

Recognizing Autism

The fact you are reading this means there probably is a person with a diagnosis of autism or an autistic spectrum disorder (ASD) in your life. If you are like we were, you have probably heard of autism but know very little about it or how to treat it. Even if you have a diagnosis, it is very important that you come to recognize the common signs and traits of ASD so you can monitor your child's progress.

Recognizing that your child has autism is just the first step. You now have to make the decision to devote yourself to making them better. There are effective treatments for autism but they are not a magic fix. We have published a book titled *Conquer Autism* to help you figure out your child's specific problems and to design a customized treatment strategy. The book is available at <http://www.ConquerAutism.com>.

The earliest signs of ASD

Usually, ASD children *seem* fairly normal in the first year of life. If the ASD child is your first, it may be very difficult to recognize a problem since you don't really know what to expect. Even if this is not your first parenting experience, pediatricians, educators, well-meaning family members, and so-called "experts" constantly tell us that all kids develop in their own way and time. This is certainly true, but in retrospect, most parents of ASD kids can recall some early signs of a problem, such as these very telling traits (in red because they are so common in ASD):

- Not making eye contact when talking, talked to or called
- Don't smile when they see familiar people
- Limited or no baby talk (babbling or pre-speech)
- Don't point or understand pointing
- Failure to play infant games like peek-a-boo, patty-cake or waving bye-bye
- Fixation on certain toys, objects, movies
- Failure to learn and consistently use familiar words
- Loss of words
- Odd non-verbal vocalizations (squeals, squeaks, grunts, melodic utterances)
- Lack of interest in family members
- Don't like to be hugged or cuddled
- Repetitive rocking and twirling
- Arm and hand flapping
- Walking on toes
- Looking "sideways" (glancing out of side of eye)
- Easily upset by changes to routine or changing activities
- Don't turn towards sudden noises (but can hear)

Or these traits that are harder to interpret as specific to ASD:

- Sensitivity to certain textures or being touched
- Sensitivity to bright light – especially fluorescent lights
- Sensitivity to loud or unusual sound

- Very limited diet and refusal to even try certain types of food. Often this is based on texture more than flavor.
- Frequent severe abdominal pain
- Long periods of screaming with no recognizable cause
- Weak muscle tone and uncoordinated movement
- Insensitivity to pain
- Unusually strong ability to memorize
- Inability to sleep or frequent waking during the night / gives up napping at an early age
- Self-injurious behaviors like biting and head banging

In addition to these clues, many ASD kids have repetitive and unexplained rashes, frequent ear infections, frequent bouts of diarrhea and/or constipation, and severe colic. Some ASD kids are just the opposite - never sick. If your child exhibits any of the above symptoms, do not wait! Seek medical evaluation immediately.

Signs of ASD in toddlers and young children

Language

A normal toddler's life is filled with language, play, eating, and pooping. All of these can be abnormal in an ASD child. Learning to speak seems like a miracle, but is actually a highly evolved and orchestrated skill preprogrammed into our developing brains. It is such an essential part of our existence, that it can be hard to imagine life without it. Failure to speak is certainly the most easily recognizable and difficult aspect of ASD. It hinders our ability to easily teach our ASD children about the world around them and about how to behave in that world. The most common early sign of ASD in a toddler is slow or no

language. Sometimes words will be learned and used for a while, but they are soon lost or used inappropriately. The ASD brain is hungry to learn and use language, however, and depending on how compromised the language learning “center” is, this can manifest itself in some surprising ways.

Echolalia - the repetition or echoing of sounds made by another person, affects more than 75% of people with ASD. It often comes across as sophisticated speech out of nowhere, with long and intricate sentence structures. You might hear a familiar slogan or advertizing jingle (delayed echolalia), or get a verbatim recitation of the words you just spoke (immediate echolalia). In our case, our son became quite sophisticated with his echoing. He had pre-prepared phrases that he would often use under certain circumstances. For example, he might toss out a particular advertizing jingle when he knew you were asking a question he needed to answer or when he became angry. As he got more sophisticated, he occasionally changed the verb tenses and intonation so it even sounded like an answer or a command. We came to realize he had a large repertoire of pre-built phrases that his brain was using to substitute for actual speech. Echolalia can be easily recognized and distinguished from real speech by its inflexibility. It is clear the child is not processing the individual words or using them correctly. Even as our son transitioned into more normal speech at age six, he still occasionally fell back to repeating fixed and inappropriate phrases when angry.

Singing - Another surprising trait of ASD is an affinity for singing. If you think about it, singing doesn't require you to understand the language, just recite it. Learning a song is really just echolalia, since you are usually not expected to

adapt the song or be flexible with the lyrics. We know many ASD kids that are exceptionally good singers, including our son.

