

Child Just Diagnosed

Frequently Asked Questions

1. What is Autism?

Autism is a complex developmental disability that typically appears during the first three years of a person's life. It is a brain disorder that affects a person's ability to communicate, to reason, and to interact with others.

2. Who does Autism affect?

Autism affects approximately one out of every 150 births according to the Centers for Disease Control. Autism can affect any family and any child, regardless of racial, ethnic, social boundaries, family income, lifestyle, or educational levels.

3. Is there a cure for Autism?

There is no cure for Autism but evidence shows that early intervention results in positive outcomes for children with Autism and the earlier the better.

4. What causes Autism?

At this time, the cause of autism is unknown. Research suggests that autism is a genetic disorder that is possibly triggered by environmental factors.

5. How is autism diagnosed?

Medical tests to diagnose autism are in the experimental phase and are not available yet. Diagnosis is based on observations of a child's behavior by a trained diagnostician.

Typically psychologists or neurodevelopmental pediatricians diagnose autism. A few standardized tools exist to assist trained diagnosticians in making the diagnosis. Below are the three main areas that are assessed to diagnose autism:

Communication: both verbal (spoken) and non-verbal (unspoken, such as pointing, eye contact, and smiling)

Social: such as sharing emotions, understanding how others think and feel, and holding a conversation

Routines or repetitive behaviors (also called stereotyped behaviors): such as repeating words or actions, obsessively following routines or schedules, and playing in repetitive ways.

6. What is Asperger Syndrome and how is it different from autism?

Asperger Syndrome has some of the same social deficits and restricted range of interests and behaviors as autism. However, those with Asperger Syndrome do not typically have a history of substantial cognitive or communication delays.

7. What is PDD-NOS and how is it different from autism?

PDD-NOS is the abbreviation for Pervasive Developmental Disorder Not Otherwise Specified. PDD-NOS is diagnosed through observation of behaviors, the same way autism is diagnosed. The diagnosis of PDD-NOS is made when a child has some of the core deficits but not all of them. The difference between a diagnosis of autism and PDD-NOS is often very subtle. People with either diagnosis are likely to benefit from similar approaches to treatment and education.

8. What is an "Autism Spectrum Disorder"?

Different people with autism can have very different symptoms. Health care providers think of autism as a "spectrum" disorder, a group of disorders with similar features. One person may have mild symptoms, while another may have serious symptoms. But they both have an autism spectrum disorder. Currently, the autism spectrum disorder category includes:

- Autistic disorder (also called "classic" autism)
- [Asperger syndrome](#)
- Pervasive Developmental Disorder Not Otherwise Specified (or atypical autism)
- In some cases, health care providers use a broader term, pervasive developmental disorder, to describe autism. This category includes the autism spectrum disorders above, plus Childhood Disintegrative Disorder and [Rett syndrome](#).

9. What are the early signs of Autism Spectrum Disorders?

Most children with autism spectrum disorder show developmental differences when they are infants, especially in social and language skills. They usually crawl, sit, and walk on time, so the subtle differences don't get noticed. Here are some examples of some social differences:

Infants:

- Not making eye contact with others.
- Not cuddling like other children.
- Not smiling back at others.
- Not responding to his or her name.
- Seems to tune others out.

Toddlers:

- Not pointing to items.
- Not responding when their name is called.
- Not playing with toys appropriately.
- Making stereotypical type movements (ex: hand flapping, spinning toys).

The Modified Checklist for Autism in Toddlers (M-CHAT) is a tool that can be used by physicians at the child's 18-month developmental check-up. For more information, visit [http://www2.gsu.edu/~psydlr/Diana L. Robins, Ph.D..html](http://www2.gsu.edu/~psydlr/Diana_L._Robins,_Ph.D..html)

Even though some infants can show signs of autism, research still suggests that typically autism cannot be diagnosed until 18 months. Children with high functioning autism or Asperger Syndrome might not get diagnosed until later on in life because of their average or above average cognitive skills.

10. What are the treatments for autism?

There is no cure for autism, nor is there one single treatment for autism spectrum disorders, but there are ways to help minimize the symptoms of autism and to maximize learning.

Behavioral therapy and other therapeutic options:

- Behavior management therapy helps to reinforce wanted behaviors, and reduce unwanted behaviors. It is often based on Applied Behavior Analysis (ABA). These services may be provided by a psychologist, Board Certified Behavior Analyst, teacher, or other professional with training and experience in behavior therapy.
- Speech-language therapists can help people with autism improve their ability to communicate and interact with others.
- Occupational therapists can help people find ways to adjust tasks to match their needs and abilities.
- Physical therapists design activities and exercise to build motor control and improve posture and balance.

Educational and/or school-based options

Public schools are required to provide free, appropriate public education from age 3 through high school or age 21, whichever comes first. Typically, a team of people, including the parents, teachers, caregivers, school psychologists, and other child development specialists work together to design an Individualized Education Program (IEP) to help guide the child's school experiences.

Medical Management

Individuals with autism have a higher incidence of seizures, gastrointestinal problems, sleep disturbances, and challenging behaviors compared to individuals without autism. Physicians and other professionals can provide guidance for families in addressing these issues.

- Medication options - Currently there are no medications that can cure autism spectrum disorders or all of the symptoms. The U.S. Food and Drug Administration has not approved any medications specifically for the treatment of autism, but in many cases medication can treat some of the symptoms associated with autism.

Selective serotonin reuptake inhibitors (SSRIs), tricyclics, psychoactive/anti-psychotics, stimulants, and anti-anxiety drugs are among the medications that a health care provider might use to treat symptoms of autism spectrum disorders.

- Secretin-a hormone that helps digestion-is not recommended as a treatment for autism.

Alternative or complementary interventions

Complementary and Alternative Medicine as defined by the Cochrane Collaboration is "a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health systems of a particular society or culture in a given historical period." CAM are often used to treat what are seen as the cause versus the symptoms of an illness or disorder.

There are a variety of alternative interventions that many families choose as a part of an intervention program for their child with autism. The most common are immunoregulatory interventions, gastrointestinal interventions, such as the gluten-free/casein-free diet or use of antifungal agents, dietary supplements, and detoxification treatment (e.g.: chelation). Parents are encouraged to work closely with their physician or other medical professional when making decisions about the use of complementary interventions.

For more information about treatments, check out the [What are the treatments for autism?](#) section of the NICHD publication Autism Overview: What We Know.

11. Is there a link between autism and vaccines?

There is no conclusive scientific evidence that any part of a vaccine or combination of vaccines causes autism, even though researchers have done many studies to answer this important question. There is also no proof that any material used to make or preserve the vaccine plays a role in causing autism. Although there have been reports of studies that relate vaccines to autism, these findings have not held up under further investigation. Currently the U.S. Centers for Disease Control and Prevention (CDC) provides the most accurate and up-to-date information about research on autism and vaccines. Its [Vaccines and Autism Theory](#) Web site provides information from the federal government and from independent organizations about vaccines and autism.

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