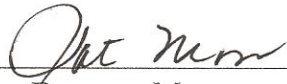


**SPECIALIZED FAMILY CARE
Provider Training**

Category:	Developmental Disability
Title:	Autism
Materials:	Articles: "Autism Fact Sheet" from National Institute of Neurological Disorders and Stroke, "Autism Spectrum Disorders" from National Dissemination Center for Children with Disabilities
Goal:	Provider understands characteristics of a child with autism
Credit Hours:	1 hour
Date Developed:	December 2011
Developed by:	Donna McCune, SFC Liaison

This skill-building instruction has been approved for Specialized Family Care Provider training by:

 12/08/11
Specialized Family Care Program Manager Date

Training Objectives:

- Provider knows characteristics of a child with autism
- Provider knows behaviors typical of a child with autism
- Provider knows interventions which are available for a child with autism

Training Procedures:

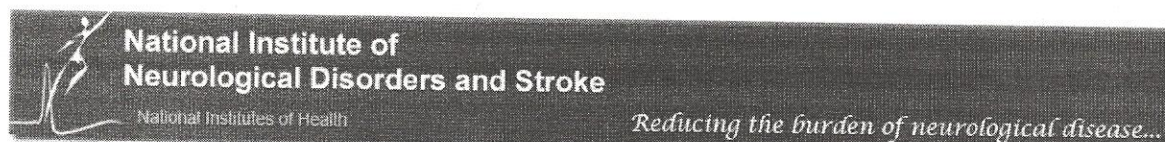
- Provider initiated self-study
- Test completed by Provider
- Review of test responses by Family Based Care Specialist and Provider

I certify that I have completed all the materials associated with this training module. I feel that I have a basic understanding of the material completed.

Specialized Family Care Provider Date

Reviewed by: _____
Family Based Care Specialist Date

This Program is funded by the WV Department of Health & Human Resources, Bureau for Children & Families and administered by the Center for Excellence in Disabilities, West Virginia University.



Autism Fact Sheet

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Clinical Trials

Buspirone in the Treatment of 2-6 Year Old Children with Autistic Disorder (B-ACE)



This trial evaluates the effects of buspirone on core features of autism in 2-6 year old children.

[More Information »](#)

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What is autism?

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, and childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS). Although ASD varies significantly in character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group. Experts estimate that six children out of every 1,000 will have an ASD. Males are four times more likely to have an ASD than females.

What are some common signs of autism?

The hallmark feature of ASD is impaired social interaction. As early as infancy, a baby with ASD may be unresponsive to people or focus intently on one item to the exclusion of others for long periods of time. A child with ASD may appear to develop normally and then withdraw and become indifferent to social engagement.

Children with an ASD may fail to respond to their names and often avoid eye contact with other people. They have difficulty interpreting what others are thinking or feeling because they can't understand social cues, such as tone of voice or facial expressions, and don't watch other people's faces for clues about appropriate behavior. They lack empathy.

Many children with an ASD engage in repetitive movements such as rocking and twirling, or in self-abusive behavior such as biting or head-banging. They also tend to start speaking later than other children and may refer to themselves by name instead of "I" or "me." Children with an ASD don't know how to play interactively with other children. Some speak in a sing-song voice about a narrow range of favorite topics, with little regard for the interests of the person to whom they are speaking.

Children with characteristics of an ASD may have co-occurring conditions, including Fragile X syndrome

(which causes mental retardation), tuberous sclerosis, epileptic seizures, Tourette syndrome, learning disabilities, and attention deficit disorder. About 20 to 30 percent of children with an ASD develop epilepsy by the time they reach adulthood. .

How is autism diagnosed?

ASD varies widely in severity and symptoms and may go unrecognized, especially in mildly affected children or when it is masked by more debilitating handicaps. Very early indicators that require evaluation by an expert include:

- ▶ no babbling or pointing by age 1
- ▶ no single words by 16 months or two-word phrases by age 2
- ▶ no response to name
- ▶ loss of language or social skills
- ▶ poor eye contact
- ▶ excessive lining up of toys or objects
- ▶ no smiling or social responsiveness.

