

## **AUTISM SPECTRUM DISORDER**

### **Definition**

Autism spectrum disorder (ASD) is a neurobehavioural disorder which affects the way the brain functions. As a result, individuals with autism have differences in communication and social interaction, and atypical patterns of behaviour, activities and interests. Autism is a spectrum disorder, which means that each individual can be affected differently from mild to severe impairments.

### **Common Behaviours in Autism**

While these are some common behaviours seen in children with autism, they can also be seen in developmentally normal children. It is the combination of behaviours that makes autism a possible diagnosis.

#### *Social Communication and Interaction*

- Not responding to name
- Poor turn taking in conversation
- Preference for solitary play, lack of interest in peers
- Limited shared interest/enjoyment
- Reduced eye contact
- Lack of gestures to communicate
- Delayed pretend or imaginary play

#### *Behaviour/Interests/Activity*

- Repetitive movements or words/phrases
- Lining up toys (non functional play)
- Specific routines/rituals
- Intense interest in specific toys or topics
- Atypical response to sensory stimuli

ASD can be accompanied by language impairment or intellectual impairment

For detailed list of symptoms that are used to diagnose ASD see:

<https://www.cdc.gov/ncbddd/autism/hcp-dsm.html>

### **Causes**

Autism is a multifactorial disorder. This means there is no “one cause” for autism but rather there are various genetic and environmental factors that interact and contribute. If your child is diagnosed with autism, your pediatrician will offer to order some bloodwork to investigate for some medical and genetic causes.

We know ASD is more common in males, more common in siblings of children with ASD, and more common in specific genetic syndromes.

Autism is not caused by MMR or any other immunizations. For more information on this topic, please visit:

[www.immunize.ca/en/publications-resources/questions/autism.aspx](http://www.immunize.ca/en/publications-resources/questions/autism.aspx)



### **Diagnosis**

Determining that a child has ASD often requires input from a multidisciplinary team. Diagnosis is based on specific criteria set forth by the DSM-5, which is the Diagnosis and Statistical Manual of Mental Health Disorders.

There are various ways that you can be diagnosed:

- Community Pediatrician, in certain situations with input from your child's current multidisciplinary team
- Child Developmental Services at the Child Developmental Centre
- Private assessment by a trained psychologist
- Some specialized preschools also offer private assessments

In 2013, DSM-5 updated the autism criteria, and removed the previously used terms of Asperger's Syndrome and Pervasive Developmental Disorder (PDD). Now, all these diagnoses fall under the common terminology of Autism Spectrum Disorder.

No matter which route a diagnosis is made by, you are encouraged to attend the "After a diagnosis of Autism Spectrum Disorder" session at Child Developmental Services. Ask your pediatrician for more information.

### **Treatment**

Autism is a life-long condition for which there is no "cure". However, with intensive early intervention, some individuals improve their language and social skills. This involves a multidisciplinary team that can include: speech language pathologist (SLP), occupational therapist (OT), physiotherapist (PT), behavioural therapist, psychologist and/or other trained professionals. Treatment is often done as a combination of program-based and in-home supports. In Calgary, there are a variety of specialized preschools and schools. More information on this can be obtained from your local school board.

Alternative treatments for autism include things such as specific diets or supplements. These are not widely recommended in autism as most do not stand up to scientific standards. Many families will explore alternative treatments, and it is important to ensure that you are making an informed decision. More information on evidence-based alternative treatments is available on our website: "Navigating Information on Intervention" handout. The pediatricians at Infinity Pediatrics do not promote or endorse a specific alternate treatment for autism. But it is important to tell your child's pediatrician if you have chosen to explore an alternative treatment.

While there are no medications to "treat ASD", medication use is common to treat conditions that commonly co-occur in children with ASD (ADHD, anxiety, aggression).



## Funding & Support

### Program Unit Funding (PUF)- Preschool supports

- A trained specialist, such as SLP, OT or PT submits a diagnostic report on the behalf of families to obtain funding for their service.
- The assessment usually needs to be done after March for program funding for the following September
- 3 years of funding available, generally starting age 2.5 to 3 years old and continues for first year of kindergarden
- Your pediatrician can provide a list of PUF providers (these services can be provided in a specialized preschool, a community preschool or daycare, or in the home setting)

### Family Support for Children with Disabilities (FSCD)

- Supports occur in the home setting
- Family needs to open file (see their handout)
- They do require a letter of diagnosis from a physician

### Disability Tax Credit Certificate, T2201

- Form downloadable from CRA website [www.cra-arc.gc.ca/disability](http://www.cra-arc.gc.ca/disability)
- Families fill in Part A, and a qualified practitioner fills in the rest
- Please see our separate handout for more information on this

### Private benefits plan

- Explore what is covered on your private benefits plan for your child.

Please also refer to our other handouts on Autism Spectrum Disorder