

# Autism Spectrum Disorders

## *Some guidelines for parents and teachers*

Autism Spectrum Disorders refer to a complex group of related disorders marked by impaired communication and socialization and by a limited (and often unusual) range of interests. Although sometimes not diagnosed until school age, Autism Spectrum Disorders develop early in life and are life-long conditions with implications for education, social development, and community adjustment.

Autism Spectrum Disorders became an eligibility category for special education services in 1991. Since that time an enormous amount of research has been conducted regarding identification and effective interventions for children with Autism Spectrum Disorders. The good news is that information learned over the years has resulted in a broader definition of autism and many strategies for parents and educators to use in supporting the development of these children, starting in early childhood.

However, distinguishing misinformation from accurate information can be a daunting task. It is critical that parents and educators understand this complex disorder. Parents and teachers today have many resources available to address the needs of children who have Autism Spectrum Disorders. At times, so much information may seem overwhelming, and learning how to sort out the well-tested options from fads is often necessary. Resources such as specialists in autism and parent support groups are often available at a district, state, or regional level.

By working together and accessing these resources, parents and teachers can effectively promote optimal learning and adjustment for children with Autism Spectrum Disorders.

### **Basic Facts**

*Characteristics.* Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) are considered Autism Spectrum Disorders. The degree to which different characteristics affect a child depends on the level of severity of impairments.

*Diagnosis.* Autism Spectrum Disorders are diagnoses based on behaviors and not on medical tests. In order to accurately diagnose Autism Spectrum Disorders, the child should have a comprehensive evaluation by professionals who can address development of language,

behavioral, social, and cognitive skills in young children. Atypical development must be identified in socialization and communication, and the child must display narrow interests or repetitive behaviors.

Autism Spectrum Disorders affect children differently, and two children can meet different combinations of the diagnostic criteria. Autism, the typical Autism Spectrum Disorder, often occurs with other disorders such as cognitive impairment, fragile X syndrome, Down syndrome, and tuberous sclerosis.

The cause of Autism Spectrum Disorders is unknown and most likely results from many factors, such as a combination of heredity, environment, and brain functioning. Autism Spectrum Disorders are not the result of parenting style but, rather, are the results of changes in brain development that may occur before birth or shortly thereafter.

General characteristics of children with Autism Spectrum Disorders include:

- *Cognitive:* Uneven development of cognitive skills; relative strength in processing visual versus verbal information.
- *Social skills:* Difficulty understanding social rules such as taking turns and sharing; problems understanding and reading the emotions of others; difficulty taking the perspective of other people; problems initiating and maintaining interactions and conversations with other people.
- *Communication:* Trouble responding to verbal information presented at a fast pace; trouble understanding multiple-step commands; inconsistent understanding of verbal information; a need for verbal information to be repeated, especially information that is new.
- *Organization/self-direction:* Difficulty screening out distractions; difficulty completing activities independently and initiating work activities; problems organizing free time and stopping one activity and moving on to the next; difficulty being flexible, shifting attention to a new focus; problems doing more than one thing at a time.

### **Interventions: Parent-School Collaboration**

*Collaboration:* Because the first line of intervention for children with Autism Spectrum Disorders is educational

and behavioral, developing collaborative and positive family-school partnerships is essential. Early diagnosis is important because it will help parents in gaining an understanding of their child and their child's specific needs early in his or her development. Parents who are empowered with knowledge will be the best advocates for their child. By working collaboratively and sharing information with each other and with other school and community professionals, parents and teachers can develop strong educational programs for children with Autism Spectrum Disorders. Close communication (such as a daily log) between teachers and parents will ensure consistency across the child's program and facilitate school and parent relationships.

*Special education:* Public schools must provide services for all children with disabilities beginning in early childhood (age 3 or earlier as defined by state regulations). The school district's special education team will provide evaluations to identify disabilities and then provide any services necessary for children with disabilities to benefit from the school program. For young children, these services might include speech and other therapies and preschool programs to encourage socialization and the development of readiness skills. By elementary school, students with autism often receive more specialized services. As for all children with disabilities, Individual Education Programs (IEPs) for students with autism should be comprehensive and include environmental supports and related services (see below).

Previous teachers, parents, and other providers will give the best information on strategies that have been effective. Utilizing environmental supports, information from previous teachers, and related services (speech and language therapy, occupational therapy, psychological services) will facilitate consistency in the child's program, and collaboration between regular education and special education personnel.

The local school's special education team is the best source for more information about evaluations and serv-

ices for children with or who are suspected to have autism and related disorders.

*Effective program components:* In 2001, the National Research Council convened a group of researchers who were to summarize the components of effective interventions for children with autism. Become familiar with this report. The National Research Council recommendations for children 8 years and younger include:

- Immediate enrollment into intervention programs after the diagnosis.
- Active participation in intensive programming for a minimum of 25 hours a week, equivalent to a full school day for 5 days a week, with full-year programming based on child's age and developmental level.
- Planned and repeated teaching opportunities in various settings, with sufficient attention from adults and based on the child's development and individual needs.
- At least one adult for two young children with autism.
- Provision of family activities and parent training.
- Ongoing assessment and evaluation to measure progress and make adjustments.

### Websites for more information and resources

- Autism Resources—[www.autism-resources.com](http://www.autism-resources.com)
- Autism Society of America—[www.autism-society.org](http://www.autism-society.org)
- TEACCH—[www.autismsociety-nc.org](http://www.autismsociety-nc.org)

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*From the National Mental Health & Education Center for Children and Families, a program of the National Association of School Psychologists ([www.naspcenter.org](http://www.naspcenter.org)). The Center's goal is to improve outcomes for children and youth by helping parents, teachers, and other related professionals work more effectively together to promote healthy learning and development.*

The Brown University  
Child and Adolescent  
Behavior Letter

C A B L



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