



High Functioning Autism



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What are Autism Spectrum Disorders?

Autism spectrum disorders (ASD) is a group of developmental disabilities is caused by a problem with the brain. Although, much research is committed to finding a cause, scientists still do not know exactly what causes autism.

ASD can impact a person's functioning at different levels, from very mildly to severely. Typically the symptoms of autism are not physically visible; there is usually nothing about how a person with ASD looks that sets him/her apart from other people. However, people with autism may communicate, interact, behave, and learn in ways that are different from most people.



The thinking and learning abilities of people with ASD can vary. Some children can have above average intelligence (gifted) and others can have significant cognitive impairments. All Autism Spectrum Disorders are classified in the medical profession as "Pervasive Developmental Disorders (PDD)." Under this category, PDD, are three medical diagnoses. The diagnoses included: Autistic disorder, Asperger Syndrome, and Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS).

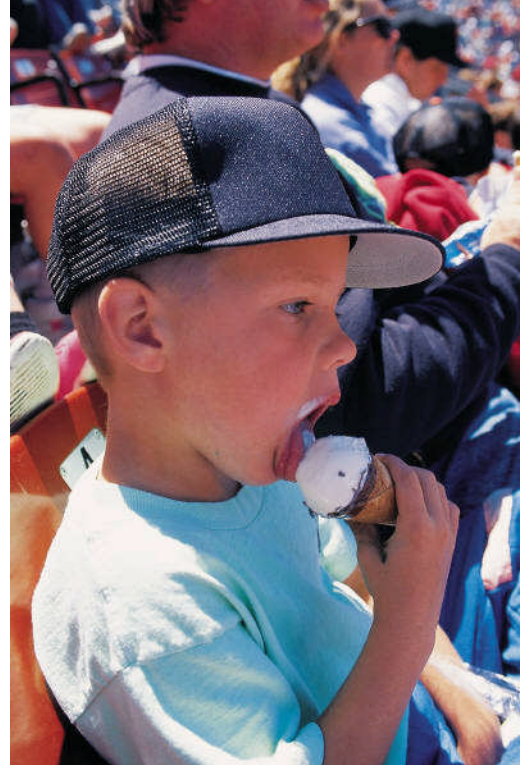


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What are the Different Types of Autism?

Not until the middle of the 20th century was there a name for a disorder that now appears to affect an estimated 1 in 150 children, causes disruption in families, and causes endless challenges in the lives of children affected by autism. In 1943 Dr. Leo Kanner of the Johns Hopkins Hospital studied a group of 11 children and introduced the label "early infantile autism" into the English language.



At the same time a German scientist, Dr. Hans Asperger, described a milder form of the disorder that became known as Asperger syndrome. Thus these two disorders were described and are today listed in the Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR as two of the five pervasive developmental disorders (PDD), more often referred to today as autism spectrum disorders (ASD). All these disorders are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior.

ASD can often be reliably detected by age three, and in some cases as early as 18 months. Two Studies suggest that many children eventually may be accurately identified by the age of one year or even younger. The appearance of any of the warning signs of ASD is reason to have a child evaluated by a professional specializing in these disorders.



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Parents are usually the first to notice unusual behaviors in their child. In some cases, the baby seemed "different" from birth, unresponsive to people or focusing intently on one item for long periods of time. The first signs of an ASD can also appear in children who seem to have been developing normally.

When an engaging, babbling toddler suddenly becomes silent, withdrawn, self-abusive, or indifferent to social overtures, something is wrong. Research has shown that parents are usually correct about noticing developmental problems, although they may not realize the specific nature or degree of the problem.



PDD, or ASD, range from a severe form, called autistic disorder, to a milder form, Asperger syndrome. If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called pervasive developmental disorder not otherwise specified (PDD-NOS).

Other rare, very severe disorders that are included in the autism spectrum disorders are Rett syndrome and childhood disintegrative disorder.



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What are Some of the Early Symptoms and Signs of Autism Spectrum Disorders?

People with ASD may have problems with social, emotional, and communication skills. They might repeat certain behaviors and might not want change in their daily activities.