Later indicators include:

- ▶ impaired ability to make friends with peers
- ▶ impaired ability to initiate or sustain a conversation with others
- ▶ absence or impairment of imaginative and social play
- ▶ stereotyped, repetitive, or unusual use of language
- ▶ restricted patterns of interest that are abnormal in intensity or focus
- ▶ preoccupation with certain objects or subjects
- ▶ inflexible adherence to specific routines or rituals.

Health care providers will often use a questionnaire or other screening instrument to gather information about a child's development and behavior. Some screening instruments rely solely on parent observations, while others rely on a combination of parent and doctor observations. If screening instruments indicate the possibility of an ASD, a more comprehensive evaluation is usually indicated.

A comprehensive evaluation requires a multidisciplinary team, including a psychologist, neurologist, psychiatrist, speech therapist, and other professionals who diagnose children with ASDs. The team members will conduct a thorough neurological assessment and in-depth cognitive and language testing. Because hearing problems can cause behaviors that could be mistaken for an ASD, children with delayed speech development should also have their hearing tested.

Children with some symptoms of an ASD but not enough to be diagnosed with classical autism are often diagnosed with PDD-NOS. Children with autistic behaviors but well-developed language skills are often diagnosed with Asperger syndrome. Much rarer are children who may be diagnosed with childhood disintegrative disorder, in which they develop normally and then suddenly deteriorate between the ages of 3 to 10 years and show marked autistic behaviors.

What causes autism?

Scientists aren't certain about what causes ASD, but it's likely that both genetics and environment play a role. Researchers have identified a number of genes associated with the disorder. Studies of people with ASD have found irregularities in several regions of the brain. Other studies suggest that people with ASD have abnormal levels of serotonin or other neurotransmitters in the brain. These abnormalities suggest that ASD could result from the disruption of normal brain development early in fetal development caused by defects in genes that control brain growth and that regulate how brain cells communicate with each other, possibly due to the influence of environmental factors on gene function. While these findings are intriguing, they are preliminary and require further study. The theory that parental practices are responsible for ASD has long been disproved.

What role does inheritance play?

Twin and family studies strongly suggest that some people have a genetic predisposition to autism. Identical twin studies show that if one twin is affected, there is up to a 90 percent chance the other twin will be affected. There are a number of studies in progress to determine the specific genetic factors associated with the development of ASD. In families with one child with ASD, the risk of having a second child with the disorder is approximately 5 percent, or one in 20. This is greater than the risk for the general population. Researchers are looking for clues about which genes contribute to this increased susceptibility. In some cases, parents and other relatives of a child with ASD show mild impairments in social and communicative skills or engage in repetitive behaviors. Evidence also suggests that some emotional disorders, such as bipolar disorder, occur more frequently than average in the families of people with ASD.

Do symptoms of autism change over time?

For many children, symptoms improve with treatment and with age. Children whose language skills regress early in life—before the age of 3—appear to have a higher than normal risk of developing epilepsy or seizure-like brain activity. During adolescence, some children with an ASD may become depressed or experience behavioral problems, and their treatment may need some modification as they transition to adulthood. People with an ASD usually continue to need services and supports as they get older, but many are able to work successfully and live independently or within a supportive environment.

How is autism treated?

There is no cure for ASDs. Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that meet the specific needs of individual children. Most health care professionals agree that the earlier the intervention, the better.

Educational/behavioral interventions: Therapists use highly structured and intensive skill-oriented training sessions to help children develop social and language skills, such as Applied Behavioral Analysis. Family counseling for the parents and siblings of children with an ASD often helps families cope with the particular challenges of living with a child with an ASD.

Medications: Doctors may prescribe medications for treatment of specific autism-related symptoms, such as anxiety, depression, or obsessive-compulsive disorder. Antipsychotic medications are used to treat severe behavioral problems. Seizures can be treated with one or more anticonvulsant drugs. Medication used to treat people with attention deficit disorder can be used effectively to help decrease impulsivity and hyperactivity.

