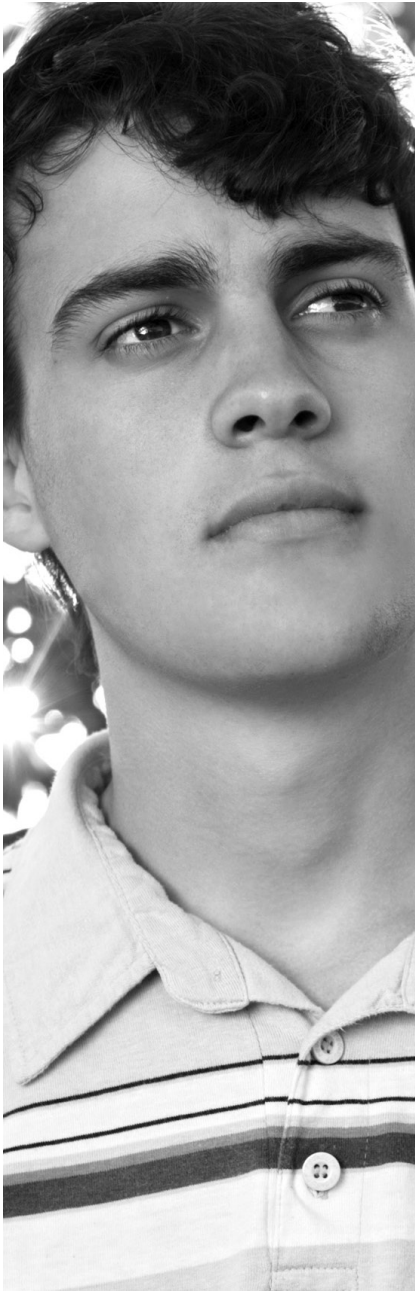
*I am concerned about my child's development. Where do I go to get an evaluation?*

Pediatricians are an excellent resource in helping parents to identify the needs of young children and may refer you to any number of agencies. In addition, you can contact these agencies on your own.

Depending on your child's age, several resources are available within the school system. If your child is younger than three years of age, contact the Infants and Toddlers Program through the school system (410-222-6911). If your child is between three to five years of age, Child Find will be involved in evaluating your youngster to determine his or her special education needs (410-766-6662). When your child is enrolled in school, contact your child's teacher to determine what can be done to assist your child's progress at the school.

The evaluation may include an observation of your child within several settings, Autism rating scales (which compare the behaviors that you observe in your child to children with the diagnosis of Autism), and behavior analysis (assessment of behavioral differences in your child as they compare to same gender and same-aged peers).

*Speak to your school psychologist for more specific answers that may apply so as to better understand your child.*



## *What causes Autism Spectrum Disorder (ASD)?*

There is no single known cause of this condition. What we do know is

that ASD is a neurodevelopmental disorder which means that it is a brain disorder that impacts the development of young children with this condition. Most experts agree that environmental, medical and genetic factors may contribute as causes of ASD. Anything that impacts brain development, structure and function can show itself in symptoms of ASD but not necessarily in the same way for all children with the condition. Also, symptoms may follow an irregular pattern of development and show a wide range of severity from mild to profound in any single child. While understanding of the disorder has increased tremendously since it was first identified in the 1940's as a group of symptoms with common features, there have always been questions and conflicting opinions about the causes of ASD. It is easier to state what we know does NOT cause autism. For instance, particular ways of parenting cannot make a child autistic. This notion is universally considered an outdated and entirely wrong assumption.

*Is there a lab test that will identify Autism Spectrum Disorder?*

children. However, there are no lab tests, medical scans or blood work-ups that can be used for the various diagnoses under ASD.

No. ASD is a neurodevelopmental disorder that is diagnosed based on observed behaviors/symptoms and developmental history. Consulting with a pediatrician, neurologist or other medical professionals may be helpful in identifying secondary medical issues for some

*My son is diagnosed with Autism Spectrum Disorder. Will he receive special education services?*

require different services, modifications and/or supports at school. Some children with ASD may require special education services or modifications and accommodations in the general education environment. Others may meet grade level expectations without any additional supports. Also, children's needs change over time and, as a result, your son may require special education services at one time and then no longer require those services at a later time.

When concerns are raised about a child's learning and social development, a referral for screening for early intervention services should be made to the school. Eligibility for special education is based on meeting two federally established criteria, which include the presence of a disability and educational impact. All children with ASD are different and, therefore, have different needs that may

*When my child was younger, she used more language than she does now. Will she continue to lose skills?*

In all children, skills often grow unevenly. Even non-disabled children occasionally go through periods in which one or more abilities develop quickly or in spurts and then level off for periods of time. With children identified with ASD, skill development may progress more irregularly and unevenly. Sometimes they stop performing a skill already demonstrated. Skills may reappear as a result of effective intervention.