Many people with ASD also have different ways of learning, paying attention, or reacting to things. ASD begin during early childhood and last throughout a person's life.

A child or adult with ASD might:

- ❑ Not play "pretend" games (pretend to "feed" a doll)
 - ❑ Not point at objects to show interest (point at an airplane flying over)
 - ❑ Not look at objects when another person points at them
 - ❑ Have trouble relating to others or not have an interest in other people at all
 - ❑ Avoid eye contact and want to be alone
 - ❑ Have trouble understanding other people's feelings or talking about their own feelings
 - ❑ Prefer not to be held or cuddled or might cuddle only when they want to
 - ❑ Appear to be unaware when other people talk to them but respond to other sounds
 - ❑ Be very interested in people, but not know how to talk, play, or relate to them
 - ❑ Repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language (echolalia)
 - ❑ Have trouble expressing their needs using typical words or motions
 - ❑ Repeat actions over and over again
 - ❑ Have trouble adapting when a routine changes
 - ❑ Have unusual reactions to the way things smell, taste, look, feel, or sound
- Lose skills they once had (for instance, stop saying words they were using)





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What is High Functioning Autism?

High functioning autism (HFA) is a non-medical term often used to describe people with autism who have an IQ score above 80 and who have the ability to speak, read and write.

Although many physicians and healthcare professionals have adopted the term "high functioning" to recognize this form of autism, there is actually no medical condition known as "high functioning autism." A person diagnosed with HFA meets the same diagnostic criteria as do other people on the autism spectrum. However, the person with HFA may just have an easier time communicating with others and carrying on more regular activities.



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What is Aspergers Syndrome?

Asperger Syndrome (AS) is a condition marked by impaired social interactions and limited repetitive patterns of behavior. Motor milestones may be delayed and clumsiness is often observed. Asperger Syndrome is very similar to or may be the same as what is commonly referred to as high functioning autism (HFA).

Hans Asperger labeled this disorder "Autistic Psychopathy" in 1944, and the cause is still unknown. There is a possible relation to autism. Some researchers believe that Asperger Syndrome is simply a mild form of autism.

The individual with Asperger Syndrome can demonstrate below-average nonverbal communication gestures, difficulty in developing peer relationships, difficulty in expressing pleasure in other people's happiness, and difficulty reciprocating emotionally in normal social interactions. The condition appears to be more common in boys than in girls. As with other Autism Spectrum Disorders, we still do not know the cause of Asperger Syndrome, but there does appear to be a genetic link.

While people with Asperger Syndrome have social challenges, many have above-average intelligence, and they may excel in fields like computer programming and science. Individual with AS typically have average or above average self-help and cognitive skills. Generally, there is also no language development delay.



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Symptoms of Aspergers Syndrome

- Abnormal nonverbal communication, such as problems with eye contact, facial expressions, body postures, or gestures
- Failure to develop peer relationships
- Being singled out by other children as "weird" or "strange"
- Lack of spontaneous seeking to share enjoyment, interests or achievements with others (a lack of showing, bringing, or pointing out objects of interest to other people)
- Markedly impaired expression of pleasure in other people's happiness
- Inability to return social or emotional feelings
- Inflexibility about specific routines or rituals
- Repetitive finger flapping, twisting, or whole body movements
- Unusually intense preoccupation with narrow areas of interest, such as obsession with train schedules, phone books, or collections of objects
- Preoccupation with parts of whole objects
- Repetitive behaviors, including repetitive self-injurious behavior



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Treatments for Asperger Syndrome

Treatment depends on the individual needs of the child and the family. Typically children with Asperger Syndrome benefit from behavioral intervention and social skills training, because these are typically the two main areas of challenges in individuals with Asperger Syndrome. However, it is important to remember that every person with AS is different, so treatments need to vary depending on the needs of the individual.

Expectations (prognosis)

As with most developmental disorders, the long-term outcome and prognosis will vary according to the nature of the underlying problem and the interventions used to support continued development.

Recent studies have shown that a variety of treatment approaches can help improve social function. Because the patient may have average or above average intelligence, improvements in social function are particularly important.



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What is the difference between HFA and Asperger Syndrome?

