Thomas plays for hours on end lining up toy cars in perfect rows. Valerie flaps her arms wildly when she gets excited. Ahmed spends a good part of his time rocking back and forth. What do these children have in common? All of these children have Autistic Disorder.

What is Autistic Disorder?

Autistic Disorder:
- Is a complex, developmental condition
- Is usually noticed before age 2
- Affects behaviour and the ability to interact with others

How common is Autistic Disorder?

Autism Spectrum Disorders (ASDs) are one of the most common developmental disabilities in children and youth. About 1 out of every 165 children have an ASD. (Fombonne, 2003)

Autistic Disorder is the most common of all the ASDs.

What causes Autistic Disorder?

Autistic Disorder is probably caused by a mixture of genetics and environment (autism and autistic spectrum traits can run in families). We do know that vaccines do not cause autism. A lot of high quality research has confirmed that vaccines are safe, and that they do not cause autism.

There seems to be an increased risk of having a child with autism if both parents work in a technical field like engineering. Researchers think this may happen because some people working in these fields have ‘just enough’ autism traits, like interest in mechanical objects, ability to think in pictures, excellent memory and a focus on detail. Even so, they have no trouble communicating or relating to others. But when 2 people with ‘just enough’ autism traits have children, their children may end up with more than ‘just enough’ autism traits. They may have Autistic Disorder. (Baron-Cohen, 2002).

Because of differences in how their brains develop, children and youth with Autistic Disorder often have problems with:

- **Communication**, like language delays and trouble with non-verbal language
- **Repetitive movements** like rocking or hand flapping
- **Very limited interests**, for example, interest in parts of objects.

Terms often used

- **Autistic Disorder, Autism or Pervasive Developmental Disorder (PDD)**: These all mean the same thing. Autistic Disorder is the ‘official’ term.

- **Autism Spectrum Disorders (ASD)**: Refers to all of the autistic disorders (like Autistic Disorder, Asperger Syndrome and Pervasive Developmental Disorder Not Otherwise Specified (PDD_NOS)).

- **High functioning autism**: This usually refers to Asperger’s or PDD-NOS, because they are milder forms of Autism Spectrum Disorders.

- **Verbal language**: ‘What we say’

- **Non-verbal language**: ‘How we say it’. This includes:
  - body language
  - tone of voice
  - facial expressions
  - gestures.

- **Social cues**: Signals we give that ‘tell’ others what we’re thinking or feeling (like smiles or frowns). They are often reminders for actions, like when to give someone else a turn to speak.
- **Problems with change or transitions.** This may cause them to become very upset, overwhelmed or have a tantrum when there is even a small change that they don’t expect.
- **Sensory processing problems,** like being hyper-sensitive to sound or touch.

### How do I know if my child has Autistic Disorder?

Parents may not notice anything unusual at first. But usually by the time a child is 2, parents begin to notice differences or delays in language, play or social skills:

**Language:** Your child has no speech, or makes sounds without words you can understand.

**Play:** Your child doesn’t play on her own or ‘pretend’. She may imitate other people’s actions, though.

**Social interaction:** Your child may show some trouble interacting with others. Or he may not have any interest in people at all, without noticing that others are there.

**Handling change:** Your child may have trouble coping with change, or become very angry and have a tantrum with even the smallest change in her life.

### Important early signs of Autistic Disorder:

- **Lack of eye contact:** Your child may avoid looking others in the eye.
- **Gestures:** Your child may often point at objects.

### Features of Autistic Disorder

Children and youth with autistic disorder can have many of these problems:

1. **Communication problems:**
   - Trouble interacting with others and relating to the outside world. Children with milder autism may be interested in people, but do not know how to talk or play with them. Starting a conversation and keeping it going is really hard for them. Children with more severe autism may have no interest in people at all, and prefer to spend time with objects.
   - Unusual responses to people and attachments to objects.
   - Slow development of language, or no speech at all. A child may use words, but not attach the usual meaning to words.
   - Troubles with non-verbal language (understanding social cues, facial expressions, gestures, personal space, tone of voice or making eye contact).

2. **Trouble seeing things from another’s point of view** (Theory of Mind).

3. **Problems with change or transitions.** This may be so serious that it seems the child has an obsessive need to keep everything the same.

4. **Restricted interests.** Your child may focus obsessively on only one thing, idea or activity.
Sensory processing problems: Children with autism can be hyper-sensitive to things they see, hear, touch and smell. This can cause them to feel overwhelmed. For example:

- **Visual hyper-sensitivity:** trouble with eye contact. A child may sometimes use peripheral vision (what we see when not looking directly at something) instead of looking right at others.
- **Touch hyper-sensitivity:** A child may be very distressed by tags in her clothing or by having her hair and face washed.
- **Food texture sensitivity:** This is a form of touch sensitivity. A child may have trouble with soft, mushy foods or with food mixtures (like stews). They may also prefer crunchy, chewy foods.
- **Sound hyper-sensitivity:** A child may become very upset when there is a lot of noise, like in classrooms, school buses, parties, shopping malls or movie theatres.
- **Behaviour:** Autism may affect children’s range of responses and make it harder for them to control how their bodies and minds react. Children may also hurt themselves or have problems with aggressive behaviour.

