The ABCs of Autism: The Basics of Autism Spectrum Disorder (ASD)

“The complete autism solutions company”

Special Learning
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Autism Overview

Autism Spectrum Disorder (ASD) diagnosis in a child can be very difficult to accept and comprehend for family members. Feelings of desperation, depression and helplessness are not uncommon. The first instinct parents generally have is to find a way to help their child by any means possible. It may seem unattainable in the beginning, but with the right information, tools and timely interventions, children diagnosed with ASD can live a more complete and productive life. The purpose of this eBook is to help parents understand the various classifications that fall within the autism spectrum and learn what can be done to help their children diagnosed with ASD.

With ASD, a child’s social and communication skills are compromised due to a neurological disorder that affects the normal functions of the brain. The effect on a child diagnosed with autism spectrum disorder may vary in intensity from mild to severe depending on which spectrum of the disorder the child falls into. What is essential for the parent to know is autism is not a disease, but a disorder and as such, can be treated and managed with an appropriate intervention plan.

Autism is a spectrum disorder, meaning that no two children with autism will present the same symptoms or experience the same severity. Children with autism may begin to show symptoms of the disorder as early as 18 months. Children diagnosed with ASD may show delays in many areas of functioning, or just a few. There is no single “personality characteristic” that serves as a marker for autism. Children with ASD may show any range of personality traits; the disorder primarily impacts development of skills related to communication and socialization with a range of impairment, but deficits may present themselves in daily living skills and ability to adapt to social norms.

With regard to helping a child with ASD, the goal is ultimately to
help the child overcome his impairments in the following categories:

- **Social Development**
- **Self-Help**
- **Reception and Expression of Language**
- **Aggressive Behavior**
- **Tantrums**
- **Self-Inflicted Injuries**
- **Inability to Handle Change**

As of 2011, as there is no known cause of **autism**, and as each child’s needs and conditions differ, there is no common treatment available; each child demonstrates unique needs and characteristics, and therefore, should be treated with a customized treatment plan. Unlike other disabilities, the study of **ASD** is still in its infancy and the full nature of the disorder is not completely understood; even the cause of **autism** remains a mystery. There are several theories surrounding the cause of the disorder, such as genetic anomalies or abnormalities, and possible side effects caused by certain medications. However, none have been proven to be the root cause of **autism**.

Although there are no known cures for **autism**, there are non-medical approaches that have been scientifically proven to effectively improve the quality of life for a significant number of children diagnosed with **ASD**. **Applied Behavior Analysis** or **ABA** is one of the only evidence-based treatments that has achieved credibility in helping children with **autism**. The **ABA** approach employs a reward system to encourage and develop appropriate responses from children with **autism**.

**1 in 110 Children will be diagnosed with autism.**

**1 in 70 are boys.**

*Autism Speaks*
Knowing Your Child’s Developmental Milestones

It is important that, as a parent, you closely observe your child, especially during the early stages of his/her life. Although each child develops differently, knowing your child’s milestones will help you to watch out for ‘red flags’ that may signal a developmental delay. Keeping track of the milestones will also give your doctor a good basis for diagnosis about your child’s health.

These milestones, if delayed, do not automatically signify a disorder. But any loss or lack of skills is a cause for concern and needs to be brought to your child’s doctor’s attention immediately. According to Autism Speaks, here are the typical developmental milestones for a child age 3 months to 5 years:

3 to 4 months

- **Looks at faces and objects with interest.**
- **Recognizes and reacts to faces and voices.**
- **Smiles at just about anyone.**
- **Curious and turns head towards sound.**
7 Months

- Can recognize other people’s emotions.
- Tries to reach objects in hard to reach places.
- Puts everything in the mouth.
- Turns head when called by name.
- Babbles.

By 12 Months/1 Year

- Imitates people and sounds.
- Enjoys games such as “peek-a-boo”.
- Explores objects on sight.
- Understands the word “no”.
- Points at objects.
- Can say single words.
- Turns body towards the person who called his name.
By 24 Months/2 Years

- ENJOYS BEING AROUND OTHER CHILDREN.
- UNDERSTANDS SIMPLE SENTENCES.
- POINTS TO PEOPLE AND PICTURES.
- CAN SORT SHAPES AND COLORS.
- ENGAGES IN “MAKE-BELIEVE”.
- FOLLOWS SOME INSTRUCTIONS.
- CAN COMBINE TWO WORDS.