This is a controversial issue in the area of autism. Many people frequently ask this question, what is the difference between the two. As stated earlier, HFA is not an official diagnosis. The term is typically used to describe the severity of the autistic symptoms. However, Asperger Syndrome is an official medical diagnosis according to the DSM-IV Manual.

One of the key differences in the diagnoses is that individuals with Asperger Syndrome typically develop language normally and do not have any marked impairment in their language skills. They might have difficulty using their language in social situations or to describe feelings and emotions, but on a standardized assessment they will typically test in the normal range. Individuals with HFA, do have impairments in their language. They either developed language late or they developed language and lost language.

Diagnosing HFA versus Asperger Syndrome can be very challenging for even a trained professional. Because these kids typically appear so normal, making the diagnosis requires standardized assessment tools for diagnosing, a well-trained eye, and well-documented history from the caregivers. It is very important that professionals listen to the families for signs and symptoms of these two disorders because frequently children can appear so “normal” when in a structured clinic-type setting.



Autism Treatment Options

No two people with ASDs are exactly alike. So, each person with an ASD needs a treatment program to meet his or her individual needs and the needs of his or her family. While there is not yet a cure for ASDs, early, intensive treatment can help children with the disorder reach their full potential.

Acting early can make a big difference! For guidance on choosing a treatment program, visit the [Treatment Options](#) section of the National Institute of Mental Health's autism website.

It is important to remember that children with ASDs can get sick or injured just like children without ASDs. Regular medical and dental exams should be part of a child's intervention plan. Often it is hard to tell if a child's behavior is related to the ASD or is caused by a separate health condition.

For instance, head banging could be a symptom of the ASD, or it could be a sign that the child is having headaches. In those cases, a thorough physical exam is needed.



Even if your child has not been diagnosed with an ASD, he or she may be eligible for early intervention services. The [Individuals with Disabilities Education Act \(IDEA\)](#) says that children under the age of 3 who are at risk of having substantial developmental delays may be eligible for services.



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These services are provided through an early intervention system in your state. Through this system, you can ask for an evaluation. To learn more about early intervention, click here [National Dissemination Center for Children with Disabilities](#).

- [Behavioral and Educational Interventions](#)
- [Complementary and Alternative Medicine](#)
- [Dietary Changes](#)
- [Medications](#)
- [Additional Treatment Resources](#)



Behavioral and Educational Interventions

According to the American Academy of Pediatrics, educational interventions thought to help children with ASDs are those that provide structure, direction, and organization for the child. These interventions must be individualized to the child and take into account his or her overall developmental status and specific strengths and needs.

To learn more about these treatments and interventions, including specific strategies used by physicians to treat ASDs, refer to the [American Academy of Pediatrics' report on diagnosing and managing ASDs](#).



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The National Institute of Mental Health says that psychosocial and behavioral interventions are key parts of comprehensive treatment programs for children with autism. Some of the most common interventions include:

- Applied behavior analysis (ABA)
 - Discrete trial training (DTT)
 - Early intensive behavioral intervention (EIBI)
 - Incidental teaching
 - Pivotal response training (PRT)
 - Verbal behavior intervention (VBI)
- Developmental, individual differences, relationship-based approach (DIR also called Floortime)
- Relationship development intervention (RDI)
- Treatment and education of autistic and communication-related handicapped children (TEAACH)
- Social Skills Training



Therapies often used with those listed previously:

- Occupational therapy
- Speech therapy

Go to [Autism Speaks](#), one of CDC's partners, to read more about these therapies.

For more information:

- [Educating Children with Autism](#) by the National Research Council. Washington, DC: National Academy Press; 2001.
- [Preschool Education Programs for Children with Autism](#) (2nd edition). Edited by J.S. Handleman and S. Harris. Austin, TX: Pro-Ed; 2000.



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Complementary and Alternative Medicine

There is no known cure for autism. To relieve the symptoms of autism, some parents and providers may use treatments that are outside of what is typically recommended by their pediatrician.

These types of treatments are known as complementary and alternative treatments or CAM. They may include special diets, Chelation (a treatment to remove heavy metals like lead from the body), biologicals (e.g., secretin), or body-based systems (like deep pressure).



