



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:

ASD is a constellation of behaviors that vary depending on the child.

Children with ASD may display features and behaviors differently.

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

Social Difficulties

- limited/inconsistent eye contact
- difficulty reading/responding to social cues
- limited/inconsistent awareness of others

General Language Delays

- echolalic speech (*repeating words or phrases*)
- scripted speech (*practiced, rote phrases or dialogues from movies*)
- communication difficulties (*e.g., making requests, expressing needs*)
- atypical use of language (*e.g., not using pronouns correctly; tone/volume regulation*)

Stereotypical Behaviors/Interests

- repetitive motor movements (*e.g., rocking, hand flapping, or spinning*)
- focusing on a specific theme or unimportant components of a toy
- unusual use of toys or lining up or putting items in a certain order
- restricted play skills

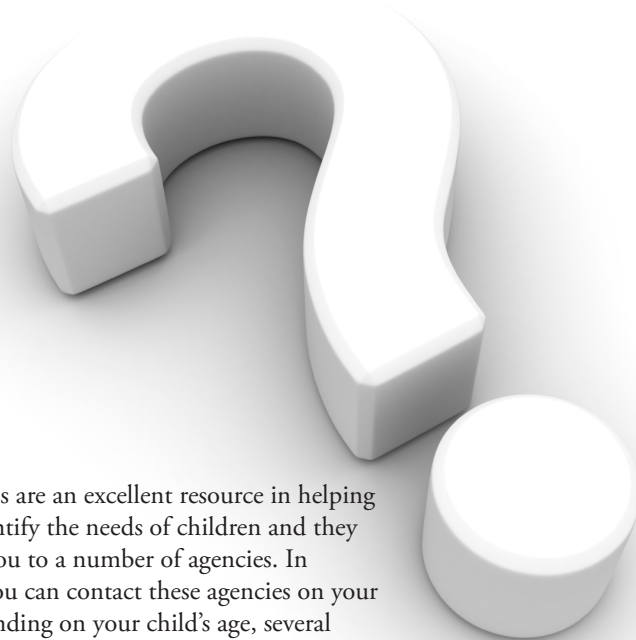
Challenging Behaviors

- difficulties with following adult commands
- difficulties when transitioning (*e.g., ending one activity, starting another*)
- difficulties with changes in routine
- overactivity
- impulsivity
- self-injurious behaviors (*e.g., head banging*)
- emotional regulation/tantrums, or aggression

Additional Challenging Behaviors

- over/under-sensitivity to sensory input (*e.g., noises, light, sound, touch, or odors*)
- unusual eating, sleeping, and drinking patterns
- limited awareness of danger

Questions from parents



I am concerned about my child's development. How do I get an evaluation?

Pediatricians are an excellent resource in helping parents identify the needs of children and they may refer you to a 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.

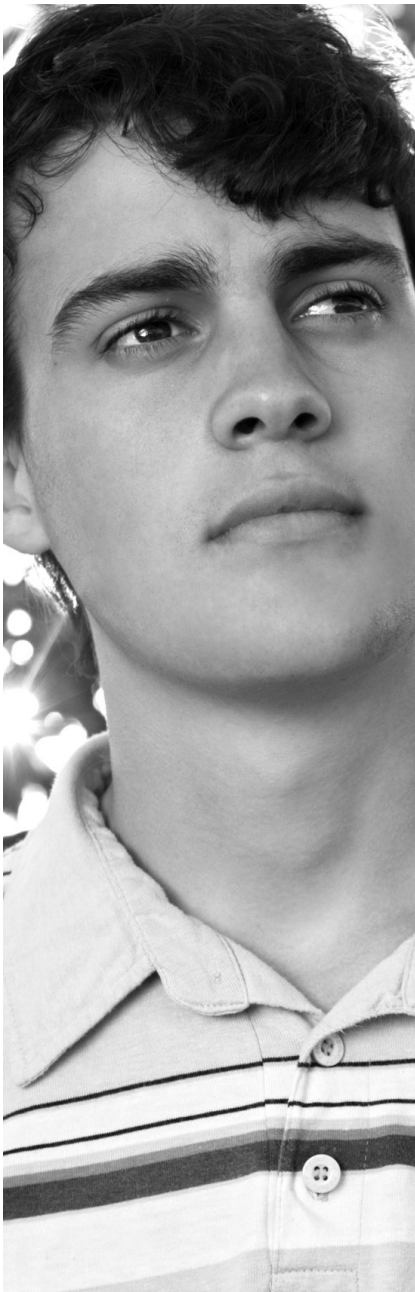
If your child is younger than three years of age, contact the Anne Arundel County Infants and Toddlers Program through the school system (410-222-6911). If your child is between three and five years of age, Child Find will be involved in evaluating your child to determine their special education needs (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 at school.

