

# AUTISM SPECTRUM DISORDER



**Autism Spectrum Disorders (ASDs) are life-long neurological conditions that are present at birth. The disorders are variable: some children are profoundly developmentally delayed and have no language, while others are only mildly affected with average or above average intelligence and functional language. The first signs are usually noticeable by 12 to 24 months of age.**

Children with ASD are all individuals and have their own strengths and weaknesses. They also each have their own patterns of ASD symptoms. Parents are very good at detecting developmental problems in their children and should be concerned if their child does not:

- Babble by 11 months of age
- Wave or use other simple gestures by 12 months
- Use single words by 18 months or 2 word phrases (e.g., car go) by 24 months
- Answer to his/her name
- Make eye contact when interacting with peers or adults
- Try to get his/her parents' attention

Some of the symptoms of autism spectrum disorders are found in three areas of functioning

## Reciprocal social interaction

- Poor use of gaze or gestures to share interest in an object
- Failure to understand others' facial expressions
- Poor relationships with other children
- Has little or no interest in playing with other children
- Inability to understand that other people have their own thoughts and beliefs ("Theory of Mind")

## Verbal and nonverbal communication

- Delayed or absent speech
- Peculiar speech patterns
- May repeat what they hear on television or in movies (echolalia)
- Language or gestures not used to convey meaning
- Doesn't smile when interacting with others

## Preference for solitary, repetitive activities

- Failure to take part in imaginative play with toys (don't "play pretend")
- Engages in rocking or spinning movements
- Becomes entranced by movement of objects
- Moves hands or fingers oddly
- Lines up toys rather than playing with them
- Needs to perform activities in a certain way and becomes upset if prevented from doing so

Adolescents and adults with ASD are prone to developing depression and anxiety, although the reason for this is not well understood. These conditions can interfere with their ability to learn, have friendships, and hold down jobs. Treatment with medication and/or cognitive behavioural therapy is helpful.

Children with ASD often avoid eye contact with other people. They have trouble understanding what other people are feeling or thinking because they can't understand facial expressions or tone of voice. They seem unable to look for clues about appropriate behaviour by looking at other people's faces. These problems with understanding social interaction also mean that they lack empathy for others.

## Types of ASDs

Autistic Disorder is the classical type that usually is present prior to age three.

PDD-NOS (or Atypical Autism) is a condition in which the symptoms don't quite fit with a diagnosis of autism and the children usually are not mentally impaired.

Asperger Syndrome is a condition in which the usual impairments of autism are seen but there is usually no language or cognitive delay.

Childhood Disintegrative Disorder is a condition in which 3- to 4-year-old children begin to lose language, their social skills, and cognitive ability.

## What Causes Autism Spectrum Disorders?

No one knows what causes autism but it is likely a combination of genetics and the environment. There is no credible evidence that vaccines cause ASDs. We also know that parenting styles influence how well children do, but they do not cause autism.

Many adults with ASD are able to get a good education, hold down a job, and live on their own if they have the right services and supports.

### How common is it?

Although estimates vary, it appears that about 1/110 children have an ASD.

### What treatment is effective?

Most children with autism spectrum disorders do respond to treatment, but it is a case of "the sooner the better" because the best gains seem to be made prior to the age of six. Children who receive intensive early interventions definitely do better in the long run compared to children who did not receive such treatment.

Unfortunately, diagnosis is often delayed because many practitioners do not recognize the early signs of autism spectrum disorders, and treatment may be compromised because good, evidence-based treatments are not available in all areas of the country.

There are a lot of unproven remedies, many promoted on the Web, that are costly and time consuming. Families need to arm themselves with good information about evidence-based treatments for ASD. Go to [www.cairn-site.com](http://www.cairn-site.com) for reliable information about ASD.

## BACKGROUND INFORMATION

### **Making Sense of Autistic Spectrum Disorders: Create the Brightest Future for Your Child with the Best Treatment Options**

by James Coplan.

Bantam; 2010; ISBN-13: 978-0553806816

### **A Practical Guide to Autism: What Every Parent, Family Member, and Teacher Needs to Know**

by Fred R. Volkmar.