Other therapies: There are a number of controversial therapies or interventions available, but few, if any, are supported by scientific studies. Parents should use caution before adopting any unproven treatments. Although dietary interventions have been helpful in some children, parents should be careful that their child's nutritional status is carefully followed.

What research is being done?

In 1997, at the request of Congress, the National Institutes of Health (NIH) formed its Autism Coordinating Committee (NIH/ACC) to enhance the quality, pace and coordination of efforts at the NIH to find a cure for autism (<http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-pervasive-developmental-disorders/nih-initiatives/nih-autism-coordinating-committee.shtml>). The NIH/ACC involves the participation of seven NIH Institutes and Centers: the National Institute of Neurological Disorders and Stroke (NINDS), the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of Mental Health, the National Institute on Deafness and Other Communication Disorders, the National Institute of Environmental Health Sciences, the National Institute of Nursing Research, and the National Center on Complementary and Alternative Medicine. The NIH/ACC has been instrumental in the understanding of and advances in ASD research. The NIH/ACC also participates in the broader Federal Interagency Autism Coordinating Committee (IACC) that is composed of representatives from various component agencies of the U.S. Department of Health and Human Services, as well as the U.S. Department of Education and other government organizations.

In fiscal years 2007 and 2008, NIH began funding the 11 Autism Centers of Excellence (ACE), coordinated by the NIH/ACC. The ACEs are investigating early brain development and functioning, social interactions in infants, rare genetic variants and mutations, associations between autism-related genes and physical traits, possible environmental risk factors and biomarkers, and a potential new medication treatment.

Where can I get more information?

For more information on neurological disorders or research programs funded by the National Institute of Neurological Disorders and Stroke, contact the Institute's Brain Resources and Information Network (BRAIN) at:

BRAIN
P.O. Box 5801
Bethesda, MD 20824
(800) 352-9424
<http://www.ninds.nih.gov>

Information also is available from the following organizations:

Association for Science in Autism Treatment
P.O. Box 188
Crosswicks, NJ 08515-0188
info@asatonline.org
<http://www.asatonline.org>

Autism National Committee (AUTCOM)
P.O. Box 429
Forest Knolls, CA 94933
<http://www.autcom.org>

Autism Network International (ANI)
P.O. Box 35448
Syracuse, NY 13235-5448
jisincla@syr.edu
<http://www.ani.ac>

Autism Research Institute (ARI)
4182 Adams Avenue
San Diego, CA 92116
director@autism.com
<http://www.autismresearchinstitute.com>
Tel: 866-366-3361
Fax: 619-563-6840

Autism Science Foundation
419 Lafayette Street
2nd floor
New York, NY 10003
contactus@autismsciencefoundation.org
<http://www.autismsciencefoundation.org/>
Tel: 646-723-3978
Fax: 212-228-3557

Autism Society of America
4340 East-West Highway
Suite 350
Bethesda, MD 20814
<http://www.autism-society.org>
Tel: 301-657-0881 800-3AUTISM (328-8476)
Fax: 301-657-0869

Autism Speaks, Inc.
2 Park Avenue
11th Floor
New York, NY 10016
contactus@autismspeaks.org
<http://www.autismspeaks.org>
Tel: 212-252-8584 California: 310-230-3568
Fax: 212-252-8676

Birth Defect Research for Children, Inc.
800 Celebration Avenue
Suite 225
Celebration, FL 34747
betty@birthdefects.org
<http://www.birthdefects.org>
Tel: 407-566-8304
Fax: 407-566-8341

MAAP Services for Autism, Asperger Syndrome, and PDD
P.O. Box 524
Crown Point, IN 46308
info@aspergersyndrome.org
<http://www.aspergersyndrome.org/>
Tel: 219-662-1311
Fax: 219-662-1315

National Dissemination Center for Children with Disabilities
U.S. Dept. of Education, Office of Special Education Programs
1825 Connecticut Avenue NW, Suite 700
Washington, DC 20009
nichcy@aed.org
<http://www.nichcy.org>
Tel: 800-695-0285 202-884-8200
Fax: 202-884-8441