By 36 Months/3 Years

- DISPLAYS AFFECTION.
- CAN MAKE SIMPLE MECHANICAL TOYS WORK.
- CAN MATCH OBJECTS TO PICTURES, COLORS AND SHAPES.
- CAN FOLLOW A 2 TO 3 PART COMMAND.
- CAN USE SIMPLE SENTENCES TO COMMUNICATE.
- USES PRONOUNS – I, YOU, ME – AND PLURALS – CARS, DOGS.
By 48 Months/4 Years

- Plays and cooperates with other children.
- Creative and inventive in “make-believe” play.
- Can name colors and count.
- Speaks in five to six word sentences.
- Can tell stories.
- Speaks clearly enough for strangers to understand.
- Follows three-part commands.
- Understands “same” and “different”.

By 60 Months/5 Years

- Likes imitating friends.
- Likes to sing, dance and act.
- Distinguishes fantasy from reality.
- Increased independence.
- Can count to 10 or more.
- Speaks in sentences of more than five words. Tells longer stories.
Among all commonly known neurological disorders such as Down syndrome and Cystic Fibrosis, Pervasive Developmental Disorder – PDD – also known as autism, is the only disorder shown to be on the rise. PDD is not synonymous with autism but serves as the over-arching term for a category of disorders as opposed to an official diagnostic label. PDD, including autism spectrum disorders, are being diagnosed more prevalently in recent years. According to Center for Disease Control and Prevention, as of 2001, ASD is more prevalent now than in 2002; there are roughly 1 million children diagnosed with PDD in the United States alone. This estimate does not include the number of other disorders diagnosed within the Autism Spectrum.

**Birth Rates**
The National Center on Birth Defects and Developmental Disabilities reports that roughly 1 percent of children born each year will eventually be diagnosed with ASD. That means that out of the 4 mil-
lion births in the United States every year, almost 40,000 children will eventually be diagnosed with mild to severe ASD by age 8 according to Centers for Disease Control and Prevention.

**Twins and Siblings**
It is currently suggested that twins in general have a 60 to 90 percent of being diagnosed with ASD. Identical twins have approximately 36 to 95 percent chance of both children being diagnosed with an ASD if one of the twins is diagnosed. With fraternal twins, there is approximately less than 24 percent chance that both children will be diagnosed with ASD if one of the twins is diagnosed. In families where one child has been diagnosed with autism, there is a 2 to 8 percent chance of having another child with ASD, according to Centers for Disease Control and Prevention.

**Verbal Skills**
According to the Centers for Disease Control and Prevention 25 to 30 percent of children diagnosed with autism will have spoken some words by 12 to 18 months. However, those children will have diminished capacity for, or lose the ability altogether, to communicate verbally. Nearly 40 percent of children diagnosed with ASD are non-verbal. The remaining percentage of children may be able to communicate verbally at a much later age.

**Diagnosis**
Although diagnosing autism is possible by age 2, often, children with autism are not diagnosed until 4½ to 5½ years of age. Alarmingly, 51 to 91 percent of those children will have demonstrated symptoms of autism at age 3 or earlier. Furthermore, roughly 33 percent of children with autism show signs by age 1; a full 80 percent show significant symptoms at 2. According to Centers for Disease Control and Prevention, 1/2 Million

Number of people in the U.S. that have autism – Tens of millions worldwide are affected.

*Autism Speaks*

**10–17%**
Autism is growing rampantly, 10 to 17 percent annually.

*?*
No clear explanation has been given for autism’s increase.
for Disease Control and Prevention, accurate diagnosis is possible by age 2, yet most children are not diagnosed until much later.

**Incurred Costs**

It is fairly well known that raising a child with autism can be a financial strain. The average monthly expense of taking care of a child with autism can range from $4,000 to $6,250 per month per child.

Over the course of a lifetime, the average extra care expenditure for a person with autism can be as high as $3.2 million dollars. Early intervention can help alleviate the cost incurred over a lifetime. The New England Center for Children states that the cost of care over a lifetime can be significantly reduced by as much as sixty six percent with early intervention, as an estimated 90 percent of the expenses are from adult services. Early intervention can help a child with autism develop skills in identified areas of weaknesses and decrease the level of support needed as he or she ages.
A common misconception about autism is that all children diagnosed with ASD have exactly the same symptoms. Autism is a spectrum disorder, which implies the degree (or severity) to which symptoms impact the courses of an individual’s development vary greatly. The only similarities children diagnosed with autism spectrum disorders have in common are symptoms which are a direct result of the neurological disorder. These similarities are the lack or absence of communication skills, stereotypical or repetitive behaviors and difficulty with or lack of interpersonal or social skills.

