

## Sites to See



→ <http://www.nimh.nih.gov/health/publications/autism/summary.shtml>

The National Institute of Mental Health has an excellent site that thoroughly explains autism and its' related disorders. It even has a 41 page booklet that you can download for free or order your own hardcopy.

→ [www.idonline.org](http://www.idonline.org)

Learning Disorders Online is a site dedicated to helping parents and students figure out coping tools to deal with the challenges of school and homework. Designed for parents, teachers and kids, this site has helpful guides for parents, instructional articles and teaching strategies for educators, and book recommendations, as well as artwork and stories by children with learning disabilities.

→ <http://www.slate.com/id/2157496/>

Arthur Allen, writer for Slate.com, reviews a book entitled **Unstrange Minds: Remapping the World of Autism**. Written by George Washington University's Roy Richard Grinker, an anthropologist and father of a 15 year-old autistic daughter, this book discusses the issue of whether or not there is truly a new epidemic of autism or is this simply a matter of recognizing that autism has been a part of every culture all along. By using his own family's history, this book provides an interesting viewpoint on autism and its' prevalence within our world.

## Autism Spectrum Disorder: Myths vs. Reality

Andrea Finnegan, LCSW

As a parent, you may be hearing more and more about autism as your children progress through school and socialize with their peers. It seems that awareness in the general public has increased thanks in part to increased media coverage as well as a higher prevalence of diagnoses for autism spectrum disorders. More and more families are being directly impacted by this type of disorder and find themselves wondering, "What does autism or an autism spectrum disorder mean?" This article will focus primarily upon Autistic Disorder and Asperger's Disorder. We'll review the main characteristics for each disorder, as well as shed light on associated stereotypes and common myths.

In the 1988 movie, *Rainman*, the picture of autism is one of severe social impairment, genius mathematical abilities, and quirky obsessions. In the film, this disorder is so severe that Raymond, the main character, requires long-term, institutionalized care. Raymond is a child-like autistic savant with brilliant math skills, who is completely dependent upon the care of others. His inability to relate to others necessitates the need for a stable routine. In a world of unpredictable people, routine is his focus and "security blanket." Any deviation creates intense fear and agitation. Raymond's unusual behaviors also include a fascination with visual patterns and tactile sensations, anything from the pattern in carpeting to the feel of cloth upon his skin instantly absorbs his entire attention for hours at a time. But this depiction of the autistic savant – Raymond's amazing recall and math skills – is a fairly rare example of autism, that occurs in only about 10% of those diagnosed with the various autism-related disorders.

To better understand these disorders, we must first clarify the terminology that is commonly used. Autism Spectrum Disorder (ASD) is also known as Pervasive Developmental Disorder (PDD). In fact, the two terms are used interchangeably, however; for the purposes of this article, we will stay with the title of Autism Spectrum Disorder. ASD is best thought of as a broad category that includes five specific disorders. ASD is not itself a diagnosis, but

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## Autism Spectrum Disorder *Continued from page 1*

encompasses Autistic Disorder, Asperger's Disorder as well as Rett's Disorder, Childhood Integrative Disorder, and a diagnosis in which some, but not all, of the criteria are met for Autistic Disorder. Severe social and communication impairments and deficits in age-appropriate behaviors and interests are characteristic of **all** disorders within this category, meaning that those diagnosed with one of the ASDs share an inability to communicate easily with others. People with an Autism Spectrum Disorder may not recognize or pay attention to facial expression or body language. They may seem child-like and hard-to-control at times as any change to routine can frighten or frustrate them. In many cases, repetitive behaviors such as rocking, hand-flapping, or even hitting themselves may occur. It should also be acknowledged that the level of impairment can also vary, with some people capable of living and working independently or within supervised settings.

It is important to note that not only are Autism and Asperger's Disorders a part of the range of disorders that make up the larger category of Autism Spectrum Disorders (ASD), but they are themselves considered to be **spectrum** disorders. The term **spectrum** disorder means symptoms occur in a variety of combinations and with varying degrees of severity. So two individuals with the same diagnosis may behave very differently and possess different skills. For example, one child with Autistic Disorder may have a notable lack of speech, while another child with the same diagnosis may be able to speak but does not use speech in a socially meaningful way or does not seem to pick up on social cues. Another example is that a child with Autistic Disorder may have a degree of mental retardation, while another with the same diagnosis may possess impressive capabilities like performing difficult mathematical calculations with seemingly little effort.



*"There are no mistakes, no coincidences.  
All events are blessings given to us  
to learn from."*

– Elizabeth Kubler-Ross

**Myth:** Environmental and psychological factors cause autism.

**Fact:** Autism Spectrum Disorders are found worldwide regardless of race, ethnicity, or economic status.

The cause for autism is still a mystery to be solved by researchers, although plenty of theories abound. In a recent lawsuit against the government, one family won its case when the government conceded that vaccinations may have hurt Hannah Poling, but this concession was made because the government believed that little Hannah had an underlying mitochondrial disorder that was complicated by the vaccinations she received at 19 months old. It was suspected that thimerosal, a mercury-based preservative, formerly used in the American vaccine for measles-mumps-rubella (MMR), might be a likely explanation for autism. As a result, some parents avoided having their children vaccinated; however, several large-scale studies were not able to prove any sort of link between thimerosal and autism. Although no known cause of ASDs exists, research points to biological or neurological abnormalities in the brain. Most recently, overgrowth of the infant brain and the role of specific proteins in the brain are being studied for their impact on the development of ASDs. Fortunately, researchers are better able to examine the brain's functioning thanks to the invent of brain imaging tools like Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), and Single Photon Emission Computed Tomography (SPECT). Research has begun looking at neurotransmitters in addition to genetics. In fact, twin and family studies are being conducted now to confirm just how much of a genetic predisposition exists within families in which one or more members have been diagnosed with ASDs.