Children with autism may also seek out sensory input by flapping their hands, rocking, spinning, banging their heads or hitting themselves.

**How is Autistic Disorder Diagnosed?**

A psychiatrist or psychologist with expertise in autism can test your child. Blood or lab tests are not able to tell whether a child has autism or not.

Professionals follow guidelines from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to diagnose Autistic Disorder. For a child to be diagnosed with autism, they must ‘meet’ the following criteria (the text here comes directly from this manual):

A. A total of 6 or more items from (1), (2), and (3), with at least 2 from (1) and one each from (2) and (3)
   1. Qualitative impairment in social interaction, as manifested by at least 2 of the following:
      • Marked impairment in the use of multiple, non-verbal behaviours such as eye-to eye gaze, facial expression, body postures, and gestures to regulate social interaction
      • Failure to develop peer relationships appropriate to developmental level
      • A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (for example, by a lack of showing, bringing or pointing out objects of interest)
      • Lack of social or emotional reciprocity
   2. Qualitative impairments in communication as manifested by at least one of the following:
      • Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
      • In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
      • Stereotyped and repetitive use of language or idiosyncratic language
      • Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
   3. Restricted repetitive and stereotyped patterns of behaviour, interest, and activities, as manifested by at least one of the following:
      • Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
      • Apparently inflexible adherence to specific, nonfunctional routine or rituals stereotyped and repetitive motor mechanisms (for example, hand or finger flapping or twisting, or complex whole-boys movements)
      • Persistent preoccupation with parts of objects
   B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
   C. The disturbance is not better accounted for by Rett’s Disorder or Childhood Disintegrative Disorder.
Other conditions that can occur along with Autistic Disorder

Children and youth with autism may have other brain conditions like mental retardation, seizure disorders, Down Syndrome and Tourette’s Disorder. Over half of children diagnosed with autism will test within the range of mental retardation.

The ‘Up’ Side of Autistic Disorder

Even though children and youth with Autistic Disorder have struggles, they also have strengths. There are notable examples of people with autism who have incredible skill in music, math, art or memory. Although the typical child with autism does not have these extraordinary talents, they can still have abilities like:

- Being very good with mechanical objects and technology.
- Being able to think in pictures
- Memorizing facts easily
- Having very good long-term memory
- Paying exceptional attention to detail
- Focusing closely on tasks
- Understanding rules and sequences easily

Perhaps one of the greatest strengths that children and youth with autism have is their tendency to be honest and genuine. While a child who doesn’t have autism may lie to avoid getting into trouble, parents of children with autism have told us how their children always tell the truth, even if it means they will get into trouble. Wouldn’t our world be a nicer place if all people were this honest?

How is Autistic Disorder treated?

The earlier treatments (or interventions) are started, the more effective they will be. If you think your child may have Autistic Disorder, don’t wait. Bring your child to your family doctor or pediatrician right away. There is no one, single treatment for Autistic Disorder. A treatment plan may include several of these therapies.

Medications

Although medications do not ‘cure’ autism, they can help problems with sleep, anxiety, depression, attention problems and impulsivity. Medications can be prescribed by family doctors, pediatricians or psychiatrists.

Applied Behaviour Analysis (ABA)

This therapy has been well researched and has helped many children with autism. Using ABA, therapists learn about a child’s strengths and challenges in communication, behaviour, learning and social interactions. Therapists then build on a child’s strengths to improve them and to develop new skills. Through a process called ‘discrete trials’, therapists break each skill down into smaller steps. Each step is taught using positive reinforcement and then linked with the other steps until the child masters the entire skill. With time, children get chances to use the skills they learn in more complex situations and in new settings. In this way, children can learn to point at a picture and say a word, or master more complex skills like talking and playing with others.

While there are many other therapies for autism, few are as effective as ABA. Parts of many of these other therapies are used in some ABA programs. These other therapies include:
TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children).
With this approach, therapists adapt the learning environment to the child with autism, instead of the other way around.

Floor Time/Developmental, Individual Difference, Relationship (DIR) Model. This therapy targets the core problem of social relatedness through activities like floor time play sessions to work on sensory-motor, language and learning problems.

Visual Supports (like PECS-Picture Exchange Communication Systems) which use pictures to help children understand concepts and ideas.

Using social stories to teach social skills.