According to the National Institute of Child Health & Development, there are five main classifications that fall under the label of autism spectrum disorders (ASD).

**Asperger’s Syndrome**

According to the diagnostic criteria found in the DSM-IV for Asperger’s Syndrome, within the group of autism spectrum disorders, Asperger’s Syndrome is considered to be the mildest. It is a form of ASD that manifests itself mainly by lack in social and communication skills while verbal skills and intelligence appear normal. People with Asperger’s Syndrome show average to above-average verbal skills and intelligence. This is why many of those that are diagnosed with Asperger’s Syndrome refuse to be categorized within the autism spectrum disorder as they do not exhibit obvious disabilities, unlike others in the spectrum.
The most distinct characteristic of Asperger’s Syndrome is that people tend to be obsessive with an object or an activity, making them unaware of other things or people around them. Also, children with Asperger’s Syndrome frequently have difficulty in understanding body language and tend to be overly-literal with words.

**Pervasive Developmental Disorder - Not Otherwise Specified – PDD-NOS**

PDD-NOS is a broad diagnosis within the ASD. A person diagnosed with PDD-NOS displays behavior consistent with other autism spectrum diagnoses, but does not meet the rigorous diagnostic criteria for “classical” autism.

To be diagnosed with PDD-NOS, a child may show some characteristics of autism yet cannot be categorized in the other four classifications. Furthermore, a child may even have a severe deficit in language skills; yet not enough to be diagnosed with another ASD.

**Autistic Disorder**

Also called the classic autism, children diagnosed with autism disorder exhibit more severe symptoms that those with Asperger’s and PDD-NOS. These children lack intuitive social skills, which makes them react adversely to being touched and making eye contact. Children with autism disorder also present more severe case of repetitive behavior, unconventional gestures and unresponsiveness to other people. Many children with autistic disorder need to be watched closely as they are prone to hurting others and causing self-injury.

**Childhood Disintegrative Disorder**

A child diagnosed with this disorder exhibits a pronounced loss in motor, language and social skills and a dramatic loss in vocabulary skills. Other symptom such as loss of bowel and bladder control, seizures and intellectual disabilities are often associated with childhood disintegrative disorder. A defining characteristic of childhood disintegrative disorder is a period of normal development that ends around age 3 or 4, followed by steady deterioration of skills. Typically, these individuals require a greater degree of support throughout his or her lifetime.
Rett’s Syndrome

Rett syndrome is an autism spectrum disorder that occurs almost exclusively in girls. Children with this disorder exhibit deterioration of mental, social and communication skills. Children with Rett Syndrome often have profound deficits in language development, but this does not indicate unresponsiveness.

Physically observable characteristics of this disorder include inability to control their feet and constant wringing of their hands, in addition to an obvious reduction in muscle tone, causing the child to appear “floppy”. Other medically-oriented symptoms such as scoliosis, leaky gut syndrome, cardiac problems, swallowing problems and erratic sleeping patterns can also be present.
Autism is a disorder that affects cognitive and interpersonal development. According to the Centers for Disease Control and Prevention, autism prevalence rates have increased to 1 in 110 children in the United States. Accordingly, parents are becoming increasingly aware of the fact that children are being diagnosed with ASD at an increased rate and earlier in life; however, few parents know how to actually identify the signs and symptoms of autism, or what to do if they suspect that their child has autism.

Early signs of autism can present themselves in a number of particular quirks or disabilities such as lack of eye contact when spoken to, and resistance to cuddling that is displayed in a child’s daily behavior, which can serve as red flags. These early signs of autism are indicators that parents should seek an immediate professional evaluation.

Signs of autism may present themselves before a child enters their toddler stage. It can be difficult to accurately identify the presence of impairment with children under the age of 3, an age where social and behavioral development is still progressing. Children with autism may also exhibit extremes in behavior, often times without any visible triggers.
Behaviors that can serve as **early warning signs:**

- **Doesn’t react to sounds or when called by name.**
- **Delayed or impaired speech skills.**
- **Repetitive behavior.**
- **Avoids eye contact.**
- **Exhibits obsessive behavior.**
- **Does not play appropriately with toys or engage in “pretend” play by 18 months.**
- **Lack of, or irregular responses to sensory input.**
- **Loss of previously acquired skills.**
Asperger’s Syndrome may be one of the most misunderstood of all the autism spectrum disorders. Without proper diagnosis, children with Asperger’s Syndrome may be mistaken for being clumsy, unfriendly or simply ill behaved.