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*cannot make a child autistic.*





*Is there a medication to treat Autism Spectrum Disorder?*

There is no medication to treat ASD. However many children benefit from medications to treat problems with attention, focus and excessive overactivity. Other children benefit from medications that manage symptoms or behaviors such as obsessive thinking patterns, anxiety, depression and aggression.

*Will my child outgrow this disorder?*

No. Symptoms of ASD are present throughout life. As children grow, some symptoms of the disorder may become less of a concern while others may get worse. A child's communication skills and general intellectual level are the strongest factors related to progress. Depending on the severity of the symptoms individuals may need support throughout adulthood.

*Sometimes my child reacts strongly to being hurt. Other times he does not cry or seek comfort when he falls.*

*Why isn't he able to understand simple dangers and/or seem to feel pain the way other children do?*

with ASD may not respond to pain or danger in the way you would expect. Specialists may be able to help with these issues.

Many children with ASD have difficulty handling sensory (noise, touch, smells, bright lights, etc.) information. Sometimes children with ASD will show a higher tolerance for discomfort, such as pain or illness. Other times, children with ASD may experience an increased sensitivity to certain sensory input, such as touch or texture and can even experience them as discomfort. To give a few examples, they may feel pain from clothing rubbing against their skin, they may show an inability to tolerate normal lighting in a room, or they may dislike being touched (especially light touch). A child

*My child is so smart in some areas and can memorize movie dialogues.*

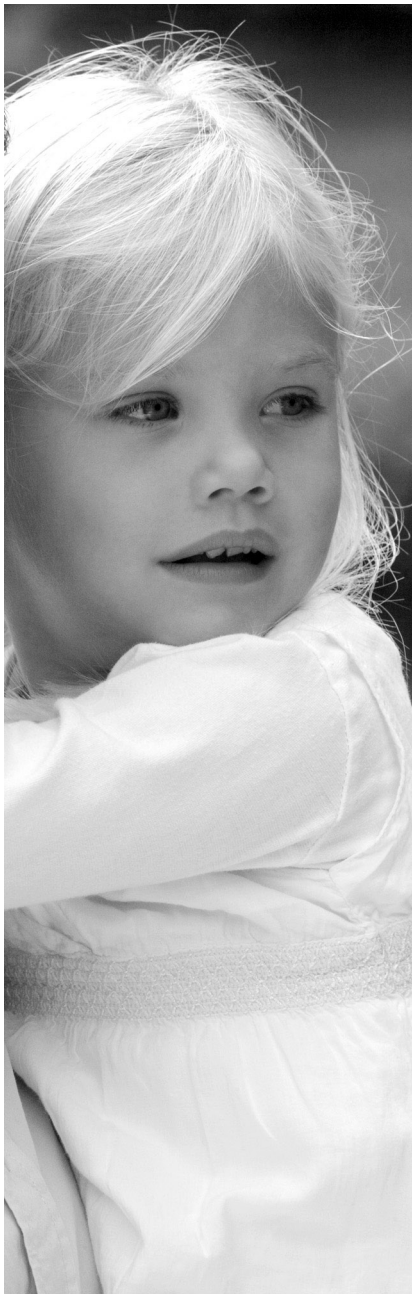
*Why can't she answer simple questions?*

or repetitive. Children with ASD also may use learned speeches from movies, commercials, etc. While they may demonstrate little interest in topics of others, they often speak excessively on a specific topic that interests themselves without considering others.

Many children with ASD often have good memory skills but have difficulty understanding and using language like others do. The “give and take” of normal conversation (referred to as social reciprocity) is difficult for them. Often they are unaware that others may be trying to talk to them and they have difficulty talking about topics that are of little interest to them. Therefore, their conversations are frequently unrelated

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*have difficulty understanding and using language like others do.*



*Why doesn't my son point to things or share things he sees with me?*

In normal development, young children enjoy pointing to something of interest to share it with another person. This is called shared attention or joint referencing. Frequently, many young children with ASD do not have this skill.

*My daughter often likes to line up objects or put her toys in a certain order.*

*Why does she get so upset when her brother interferes with the order?*

Children with ASD benefit from structure and order and may behave in very rigid patterns. In addition, they find disruptions in routine and changes to activities (i.e. transitions) and cooperative play to be difficult and for some, potentially stressful. When these changes in routine occur, students with ASD may become upset which, in turn, impacts their social interactions and learning. Their tendency to become preoccupied with unimportant routines or rituals may help to bring order to a world that is otherwise very confusing.



*My son has been reading and identifying letters since an early age.*

*Why did his teacher suggest he might need special education?*

to the need for many children with ASD to focus on activities that are rote, ordered, and predictable.

