More Information about Autism

When do children usually show signs of autism?
Several symptoms can be seen by 18 months of age, such as poor eye contact, trouble with pretend play and imitation, delayed communication skills and problems with joint attention. The average age of diagnosis is about three years old. Parents and doctors often are alerted to a problem when the child doesn't develop speech around age 2.

People with autism have issues with non-verbal communication, a wide range of social interactions, and activities that include an element of play and/or banter.

Signs of Autism:
According to the National Institute of Child Health and Human Development, a doctor should evaluate a child for autism if he or she:
Does not babble or coo by 12 months of age
Does not gesture (point, wave, grasp, etc.) by 12 months of age
Does not say single words by 16 months of age

If the doctor finds that a child either has definite signs of autism, or has a high number of red flags, he or she will send the child to a specialist in child development or another type of health care professional, so the child can be tested for autism. The specialist will rule out other disorders and use tests specific to autism. Then he or she will decide whether a formal diagnosis of autism, autism spectrum disorder, or another disorder is appropriate.

More Signs of Autism:
The child…
- does not respond to his/her name.
- has delayed language skills or speech.
- the child doesn't follow directions.
- seems deaf at times
- doesn't point or wave bye-bye.
- used to say a few words or babble, but now does not.
- throws intense or violent tantrums.
- has odd movement patterns.
- is hyperactive, uncooperative, or oppositional.
- doesn't smile when smiled at.
- has poor eye contact.
- gets "stuck" on things and can't move on.
- seems to prefer to play alone.
- gets things for him/herself only.
- does things "early" compared to other children.
- seems to be in their "own world."
- is not interested in other children.
- shows unusual attachments to toys, objects, or schedules
- spends a lot of time lining things up or putting things in a certain order.

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Therapies:
It can be very overwhelming to learn that your child has received the diagnosis of autism. As a parent it is important to keep hope alive, build a support system, and find a treatment program that is tailored to your child's unique strengths and needs. Research has shown that it is best to begin treatment as early as possible. There are several treatment options that have been found to be effective for children.

Applied Behavioral Analysis(ABA)
Also known as positive behavior support, ABA is the science of applying experimentally derived principles of behavior to improve social behavior. ABA takes what we know about behavior and applies it to bring about positive change.
For more information: http://www.abainternational.org/

The Developmental Individual Difference Relationship-Based Model(DIR)
DIR provides a framework for a comprehensive assessment and the development of an intervention program tailored to the unique challenges and strengths of children with Autism Spectrum Disorders (ASD) and other developmental challenges. The model looks at the Developmental level of the child as compared to six basic developmental milestones that children must master for healthy emotional and intellectual growth.
http://www.icdl.com

Relationship Development Intervention Program for Autistic Spectrum Disorders(RDI)
RDI is a clinical intervention program that addresses the debilitating core deficits of autism, such as rigid thinking, aversion to change, inability to understand other's perspectives, failure to empathize and absolute "black-and-white" thinking. It does this by teaching the skills of experience sharing, dynamic analysis, flexible and creative problem-solving, episodic memory, self-awareness and resilience.
http://www.rdiconnect.com

Treatment and Education Of Autistic and related Communication-handicapped Children(TEACCH)
TEACCH uses a structured teaching approach that is individualized, rather than a standard curriculum. The physical environment is structured using visual supports to make the sequence of daily activities predictable and to make individual tasks understandable. Support is provided from early childhood through adulthood.
http://www.teacch.com

Biomedical Approaches

There are several dietary interventions that are being tried for children with autism.

http://www.gfcfdiet.com/

Additional Services

When developing a comprehensive treatment program, in addition to addressing any bio-medical needs and choosing intervention techniques that meet the child's developmental, educational, social-emotional and behavioral needs; decide whether any of the following ancillary services may be beneficial. All should be available to the child and can be used in combination with any of the above interventions.

Speech Therapy

Augmented communication systems (picture exchange, electronic)

Physical therapy

Occupational therapy (sensory integration, Wilbarger brushing protocol)

Therapeutic riding programs (improve coordination and motor development, while creating a sense of well-being and increasing self-confidence).

Helpful Resources:

NIMH

A publication that discusses Autism, diagnosis and treatment.

https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml

Potty training a child with autism using applied behavioral analysis.

http://pottygenius.com/potty-training-a-child-with-autism-using-aba/

Siblings with Disabilities

http://www.parentcenterhub.org/repository/siblings/