

Autism Spectrum Disorders (ASD)

What are autism spectrum disorders?

Autism spectrum disorders (ASD) are a group of developmental disabilities caused by a problem with the brain.

Scientists do not know yet exactly what causes this problem. ASD can impact a person's functioning at

different levels, from very mild to severely. There is usually nothing about how a child with autism looks that sets them apart from other children, but they may communicate, interact, behave, and learn in ways that are different from most children.

It is estimated that 1 in 59 children have been identified with an autism spectrum disorder (ASD). Boys are five times more likely to be affected than girls. ASD occurs in all racial, ethnic and socioeconomic groups. Autism affects each individual in a different way – with varying degrees of severity – this is a “spectrum disorder.”

Causes of Autism

There may be many different factors that make a child more likely to have an ASD, including environmental, biologic and genetic factors. There is no known cultural or spiritual cause of ASD.



Importance of Early Diagnosis

Because autism is a genetic disorder, there is no single treatment or medication that can “cure” it. There is no blood testing that will diagnose an ASD.

Autism appears to have its roots in very early brain development. It is important to learn the signs and act early. The earlier you get help, the better for your child.

Early Signs of Autism Spectrum Disorders

Social Differences

- Resists snuggling when picked up; stiffens back instead
- Makes little or no eye contact
- Shows no or less expression in response to parent's smile or other facial expressions
- No or less pointing to objects or events to get parents to look at them
- Less likely to bring objects to show to parents just to share his interest
- Less likely to show appropriate facial expressions
- Difficulty in recognizing what others might be thinking or feeling by looking at their facial expressions
- Less likely to show concern (empathy) for others

Communication Differences

- Says no single words by 15 months or two-word phrases by 24 months

- Responds to sounds (like a car horn or a cat's meow) but less likely to respond to name being called
- May refer to self as "you" and others as "I" (pronoun reversal)
- Shows no or less interest in communicating
- Less likely to start or continue a conversation
- Less likely to use toys or other objects to represent people or real life in pretend play
- May have a good rote memory, especially for numbers, songs, TV jingles, or a specific topic
- Was saying two to three words, now none: usually between the ages of 15 and 24 months in some children (regression)

Behavioral Differences

- May rock, spin, sway, twirl fingers, or flap hands
- Likes routines, order, and rituals
- May be obsessed with a few activities, doing them repeatedly during the day
- More likely to play with parts of toys instead of the whole toy (for example, spinning wheels of a toy truck)
- May not cry if in pain
- May not have a sense of danger or seem to have any fear
- May be very sensitive or not sensitive at all to smells, sounds, lights, textures, and touch
- May have unusual or intense but narrow interests
- Prefers to play alone

What an ASD Might Look Like

It isn't always easy for parents to know if a child has an ASD. Some of the symptoms of

ASD may be seen in children with other types of developmental or behavioral problems or, to a lesser extent, in children with typical development. Also, not all of the symptoms are seen in all children. Some children may only display a few of the symptoms. This is what makes the process of diagnosing ASD difficult. But here are some examples that may help distinguish a child with an ASD from other children.

At 12 Months

- A child with typical development will turn his head when he hears his name.
- A child with an ASD might not turn to look, even after his name is repeated several times, but will respond to other sounds.

At 18 Months

- A child with delayed speech skills will point, gesture, or use facial expressions to make up for her lack of talking.
- A child with an ASD might make no attempt to compensate for delayed speech or might limit speech to parroting what is heard on TV or what she just heard.

At 24 Months

- A child without an ASD brings a picture to show his mother and shares his joy from it with her.
- A child with an ASD might bring her a bottle of bubbles to open but doesn't look at his mom's face when he does or share in the pleasure of playing together.

Next Steps

A medical diagnosis and school evaluation may lead to recommendations for a broad range of interventions; for example,

referrals to medical specialists, neurologists, private rehabilitation services, county social services, financial support, family support and family guidance or therapy.

If you have questions or concerns about your child:

- Talk to your child's doctor
- Share your concern
- Call the Help-Me-Grow Program at 1-866-693-4769

Medical Diagnosis and School Evaluation

A medical diagnosis will more specifically determine a child's disabilities and his/her need for and access to services, as well as ensure their primary and other health care needs are addressed. A medical evaluation may be necessary to receive services through medical insurance or to access other funding resources such as, but not limited to: Medical Assistance (MA/TEFRA), Supplemental Security Income (SSI), or county case management. A medical diagnosis is most often assigned by a psychologist or physician who specializes in children with developmental differences.

A school evaluation can be done at any age and is required to determine eligibility for school district special education and school-related services. The evaluation is completed by a team of professionals and helps to identify a child's strengths, learning style, and areas of need. If a child meets criteria for school district services, the educational team will meet with parents to develop an educational plan for the child. Contact the Help-Me-Grow Program for early childhood screening information.

Where to Get Information

[Autism Society of Minnesota](https://www.ausm.org/)
(<https://www.ausm.org/>)
651-647-1083

[Autism Speaks](http://www.autismspeaks.org/)
(<http://www.autismspeaks.org/>)
1-888-288-4762

[Family Voices of Minnesota](http://www.familyvoicesofminnesota.org/)
(<http://www.familyvoicesofminnesota.org/>)
1-866-334-8444

[Minnesota Health Care Programs](http://www.dhs.state.mn.us/healthcare/)
(www.dhs.state.mn.us/healthcare/)
1-800-657-3739; 1-800-657-3672

[MinnesotaHelp.info](http://www.minnesotahelp.info/public/)
(<http://www.minnesotahelp.info/public/>)
Disability Linkage Line 1-866-838-9000

[PACER's Family to Family Information Center](http://www.pacer.org/health/)
(<http://www.pacer.org/health/>)
1-800-537-2237 or 952-838-9000

[Somali American Autism Foundation](http://www.saafmn.org/)
(<http://www.saafmn.org/>)
612-216-3677

[CDC Autism Spectrum Disorders](http://www.cdc.gov/ncbddd/autism/index.html)
(<http://www.cdc.gov/ncbddd/autism/index.html>)

[American Academy of Pediatrics](http://www.healthychildren.org)
(<http://www.healthychildren.org>)

[Minnesota Autism Resources Portal](https://mn.gov/autism/)
(<https://mn.gov/autism/>)

[CYSHN Navigator](http://www.kidsnavigator.minnesotahelp.info/)
(<http://www.kidsnavigator.minnesotahelp.info/>)

Children & Youth with Special Health Needs
P.O. Box 64882
St. Paul, MN 55164-0882
651-201-3650
www.health.state.mn.us/cyshn

12/07/2017

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