*Why does my daughter often ignore other children and prefer to play alone?*

Children with ASD have difficulty with social interactions and communication. Children with ASD may be overly sensitive to sensory inputs (such as noises, light, touch, textures and/or smell), which can affect their ability to interact with others. These behaviors are not a dislike or rejection of other people, but rather a result of weaknesses in some basic skills necessary for social communication. Children with ASD often have difficulty with changes in their environment, which may prove stressful. As a result, they may withdraw in order to limit over excitement and reduce their stress.

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*wide range of learning styles.*



*My son frequently runs around and loses focus and seems very impulsive.*

*Could he just have Attention Deficit/Hyperactivity Disorder (AD/HD)?*

A critical difference between children with AD/HD and children with ASD is that children with AD/HD often have learned the basic social skills necessary to interact, but may be too impulsive to use them appropriately and

effectively. Many children with AD/HD enjoy interacting and are able to sustain friendships over time whereas children with ASD often have difficulties initiating and maintaining social relationships. For children with ASD, people are often seen as a “means to an end” and a vehicle to have their needs met.

At times, ASD behaviors may appear similar to AD/HD behaviors. Difficulty focusing and staying on task or displaying problems with excessive activity or motor restlessness are a few examples. It appears that some children with ASD may demonstrate behavioral outbursts as a result of over-stimulation and sensitivities to noise, touch, smell, or sound. This oversensitivity is regarded as a prevalent element of the condition of ASD. Children with ASD often engage in obsessive thinking patterns, leading to hyper-focused behaviors. They are very goal-oriented with little or no perception of the impact of their behavior on others and therefore will behave best with structured and predictable routines.



*What can I do to help my daughter?*

You have taken the first step by seeking information. Numerous resources are available and several are listed in this booklet, including support and informational groups, books, and articles that can increase your understanding and effectiveness in working with your child. Interventions must be developed to fit your daughter's needs. You are an important participant in the planning and problem-solving process to develop and implement appropriate programs.

Your daughter's teacher and other service providers can provide assistance and serve as resources. You can support your child's progress by ensuring consistent approaches in both the school and home environments. In addition, you may find it helpful to contact the organizations listed in the resources section of this booklet, as many will share information. Websites are available with information addressing ASD and some are listed in this booklet. Please see the general strategies section of this booklet for suggestions that may be appropriate to use at home and/or at school with your child.

# General Strategies

*Keep* a consistent routine or schedule as much as possible and teach skills to handle inconsistency.

*Prepare* your child in advance for changes in routine.

*Use* visual schedules to explain routines to your child.

*Use* pictures combined with language and/or gestures to help with communication.

*Use* specific and concrete language. Instead of saying, “Hold your horses,” say, “Please wait.”

*Use* social stories (*stories about specific events, i.e., going to the doctor, waiting his turn, etc.*) to help your child understand situations, new events and how to cope with them. Social stories also acknowledge how your child feels.

*Teach* skills one-step at a time. Have your service provider teach you how to develop social stories for your child. These can also be useful at teaching replacement behaviors and strategies to apply in various situations.

*Practice* school skills at home.

*Talk* with your child’s teacher and/or other service providers on a regular basis. Consistency between home and school is essential.

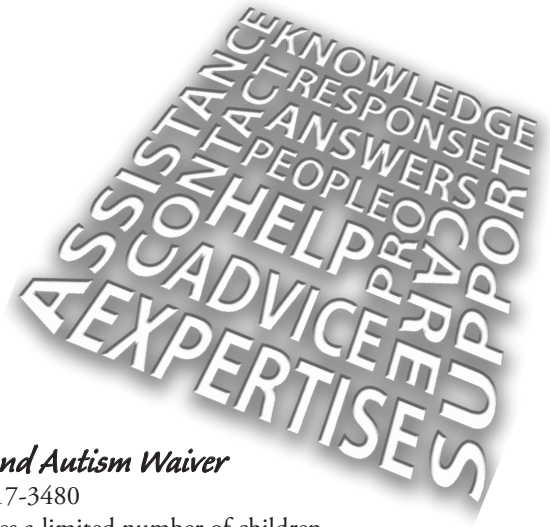
# Resources

**Anne Arundel County Public Schools**  
**Division of Special Education**  
<http://www.aacps.org/specialed/>

**Anne Arundel County Public Schools**  
**Partners for Success**  
[partnersforsuccess@aacps.org](mailto:partnersforsuccess@aacps.org)  
410-222-3805

**Autism Society of America**  
[www.autism-society.org](http://www.autism-society.org)  
Anne Arundel County Chapter:  
[www.aaccasa.org](http://www.aaccasa.org)  
410-923-8800

**Kennedy Krieger Institute**  
**Department of Medical Informatics**  
443-923-4140  
Interactive Autism Network  
[www.IANproject.org](http://www.IANproject.org)  
<https://www.ianresearch.org>



**Maryland Autism Waiver**  
1-866-417-3480  
This serves a limited number of children with ASD who need intensive services.

