Autism Spectrum Disorder (ASD) is the new term for Pervasive Developmental Disorder (PDD). It affects social interactions, language, and cognitive development. Children with ASD may appear normal for the first two years and then show signs of regression. ASD is an “umbrella” term that includes Autism, PDD-NOS and Aspergers.

ASD occurs in 1 out of 110 individuals. It is four times more common in boys than girls and affects all ethnic & socioeconomic groups. ASD is neurologic disease. It is NOT caused by bad parenting nor a “refrigerator mom.”

ASD is caused by genetic and environmental factors. The Autism Genome Project Consortium made up of a group of scientists from 50 countries has found several genetics causes including Fragile X. Alcohol and drugs taken during pregnancy as well as viral infections like Rubella have been linked to ASD. Lead, pesticides and food additives may be involved. The National Children’s Study is looking at environmental factors in 100,000 children. MRI and PET scans have shown brain abnormalities in areas of the brain that deal with emotion, memory, and coordination. Research with FMRI suggests that the nerves connecting different parts of the brain are not communicating correctly. The neurotransmitters serotonin and dopamine are involved. A 2011 Nature study suggested that abnormalities in the mother’s placenta serotonin may contribute to brain connection problems.

There are currently no lab tests to diagnosing ASD. The diagnosis is based on observations of the child's communication, behavior, developmental levels and rating scales such as CHAT (Checklist for Autism in Toddlers), CARS (Childhood Autism Rating Scale) or the Australian Scale for Asperger’s. Usually a psychological, speech and occupational evaluation are done. A hearing test, blood tests, EEG, MRI, genetic testing or metabolic tests may be ordered.

Do not wait to “be sure” it is Autism. Plasticity is a term used for brain development. This means the child's brain is developing and is changeable. The earlier you start treatment the better.

We have seen children who were diagnosed with “possible Autism” at one year of age who after intensive intervention, by school age, no longer meet the criteria for ASD. A good starting resource is “100 Day Kit” a free downloadable pdf from autism speaks.org the Academy of Pediatrics www.aap.org/publiced/autismtoolkit.cfm and the database kc.vanderbilt.edu/tennesseepathfinder

Communication: Language development is usually delayed in children with ASD. They may “lead,” (taking you by the hand to show you what they want). Many have poor eye contact. They may echo your words. Some have an amazing memory like repeating TV commercials exactly, or memorizing lists. They may say “he would like a cookie,” instead of “I would like a cookie.”

Social Interaction: Children with ASD may spend time alone rather than with others; some show little interest in making friends and they are often less responsive to social cues such as smiles or frowns.

Play: They may have problems with make-believe play. They may “parallel play” meaning that they play beside others but not with others. They may get stuck on one activity like lining up cars, or looking at books. They may have an unusual toy like a stick they carry with them.

Behaviors: They may have “melt downs” (severe tantrums for no apparent reason). They may become obsessed with routine and have a “melt down” if something is changed. They may have SIB (Self Injurious Behavior) such as biting themselves or head banging.

Sensory Integration: They may be overly sensitive to touch, sound, smell, or taste. They may smell everything or refuse foods because of texture. When they are excited, they may have self stim behaviors (called stims) like rocking, clapping or hand flapping. This often helps the child to calm down. A weighted vest may help sensory problems.

“Classic” Autism. These children usually have speech delay. They often have problems playing or socializing. They may flap their hands or spend time doing repetitive actions, like stacking blocks, or watching the same video over and over again.

PDD-NOS This is an old term used for children who exhibit fewer symptoms than “classic Autism” and they may be called “High functioning Autism.”

Asperger Syndrome (nicknamed Aspe) usually have normal language development during the first few years. They may have impaired social behaviors, trouble understanding jokes. anxiety, poor coordination, problems making eye contact, or obsess on a subject such as vacuum cleaners. They may take things you say literally. For example the may look for a dog when you say “it’s raining cats and dogs”.

Asperger children have excellent memories. They may know everything about every movie ever made. They do not deal well with change. One day, if their favorite TV show isn’t on, they may have a meltdown and talk about it for weeks. They often obsess on rules. “You never drive at 35 mph in a 30 mph zone.”
ASD Treatments

Do not wait. The earlier your child is treated, the better the prognosis. You are your child’s best therapist.

There are no quick fixes. Some feel eliminating gluten and casein in the diet helps hyperactive. It is not a cure. CAM (Complementary Alternative Medicine) is a unproven medically treatment. This includes supplements like vitamin B6, grapeseed, fish oil, SAM-e, or DHEA. Because many children with ASD are often picky eaters, they should take a multivitamin to prevent vitamin deficiencies. Immunizations, and mercury do not cause ASD. Studies, done throughout the world have shown NO connection. The only doctor who said immunization caused autism, lost his license because he was paid by lawyers to make up the data. Chelation nor hyperbaric oxygen has not been proven to treat ASD. there reports of death with chelation and hyperbaric therapy.