The National Institute for Health's (NIH) National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as a group of different medical and health care systems, practices, and products that are not part of conventional medicine.

NCCAM divides complementary and alternative treatments into five categories:

- Alternative medical systems (e.g., homeopathy or Chinese medicine)
- Mind-body interventions (e.g., meditation, dance therapy, auditory integration)
- Biologically based therapies (e.g., using herbs, foods, and vitamins)
- Manipulative and body-based methods (e.g., deep pressure, craniosacral therapy)
- Energy therapies (e.g., reiki, electromagnetic fields, etc.)



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There have been efforts to develop a protocol for biomedical interventions for ASD. There are anecdotal reports of success with individual children; however, before this approach can be recommended as a standard treatment, more research is needed on the safety and effectiveness of the various treatments for a variety of people with ASD. To learn more about CAM therapies, go to the NCCAM [Get the Facts](#) webpage.

WORD OF CAUTION: These types of treatments are very controversial. Current research shows that as many as one third of children with autism may have tried complementary or alternative medicine treatments, and up to 10% may be using a potentially dangerous treatment. Before starting such a treatment, check it out carefully, and talk to your child's health care professional.

Dietary Changes

Many biomedical interventions call for changes in diet. Such changes include removing certain types of foods from a child's diet and using vitamin or mineral supplements.

WORD OF CAUTION If you are thinking about changing your child's diet, talk to his or her health care professional first. Or talk with a nutritionist to be sure your child is getting the essential nutrients he or she needs.

Dietary treatments are based on the idea that food allergies cause symptoms of autism or that the lack of a specific vitamin or mineral may cause some autistic symptoms.



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Some parents feel that changes in their child's diet may make a difference in how the child feels or acts. The National Institute of Mental Health, part of NIH, does [studies](#) to test how well various biomedical interventions work.

Medications

No medication can cure ASDs or treat the core symptoms that make up the disorder—that is, communication, social, and repetitive or unusual behaviors. But medications can help with some of the symptoms of autism in some people.

For instance, medication might help with a person's high energy levels, inability to focus, depression, or seizures. Also, the U.S. Food and Drug Administration has approved the use of risperidone (an antipsychotic drug) to treat 5- to 16-year-old children with ASDs who have severe tantrums, aggression, and self-injurious behavior.



Medications may not affect a person with an ASD in the same way they would affect another person.



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So, it is important to work with a health care professional who has experience treating people with ASDs. Also, parents must watch their child's progress and reactions while he or she is taking a medication to be sure that the side effects of the treatment do not outweigh the benefits.

Find out more about medications and ASDs on the [National Institute of Mental Health autism website](#).



Additional Treatment Resources

- [The National Institute on Deafness and Other Communication Disorders](#) has a website to help individuals with autism who have communication needs.
- [The National Institute of Dental and Craniofacial Research](#) has a website to help professionals with the oral health care needs of patients with autism.
- [Clinical Trials.Gov](#) lists federally funded studies that are looking for participants. If you or someone you know would like to take part in an autism study, go to the website and search "autism."

The [Autism Treatment Network](#) (ATN) seeks to create standards of medical treatment that will be made broadly available to physicians, researchers, parents, policy makers, and others who want to improve the care of individuals with autism.

ATN is also developing a shared national medical database to record the results of treatments and studies at any of their five established regional treatment centers.



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What Should I do if I think my child has Autism or Aspergers?

Talk with your child's doctor or nurse. If you or your doctor thinks there could be a problem, ask for a referral to see a developmental pediatrician or other specialist, or you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older).

To find out whom to speak to in your area, you can contact the National Information Center for Children and Youth with Disabilities (NICHCY) by logging onto www.nichcy.org or call **1-800-695-0285**. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families on their Autism Information Center Web page (www.cdc.gov/ncbddd/dd/aic/resources).

Right now, the main research-based treatment for ASDs is intensive structured teaching of skills, often called behavioral intervention. It is **very** important to begin this intervention as early as possible in order to help your child reach his or her full potential. Acting early can make a real difference!