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HELP WITH Autism, Asperger's syndrome & related disorders

Autism, Asperger's syndrome and PPD-NOS can dramatically affect a child's life, as well as that of their families, schools, friends and the wider community. This site provides help with over 350 fact sheets of autism-related information, with an emphasis on practical strategies, as many families cannot afford the more expensive interventions, or may be geographically isolated and cannot access autism support services.

Could my child have autism or Asperger's syndrome?

This section provides help and information for parents who think their child might have autism, Asperger's syndrome, PDD-NOS, or related disorder:

[Autism and Asperger's syndrome: an introduction](#)

[Could my child have autism? - early signs at different ages](#)

[Adults who think they may have an Autism Spectrum Disorder](#)

[12 questions for parents before seeking an assessment](#)

[Assessment & diagnosis of Asperger's syndrome and autism](#)

My child has just been diagnosed - what do i do now?

This section provides help for parents whose child has just obtained a diagnosis of autism, Asperger's or related disorder:

[Handling the emotional shock of a diagnosis](#)

[My child's been diagnosed with autism - what do I do now?](#)

[When and how to tell your child they are on the autism spectrum](#)

[A guide to different classifications of all the disorders](#)

[14 things a parent needs to know about the autism spectrum disorders](#)

An introduction to autism

[Autism](#) is the most common of the Pervasive Developmental Disorders and it is increasingly being referred to as one of the Autism Spectrum Disorders (or autism Spectrum Disorder). These disorders are characterized by delays in the development of children, such as socialization and communication. Autism itself is generally characterized by delays in social interaction, language as used in social communication, and development of symbolic or imaginative play.

[Overview of autism](#)

[Screening & diagnosis of autism](#)

[Long-term outcome with autism](#)

[Adults with autism](#)

[Introduction to causes of autism](#)
[Causes of autism \(detailed\)](#)
[Characteristics of autism](#)
[Communication issues in autism](#)
[Effects of autism on education](#)
[The sensory system and autism](#)
[Autism as a spectrum disorder](#)
[Autism & social development](#)
[Repetitive behaviors with autism](#)
[High-functioning autism](#)
[To what extent are genes involved in causing autism?](#)
[Incidence of autism](#)
[History of autism](#)
[Autistic savants](#)

An introduction to Aspergers syndrome

Asperger syndrome is at the milder end of the autism spectrum. Asperger's syndrome is often not identified in early childhood, and many individuals do not receive [diagnosis](#) until after puberty or when they are adults. In most cases, they are aware of their differences and recognize when they need support to maintain an independent life. It is differentiated from other Autism Spectrum Disorders in that early development is normal and there is no language delay. It is possible for people with Aspergers syndrome to have learning disabilities concurrently with Asperger syndrome.

[Overview of Aspergers syndrome](#)
[Characteristics of Aspergers syndrome](#)
[Causes of Aspergers syndrome](#)
[Screening and diagnosis of Asperger's syndrome](#)
[Long-term outcome with Asperger's](#)
[History of Asperger's syndrome](#)
[Incidence of Asperger's syndrome](#)
[Aspergers syndrome & interpersonal relationships](#)
[Famous people with Aspergers](#)
[Aspergers politics & culture](#)
[Adults with Asperger's syndrome](#)
[Communication issues & Asperger's](#)

The pervasive developmental disorders

Some countries classify autism and Aspergers syndrome as pervasive developmental disorders, others as part of Autism Spectrum Disorders. This section provides information on these systems, and autism, Aspergers syndrome, Rett's Disorder, PDD-NOS, and Childhood Disintegrative Disorder.

[Pervasive Developmental Disorder or Autism Spectrum Disorder?](#)
[Autism \(or Autistic Disorder\)](#)
[Aspergers Syndrome](#)
[Pervasive Developmental Disorder-NOS \(PDD-NOS\)](#)
[Rett Syndrome \(or Rett's Disorder\)](#)
[Childhood Disintegrative Disorder \(or Heller's syndrome\)](#)
[Co-morbid disorders associated with these disorders](#)

Comorbid disorders with autism & Aspergers syndrome

This section covers some of the main disorders that can occur when a child has Asperger's syndrome, autism or PDD-NOS:

[Introduction to sensory problems](#)

[Sensory Integration Dysfunction](#)

[Seizures and epilepsy](#)

[Gastrointestinal problems](#)

[ADHD](#)

[Intellectual disability](#)

[Visual problems](#)

[Tourette syndrome](#)

[Obsessive compulsive disorder](#)

[Dysgraphia \(writing difficulties\)](#)

[Dyspraxia \(movement problems\)](#)

[Dyslexia \(reading/writing issues\)](#)

[Dyscalculia \(issues with numbers\)](#)

[Clinical depression](#)

[Bipolar disorder](#)

[Fragile X syndrome](#)

[Oppositional defiant disorder](#)

[Antisocial personality disorder](#)

[General anxiety disorder](#)

[Tuberous sclerosis](#)

AN INTRODUCTION TO AUTISM & AUTISM SPECTRUM DISORDERS

Autism is a brain development disorder that impairs social interaction and communication and causes restricted and repetitive behavior, all starting before a child is three years old. This set of signs distinguishes autism from milder autism spectrum disorders (ASD) such as Asperger syndrome.

Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether Autism Spectrum Disorder is explained more by multigene interactions or by rare mutations. In rare cases, autism is strongly associated with agents that cause birth defects. Other proposed causes, such as childhood vaccines, are controversial; the vaccine hypotheses lack convincing scientific evidence. Most recent reviews estimate a prevalence of one to two cases per 1,000 people for autism, and about six per 1,000 for Autism Spectrum Disorder, with Autism Spectrum Disorder averaging a 4.3:1 male-to-female ratio. The number of people known to have autism has increased dramatically since the 1980s, at least partly due to changes in diagnostic practice; the question of whether actual prevalence has increased is unresolved.

Autism affects many parts of the brain; how this occurs is poorly understood. Parents usually notice signs in the first two years of their child's life. Early behavioral or cognitive intervention can help children gain self-care, social, and communication skills. There is no known cure. Few children with autism live independently after

reaching adulthood, but some become successful, and an autistic culture has developed, with some seeking a cure and others believing that autism is a condition rather than a disorder.

Classification of autism

Autism is a brain development disorder that first gives signs during infancy or childhood and generally follows a steady course without remission or relapse. Impairments result from maturation-related changes in various systems of the brain. Autism is one of the five pervasive developmental disorders (PDD), which are characterized by widespread abnormalities of social interactions and communication, and severely restricted interests and highly repetitive behavior.

Hans Asperger introduced the modern sense of the word autism in 1938. Of the other four PDD forms, Asperger syndrome is closest to autism in signs and likely causes; Rett syndrome and childhood disintegrative disorder share several signs with autism, but may have unrelated causes; PDD not otherwise specified (PDD-NOS) is diagnosed when the criteria are not met for a more specific disorder. Unlike autism, Asperger's has no substantial delay in language development. The terminology of autism can be bewildering, with autism, Asperger's and PDD-NOS often called the autism spectrum disorders (ASD) or sometimes the autistic disorders, whereas autism itself is often called autistic disorder, childhood autism, or infantile autism. In this article, autism refers to the classic autistic disorder, while other sources sometimes use autism or the autisms to refer to Autism Spectrum Disorder, or equate Autism Spectrum Disorder with PDD. Autism Spectrum Disorder, in turn, is a subset of the broader autism phenotype (BAP), which describes individuals who may not have Autism Spectrum Disorder but do have autistic-like traits, such as avoiding eye contact.

The manifestations of autism cover a wide spectrum, ranging from individuals with severe impairments—who may be silent, mentally disabled, and locked into hand flapping and rocking—to less impaired individuals who may have active but distinctly odd social approaches, narrowly focused interests, and verbose, pedantic communication. Sometimes the syndrome is divided into low-, medium- and high-functioning autism (LFA, MFA, and HFA), based on IQ thresholds, or on how much support the individual requires in daily life; these subdivisions are not standardized and are controversial. Autism can also be divided into syndromal and non-syndromal autism, where the former is associated with severe or profound mental retardation or a congenital syndrome with physical symptoms, such as tuberous sclerosis. Although individuals with Asperger's tend to perform better cognitively than those with autism, the extent of the overlap between Asperger's, HFA, and non-syndromal autism is unclear.

Some studies have reported diagnoses of autism in children due to a loss of language or social skills after 14 months of age, as opposed to a failure to make progress. Several terms are used for this phenomenon, including regressive autism, setback autism, and developmental stagnation. The validity of this distinction remains controversial; it is possible that regressive autism is a specific subtype.

The inability to identify biologically meaningful subpopulations has hampered research into causes. It has been proposed to classify autism using genetics as well as behavior, with the name Type 1 autism denoting rare autism cases that test positive for a mutation in the gene contactin associated protein-like 2 (CNTNAP2).

Characteristics of autism

Autism is distinguished by a pattern of symptoms rather than one single symptom. The main characteristics are impairments in social interaction, impairments in communication, restricted interests and repetitive behavior. Other aspects, such as atypical eating, are also common but are not essential for diagnosis. Individual symptoms of autism occur in the general population and appear not to associate highly, without a sharp line separating pathological severity from common traits.

Social development and autism

People with autism have social impairments and often lack the intuition about others that many people take for granted. Noted autistic Temple Grandin described her inability to understand the social communication of neurotypicals as leaving her feeling "like an anthropologist on Mars".

Social impairments become apparent early in childhood and continue through adulthood. Autistic infants show less attention to social stimuli, smile and look at others less often, and respond less to their own name. Autistic toddlers have more striking social deviance; for example, they have less eye contact and anticipatory postures and are more likely to communicate by manipulating another person's hand. Three- to five-year-old autistic children are less likely to exhibit social understanding, approach others spontaneously, imitate and respond to emotions, communicate nonverbally, and take turns with others. However, they do form attachments to their primary caregivers. They display moderately less attachment security than usual, although this feature disappears in children with higher mental development or less severe Autism Spectrum Disorder. Older children and adults with Autism Spectrum Disorder perform worse on tests of face and emotion recognition.