The evaluation may include an observation of your child in several settings, behavior rating scales that look at specific features of ASD and compare your child's behaviors to other children of the same age, direct formal assessment, and interviews with you and your child's teachers.

What causes Autism Spectrum Disorder?

It is easier to state what we know does NOT cause ASD. For instance, particular ways of parenting cannot cause a child to have ASD. This notion is universally considered outdated and an entirely wrong assumption.

There have been some concerns that ASD might be linked to the vaccines children receive, but over time, studies have definitively shown that there is no link between receiving vaccines and developing ASD. Additionally, there are no links between any vaccine ingredients and ASD.



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

No. ASD is a neurodevelopmental disorder that is diagnosed based on observed symptoms/ behaviors and developmental history. Consulting with your pediatrician or other medical professionals may be helpful in identifying secondary medical issues for some children. However, there are no lab tests, medical scans, or blood workups that can be used to identify ASD.

Will my child outgrow having an Autism Spectrum Disorder?

No. Symptoms of ASD are present throughout life, but children's needs and profiles evolve with time. As children grow, some symptoms may improve while others may not or even become more problematic. Depending on the severity of the symptoms, some individuals may need assistance and support into and throughout adulthood while others may lead independent lives.

Is there a medication to treat Autism Spectrum Disorder?

While there is no medication to treat ASD itself, many children benefit from medications to manage related behaviors, such as anxiety, depression, aggression, difficulties focusing, impulsivity, over-activity, obsessive thinking patterns, sleeping, and gastro-intestinal problems.

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

When concerns are raised about a child's learning and social development, a referral or screening for early intervention services should be made to the school. Eligibility for special education is based on meeting federally established criteria, which includes the presence of a disability and educational impact. All children with ASD are different, and therefore, have different needs that may require different services, modifications or supports in the school. Some children with ASD may require special education services or modifications and accommodations in the general education classroom. Others may meet grade-level expectations without additional supports. It is important to recognize that 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 them at a later time.

While some children with ASD may require specialized instruction (special education services) through an Individualized Educational Program (IEP), other children may be eligible for a 504 Plan (Section 504 of the Rehabilitation Act of 1973) if they demonstrate a substantial limitation or inability to perform a major life activity. Like an IEP, a 504 Plan is a legally binding document that specifies the accommodations necessary to provide access to a child's educational program based on their specific needs. Additionally, some children with ASD are successful in the classroom without any of these supports.

When my child was younger she used more language than she does now. Will she continue to lose skills and how can I help her regain them?

Skill development for all children is often uneven; some skills develop more quickly than others and skills develop in spurts and then level off in time. Skill development in children with ASD can be especially irregular and uneven. Sometimes children with ASD stop performing a skill already demonstrated, and sometimes skills may even reappear.

In order for your child to be most independent and functional, it is important to provide intervention that includes continued exposure to the lost skills. For example, teaching skills with different objects, experiences and language (such as pointing out the green ball at the park, green broccoli at dinner, or the green crayon on the table).



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

Why did his teacher suggest he might need special education?

logos, or identify letters at an early age; however, overall comprehension can be weak. Due to this comprehension weakness some students may require additional educational supports. It is not uncommon for children with ASD to have very specific peaks and valleys with how they learn information. Children may benefit from the use of high-interest topics to learn and reinforce skills.

Children with ASD typically show uneven development and a wide range of learning styles. They may have very specific strengths and deficits in the way they learn and process information. Some children develop the ability to read words, recognize familiar

Why doesn't my young son point to things?

which is called shared or joint attention. In addition to singling out objects in the world, pointing is one of a child's first experiences learning to interact and engage with others. As a result, pointing paves the way for later language learning and is a form of nonverbal communication. Frequently, many young children with ASD do not demonstrate this skill and struggle with nonverbal communication skills.