**Maryland Developmental Disabilities Administration**  
<http://ddamaryland.org>  
1-877-4MD-DHMH  
(1-877-463-3463)

**National Autism Association**  
[www.nationalautismassociation.org](http://www.nationalautismassociation.org)

**Organization for Autism Research**  
[www.researchautism.org](http://www.researchautism.org)  
211 Wilson Blvd. Suite 600  
Arlington, VA 22201  
703-351-5031

*Resources cont.*



## Resources cont.

### *Pathfinders for Autism*

[www.pathfindersforautism.org](http://www.pathfindersforautism.org)  
P.O. Box 10501  
Baltimore, MD 21285  
410-769-9500  
1-866-806-8400

### *The Council for Exceptional Children*

[www.ccc.sped.org](http://www.ccc.sped.org)

### *Other Helpful Websites:*

[www.autismhelp.info](http://www.autismhelp.info)  
[www.autism-pdd.net](http://www.autism-pdd.net)  
[www.maapservices.org](http://www.maapservices.org)  
[www.autismasperger.net](http://www.autismasperger.net)  
[www.asperger.net](http://www.asperger.net)

*There are many books available at the public library or online.*



# Important Definitions

The Federal Educational Disability of AUTISM is the term used in school systems to identify children who require special education services with the diagnoses of Autistic Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegration Disorder and Pervasive Development Disorder Not Otherwise Specified (PDD NOS). The Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, issued by the American Psychiatric Association gives specific criteria for diagnosis of the above-mentioned cluster of disorders, referring to them under the umbrella term Pervasive Developmental Disorder (PDD).

In this booklet the cluster of disorders is referred to with the global term of Autism Spectrum Disorder (ASD). ASD is characterized by severe and generalized impairment in several areas of development: “give and take” social interaction skills, communication skills, or the presence of repetitive, ritualistic or predictable behaviors, interests and activities. The impairments that define these conditions are distinctly different from what would be expected for the individual's developmental level or mental age.

*ASD is specified in DSM-IV with the diagnostic criteria listed in the next column:*

## *Asperger's Disorder*

Asperger's Disorder also referred to as Asperger's or Asperger's Syndrome is a developmental disorder where a child shows a lack of social skills, poor coordination and concentration, and a restricted range of interests. Asperger's Disorder appears to have a somewhat later onset than an Autistic Disorder, or at least is recognized later. An individual with Asperger's Disorder does not possess a significant delay in language development; however, he or she may have difficulty understanding the complex parts used in conversation, such as irony and humor.

## *Autistic Disorder*

Autism is a brain development disorder that impairs social interaction and communication, and causes restricted and repetitive behavior, all starting before a child is three years old. A child is diagnosed with Autism if he/she displays significant impairments in all three areas. The severity of the autistic symptoms distinguishes it from milder Autism Spectrum Disorders.

## *Childhood Disintegrative Disorder*

Childhood Disintegrative Disorder is an extremely rare disorder, where a obvious loss of abilities in multiple areas of functioning (such as mobility, bladder and bowel control, and social and language skills) follows a period of at least two years of normal development. By definition, Childhood Disintegrative Disorder can only be diagnosed if the symptoms are preceded by at least two years of normal development and the onset of decline is prior to age ten.

## *Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)*

Children with PDD NOS do not fully meet the criteria of symptoms use to diagnose any of the specific types of ASD and do not have the degree of impairment. All children with PDD-NOS do not have the same degree or intensity of the disorder. Because PDD-NOS and Autistic Disorder are on a continuum, many clinical features are very similar.

## *Rett's Disorder (only reported in females)*

In girls with Rett's Disorder, development proceeds in a normal fashion over the first six to 18 months followed by a loss of abilities, especially in gross motor skills such as walking and moving. A loss in other abilities such as speech, reasoning, and hand use also occurs. The repetition of certain meaningless gestures (such as constant hand wringing or hand washing) or movements is an important clue in diagnosing Rett's Disorder.



ANNE ARUNDEL  
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*Special thanks to the Division of Special Education for their review and contributions.*

*For information on ordering copies of this series of brochures, please call 410-222-5101.*

*Other subjects covered include Attention Deficit/Hyperactivity Disorder, Emotionally Disabled, Learning Disabilities, and Intellectual Disabilities.*

*The photos in this document are being used for illustrative purposes only; any person depicted in this document is a model.*

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