



Autism Spectrum Disorder (ASD)



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ASD is characterized by differences in social communication and presence of restrictive/repetitive interests and behaviors across multiple contexts.

Diagnosis & Treatment

Social communication differences can often include limited social-emotional reciprocity (e.g., eye contact, back-and-forth interactions), difficulty understanding and using nonverbal behaviors (e.g., expressions, gestures, body language), and limited understanding of traditional social expectations within relationships.

Restrictive/repetitive interests and behaviors can include restricted range of interests (e.g., only likes to talk about one topic), difficulty adjusting to change or transitions, repetitive behaviors (e.g., hand flapping, rocking), and sensory sensitivities (e.g., loud noises, texture of clothes).

ASD is considered to be on a “spectrum” because each presentation of ASD characteristics can look very different and require differing levels of support. To better understand the many elements of ASD, the following website from the American Academy of Pediatrics has several helpful resources:
<https://publications.aap.org/toolkits/pages/Autism-Toolkit>

It is important to celebrate the differences of a child with ASD rather than expecting them to fit perfectly into a traditional mold. Children with ASD may interact and connect with others in a way that is unexpected or atypical, but they still form meaningful relationships and live personally fulfilling lives.

Applied Behavioral Analysis (ABA) has been shown to be effective for addressing/reducing challenging behaviors, as well as teaching many skills and routines.

Speech therapy, occupational therapy, and social skills training should all be considered. Assistive technology can be beneficial for those with severe speech deficits.

BEHAVIORAL CONCERNS

If the child is exhibiting behavioral concerns (e.g., hurting self or others, prolonged tantrums), it is important for caregivers to learn how to best respond to help keep the child safe and respect their individual personhood. Parents can manage their child’s behaviors through learning and implementing fundamental behavioral modification principles such as the following:

- **BEHAVIOR + ATTENTION = MORE BEHAVIOR**

Reinforcement (reward) for desired behaviors increases the likelihood this behavior will occur again. Something as simple as a smile, hug, or a high five can be reinforcing to a child and help them understand what kind of behavior is expected and desired.

- **MODELING BEHAVIOR**

Children learn by watching everyone around them, and children with ASD are no exception to this. Model behaviors that you would like to see in the child and point out positive behaviors being modeled by others (e.g., sharing, safe ways to calm down).

- **ROUTINE**

Children with ASD often struggle with transitions and unexpected changes to routine. As much as possible for the family, it is important to implement a regular, consistent routine. When changes do need to occur, it is important to prepare the child for the transition as much as possible by using strategies such as “trial runs” (e.g., going to a new school before the first day to become familiar with the environment).

OTHER PRESENTATIONS

Sleep problems are present in many children with ASD, which can contribute to behavioral problems. First, address sleep problems with good sleep hygiene, and treat bedwetting if needed.

Gastrointestinal (stomach) discomfort is common in children with ASD. Constipation is the most common cause and should not be overlooked. Discomfort from constipation (and other medical problems) can lead to changes in behavior, such as aggression. Understanding the whole picture is important in interpreting the purpose of a behavior and its change.

MEDICATIONS

No medications have shown a clear benefit for treating core symptoms of autism, including social communication impairment or restricted, repetitive behaviors.

However medications can treat comorbid disorders and certain symptoms and behaviors associated with ASD.

- **Insomnia** - Melatonin has been shown effective in multiple controlled studies.
- **Irritability and aggression** - Risperidone (Risperdal) and aripiprazole (Abilify) are antipsychotic medications which are FDA approved for irritability

associated with autism. However keep in mind that these medications can lead to significant side effects. While there is less data, clonidine or guanfacine may be considered as they have less side effects.

- **Inattention, hyperactivity and impulsivity** - ADHD is common in children with ASD (30-60%). Consider alpha-2 agonists, including guanfacine or clonidine. If those are ineffective, consider methylphenidate, amphetamine salts, or atomoxetine.
- **Repetitive behavior and insistence on sameness** - Some try SSRI's or antipsychotic medications, however there is limited evidence in randomized trials showing that these medications are beneficial.
- **Anxiety and depression** - Consider SSRI medications such as prozac or Zoloft.

Intervention

A child with ASD will also likely require behavioral therapy interventions such as Applied Behavioral Analysis (ABA), physical therapy, occupational therapy, and/or speech language therapy.

The Nevada Autism Treatment Assistance Program (ATAP) was created to assist parents and caregivers with the expensive cost of providing these interventions to their child with ASD. To apply for ATAP call:

- Northern Nevada Intake: (775) 687-0113
- Southern Nevada/Spanish Intake: (702) 688-3271

Families should also work closely with the child's school to ensure that they are receiving appropriate accommodations. Under the Individuals with Disabilities Education Act (IDEA), children with ASD qualify for an Individualized Education Plan (IEP) or 504 plan at their school depending on their individual needs.

To learn more about getting this process started, you can visit www.nvpep.org or call 800-216-5188 for more information.

References:

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