Wiley; 2009; ISBN-13: 978-0470394731

### **Ten Things Every Child with Autism Wishes You Knew**

by Ellen Notbohm.

Future Horizons; 2005; ISBN-13: 978-1932565300

### **Autism Spectrum Disorders: The Complete Guide to Understanding Autism, Asperger's Syndrome, Pervasive Developmental Disorder, and Other ASDs**

by Chantal Sicile-Kira.

Perigee Trade; 2004 ISBN-13: 978-0399530470

## STEP-BY-STEP GUIDES

### **1001 Great Ideas for Teaching and Raising Children with Autism or Asperger's, Revised and Expanded 2nd Edition**

by Ellen Notbohm.

Future Horizons; 2010 ISBN-13: 978-1935274063

### **Overcoming Autism: Finding the Answers, Strategies, and Hope That Can Transform a Child's Life**

by Lynn Kern Koegel.

Penguin, 2005; ISBN-13: 978-0143034681

### **Playing, Laughing and Learning with Children on the Autism Spectrum: A Practical Resource of Play Ideas for Parents and Carers**

by Julia Moor.

Jessica Kingsley Pub; 2008; ISBN-13: 978-1843106081

### **Toilet Training for Individuals with Autism or Other Developmental Issues**

by Maria Wheeler.

Future Horizons; 2007; ISBN-13: 978-1932565492

## BOOKS FOR YOUNG PEOPLE

Reading level: Ages 4-8

### **Since We're Friends: An Autism Picture Book**

by Celeste Shally.

Awaken Specialty Press 2007; ISBN-13: 978-0979471308

Reading level: Ages 9-12

### **Different Like Me: My Book of Autism Heroes**

by Jennifer Elder.

Jessica Kingsley Pub; 2005; ISBN-13: 978-1843108153

### **Can I Tell You About Asperger Syndrome?: A Guide for Friends and Family**

by Jude Welton.

Jessica Kingsley Publishers; 2003; ISBN-13: 978-1843102069

## WEBSITES

Autism Society of Canada

[www.autismsocietycanada.ca](http://www.autismsocietycanada.ca)

National Institute of Neurological Disorders and Stroke

[www.ninds.nih.gov/disorders/autism/detail\\_autism.htm](http://www.ninds.nih.gov/disorders/autism/detail_autism.htm)

Canadian Autism Intervention Research Network

[www.cairn-site.com](http://www.cairn-site.com)

Development of these pamphlets has been supported by:



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO  
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des adolescents

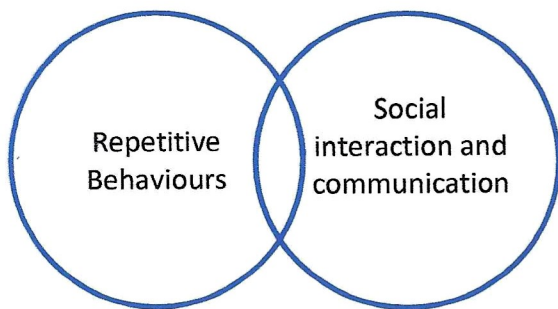


The Centre of Knowledge on Healthy Child Development is a project of the Offord Centre for Child Studies, a leader in helping kids grow and thrive. Go to [www.knowledge.offordcentre.com](http://www.knowledge.offordcentre.com) for more information on how to identify, prevent and treat child and youth mental health problems.

# What is Autism Spectrum Disorder?

Autism Spectrum Disorder (ASD) is a lifelong disorder that affects the way a person communicates and interacts with the world

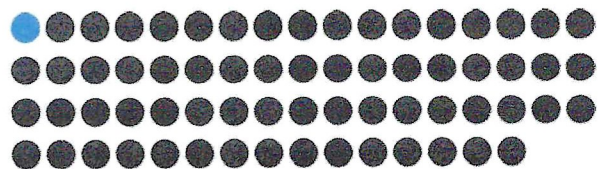
## Symptoms of ASD



Each person is affected by ASD differently  
No two people with autism are the same

