Ohio Association of County Behavioral Health Authorities

Behavioral Health: Developing a Better Understanding

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Autism Spectrum Disorders

Autism is the most common of the pervasive developmental disorders and is characterized by severely compromised ability to engage in, and a lack of interest in, social interactions. Many people assume that the word "autism" refers to a single developmental disability. However, autism is actually one of five complex developmental disorders that make up the autism spectrum disorders (ASDs). People on the spectrum can range from low functioning and non-verbal to extremely intelligent and gifted. In addition to autistic disorder, the spectrum includes Asperger syndrome, pervasive development disorder – not otherwise specified (PDD-NOS), Rett syndrome, and childhood disintegrative disorder (CDD). Each disorder on the spectrum has varying degrees of impairment in three common areas: communication skills, social interactions, and restricted, repetitive behavior. To be diagnosed with ASD, impairments must exist in at least one of these three areas before age three, and while the impairments can become less severe, they do not go away. ASD occurs in all racial, ethnic, and socioeconomic groups and is four times more likely to occur in boys than girls.

Connection Between Developmental Disabilities and Behavioral Health in Autism

If autism is a developmental disability, what does it have to do with behavioral health? A developmental disability is defined as a severe, chronic impairment occurring any time during development before adulthood that causes major problems with life activities and remains indefinitely. In contrast, mental illness is an illness that can often be controlled with appropriate treatment, including medications. It can be temporary in nature and occur at any age.

While autism is a developmental disability in the sense that it can be a severe, chronic impairment occurring during development that causes lifelong problems, it has many behavioral effects. Clinicians rely on behavioral characteristics to diagnose autism and many of the effects of autism, including self-injurious behavior, non-compliance, and aggression issues traditionally dealt with in the behavioral health field. Additionally, autism can exist simultaneously with other behavioral disorders including obsessive-compulsive disorder (OCD) and bipolar disorder. Research has also demonstrated that applied behavioral methods often used in treating certain mental illnesses can be effective in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior in children with autism.

Diagnosis

Diagnosis of an ASD can occur reliably by age 3 but can begin as early as 18 months. Differences or problems can be apparent from birth, appear gradually, or be sudden. The Centers for Disease Control and Prevention (CDC) stresses the importance of parents tracking their child's development in the first few years of life because earlier diagnosis can lead to earlier intervention. Consequently, it is important for all parents and caregivers to know the signs, especially those who have children at high risk (such as children who already have a family member with ASD). The national campaign, "Learn the Signs. Act Early," teaches parents, health care professionals, and child care providers about early childhood development, including early warning signs of autism and other developmental disabilities. Early indicators of ASD include:

- No babbling, pointing, or meaningful gestures by age 1
- Not speaking by 16 months or combining words by 2 years
- Not responding to name
- Language or social skills decline
- Poor eye contact
- Resistance to change
- Difficulty expressing him/herself
- Not smiling
- Over or under-sensitivity to pain
- Over or under physical activity
- Not responding to verbal cues

History/Increase in Prevalence

The prevalence of autism has grown from 2 to 7 in 10,000 people in the 1970's to 1 in 150 people in 2007. Due to this increase in prevalence there has been an increase in questions about the actual limits and definitions of the disorder. Because autism is only recently getting a lot of public recognition, people assume it is a new disorder; however, Dr. Leo Kanner first identified autism as a disorder in 1943 and published descriptions of autistic-like behavior go back as far as the 18th century. Around the same time that Dr. Kanner identified autism, German scientist Dr. Hans Asperger identified Asperger syndrome, but the spectrum was not introduced until 1994. Although the expansion to a spectrum can help account for part of the increase in prevalence, there are still many unanswered questions about what causes autism and why its prevalence seems to be rapidly increasing.

"This is a time of hope. It is a time of promise. It is not a time of delivery yet. We are still not weeks or months but years away from being able to deliver. My message to parents would be to love them (autistic children) as much as possible and hold our feet to the fire to make sure that we deliver."
~Dr. Thomas Insel, Director
National Institute of Mental Health

Causes

The cause of ASD is still unknown, but it has roots in both structural brain abnormalities and genetic predispositions, according to family studies and studies of brain anatomy. The search for genes that predispose to autism is considered an extremely high research priority for the National Institute of Mental Health. Although there is a reported association between autism and genetic factors, there is also evidence that several different causes of toxic or infectious damage to the central nervous system during early development also may contribute to autism.

Many theories have been suggested and researched at length, with a possible link to vaccines garnering much media attention. According to the CDC, the weight of the evidence indicates that vaccines are not associated with autism, but research is ongoing. Even though the causes are still unknown, autism co-occurs more frequently with other developmental disabilities such as fragile X syndrome and tuberous sclerosis. Both of these disorders are genetic. Fragile X syndrome is the most common form of mental retardation resulting from a damaged part of an X chromosome, whereas tuberous sclerosis is a rare disorder associated with benign tumors in the brain and other organs. Many groups, such as the CDC, are conducting more research in hopes to further understand these relationships, possible causes, and other risk factors of autism and eventually develop ways to prevent and treat this disorder.

Treatment

Because autism is a severe, chronic developmental disorder, the goal of treatment is to promote the child's social and language development and minimize behaviors that interfere with the child's functioning and learning. Intensive, sustained special education programs and behavior therapy early in life can increase the ability of the child with autism to acquire language and ability to learn. Special education programs in highly structured environments appear to help the child acquire self-care, social, and job skills. Only in the past decade have studies shown positive outcomes for very young children with autism. Presently, diagnosis of an ASD does not result in a specific treatment plan. Just as the individuals with an ASD are unique, so are the individual treatment plans. As a result of the severity of the impairment, high intensity of service needs, and costs (both human and financial), there has been an ongoing search for effective treatment.

What can policy makers, local officials, and community members do to help ASD-affected children and families?

- ✓ Identify and fund a strategy for Ohio to help children and families with autism.
- ✓ Fight the stigma associated with pervasive developmental disorders.
- ✓ Support autism research.

Sources: National Institute of Mental Health Centers for Disease Control and Prevention