

# A Parent's Guide to Autism Spectrum Disorders



## What are Autism Spectrum Disorders?

As "spectrum disorders," Autism Spectrum Disorders (ASD's) affect each person in different ways, and can range from very mild to severe. People with ASDs share some similar symptoms, such as problems with social interaction. But there are differences in when the symptoms start, how severe they are, and the exact nature of the symptoms.

Autism Spectrum Disorders (ASDs) are a group of developmental disabilities that can cause significant social, communication and behavioral challenges. These neurobiological disorders are genetic in nature with possible environmental triggers. There are currently no known causes or cures. (Centers for Disease Control and Prevention, 2012)

## Common Traits of Individuals with ASD

*Please be aware that your child may display some of these traits but it is not necessarily indicative of an ASD diagnosis*

- Do not play "pretend" games (i.e. Pretend to "feed" a doll)
- Engage in self stimulating behaviors such as spinning the wheels on a toy car over and over, flap their hands, rock their body, or spin in circles
- Do not point at objects to show interest
- Do not look at objects when another person points at them
- Have trouble relating to others or not have an interest in other people at all
- Atypical eye contact (i.e. Avoiding eye contact, or lingering eye contact)
- Have trouble understanding other people's feelings or talking about their own feelings
- Appear to be unaware when other people talk to them but respond to other sounds
- Are very interested in people, but don't know how to talk, play, or relate to them
- Repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
- Have trouble expressing their needs using typical words or motions
- Repeat actions or sounds over and over again



# Frequently Asked Questions

- Have trouble adapting when a routine changes
- Have unusual reactions to the way things smell, taste, look, feel, or sound
- Lose skills they once had (for instance, stop saying words they were using)
- Have delayed speech and language skills
- Give unrelated answers to questions
- Have obsessive interests
- Prefers to play alone
- Has flat or inappropriate facial expressions
- Does not understand personal space boundaries
- Is not comforted by others during distress
- Has trouble understanding other people's feelings or talking about own feelings
- Reverses pronouns (e.g., says "you" instead of "I")
- Uses few or no gestures (e.g., does not wave goodbye)
- Talks in a flat, robot-like, or sing-song voice
- Does not understand jokes, sarcasm, or teasing
- Lines up toys or other objects
- Plays with toys the same way every time
- Likes parts of objects (e.g., wheels)
- Repeats scenes from movies or parts of songs
- Has a difficult time in loud, bright or unpredictable or overwhelming places
- Large crowds are distressing
- Relates to, or prefers company of, adults over same age peers
- Very literal and rule following
- Extreme or excessive "tantrums" (melt-downs)
- Likes firm touch or no touch, but reacts oddly or not at all to typical touch.
- Has very particular food preferences

## What causes autism?

There is no known cause or cure for autism spectrum disorders, however the generally accepted belief is that ASD's are genetic in origin with possible environmental triggers. Early intervention is key to greatest positive outcomes in the long run, yet intervention at any age is valuable.

## Why is it important to act early?

A series of studies have now shown that early identification and intervention are associated with more positive outcomes in communication, social interaction and cognitive development (*Journal of Autism and Developmental Disorders*, 2012)

## What are some possible coexisting conditions associated with autism?

Some coexisting conditions include: epilepsy, gastrointestinal/digestive disorders, persistent viral infections, anxiety disorder, bipolar disorder, Attention Deficit Hyperactive Disorder (ADHD), Tourette Syndrome, Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder (ODD) sensory processing disorder, sleeping disorders, immune and/or autoimmune disorders. (National Autism Association, 2013)

## What are some typical interventions for children on the autism spectrum?

Typical interventions include, but are not limited to, Applied Behavioral Analysis (ABA), speech therapy, and pediatric occupational therapy.

## If I already have a child with autism, what are the chances we will have another child on the spectrum?

Parents who have a child with an ASD have a 2%–18% chance of having a second child who is also affected. (Centers for Disease Control and Prevention, 2012)



# Diagnostic Criteria of an ASD

**A. Persistent deficits in social communication and social interaction across multiple contexts as manifested by the following, currently or by history (examples are illustrative, not exhaustive):**

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back and forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to an absence of interest in peers.

**B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive):**



1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g. simple motor stereotypies, lining up of toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

**C. Symptoms must be present in early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).**

**D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.**

**E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.**

# What do I do if I think my child has autism?

If you are concerned about your child's development, and your child is younger than age 3, contact your pediatrician and Tri-Counties Regional Center. Tri-Counties Regional Center may refer you to Early Start. If your child is age 3 or older, and his or her needs affect their ability to learn, contact Student Services at your local school district. They will gather information, discuss possible interventions, and screen or test your child. If your child qualifies for special education then he or she will receive specialized services to meet specific needs. Special education and early intervention services are confidential and provided at no cost to the family.

Please see the San Luis Obispo Area Resource Guide for Autism Spectrum Disorders for contact information

## My child has been diagnosed. Now what?

Refer to recommendations made in your child's assessment report

Contact local support organizations such as the Central Coast Autism Spectrum Center or Parents Helping Parents for other resources and referrals at [www.AutismSpectrumCenter.com](http://www.AutismSpectrumCenter.com) and [www.php.com](http://www.php.com)

For more information and resources specific to San Luis Obispo County please see the San Luis Obispo Area Resource Guide for Autism Spectrum Disorders



# About the Central Coast Autism Spectrum Center

## Our Mission

To strengthen quality-of-life for individuals with autism spectrum disorders, and the lives they touch, through compassion, commitment, and collaboration.

## Our Vision

To become a state-of-the-art facility, centrally located in San Luis Obispo; the center will bring together and empower individuals, families, and professionals for the purpose of improving the quality of life of those affected by autism spectrum disorders.

## Our Values

- Act with respect, compassion, and integrity.
- Advocate understanding of autism spectrum disorders through education.
- Empower individuals, families, and professionals by providing unbiased, responsible information.
- Promote collaboration and teamwork.
- Build on strengths.
- Endorse and promote positive, non-aversive, best practice interventions and strategies.
- Nurture families throughout their journeys and recognize that autism spectrum disorders affect more than the individual diagnosed.
- Support and serve individuals with autism spectrum disorders throughout their lifetimes.
- Be accountable through ethical behavior, record keeping, and transparency in practice.



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