## How Many?

1 in 66 Diagnosed in Canada



Males are 4x more likely to be diagnosed than females

## Key Points

### Lifelong Disorder

People with ASD can learn strategies to manage and lessen symptoms

### Diagnosed

A doctor or psychologist can diagnose after watching the child and doing interviews

### ABA Can Help

A science called Applied Behaviour Analysis can help people with ASD learn new things

### Around the World

ASD affects people of all races, ethnicities, and income in all countries of the world

## What Causes ASD?

### ASD:

- Is believed to be caused by **genetics and environmental** factors
- Has no known specific cause

### ASD is:

- NOT caused by vaccination
- NOT caused by parenting style
- NOT contagious



## Learn more

[www.tvcc.on.ca](http://www.tvcc.on.ca)

[www.autismontario.com](http://www.autismontario.com)

[www.canada.ca](http://www.canada.ca), search for "autism"

[www.ontario.ca/autism](http://www.ontario.ca/autism)

What is Autism Spectrum Disorder | 2020-10-29  
Autism & Behavioural Services | 1.866.590.8822 press 1  
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# Explore and Learn with Your Child

Family involvement in a child's learning experience is very important. You know your child best. This tip sheet will teach you how to help your child grow and learn during day-to-day activities by using your child and family's interests.

## Motivate Your Child

- What activities, characters, or topics does your child like? What are his/her interests?
- Create activities based on your child's interests and favourite things
  - For example, draw a "parking lot" for your child's cars on a piece of paper, and label each parking spot with a number or colour. Then play while teaching numbers or colours.
- Follow your child's lead during play
- Organize activities that contain naturally occurring motivation and reinforcement
  - For example, we bake cookies and then we get to eat warm cookies
- Let your child choose what activity he/she wants to do, or the order of activities
- "Sandwich" an activity your child does not enjoy between two activities that he/she does enjoy. This will motivate your child to do the activity he/she does not enjoy.
- Save the best for last!

## Increase Co-operation

- Start small and be consistent
- Use First/Then language
  - For example, "First clean up, Then snack"
  - Make sure the "Then" is fun
- Use simple language to make sure your child understands what you are asking him/her to do
- Help your child do tasks that are difficult so he/she does not become frustrated

## Teach Your Child to Be Successful with New Tasks and Skills

- When teaching something new or difficult, teach smaller parts of the tasks first

- Provide your child with a few seconds to attempt the task or skill himself/herself before helping. Sometimes children require time to process what you've asked them to do.
- Provide help so your child can be successful. No one likes to fail.

## Improve and Increase Communication and Social Interactions

Look for times across the day where you could increase communication and social interactions. If your child is sitting on a swing, wait until he/she asks for a push.

If your child wants to play with blocks, give a few blocks at a time instead of all the blocks. This gives your child more chances to ask for blocks. Have your child request up to 3 times for more blocks and give a handful each time. Do not require your child to ask for *each* block, as he/she may become frustrated and blocks may no longer be fun.

Some other examples might be:

- put favourite or exciting items up high out of your child's reach so he/she has to ask you to get them
- put favourite items in containers your child cannot open (again, he/she has to ask you to open the container!)
- give your child a snack without a spoon or fork

## Social Initiation

Create a fun activity and begin to play without your child. This gives your child the opportunity to join and initiate a social interaction with you. For example: begin a craft with materials on the table, start building a fort, or begin playing with his/her favourite characters and houses.

## Self-Management

Using activities your child is interested in and motivated by will naturally engage your child. He/she is more likely to pay attention, be interested in what you are asking him/her to do, try to communicate and socialize with you! Your child is less likely to get frustrated and do the behaviours you want to see less of if he/she is engaged.

Explore and Learn with Your Child | 2020-11-23  
Autism & Behavioural Services | 1.866.590.8822 ext 1

# Increasing Cooperation

Five reasons why children/youth may not listen to what you ask:

- 1) I can't do it!
- 2) I don't understand!
- 3) I can't hear you!
- 4) I have never done this before!
- 5) What is in it for me?