National Institute of Child Health and Human Development (NICHD)
National Institutes of Health, DHHS
31 Center Drive, Rm. 2A32 MSC 2425
Bethesda, MD 20892-2425
<http://www.nichd.nih.gov>

National Institute on Deafness and Other Communication Disorders Information Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
nidcdinfo@nidcd.nih.gov
<http://www.nidcd.nih.gov>

Tel: 301-496-5133
Fax: 301-496-7101

Tel: 800-241-1044 800-241-1055 (TTD/TTY)

National Institute of Environmental Health Sciences (NIEHS)

National Institutes of Health, DHHS
111 T.W. Alexander Drive
Research Triangle Park, NC 27709
webcenter@niehs.nih.gov
<http://www.niehs.nih.gov>
Tel: 919-541-3345

National Institute of Mental Health (NIMH)

National Institutes of Health, DHHS
6001 Executive Blvd. Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
nimhinfo@nih.gov
<http://www.nimh.nih.gov>
Tel: 301-443-4513/866-415-8051 301-443-8431 (TTY)
Fax: 301-443-4279

"Autism Fact Sheet," NINDS. Publication date September 2009.

NIH Publication No. 09-1877

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Publicaciones en Español

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Prepared by:
Office of Communications and Public Liaison
National Institute of Neurological Disorders and Stroke
National Institutes of Health
Bethesda, MD 20892

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Autism Spectrum Disorders

*A publication of NICHCY
Disability Fact Sheet #1
June 2010*

Ryan's Story

Ryan is a healthy, active two-year-old, but his parents are concerned because he doesn't seem to be doing the same things that his older sister did at this age. He's not really talking yet, although sometimes he repeats, over and over, words that he hears others say. He doesn't use words to communicate, though. It seems he just enjoys the sounds of them. Ryan spends a lot of time playing by himself. He has a few favorite toys, mostly cars, or anything with wheels on it! And sometimes, he spins himself around as fast as he does the wheels on his cars. Ryan's parents are really concerned, as he's started throwing a tantrum whenever his routine has the smallest change. More and more, his parents feel stressed, not knowing what might trigger Ryan's next upset.

Often, it seems Ryan doesn't notice or care if his family or anyone else is around. His parents just don't know how to reach their little boy, who seems so rigid and far too set in his ways for his tender young age.

After talking with their family doctor, Ryan's parents call the Early Intervention office in their community and make an appointment to have Ryan evaluated.

When the time comes, Ryan is seen by several professionals who play with him, watch him, and ask his parents a lot of questions. When they're all done, Ryan is diagnosed with autism, one of the five disorders listed under an umbrella category of "Pervasive Develop-

mental Disorders"—a category that's often referred to as simply the "autism spectrum."

As painful as this is for his parents to learn, the early intervention staff encourage them to learn more about the autism spectrum. By getting an early diagnosis and beginning treatment, Ryan has the best chance to grow and develop. Of course, there's a long road ahead, but his parents take comfort in knowing that they aren't alone and they're getting Ryan the help he needs.

What are the Characteristics of Autism Spectrum Disorders?

Each of the disorders on the autism spectrum is a neurological disorder that affects a child's ability to communicate, understand language, play, and relate to others. They share some or all of the following characteristics, which can vary from mild to severe:

- Communication problems (for example, with the use



*is the
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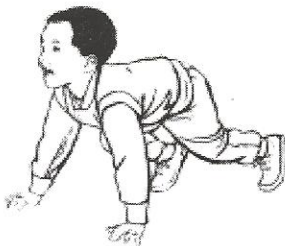
NICHCY
1825 Connecticut Avenue N.W.,
Suite 700
Washington, DC 20009
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@aed.org
www.nichcy.org

or comprehension of language);

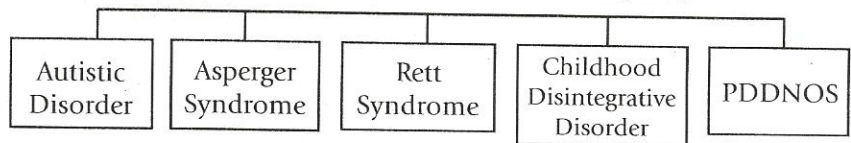
- Difficulty relating to people, things, and events;
- Playing with toys and objects in unusual ways;
- Difficulty adjusting to changes in routine or to familiar surroundings; and
- Repetitive body movements or behaviors.¹

These characteristics are typically evident before the age of three.