It can be difficult for people without training to identify a child with Asperger’s Syndrome, because a child with Asperger’s Syndrome does not demonstrate significant delays in the areas of language development, cognitive development, or in the development of age-appropriate self-help skills.

**Symptoms**

According to the National Institute of Neurological Disorders and Stroke, a child with Asperger’s Syndrome may show obsessive behavior towards certain objects or activities. A child with Asperger’s Syndrome struggles to recognize social cues given by communicative partners which may indicate a loss of interest in the topic of conversation.
Social skills deficits are common for children with Asperger’s Syndrome which causes other children to find them to be different. They may exhibit odd body language, speak in a monotone voice, not recognize humor and have problems with non-verbal communication. Because children with Asperger’s Syndrome may have difficulty recognizing social cues, they may struggle in public setting like school, where this skill is important.

Some children with Asperger’s Syndrome exhibit motor skills impairments that make riding a bicycle, climbing or playing difficult. Clumsiness and awkwardness with normal activities like walking and running can be present. Some children with Asperger’s Syndrome also engage in repetitive behaviors such as hand clapping, twisting or twirling.

Children with Asperger’s Syndrome may also be diagnosed simultaneously with Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) or Tourette’s syndrome. Anxiety and depression can also develop during young adulthood.

**Simple Observations You Can Do At Home**

Parents and caregivers may be able to notice signs of Asperger’s Syndrome as early as the first couple years; signs will become more apparent by age 3. Symptoms of Asperger’s Syndrome may include:

- **Does not make eye contact.**

- **Doesn’t respond when name is called.**

- **Not interested in playing with other children.**

1 in 70 boys will be diagnosed with autism in the United States.
• **Does not demonstrate communicative gestures like pointing.**

• **Doesn’t participate in interactive play.**

If any of these symptoms are present, a formal evaluation is recommended. As there is no common treatment for Asperger’s Syndrome or for any of the classifications within the **ASD**, several different therapies and treatments may be needed to support the child’s needs.

Many children diagnosed with Asperger’s Syndrome grow up to be independent and successful individuals. Problems with social interaction may still be experienced, but may be controlled. With early and proper intervention and family support, there is a high possibility that child with Asperger’s Syndrome can lead a fulfilling life.
Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS), according to the National Institute of Child and Human Development is a classification within the ASD commonly referred to as atypical autism. A child diagnosed with PDD-NOS is likely to show symptoms of autism; yet not all features are identifiable. A child diagnosed with PDD-NOS exhibits characteristics such as social impairment, communication deficits and can show stereotypical behaviors. However, the child may not necessarily meet the criteria for a diagnosis of autism.

Diagnoses of children with PDD-NOS are often made by the age of 3 or 4. They are slightly older than children diagnosed with other spectrum classifications. It is harder to conclude the correct diagnosis at an early age as children with PDD-NOS can exhibit some characteristics of ASD yet not enough to be categorized under any of the disorders.

PDD-NOS is often mistaken for a milder form of ASD. This is untrue as a child diagnosed with PDD-NOS can present with a significant range of relative deficits and strengths at the same time. The following is a sample of possible signs or symptoms of PDD-NOS:
Children with PDD-NOS display a variety of symptoms found in other **autism spectrum disorders**. If parents or caregivers notice these signs or symptoms, they are advised to consult a medical professional for evaluation.

- **Difficulties with regulating behavior and self soothing.**
- **Prefers to play alone.**
- **Participates in class but can become easily over-stimulated.**
- **Repetitive hand clapping when excited.**
- **Social skills deficiency.**
- **Repetitive hand clapping when excited.**
- **Social skills deficiency.**
- **Restricted, repetitive play potentially limited to a few toys.**
- **Can be overly talkative.**

Boys are 63% more likely than girls to develop autism.
Autism Disorder

Autism disorder is one of several recognized disorders on the autism spectrum. The New York University child Study center reports that Autism disorder is sometimes referred to as Early Infantile Autism, Childhood Autism or Kanner’s Autism. To be diagnosed with Autism Disorder, a child must show impairments in the following areas:

- Social Interaction
- Communication and Language
- Behavior Regulation

Symptoms
Symptoms of Autism Disorder can present themselves as early as 18 months. One of the key signs that a parent may observe, which may serve as a red flag, is the child’s way of interacting with other children and family members. Impaired ability in this area is one of the markers that should serve as a concern to parents.