## I Can't Do It!



Are there any barriers in the way? Is your instruction appropriate for the situation? There may be environmental, cognitive, medical or physical barriers preventing your child/youth from following your instruction. For example:

- asking child/youth to put away a book on a shelf that is too high
- teaching 5-year-old child about quantum physics
- asking a constipated 12-year-old to cut the lawn
- asking a 3-year-old to cut a full page of shapes

## Solutions

- Decrease barriers when possible (change the environment, know your child/youth's current cognitive abilities, change expectations if child/youth unwell)
- Increase prompting: give more help
- Decrease the amount of effort required from your child/youth
- If a task seems too hard because of how much you expect your child/youth to do, or how much effort is required, you can have him/her complete some aspect of the task independently and help with the rest

## I Don't Understand!



Are the instructions/expectations clear? May not follow if message is unclear, not specific, or formed as a question (rather than statement).

For example, what if you said, “John, can you please clean up your room and put your clothes away?”

- John can say, “no”, which is a valid and appropriate answer
- Saying “clean up your room” implies John knows all the things involved in that (e.g., making his bed, vacuuming, putting away games/toys, picking up clothes, dusting, etc.)
- You are asking John to do multiple things with this one request

## Solutions

- Make sure message is clear on what you expect your child/youth to do
  - Use as few words as possible
  - Give one demand at a time (“John, vacuum your room”)
- Instruction is specific and says exactly what you want him/her to do
  - Instead of “clean up your room”, you could say “put toys on the floor into the bin”
- Use questions ONLY when child/youth can answer yes/no



## I Can't Hear You!



Children/youth with Autism Spectrum Disorders often have a hard time processing a lot of stimuli at the same time. If your child is watching TV, while looking at a book and rocking, it is not likely he/she will hear your instruction.

## Solutions

- Decrease distractions in the environment
  - Turn off noise and background stimuli (TV, video games, cause/effect music toys)
  - Close curtains, put away distracting items
  - Pay attention to things that may be bothering your child/youth's senses, like itchy clothing, tight or loose clothing, wet clothes, etc.

## I Have Never Done This Before!



Child/youth may never have done what you are asking. The thing you are asking might be too difficult. Ask yourself, "Have I ever seen him/her do this before?"

## Solutions

- Show your child/youth what you want him/her to do
- Help your child/youth by using prompts
- Break a larger skill down into smaller skills
  - If you want to teach your child to do the laundry, you need to teach all the smaller steps involved first

## What's In It For Me?

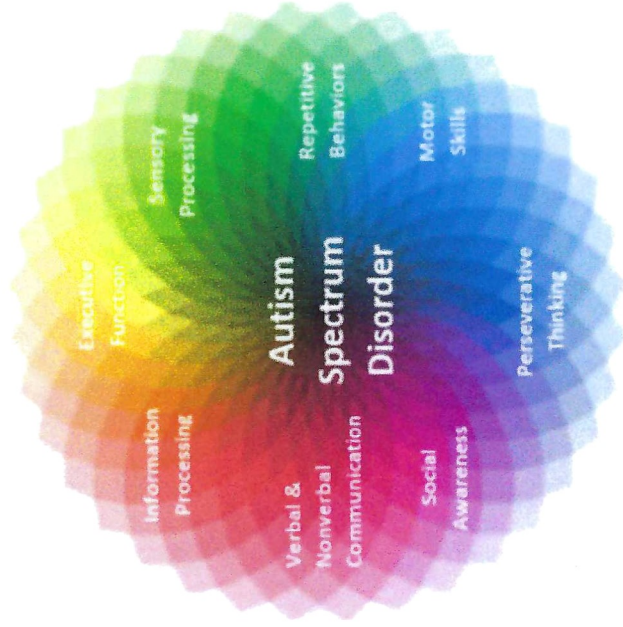


If your child/youth benefits from following through with your request, cooperation is more likely. If the task is not naturally reinforcing for your child/youth, you will have to add something fun after the completion of the behaviour to make it more enjoyable and worthwhile.