Children with ASD respond to a highly structured, specialized education and behavior modification program. This includes language therapy, social skills, daily living skills, and occupational therapy. ABA (Applied Behavioral Analysis) and DIR/Floortime work well. Methods like PECS (Picture Exchange Communication System), Social Stories, Music Therapy, Hippotherapy (horse riding), service dogs, and Brain Gym (“gymnastics” for the brain) may help.

Medications are helpful for treating symptoms. They are not a cure. Risperdal and Abilify are the only FDA approved medicines for ASD. Zoloft may help obsessions. Ritalin may help their attention span. Trileptal may help aggression. Trazodone or naltroxone may help self-injurious behavior. The herbal, melatonin, available over the counter, often helps with sleep.

Stay calm. Take time off for yourself (go on a date). Relatives, friends or respite care can help. “Put the oxygen mask on yourself first!” If you burn out, you cannot help your child. Get eye contact. Teach them social rules and how to tell social lies (not factual lies). “Asp” kids speak their minds, like “why are you so fat?” rather than “you look nice today.” Factual lies like lying about where they got an iPod, are not allowed. Be specific, keep it short (one step at a time). For example, “close the door, with you in the room.” To much information causes meltdowns. Ignore, redirect & use time-out to manage their behavior. Be consistent, & have a regular routine. Spankings don’t work. Don’t take their behavior personally. Give them a phone & credit card. Teach them how to take care of themselves. Find what they do well...use it. Get them a job. If they are not out on their own by 23y/o they may never leave home.

Resources

- DMRS (Division of Mental Retardation Services) 745-7005 or 800-535-9725
- Rainswood/Otey Chapel 360-9407
- Frazer or Millington Mental Health (Respite Care) 353-5440
- Harwood Developmental Center 711 Jefferson 448-8369 harwoodcenter.org
- Memphis SpecialEd 325-5600
- Shelby County Schools 458-7561
- STEP(Support & Training) 756-4332
- BSTN (Behavioral Services of TN) for BA (Behavioral Analyst) 624-2454
- Compass (ISP - Individual Service Provider) home services 682-0500
- TN Respite Coalition helps with financial support 522-0090
- SERVS-Family Support Program helps financially 869-7787
- Medicaid Waiver to get a personal Assistant at home 866-372-5709
- Skinner Center Recreation Center 712 Tanglewood 272-2528
- AutismSolutionsCenter.com Cordova 758-8288 (CAM therapy)
- Exceptional Foundation Recreation 1780 Moriah Suite 4 387-5002
- Transformation Treatment Center 2535 Whitten Rd Ste 104 231-1931 www.transformationautism.com
- Connections Jkelhms@mac.com
- ABA Place 953 StageHills, Bartlett 901-881-1342 socialskillsforasd.com/ABAUnlimited.org 288-6825
- Kings Daughter (Residential) 3568 Appling 272-7405

For financial help: eastersseals.com, nationalautismassociation.org, autismfamilyresources.com, United Health Care Children’s Foundation (uhccf.org) Medsdiscount pals.provisionrx.com/capture.asp

Books

WrightsLaw IDEA 2004, for school rights. www.wrightslaw.com
Right from the Start (ABA program) 1001 Great Ideas...ASD by Notbohm Teaching...The Me Book by Lovaa
The World of the Autistic Child. by Siegal. Understanding Autism for Dummies. Shore Social Skills / Sensory / Animals

Asperger Books

Asperger Syndrome. by Tony Attwood.
Asperger Syndrome. edited by Ami Klein
Asperger...for Teachers. by Val Cumine.
A Parent’s Guide to Asperger Syndrome & High Functioning Autism. Ozonoff
Asperger Syndrome & Your Children. by Michael Powers, Psy.D
Lakeside Asperger Summer Camp
takechargeofautism.com/facilities/Lakeside.html

Other Resources

kc.vanderbilt.edu/tennesseepathfinder
autism.org (TN resources)
TN Parent Information Center (TIPRC) works with schools to help kids 800-670-9882 www.tvoices.org
Books: futurehorizons-autism.com jkp.com
Research: IANproject.org kennedykrieger.org autismsociety.org/researchautism.org
Support: autismspeaks.org (100 Day Kit) autism-society.org autismlink.com feat.org (early intervention) autismcenteroffupelo.com
Asperger: aspergersyndrome.org
CAM danconference.com
Apps: Proloque2go AutismTest
DVDs: Temple Grandin Adam Autism the Musical

Written by Don Eastmead M.D. June 2011