

Autism Frequently Asked Questions for Members & Family

What is the autism spectrum?

The autism spectrum disorder (ASD) —or autism—is a condition that keeps a child from learning how to interact with the world around them. It can get in the way of a child's ability to speak or can keep them from making sense of the social cues we use to get along with others. It can make them act in strange ways.

For example, the child might repeat words or make patterns with their hands, over and over for hours. They might focus on one object, such as a radiator.

A child with autism spectrum disorder (ASD) has a problem in three broad areas: communication, social interaction, and behavior. Those problems can be mild or severe, or they can be worse in one area but not in the other two.

There is no one symptom that proves a person has autism. Each person's mixture of issues in the three developmental areas is unique. The strength of those problems can be measured from mild to severe, or anything in between. This is why autism is called a spectrum disorder.

How many people have it?

There is no exact count, but there may be between 1 million and 1.5 million people with autism spectrum disorder in the United States. It is the fastest growing developmental disability in the country.

What causes ASD?

Scientists do not know exactly what causes autism, but they know it most often starts in the first months of life, maybe even before birth. Something goes wrong in the development of a child's brain, but parents or teachers might not notice it for some years.

One cause might be a combination of a gene the child inherited mixed with something toxic in the environment, even before birth.

About 15 percent of children with ASD have changes in their genes called mutations. There are more than 61 genes and many more gene interactions that can change the way a child's brain grows. These changes put the children at risk. Here's how that works: As the unborn baby develops,

altered genes might not cause any problem until something else happens. That something could be a virus, a very low birth weight, the mother's poor health, or certain birth problems. The baby's brain may stop developing the way it should. When something keeps a person from learning and growing the way they should, it is called a developmental disorder. Autism is such a disorder.

Because of a shocking number of children diagnosed with autism in recent years, a lot of money has been spent on research. That research has found some things that do not cause it.

You do not get autism from:

- Childhood vaccinations. Multiple carefully conducted studies of immunized children did not find a link to autism.
- Poor parenting. Parents are not to blame.
- Another person. You cannot get it by being with someone who has autism.

Who develops ASD?

Sisters and brothers of children with autism are more likely to develop it than others. That might be because they share many of the same genes. Boys are far more likely to show ASD than girls. This may be because girls are better at imitating others and masking their ASD.

Can it be treated or cured?

It cannot be cured, but there are many ways a person with autism can be taught to deal with the world by developing strengths to beat weaknesses. Some people with autism will need a great deal of help. Others will not.

There are drugs to help a child control their actions and calm their fears. There are teaching aids, behavioral aids, even cell phone apps specially designed for people with autism to help them learn, communicate, and participate as best they can in the family, classroom, and community.

Parents of children with ASD need special training in ways they can help their child at home and at school. With support from experts in the health and teaching communities, they will learn how to support their child and steer the complex world of benefits, services, and resources that can help the child grow.

How is autism diagnosed?

Autism spectrum disorder is diagnosed by a doctor including a neurologist, psychologist, or psychiatrist. There is no blood test, MRI, or X-ray for autism. However, there are standardized assessments that are used as part of a comprehensive evaluation, including the Autism Diagnosis Interview (ADI-R), Autism Diagnostic Observation Schedule (ADOS), Childhood Autism Rating Scale (CARS), and/or the Gilliam Autism Rating Scale (GARS-2).

The doctor will ask many questions about the mother's own health history and the child's. Details about the mother's pregnancy and the child's birth are both important to share with the doctor. The doctor will want to watch the child for a while to see how they interacts with a stranger, with toys, and other objects around them. He will also check for unusual behavior, including indications of fear, or sounds the child makes, over and over. The doctor will also ask the parents, teachers, and the child to describe the child's strengths and challenges. Does the child make eye contact? Do they read at grade level? Are they afraid of certain noise?

With all of this information, the doctor will make a diagnosis that matches the characteristics of a point on the autism spectrum. Or they might decide to test the child for something else. The diagnosis will describe where the child falls on the spectrum in each of the major categories—social interaction and communication, medical problems, intellectual and repetitive behaviors.

What can be done to help a child with autism?

Every situation is different, but a child on the autism spectrum can be helped by the combined eff orts of parents, the health care community, the school district, and the state.

With an early start, a child with autism can make great strides. People dedicated to working with children with autism use special teaching tools, speech therapy, work therapy, physical therapy, and personal help. A warm and supportive home and family life will help. So will a community willing to accept all children's challenges and strengths.

Another effective therapy is Applied Behavior Analysis or ABA. The ABA lead therapist will develop a treatment plan based on the strengths, weaknesses, interests and abilities of your particular child to narrow the gap between their current functioning and those of similar-aged peers. Usually delivered in the home, the therapist will work with your child to develop their skills and reduce behaviors that may be harmful to themselves or others, disruptive to others or make them stand out more. These therapists known as behavior analysts or BCBAs (Board Certified Behavior Analysts) are specially trained to change the environment

in certain ways to help achieve your child's goals. They will also work with parents to learn these same techniques to speed up the process. Another important therapy is the use of social skills groups in which children can learn to interact more appropriately with others of similar ages.

Sometimes, people with ASD may be prescribed specific drugs to help lower repetitive or risky behaviors, seizures, or sadness that lasts. A person with autism may have stomach problems requiring drugs or a special diet.

Can a person with autism spectrum disorder live an independent adult life?

Many can. In fact, there are millions of adults who have learned to communicate in unique ways, and support themselves through jobs that match their strengths. Every child on the autism spectrum has a different set of strengths and challenges. Many have normal intelligence. Some even have special abilities doing better than most in art, music, mechanics, or learned skills. Others (between 25 percent and 40 percent) have intellectual as well as communication disabilities.

These children may not be able to gain the complex skills a person needs to live as independent adults. They may need to live at home, in supervised group living situations, or in residential centers designed for disabled adults.

Resources

National Institute of Child Health and Human Development:

www.nichd.nih.gov

Facts About Autism Spectrum Disorders (ASDs):

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

Autism Speaks:

www.autismspeaks.org

Sources

Asha Asher, MA, pediatric occupational therapist and special education teacher, Sycamore Community Schools, Cincinnati, OH; Leandra N. Berry, PhD, pediatric neuropsychologist, Autism Center, Texas Children's Hospital, Houston, TX; Skott Freedman, PhD, child language development and disorders specialist, Ithaca College, Ithaca, NY; Areva Martin, Esq, attorney, advocate for children with autism, and author of The Everyday Advocate: How to Stand Up for Your Autistic Child, Los Angeles, CA; Sherry Sancibrian, MS, associate professor and program director Speech-Language Pathology and an investigator for the Burkhart Center at the College of Education, Health Sciences Center School of Allied Health Sciences, Texas Tech University, Lubbock, TX