Signs of social impairment – If at least two of these symptoms are observed in a child, there may be cause for further investigation:

- Doesn’t interact with other children or family members. For example, the child prefers to be alone despite the presence of other children playing.
• Does not demonstrate the use of gestures when communicating.

• Doesn’t show, point to, or bring objects of interest such as toys.

• Doesn’t respond in kind to emotional or social actions. For example, does not return hugs or kisses or respond when called by 12 months of age.

Manifestations of communication impairment – At least one:

• Obvious difficulty with spoken language yet doesn’t compensate by using gestures. For example, the child speaks less than a dozen words by 18 months and does not point by 15 months.

• Child speaks but doesn’t start or continue conversations.

• Uses single words or phrases repetitively or repeats, with immediacy, other spoken language.

• Doesn’t play make-believe or cannot imitate a favorite cartoon character.

Engages in repetitive or stereotypical behavior, activity or interest – At least one:

• Unusually preoccupied with a specific part of an object.

• Repetitive movements and restricted patterns such as hand or finger flapping, irregular body movements and snapping their fingers.
• **Unusually preoccupied with a singular activity or pattern of behavior.**

If a child exhibits six or more of these symptoms, an immediate evaluation by a medical professional is advised. Although *autism* doesn’t have a common treatment, studies show that early intervention is the best course of action in terms of making the greatest positive impact on a child.
Childhood Disintegrative Disorder

**Childhood Disintegrative Disorder (CDD)** is also sometimes known as **Heller’s Syndrome, Dementia Infantilis** and **Disintegrative Infantilis**. CDD is characterized by a child displaying normal development at 2 years of age followed by a gradual loss of language, social and motor skills before the age of 10 (National Institute of Child Health and Development).

**Defining CDD**

According to the National Institute of Child Health and Development, CDD can sometimes be mistaken for other medical conditions. Therefore, all other possible diagnoses should be ruled out first. Medical conditions that can present several of the same symptoms as CDD are epilepsy, head trauma, brain tumor, schizophrenia or another **autism spectrum disorder**.

The distinction of CDD from other conditions, especially from the Rett’s Syndrome, is that the child shows typical development during the first two years of life after which will the loss of words, motor skills and beginning of other medical symptoms occur.
Symptoms
Children diagnosed with CDD share several of the same symptoms as others within the spectrum. With CDD, however, these symptoms do not appear in the first two years of a child’s life. Some of the signs and symptoms of CDD are:

- **Delay or loss of spoken language.**
- **Impaired non-verbal behaviors such as body language or facial expressions.**
- **Cannot start or maintain a conversation.**
- **Inability to form relationships with friends and family.**
- **Loss of motor skills.**
- **Loss of language.**
- **Loss of bladder and bowel control.**

Treating CDD
As with any other Autism Spectrum Disorder, there is no singular treatment for CDD. The complexity and the rarity of the condition impedes research treatment. Steroidal medications are often used to slow the progress of the disorder; however, there is no known cure for CDD.

Recent Developments
The DVM-5 team has proposed that CDD be combined within the category of classic autism and deleted as an independent condition in the spectrum. All indications are that this

Less than 5% of our research funding goes to autism, even though it is the fastest-growing childhood condition.
viewpoint will prevail, and as of 2012 the CDD classification will no longer exist. The reasons behind this decision are that other than the typical development for at least 2 years followed by a decline in skills, the criteria exactly match those of classic autism. Since a child can exhibit the same exact pattern but begin to decline in 18 months, thus resulting in a diagnosis of classic autism, the 2-year criterion seems arbitrary. CDD was originally allowed to stand as a distinct disorder in DVM-IV in order to permit the input of further studies and commentary. This was set up in order to show that CDD has a specific cause or bundle of symptoms distinct from classic autism. Their feeling is that no such evidence has emerged; therefore CDD’s “trial period” as a separate disorder is no longer necessary.
Rett’s Syndrome can be a very debilitating disorder. What makes Rett’s Syndrome distinct among the other classifications within the ASD is that it is mostly found in females (National Institute of Child Health and Development, 2010).