Children with autism or one of the other disorders on the autism spectrum can differ considerably with respect to their abilities, intelligence, and behavior. Some children don't talk at all. Others use language where phrases or conversations are repeated. Children with the most advanced language skills tend to talk about a limited range of topics and to have a hard time understanding abstract concepts. Repetitive play and limited social skills are also evident. Other common symptoms of a disorder on the autism spectrum can include unusual and sometimes uncontrolled reactions to sensory information—for instance, to loud noises, bright lights, and certain textures of food or fabrics.



Pervasive Developmental Disorders (PDD)



Current Classification Scheme in the DSM-IV-TR

What are the Specific Disorders on the Autism Spectrum?

There are five disorders classified under the umbrella category officially known as Pervasive Developmental Disorders, or PDD. As shown above, these are:

- autism;
- Asperger syndrome;
- Rett syndrome;
- childhood disintegrative disorder; and
- Pervasive Developmental Disorder Not Otherwise Specified (often referred to as PDDNOS).²

Although there are subtle differences and degrees of severity between these five conditions, the treatment and educational needs of a child with any of these disorders will be very similar. For that reason, the term "autism spectrum disorders"—or ASDs, as they are sometimes called—is used quite often now and is actually expected to become the official term to be used in the future (see the box on the next page).³

The five conditions are defined in the *Diagnostic and Statistical Manual, Fourth Edition, Text Revision* (DSM-IV-TR) of the American Psychiatric Society (2000). This is also the manual used to diagnose autism and its associated disorders, as well as a wide variety of other disabilities.

At the moment, according to the 2000 edition of the DSM-IV, a diagnosis of autistic disorder (or "classic" autism) is made when a child displays 6 or more of 12 symptoms across three major areas:

- social interaction (such as the inability to establish or maintain relationships with peers appropriate to the level of the child's development,
- communication (such as the absence of language or delays in its development), and
- behavior (such as repetitive preoccupation with one or more areas of interest in a way that is abnormal in its intensity or focus).

When children display similar behaviors but do not meet the specific criteria for autistic disorder, they may be

diagnosed as having one of the other disorders on the spectrum—Aspergers, Rett’s, childhood disintegrative disorder, or PDDNOS. PDDNOS (Pervasive Developmental Disorder Not Otherwise Specified) is the least specific diagnosis and typically means that a child has displayed the least specific of autistic-like symptoms or behaviors and has not met the criteria for any of the other disorders.

Terminology used with autism spectrum disorders can be a bit confusing, especially the use of PDD and PDDNOS to refer to two different things that are similar and intertwined. Still, it’s important to remember that, regardless of the specific diagnosis, treatments will be similar.

How Common are ASDs?

According to the National Institute of Mental Health (NIMH) and the Centers for Disease Control and Prevention (CDC), some form of autism affects 2 - 6 of every 1,000 children, with the most recent statistic being 1 in 110.⁴ ASDs are four times more common in boys than in girls, although Rett Syndrome has only been diagnosed in girls.⁵

What Causes an ASD?

The causes of autism and the other disorders on the spectrum are not known. Researchers are currently studying such areas as neurological damage and chemical imbal-

ances within the brain. These disorders are not due, however, to psychological factors or, as has been widely reported in the press, to childhood vaccines.⁶

Is There Help Available?