Scripting – Scripting is the repetition of long spoken passages that have been heard, and is very common in ASD. It is an extension of echolalia, but tends to be longer and less immediate. A typical script would be bits of dialogue from a favorite movie, TV show or cartoon. The scripts can be surprisingly long, and frequently the ASD child will repeat the dialogue from all the characters, as if reading through the script. We have seen children recite entire cartoon episodes, even changing their voice to emulate the change of characters. Scripting can be very disruptive and annoying, but we see it like echolalia and singing, as a desperate attempt by the brain to communicate with language. A skilled speech pathologist will redirect scripting towards true communication by listening carefully to the script and building communication around the subject matter. At first this may seem very foreign to the ASD child, as they are used to the script as a complete entity and may not even be aware of the subject matter or characters. It may help to actually watch the scripted episode with the child and as they begin to script, stop the video and ask questions about what is going on. With some help from a speech pathologist and a heavy dose of patience, you can learn this skill. It will probably be more successful when done at home in the child's normal environment and can be a foundation for you to have meaningful conversations with your child.

This amazing skill for memorizing can also be used to build appropriate communication by teaching ASD children short scripts to be used in certain circumstances. As they begin to communicate and socialize, having sure-fire

conversation scripts helps build the give-and-take skills of real communication. For example, a script for seeing someone for the first time would be to say “Hello, how are you today” or if you want to play with a toy you can say “I would like to play with that, may I have it when you are done?” The ASD child may not fully understand the meaning of the script, but these phrases are a great way to provide a scaffold on which a conversation can be built.

As they get older, ASD kids will often refer to themselves by name and have great difficulty with the proper use of pronouns like I, he, she, you, we, and they. They will also rarely ask you questions and will have a hard time asking or answering who, what, when, where, how, and especially why questions (collectively known as the “wh” questions).

As ASD kids get older or if they are more mildly affected, they may have excellent language skills, but are unable to initiate or sustain conversations. They often fixate on their own narrow interests and speak without allowing their conversation partner to talk or not show interest in what others have to say.

Speech pathologists break down language into two types: 1) receptive language - understanding what they hear, and 2) expressive language - being able to produce speech themselves. Toddlers normally have a greater capacity to understand (receptive) than to articulate (expressive). In ASD children both aspects of language can be adversely affected, but in those kids with some language, the greater problem is usually with the expressive component. The disparity between the two can be quite large. For instance, your child may display the receptive language skills typical of a three year old, but only possess

the expressive skills of a one year old. You may find yourself speaking in front of your ASD child as though they don't understand. Be careful - they may very well be picking up and comprehending much of what you say! And at some point in the future, you may hear it back from them – probably in an embarrassing situation.

Play

Play is very important in the lives of all children. There is excellent research showing that play is the most important method by which children learn. It is very clear that ASD kids play differently than typical kids. Whereas an average toddler might play with several toys in rapid succession, an ASD child will often fixate on one toy for long periods of time or only play with one particular toy. ASD kids will often play with toys unpredictably. For example, three very common ASD play-traits are lining up objects, fixating on a minor mechanism of a toy such as staring at a spinning wheel of a toy car and destructive play like peeling off decorative stickers. Most ASD kids will not engage in play that is obviously imaginative. This can be hard to pick up on its own, because ASD kids often do not have much speech and rarely seek out playmates (or you) to play with. Another ASD behavior that can look like play is waving hands and fingers in front of the eyes. We have spent so many hours observing ASD kids that now we often see this unmistakable sign in children we see in parks and shopping malls.

Another recognizable sign of ASD in young children is the way they move when playing. Some kids seem to transition from toddling to track star/gymnast. They run, jump, hang and swing like little adults. ASD kids are often weak and

uncoordinated, with poor muscle strength, balance, an immature running gait, and delayed gross and fine motor skill development. Because of this, they often do not engage in running games or climb around on the monkey bars. It is quite common to find an ASD kid standing alone and flapping his/her hands and arms rather than engaging in typical playground play. One very common manifestation is an inability to go up and down stairs without support. Look at how you and typical children climb stairs – continuous and smooth, with one foot per stair and no need to hold a handrail. ASD kids often use an immature and choppy two-foot per stair gait and depend heavily on handrails for stability. Climbing stairs is so done so frequently that it is a good way to measure your child’s progress as they begin to conquer their autism. However, they may need significant help from a physical or occupational therapist before they master this task.

Somewhere around the age of 3-4 years, most kids will begin to play with other children rather than playing separately but side-by-side. ASD kids commonly lack the social skills necessary to initiate or engage in cooperative play and subsequently do not develop typical cooperative play behaviors.

Little kids love to show and tell. They thrive on shared enjoyment and seem to want to teach their parents in the same way they are taught. A normal kid may look up at the sky and point to an airplane with a joyful “AIRPLANE” or something similar. ASD kids often do not exhibit any shared enjoyment or exhibit a need to “teach” or “show” their parents.

Eating, etc.

Many toddlers are picky eaters. In fact, it seems like normal kids gravitate to certain types of food and get “locked in”. Tired parents often find it easier just to give them what they ask for rather than bracing for a fight. We have all heard of exceptional toddlers that thrive on Kung-Pao chicken and lobster bisque, but we’ve never met one. Many ASD kids take this normal trait to great extreme, to the point that you might wonder how they can survive. The most common limits seem to be grouped by texture, such as an avoidance of sticky or soft foods (like pasta) or a dislike of those that are crunchy and sweet (like fruits and some vegetables). On the other side, you will learn later that ASD kids frequently crave the foods that are the worst for them. We have been stuck with peanut butter, chicken fingers, French fries, reduced gluten/casein pizza, apples, grapes, strawberries, bacon, Sprite and Sunny Delight for years.