Sensory processing interventions, which help children who have visual, sound or touch hyper-sensitivities. It’s best to work with an Occupational Therapist for sensory processing problems.

Speech/language therapy with a speech-language pathologist (SLP).

Treatments for autism are always improving. Please check the Canadian Autism Intervention Research Network (CAIRN) at: www.cairn-site.com for the most up to date information about treatment.

School for children and youth with Autistic Disorder

Most children with autism cannot be placed in a regular classroom. Share your child’s diagnosis with the school so staff can develop an individualized education plan (IEP).

Children and youth with autism respond well to a structured program designed to meet their unique needs.

The program should include:

- Time to learn social and life skills
- Communication therapy (Speech-Language Pathologists may help with this)
- Strategies to deal with sensory processing issues (Occupational Therapists can help with this)
- Use of visual supports, like visual schedules
- Structured schedule of activities
- Parent and staff training on how to work with students with autism

Educational support ranges from least intensive to more intensive services:

Regular classroom placement (inclusion)
- A child stays in a regular classroom, but has an IEP to meet his social, academic and behavioural needs
- In-class support from an Educational Assistant (EA) or Student Support Worker (SSW)
- Social skills classes or other skills training

Special education placement (non-inclusion)
- Students with more severe autism do best in a more structured education and behaviour program (like a class just for children with autism).

To be effective, educational approaches should:
- Be flexible
- Rely on positive reinforcement (instead of negative reinforcement)
- Be evaluated regularly
- Provide a smooth transition from home to school to community
- Provide training and support systems for parents and caregivers
Home and group care

Years ago, most people with Autistic Disorder were eventually placed in institutions. Things are better today. With the right services (like day programs and support workers), many families are able to support their child and teens at home. Other options include special group homes and assisted living arrangements.

Is there a cure for Autistic Disorder?

Autism is life long. Right now, there is no way of ‘fixing’ the brain differences that create autism. But finding out early that a child has autism allows families and schools to better help a child. With early, intensive supports, many symptoms get better and may even disappear as a child grows. Even so, most children, youth and adults with autism will have some degree of autism throughout their lives.

Where to Get Support in Ottawa

- In a crisis? Child, Youth and Family Crisis Line for Eastern Ontario, 613-260-2360 or toll-free, 1-877-377-7775
- Looking for mental health help? www.eMentalHealth.ca is a bilingual directory of mental health services and resources for Ottawa, Eastern Ontario and Canada.

Agencies and Service Providers

- Ottawa Children’s Treatment Centre provides diagnostic and intervention services for children with physical, developmental and behavioural needs, including those with autistic disorder. Tel: 613-737-0871. Web: www.octc.ca
- Service Coordination provides case management, information about services and supports, and access to referrals. Tel: 613-748-1788. Web: www.scsottawa.on.ca
- Autism Ontario Ottawa provides information and support, social and recreational activities for children and families. 613-230-6305 / Web: www.autismontario.com/ottawa
  Services include
  - Aspirations (for older teens and adults)/Web: http://aspirations.topcities.com/
  - Family Members of Adults with ASD
  - Autism Parent group
- Children at Risk: Provides services to families of children diagnosed with ASDs help develop children’s behavioral, communication, and social skills. Advocates for ongoing support through therapeutic social skills, life skills, and sibling groups. 613-741-8255. / Web: http://www.childrenatrisk.ca

Seeing a Psychologist

Professionals in private practice charge a fee, which is covered under many employee health insurance plans. Waitlists to see a psychologist in private practice are often shorter than those for publicly-funded services.

- To find a psychologist in Ottawa: To find a psychologist in Ottawa, contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529. Note that the Ottawa Academy is a voluntary association that includes many, but not all Ottawa psychologists. Web: www.ottawa-psychologists.org/find.htm

To find a psychologist in Ontario:
- The College of Psychologists of Ontario, toll free 1-800-489-8388 (Ontario Only). Web: www.cpo.on.ca.
- The Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069 www.psych.on.ca


More information

Useful websites

- Autism Ontario has a detailed list of educational resources at [www.autismontario.com](http://www.autismontario.com)
- Canadian Autism Intervention Research Network (CAIRN) [www.cairn-site.com](http://www.cairn-site.com)
- Autism Society of Canada [www.autismsocietycanada.com](http://www.autismsocietycanada.com)

Financial Help

It can be expensive caring for a child with autism. The Ontario government has programs that may be able to help. See our fact sheet: Financial Tips for Parents of Children with Special Needs for more details. You may also contact the Ministry of Child and Youth Services by phone(613) 787-4064 or visit their website: [www.children.gov.on.ca/htdocs/English/topics/specialneeds/disabilities/index.aspx](http://www.children.gov.on.ca/htdocs/English/topics/specialneeds/disabilities/index.aspx)

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Disclaimer: Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child’s health.