**Myth:** If I don't relate well to people and have a high IQ, then I might have Asperger's Syndrome.

**Fact:** Diagnosis of any of the Autism Spectrum Disorders (ASDs) is a complex process that involves more than just identifying one or two symptoms.

Despite individual differences, professionals look for specific symptoms to conclude a disorder exists. The earlier a definitive diagnosis can be made, the earlier treatments and interventions can begin. While most professionals use the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) to assist them in clarifying symptoms and diagnoses, there are quite a few additional screening tools

available such as the Checklist of Autism in Toddlers (CHAT), the Screening Tool for Autism in Two-Year Olds (STAT) as well as the Social Communication Questionnaire (SCQ). Behaviors and skills characteristic of individuals with ASD typically surface between the ages of 18 months through 6 years of age. Ideally, diagnosis involves a significant amount of observation, screening tools, and is conducted by a multi-disciplinary team that might include professionals such as psychologists, neurologists, speech therapists and psychiatrists, among others. Having this multi-disciplinary team helps to rule out other types of mental or developmental disorders.

The primary difference between Autism and Asperger's Disorders is that there isn't a significant language delay in children with Asperger's Disorder. But for children with Autistic Disorder, language is delayed or impaired by the time they are 3 years old. Further, children with Autistic Disorder often have an accompanying diagnosis of mental retardation, ranging from mild to profound; while those diagnosed with Asperger's Disorder are typically average to above-average in intelligence. Beyond the language and cognitive considerations, the general criteria for both are very similar. The diagnosis lies in the number of clinical symptoms present at a particular developmental stage and impact on quality of life. Because of this, some may describe a child with Asperger's Disorder as having a mild form of Autistic Disorder.

The similarities are many and key differences crucial in the diagnostic process, therefore if you think a child or loved one may have an ASD, involvement of trained professionals is imperative. Here are examples of criteria and symptoms that are considered when making a diagnosis of an ASD. The deficits and delays must negatively impact an individual's ability to function socially, academically, occupationally in order for this type of diagnosis to be made.

- **Social skills:** Social interactions and peer relationships are a challenge, and there is little to no awareness of, or interest in others. *Example: A child may not maintain eye contact, may seem aloof, and prefer being alone. Or an individual may regularly appear eccentric, one-sided, and insensitive during social interactions. Also, children may not play in a manner that would be expected for their age.*

- **Communication skills:** Often a delay or lack of speech development is obvious, however if there is no delay/lack of speech the individual may not seem to be able to start a conversation and/or keep it going. Another common feature is the repeated use of words

or phrases regardless meaning or comprehension by others. *Example: Children who develop language may have a monotonous tone, repeat jingles or commercials, may seem to act as if they did not hear what was said to them, may have difficulty verbally expressing their needs, preferring to gesture or point.*

- **Interests and activities:** Change, no matter how slight, can be very frustrating. Routines and patterns are typically important to an individual with an ASD. There is an intense, prolonged and/or restricted interest in specific things like dates, phone numbers, objects, movement of objects, that may seem odd or not of any importance. Repetitive body movements are also a primary characteristic. *Example: A child may throw a tantrum because there is new furniture in a familiar room. A child may have a strong attachment to an everyday object like a button. A child may frequently repeat a phone number to a local business, and may rock or sway back and forth.*
- **Sensory Issues:** Individuals with ASDs may have unusual and/or intense reactions to a sensory experience, becoming extremely frustrated to how something looks, sounds, smells. *Example: An object that may be soft to the touch or a noise that is a part of everyday life may be experienced as painful to a child with an ASD. Conversely, a child with an ASD may have an extremely high pain tolerance and thus shows little reaction when burned.*

**Myth:** Children with ASDs are not affectionate.

**Fact:** Children with ASDs show affection in their own unique way.

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## just the FACTS.

- Over 1.5 million Americans have been diagnosed w/ either Pervasive Developmental Disorder or Autism Spectrum Disorder.
- The rate of individuals being diagnosed is increasing 10-17% each year.
- Males are 4 times more likely than females to be diagnosed with autism.

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People with ASDs typically seem to be so internally focused that they may appear to be oblivious to their settings; however, they are aware of the people around them and do experience emotions like everyone else. The difference lies in their abilities to express emotions. Someone with an Autism Spectrum Disorder may feel loving and affectionate to his/her parents but may not be able to communicate this in the same way that others might.

### Treatment Options

Given all the complex cognitive, behavioral, social, emotional, biological and academic issues that arise, treatment options are numerous and must be uniquely tailored to an individual's needs. Medications are often used to regulate mood, aggressive and/or hyperactive behaviors. Some prefer using diet and vitamins to regulate these symptoms as well. Behavioral modification programs are also useful in teaching new skills, as well as, reducing problematic behaviors. Speech therapy and American Sign Language are common interventions to build speech and communication skills. Occupational therapy is often used to assist individuals in developing daily living and independent living skills, and to assist children in gradually developing tolerance to uncomfortable or painful sensory experiences. Applied Behavioral Analysis (ABA) is an intensive intervention geared toward education, skill building, and behavior modification. ABA involves documenting observed behaviors, identifying strengths and weaknesses, and assessing home and school environments. Because no two are exactly alike, involvement of professionals experienced in diagnosing and treating developmental disorders is crucial. For loved ones, patience and compassion are

needed to get to know and understand the unique profile of personalities, abilities, and behaviors of an individual with ASD.

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