Although it seems gross, bowel movements are just a normal and important part of life. As you will read below, many parents, scientists and medical professionals believe the gut is the central problem of ASD. Many ASD children have real problems in this regard, with bloating, chronic diarrhea or constipation or wild swings between the two. More often than not, ASD kid poop just looks weird in color and texture. Another problem facing ASD kids is potty training. It is often difficult to teach typical kids when and how to use the bathroom on their own. Without language, it can be nearly impossible. Beyond instructional limitations, ASD kids are often hypersensitive to smells and sounds and lack the motor planning skills required to put the component parts together.

Socializing

Socializing is a delicate interplay of verbal and non-verbal communication between people. One of the hallmark traits of ASD is poor social development. ASD kids commonly will not respond appropriately when their name is called and will seem to avoid eye contact and social interactions including interactions with parents and peers. Typically, even very young children pickup verbal and non-verbal social cues and respond accordingly. However, many ASD kids never learn this skill and fail to integrate into groups as adults because they can't interpret the non-verbal cues of body language and facial expression indicating anger, boredom, surprise and happiness. One important skill, which many ASD kids and adults appear to lack, is "theory of mind". This is the ability to mentally "put yourself in someone else's shoes" and interpret what they are thinking. You can probably see how a person with an inability to empathize, interpret, or even recognize that other people have different emotions would be hard to socialize with.

Stimming

One of the most obvious and common behaviors associated with autism is self-stimulation (stimming). It can take many forms, such as vocalizations or making sounds with the body, touching areas of the body (lips, ears, etc.), repetitive movement (rocking or waving), staring at objects, blinking, repetitive tasting, licking or smelling of objects. The theory is these repetitive movements stimulate the senses of the ASD child in a way that makes them feel better. This allows them to block out unwanted sensations when they are over-stimulated by their surroundings, thus providing a certain level of control and comfort to the child. Stimming is so characteristic and easy to observe

that it makes a very good yardstick to see how your ASD child responds to various treatments.

The Autism Treatment Evaluation Checklist (ATEC)

The Autism Treatment Evaluation Checklist (ATEC) was designed to assist parents, physicians and researchers to evaluate treatments for autism. The Autism Research Institute (ARI) has developed a no-cost Internet scoring procedure that calculates four subscale scores and a total score from the ATEC. The scores are weighted according to the responses and the corresponding subscale. The higher the subscale and total scores, the more impaired the subject (your child). As you will soon find out, this is a very important tool. You can get a copy of the ATEC at http://www.autism.com/ari/atec/atec_form.pdf. You should print out several copies. Right now you can fill out one to record your ASD child's starting or "baseline" score. Be sure to be very honest, you do them no favor by exaggerating their skills. Once it is filled out, you can go to the ARI website at <http://www.autism.com> and fill in the information. They will score the information and send you a report. As you try the various treatments described in this eBook, you will fill out additional ATECs and will have a way of seeing if a treatment helps. We will discuss this process in greater detail later in this eBook.

The Checklist for Autism in Toddlers (CHAT)

The checklist for Autism in Toddlers (CHAT) is a set of diagnostic criteria that can be used to screen children at 18 months of age¹. This is a big improvement over the more traditional DSM-IV criteria because it can catch ASD earlier. It

¹ Baron-Cohen, S. *et al.* Can Autism be detected at 18 months? The needle, the haystack and the CHAT (1992) Br. J. Psychiatry.

is designed to be administered by a physician and has two parts. In the first part, the physician asks the parent nine YES/NO questions about their child:

1. Do they like to be swung and bounced?
2. Are they interested in other children?
3. Do they climb?
4. Do they play peek-a-boo or hide and seek?
5. Do they pretend?
6. Do they use their finger to point to something they want?
7. Do they point to indicate interest or to have you look?
8. Do they play properly with small toys?
9. Do they ever bring toys over to show you?

In the second part, the physician observes the child and answers 5 questions:

1. Did the child make eye contact?
2. After getting the child's attention, pointing across the room at some object and asking the child to look, did they look at the object or your finger?
3. Can you get them to demonstrate pretend play?
4. After getting the child's attention and asking them to show you some unreachable object, do they point to the object?
5. Can the child build a tower?

The test scores a "severe risk of autism" when the child fails (answer is NO) the questions in red. There is score of "mild risk" if the child fails only the pointing tasks. A child is at risk for other developmental disorders if they fail more than

three questions. This is a very easy test and has been given to more than 15,000 infants with some success in predicting ASD.

AAP indications for immediate evaluation

The American Association of Pediatrics (AAP) recently published a set of “red flags” that indicate a child should have an immediate ASD evaluation. These are:

- No babbling, pointing or other gestures by 12 months
- No single words by 16 months
- No 2-word spontaneous phrases by 24 months
- Loss of language or social skills at any age