Yes, there’s a lot of help available, beginning with the free evaluation of the child. The nation’s special education law, the Individuals with Disabilities Education Act (IDEA), requires that all children suspected of having a disability be evaluated *without cost to their parents* to

determine if they *do* have a disability and, because of the disability, need special services under IDEA. Those special services are:

- **Early intervention** | A system of services to support infants and toddlers with disabilities (before their 3rd birthday) and their families.
- **Special education and related services** | Services available through the public school system for school-aged children, including preschoolers (ages 3-21).



A Look at ASD Diagnoses in the Future

In early 2010, the American Psychiatric Association released draft revisions to its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and invited comments from both professionals and the general public. The final and official fifth revision of the DSM is expected to be published in May 2013.⁷

When published, the DSM-5 is expected to affect how autism and associated disorders are diagnosed. Among the proposed revisions are:

- changing the name of the diagnostic category to Autism Spectrum Disorders;
- including Asperger Syndrome, Childhood Disintegrative Disorder, and PDDNOS under the diagnosis of Autism Spectrum Disorders, rather than defining them separately and a bit differently, as is now the case;
- removing Rett Syndrome from the DSM entirely (and, thus, from the autism spectrum).⁸

All this is to say...stay tuned. The criteria for diagnoses of ASDs are in the process of changing.

Definition of "Autism" under IDEA

Under IDEA, *autism* is defined 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.

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. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in IDEA.

A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied. [34 CFR §300.8(c)(1)]

Under IDEA, children with a disorder on the autism spectrum are usually found eligible for services under the category of "autism." In the fall of 2005, more than 160,000 school-aged children (3-21) received special education and related services in the public schools under the "autism" category.⁹ IDEA specifically defines "autism" as shown in the box above.

To have a child evaluated to see if he or she has a disability, including one on the autism spectrum, or to access early intervention services for a child up to his or her 3rd birthday, we recommend consulting NICHCY's *State Resource Sheet* for your state (available online at: <http://www.nichcy.org/families-community/states/>). You'll find a listing for early intervention under the first

section, State Agencies. The agency listed there will be able to put you in contact with the early intervention program in your community.

To have a school-aged child evaluated for an ASD or to access special education services for a school-aged child, we recommend getting in touch with your local public school system. Calling the elementary school in your neighborhood is an excellent place to start.

What about School?

Early diagnosis and intervention are very important for children with an ASD. As we've mentioned, under IDEA children with an ASD may be eligible for early intervention services (birth to 3) and an educational program appropriate to their individual needs.

In addition to academic instruction, special education programs for students with ASDs focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning often require the assistance of a professional who is particularly knowledgeable in the autism field to develop and help implement a plan which can be carried out at home and school.

The classroom environment should be structured so that the program is consistent and predictable. Students with an ASD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavioral skills. Consistency and continuity are very important for children with an ASD, and parents should always be involved in the development of their child's program, so that learning activities, experiences, and approaches will be most effective and can be carried over into the home and community.

With educational programs designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, many children and adults with a disability on the autism spectrum grow to live, work, and participate fully in their communities.

Tips for Parents

- Learn about autism spectrum disorders—especially the specific disorder of your child. The more you know, the more you can help yourself and your child. Your state's Parent Training and Information Center (PTI) can be very helpful. You'll find your PTI listed on NICHCY's online *State-Specific Information* (under "Organizations Especially for Parents"). We've also listed organizations on page 6 that can help you become knowledgeable about your child's disorder.
- Be mindful to interact with and teach your child in ways that are most likely to get a positive response. Learn what is likely to trigger a melt-down for your child, so you can try to minimize them. Remember, the earliest years are the toughest, but it does get better!
- Learn from professionals and other parents how to meet your child's special needs, but remember your son or daughter is first and foremost a child; life does not need to become a neverending round of therapies.
- If you weren't born loving highly structured, consistent schedules and routines, ask for help from other parents and professionals on how to make it second nature for you. Behavior, communication, and social skills can all be areas of concern for a child with autism and experience tells us that maintaining a solid, loving, and structured approach in caring for your child, can help greatly.
- Learn about assistive technology (AT) that can help your child. This may include a simple picture communication board to help your child express needs and desires, or may be as sophisticated as an augmentative communication device.
- Work with professionals in early intervention or in your child's school to develop an IFSP or an IEP that reflects your child's needs and abilities. Be sure to include related services, supplementary aids and services, AT, and a positive behavioral support plan, if needed.
- Be patient and stay optimistic. Your child, like every child, has a whole lifetime to learn and grow.