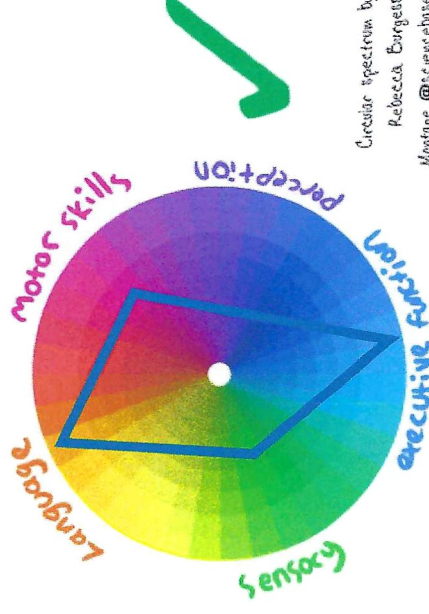
## Solutions

- Positive reinforcement: give social praise (e.g., tickles, attention, high-five), an item (e.g., toy, food, TV), immediately after the child/youth follows through with your instruction (EVEN if you had to help)
  - Needs to happen RIGHT after the behaviour
  - Avoid giving reinforcement for behaviour you do not want to keep happening
  - Make it fun, genuine and specific to what the child/youth did (e.g., "I love how you sat at the table. Great job!")
  - You want to give enough reinforcement to keep the child/youth motivated to cooperate in the future

# Autism Is Not a Linear Spectrum



What does the autism spectrum look like?



Circular spectrum by  
Rebecca Burgess  
Montage @sciencebase

<https://carmenbingree.com/blog/what-is-autism-spectrum-disorder/>

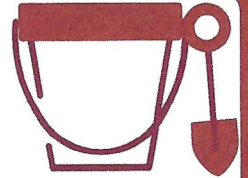
The autism spectrum is more than a simple scale from lower to higher functioning.



**Function**



My child likes to play with...



**Family**



My child's family includes...



**Fitness**



My child likes to move by...



**Fun**



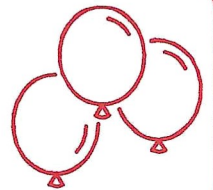
My child is happy when...



**Friends**



My child has fun with other children when...



**Future**



My dreams for my child include...

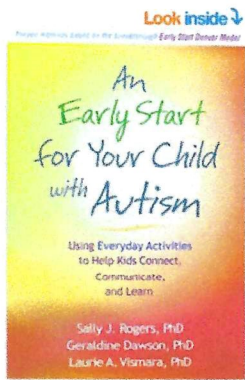


**Building Brighter Futures Together**

Rosenbaum, P., & Gorter, J. W. (2012). The 'F-words' in childhood disability: I swear this is how we should think!

Child: care, health and development, 38(4), 457-463. <https://www.canchild.ca/f-words>

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## An Early Start for Your Child with Autism: Using Everyday Activities to Help Kids Connect, Communicate, and Learn

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by Sally J. Rogers PhD (Author), Geraldine Dawson PhD (Author), & 1 more

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## Product Description

### About the Author

Sally J. Rogers, PhD, is Professor of Psychiatry at the MIND Institute at the University of California, Davis. She is a pioneering autism researcher known for her work on early intervention for preschoolers, imitation deficits, family interventions, and autism in infancy. With Geraldine Dawson and colleagues, Dr. Rogers developed the Early Start Denver Model, the treatment approach that is the basis for this book.

Geraldine Dawson, PhD, is Professor of Psychiatry and Director of the Duke Center for Autism and Brain Development at Duke University. She served as Founding Director of the University of Washington Autism Center. An internationally recognized autism expert with a focus on early detection, intervention, and brain plasticity in autism, Dr. Dawson is a passionate advocate for families. She is coauthor of *An Early Start for Your Child with Autism* and *A Parent's Guide to Asperger Syndrome and High-Functioning Autism*.

Laurie A. Vismara, PhD, is a clinical research scientist at the MIND Institute at the University of California, Davis, and a board-certified behavior analyst. Dr. Vismara's interests include developing innovative ways to teach early intervention techniques to professionals and parents.