**Symptoms**
The National Institute of Child Health and Development (2010) states that symptoms of Rett’s Syndrome may appear in a child as young as 6 months to 18 months of age. The disorder slowly progresses until the teenage years. Diagnosed children have typical development during the early months of life until symptoms of the disorder become evident, such as persistent crying and obvious loss of previously acquired skills. A child with Rett’s Syndrome may gradually lose the ability to speak and walk. A child with Rett’s Syndrome may develop behaviors such as wringing, clapping or patting of hands.
The progression of Rett’s Syndrome varies from one child to another. Some children may lose the ability to walk while others may have a stiff-legged walk. The following symptoms can be present between 3 months to 3 years of age:

- **Loss of verbal skills.**
- **Floppy hands or legs; normally an initial sign.**
- **Loss of dexterity.**
- **Loss of balance including the ability to walk.**
- **Lack of social skills.**
- **Intellectual regression.**
- **Breathing problems including apnea while awake.**
- **Parkinson’s-like tremors.**
- **Difficulty chewing or swallowing.**
- **Displays stereotyped behaviors.**

There are additional signs and symptoms that may be present in children diagnosed with Rett’s Syndrome, although they are not enough by themselves to diagnose a child with Rett’s Syndrome:

- **Scoliosis is present in 80 percent of females diagnosed with Rett’s.**
- **Constipation and gastroesophageal reflux disease (GERD).**
- **Abnormal heartbeat.**
- **Irregular sleep patterns.**
- **Poor circulation resulting in bluish arms and legs.**
Cause of Rett’s Syndrome
Rett’s Syndrome is the only disorder within the ASD that has a known cause. It is caused by a mutation in the MECP2 gene, as stated by the International Rett Syndrome Foundation.

Types of Rett’s Syndrome
There are three known types of Rett’s Syndrome: atypical, classic and provisional, which normally appears between the ages of 1 to 3. Atypical Rett’s Syndrome may appear very early or as late as 3 to 4 years of age; has mild hand and speech problems or appears in boys, which is very rare.

Provisional or Potential Rett’s Syndrome appears in girls 1 to 3 years of age and only presents some clinical evidence; a child may need genetic testing to confirm this diagnosis.

Treatments
There are several treatments that can help ease underlying conditions associated with Rett’s Syndrome such as medications for GERD and seizures. There are therapies that will help with scoliosis or preventing the hand from contracting. But like all Autism Spectrum Disorders, there is no known cure for Rett’s Syndrome.
As parents or care providers, you are the first ones to see any sign of autism in your child. It can be very hard to determine if symptoms are present, especially for small children. According to the American Academy of Pediatrics, the signs that may suggest a need for further evaluation by a professional are:

- Doesn’t return your smile by 6 months.
- Doesn’t babble, point or use other gestures by 12 months.
- Doesn’t use single words by 16 months.
- Doesn’t use two-word phrases by 24 months.
- Loss of established abilities such as talking and walking.
- Will not make eye contact.
- Doesn’t play with other children or family members.
Immediate and early intervention is the best way to help your child. If one or more symptoms have been observed, consider seeking help from one of the following professionals:

- **Developmental Pediatrician**
- **Pediatric Neurologist**
- **Child Psychologist**
- **Child Psychiatrist**

Your child’s pediatrician or primary care provider may not be qualified to evaluate your child for ASD; however, your child’s pediatrician can help by referring you to a qualified professional. There are therapists that can provide useful multidisciplinary evaluations:

- **Speech Therapist**
- **Physical Therapist**
- **Occupational Therapist**

Diagnosing your child with an ASD may include a combination of observation, non-medical tests, interviews and personal recommendations. It is essential that you make sure that the person or team of professionals evaluating your child are competent, fully trained and have experience working with and diagnosing children with ASD. Their evaluation and recommendation will be very important to your child’s future.

Regardless of which expert is diagnosing your child the key factor is not delaying action in seeking services for your child and family. Early diagnosis and intervention will provide your child with the greatest chance to achieve their highest potential. **Special Learning** ([www.special-learning.com](http://www.special-learning.com)) has a host of resources that you may choose in helping you take this important step in your child’s life.
Chapter References

Autism Overview

Knowing Your Child’s Developmental Milestones

Autism Numbers


(See document for in-text citations)

Knowing Where Your Child Falls Within The Spectrum

Early signs of Autism
No source listed

Asperger Syndrome
Pervasive Developmental Disorder


Autistic Disorder


Childhood Disintegrative Disorder


Rett Syndrome


Obtaining Proper Diagnosis


Setting Realistic Expectations

No source listed

General References:

Special Learning would like to express our gratitude to our partner Step By Step Academy in Worthington, OH. Founded in 2002, Step By Step Academy has helped hundreds of children with autism to reach their full potential. With a student body of 135 children and adolescents ranging in age from 2 to 22, their dedicated staff of over 140 educators provide highly personalized training to help the children achieve their highest level of potential.

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