Contrary to common belief, autistic children do not prefer to be alone. Making and maintaining friendships often proves to be difficult for those with autism. For them, the quality of friendships, not the number of friends, predicts how lonely they are.

There are many anecdotal reports, but few systematic studies, of aggression and violence in individuals with Autism Spectrum Disorder. The limited data suggest that in children with mental retardation, autism is associated with aggression, destruction of property, and tantrums. Dominick et al. interviewed the parents of 67 children with Autism Spectrum Disorder and reported that about two-thirds of the children had periods of severe tantrums and about one-third had a history of aggression, with tantrums significantly more common than in children with a history of language impairment.

Communication and autism

About a third to a half of individuals with autism do not develop enough natural speech to meet their daily communication needs. Differences in communication may be present from the first year of life, and may include delayed onset of babbling, unusual gestures, diminished responsiveness, and the desynchronization of vocal patterns with the caregiver. In the second and third years, autistic children have less frequent and less diverse babbling, consonants, words, and word combinations; their gestures are less often integrated with words. Autistic children are less likely to make requests or share experiences, and are more likely to simply repeat others' words (echolalia) or reverse pronouns. Joint attention seems to be necessary for functional speech, and deficits in joint attention seem to distinguish infants with Autism Spectrum Disorder: for example, they may look at a pointing hand instead of the pointed-at object, and they consistently fail to point at objects in order to comment on or share an experience. Autistic children may have difficulty with imaginative play and with developing symbols into language.

In a pair of studies, high-functioning autistic children aged 8–15 performed equally well, and adults better than individually matched controls at basic language tasks involving vocabulary and spelling. Both autistic groups performed worse than controls at complex language tasks such as figurative language, comprehension and inference. As people are often sized up initially from their basic language skills, these studies suggest that people speaking to autistic individuals are more likely to overestimate what their audience comprehends.

Repetitive behavior and autism

Stereotypy is apparently purposeless movement, such as hand flapping, head rolling, or body rocking.

Compulsive behavior is intended and appears to follow rules, such as arranging objects in a certain way.

Sameness is resistance to change; for example, insisting that the furniture not be moved or refusing to be interrupted.

Ritualistic behavior involves the performance of daily activities the same way each time, such as an unvarying menu or dressing ritual. This is closely associated with sameness and an independent validation has suggested combining the two factors.

Restricted behavior is limited in focus, interest, or activity, such as preoccupation with a single television program.

Self-injury includes movements that injure or can injure the person, such as biting oneself. Dominick et al. reported that self-injury at some point affected about 30% of children with Autism Spectrum Disorder.

No single repetitive behavior seems to be specific to autism, but only autism appears to have an elevated pattern of occurrence and severity of these behaviors.

Other symptoms of autism

Autistic individuals may have symptoms that are independent of the diagnosis, but that can affect the individual or the family. An estimated 0.5% to 10% of individuals with Autism Spectrum Disorder show unusual abilities, ranging from splinter skills such as the memorization of trivia to the extraordinarily rare talents of prodigious autistic savants.

Unusual responses to sensory stimuli are more common and prominent in autistic children, although there is no good evidence that sensory symptoms differentiate autism from other developmental disorders. Differences are greater for under-responsivity (for example, walking into things) than for over-responsivity (for example, distress from loud noises) or for seeking (for example, rhythmic movements). Several studies have reported associated motor problems that include poor muscle tone, poor motor planning, and toe walking; Autism Spectrum Disorder is not associated with severe motor disturbances.

Atypical eating behavior occurs in about three-quarters of children with Autism Spectrum Disorder, to the extent that it was formerly a diagnostic indicator. Selectivity is the most common problem, although eating rituals and food refusal also occur; this does not appear to result in malnutrition. Although some children with autism also have gastrointestinal (GI) symptoms, there is a lack of published rigorous data to support the theory that autistic children have more or different GI symptoms than usual; studies report conflicting results, and the relationship between GI problems and Autism Spectrum Disorder is unclear.

Sleep problems are known to be more common in children with developmental disabilities, and there is some evidence that children with Autism Spectrum Disorder are more likely to have even more sleep problems than those with other developmental disabilities; autistic children may experience problems including difficulty in falling asleep, frequent nocturnal awakenings, and early morning awakenings. Dominick et al. found that about two-thirds of children with Autism Spectrum Disorder had a history of sleep problems.

Parents of children with Autism Spectrum Disorder have higher levels of stress. Siblings of children with Autism Spectrum Disorder report greater admiration of and less conflict with the affected sibling; siblings of individuals with Autism Spectrum Disorder have greater risk of negative well-being and poorer sibling relationships as adults.

This information is under the GNU Free License Agreement and is adapted from the Wikipedia article on Autism.