In typical development, young children often point to objects of interest to share with another person,

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 and often seek structure and order. Their tendency to become preoccupied with seemingly unimportant routines or rituals may help to bring order to a world that is otherwise confusing and stressful for them. They may also behave inflexibly and find disruptions or changes in routine/activities stressful and difficult to manage. When these triggers occur, children with ASD may become easily upset, which in turn, impacts their ability to regulate their behavior, communicate, or learn.

My son often moves his hands back and forth. Sometimes he does this when moving about the room, while other times he may be moving his hands and flapping his arms.

Why does he do this? Should I try to stop him?

These behaviors can be upsetting to those who may not understand them. Self-stimulatory behaviors, known as stimming or stereotypy, refer to repetitive body movements or the movement of objects that involve one or more of the senses. While stimming is common in individuals with other developmental disorders, it is most often associated with children with ASD. Stimming may appear meaningless, however, these behaviors may provide a way to cope with emotional and sensory overload or to meet the child's own sensory needs. Stimming is often viewed as a way to manage feelings of anxiety, fear or excitement. Some people with ASD engage in stimming when presented with over-stimulating situations (such as loud noises or crowds). Engaging in these

repetitive behaviors helps to focus attention inward and block out unwanted stimulations. For some, stimming can also be a way to arouse an under-stimulated nervous system.

Parents often ask how to manage self-stimulatory behaviors. Some behaviors may need to be reduced or eliminated if they are dangerous (such as biting or head banging) or significantly interfere with learning or socialization. You can establish rules with your child about where or when stimming is more acceptable. It is not appropriate to punish your child for stimming. Behavior therapists, physicians, mental health practitioners, and occupational therapists can help families identify possible environmental changes, teach replacement behaviors (a different behavior that meets the child's same need), implement behavior modification programs, and explore medical interventions.

have difficulty understanding and using language like others do.



My family is going to a relative's house for the holidays.

My son has ASD and may have problems. Any suggestions?

realistic about how much time can be spent at the event; c) create a special area and bring favorite activities such as puzzles, books, or work tasks; d) make sure familiar food is available that your child will eat (you may have to bring preferred food items with you); and e) explain to family members that structure and routines make children with ASD feel comfortable.

Prepare your child for the occasion, and the occasion for your child by: a) using a social story and/or visual schedule to describe the events of the day (what will happen and when) and consider including pictures of relatives; b) be

My child is in middle school, and he has just been identified with ASD. Why wasn't it identified sooner?

social expectations are less complex, and there is a wider range of what is considered typical development. Also, adults often outwardly teach social skills at younger ages. As children get older, they learn increasingly more social skills simply by observing others' interactions. For a child with ASD, the social expectations gradually exceed the child's ability to learn them on their own, making their social skills deficits more obvious. This can be further complicated if a child has another disorder as well, such as ADHD or a language impairment, which can make it more difficult to distinguish ASD at younger ages.

As a child gets older, social expectations and peer interactions increase dramatically. Some children's social difficulties are not as noticeable when they are younger because

I was not born in the United States. In my country, children are not diagnosed with Autism Spectrum Disorder. Why?

Cultural traditions, values and beliefs affect every part of our understanding of our children; how we view a child's behavior and development, how we see challenges and how we interpret them are all influenced by culture. In the U.S. and in many Western cultures, we call the cluster of symptoms described in this brochure as ASD; however, in other cultures they may not. What is most important is that we help parents and children address difficulties in behavior and development so that your child can be successful, even if we do not all see Autism Spectrum Disorders in the same way.

What can I do to help my daughter?

You have taken the first step by seeking information. Interventions must be individualized and developed to fit your child's specific needs. You are an important participant in the planning and problem-solving process to develop and implement appropriate supports. You can support your

child's growth by ensuring consistent approaches in the home and school settings. Please see the General Strategies section of this booklet for basic suggestions that may be appropriate for use at home and/or school with your child.

Many resources are available to families with children who have ASD and are listed in the Resources section of this booklet, including support and informational groups, books, websites, and articles that can improve your understanding of your child and how to work together. Your daughter's pediatrician and teacher, as well as other service providers, such as the school psychologist, speech/language pathologist, and occupational therapist, can also provide assistance and serve as resources. In addition, you may find it helpful to contact the organizations listed in the Resources section of this booklet for more guidance.

General Strategies

Keep a consistent routine or schedule as much as possible.

Teach your child skills to cope with changes in routines and transitions between activities.