References

¹ Autism Society of America. (2008). *About autism*. Available online at: www.autism-society.org

² American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders fourth edition, text revision (DSM-IV-TR)*. Arlington, VA: Author.

³ American Psychiatric Association. (2010). *DSM-5 proposed revisions include new category of autism spectrum disorders* (press release). Available online at: www.dsm5.org/Newsroom/Documents/Autism%20Release%20FINAL%202.05.pdf

⁴ Centers for Disease Control and Prevention (CDC). (2009). *Autism spectrum disorders: Data and statistics*. Available online at: www.cdc.gov/ncbddd/autism/data.html

⁵ Centers for Disease Control and Prevention (CDC). (2009). *Autism spectrum disorders: Research*. Available online at: www.cdc.gov/ncbddd/autism/research.html

⁶ Centers for Disease Control and Prevention (CDC). (2009). *Concerns about autism: CDC statement on autism and thimerosal*. Available online at: www.cdc.gov/vaccinesafety/Concerns/Autism/Index.html

⁷ American Psychiatric Association. (2009). *DSM-5 publication date moved to May 2013* (press release). Available at: www.dsm5.org/Newsroom/Documents/09-65%20DSM%20Timeline.pdf

⁸ American Psychiatric Association. (2010). *Proposed revision: Autistic disorder*. Available online at: www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=94#

⁹ U.S. Department of Education. (2007). *27th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2005 (Vol. 2)*. Washington, DC: Author.

Tips for Teachers



- Learn more about the autism spectrum. Check out the research on effective instructional interventions and behavior on NICHCY's website. The organizations listed in this publication can also help.
- Make sure directions are given step-by-step, verbally, visually, and by providing physical supports or prompts, as needed by the student. Students with autism spectrum disorders often have trouble interpreting facial expressions, body language, and tone of voice. Be as concrete and explicit as possible in your instructions and feedback to the student.
- Find out what the student's strengths and interests are and emphasize them. Tap into those avenues and create opportunities for success. Give positive feedback and lots of opportunities for practice.
- Build opportunities for the student to have social and collaborative interactions throughout the regular school day. Provide support, structure, and lots of feedback.
- If behavior is a significant issue for the student, seek help from expert professionals (including parents) to understand the meanings of the behaviors and to develop a unified, positive approach to resolving them.
- Have consistent routines and schedules. When you know a change in routine will occur (e.g., a field trip or assembly) *prepare* the student by telling him or her what is going to be different and what to expect or do.
- Work together with the student's parents and other school personnel to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at school and at home.

Organizations: Your Gateway to Information, Connection, and Research

For incredible amounts of information on ASDs, visit the organizations listed below.

Autism Society of America

1.800.3AUTISM (1.800.328.8476)

http://www.autism-society.org/site/PageServer?pagename=about_home

First Signs

<http://www.firstsigns.org>

Autism Speaks

888-AUTISM2 (288-4762)

<http://www.autismspeaks.org/>

OASIS @ MAPP

Online Asperger Syndrome Information and Support (OASIS) and MAAP Services for Autism and Asperger Syndrome.

<http://www.aspergersyndrome.org>

Exploring Autism

Information in English and Spanish.

<http://www.exploringautism.org/>

Autism Collaboration

<http://www.autism.org/>

Interactive Autism Network

<http://www.ianproject.org/>

OAR | Organization for Autism Research

<http://www.researchautism.org/>

CDC | Centers for Disease Control and Prevention

Information in English and Spanish.

www.cdc.gov/ncbddd/autism/index.html

National Autism Center

1.877.313.3833

<http://www.nationalautismcenter.org/index.php>