Prepare your child in advance for changes in routine.

Use visual schedules (with pictures if necessary) to teach and reinforce 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.”

Teach skills one step at a time and break down multi-step directions and tasks.

Have your child’s teacher or other professionals help you develop social stories for your child. Social stories can be used to teach replacement behaviors and strategies for managing challenging situations.

Practice school skills at home (such as following directions and routines).

Talk with your child’s teacher and other service providers on a regular basis. Consistent communication between home and school is important.

Set limits and be consistent. This is key in managing behaviors and facilitates the development of self-regulation skills.

Resources



Anne Arundel County Public Schools
Division of Special Education
www.aacps.org/specialed/
410-222-5000

Anne Arundel County Public Schools
Partners for Success Resource Center
www.aacpa.org/specialed/involvement.asp
410-222-3805
Point Pleasant Annex
1450 Furnace Branch Road
Glen Burnie, MD 21060

Autism Society of America
www.autism-society.org

Autism Speaks 100 Day Kit
www.autismspeaks.org/docs/family_services_docs/100day2/100_Day_Kit_Version_2_0.pdf
(Toolkit designed to assist families of children recently diagnosed with ASD)

Kennedy Krieger Institute
Center for Autism and Related Disorders
www.kennedykrieger.org
Referral line: 844-334-3211

Kennedy Krieger Institute
Interactive Autism Network
www.iancommunity.org

Maryland Autism Waiver
866-417-3480
(Supports a limited number of children with ASD who need intensive services)

Maryland Developmental Disabilities
Administration
www.ddamaryland.org

Maryland State Department of Education
Division of Rehabilitation Services
www.dors.maryland.gov

National Autism Association
www.nationalautismassociation.org

Operation Autism: A Resource Guide for
Military Families
www.operationautismonline.org

Resources cont.

Resources cont.

Organization for Autism Research

www.researchautism.org

703-243-9710

2000 North 14th Street, Suite 240

Arlington, VA 22201

Pathfinders for Autism

www.pathfindersforautism.org

443-330-5341/866-806-8400

303 International Circle

Suite 110

Hunt Valley, MD 21030

The Council for Exceptional Children

www.cec.sped.org

Other Helpful Websites:

www.autismasperger.net

www.autismhelp.info

www.autismnow.org

www.autism-pdd.net

www.autismspeaks.org

www.nationalautismcenter.org

www.riseforautism.com/

www.theautismproject.org



Important Definitions

Important changes to the definition of Autism Spectrum Disorder (ASD) were made in 2013 with the release of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which is issued by the American Psychiatric Association (APA) and gives specific criteria for diagnosing ASD. In the DSM-5, there are no diagnostic subcategories, such as Asperger's Disorder or Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). The following is the DSM-5 definition of ASD:

Autism Spectrum Disorder

ASD is a neurodevelopmental disorder where children demonstrate impairments in their social communication and social interaction skills. Stereotyped behaviors and restricted interests are present, as well. Some of the symptoms need to have been present in early childhood. The symptoms must be present in multiple settings and must impact the child's ability to function. Individuals who were previously identified with Autistic Disorder, Asperger's Disorder, or PDD-NOS now fall under the category of ASD in the DSM-5.

The Individuals with Disabilities Education Improvement Act

IDEIA is used by school systems and outlines definitions of disabilities under which children qualify for special education services. IDEIA refers to ASD as Autism and defines it as “a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance.” This federal definition then outlines traits commonly related to the condition: “Other characteristics often associated with Autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.”

Comparing IDEIA and the DSM-5

IDEIA uses the classification of “Autism,” whereas the DSM-5 uses the classification of “Autism Spectrum Disorder.” Both definitions include symptoms in the areas of social interaction, nonverbal communication, repetitive activities, stereotyped movements, resistance to change, and unusual sensory responses. Both definitions indicate that symptoms need not be present before age 3.

IDEIA specifies that the symptoms must adversely affect the child's educational performance, whereas the DSM-5 requires impairment in social, occupational, or other areas of functioning. These differences may explain why some students meet the criteria for ASD under the DSM-5's definition, but not IDEIA's. In addition to DSM symptoms, children need to show an educational impact in order to qualify for special education services; a DSM diagnosis alone does not require an IEP.



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

Other subjects covered in this series include Attention Deficit/Hyperactivity Disorder, Emotional Disabilities, 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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