



## The Learning Curve

*“Enhancing the Knowledge of DDDS Professionals”*

A Study of...



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### Did you know that...

- A 2007 CDC report found that 1 in 150 children in America have an Autism Spectrum Disorder. In 1995, it was 1 in 2,500.
- The American Society of Autism (ASA) estimates that 1.5 million Americans and their families are now affected.
- Autism a national health crisis, costs the US at least \$35 billion annually.
- There are 371 Delawareans with Autism, 207 are over the age of 21.



### Autism Awareness Ribbon

The puzzle pattern of this ribbon reflects the mystery and complexity of autism. The different colors and shapes represents the diversity of people and families living with this disorder. The brightness of the ribbon signals hope—through research and increasing awareness.



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Not until the middle of the twentieth century was there a name for a disorder that now appears to affect an estimated 3.4 out of every 1,000 children ages 3-10, a disorder that causes disruption in families and unfulfilled lives for many children. In 1943 Dr. Leo Kanner of Johns Hopkins Hospital studied a group of 11 children and introduced the label *early infantile autism*. At the same time a German scientist, Dr. Hans Asperger, described a milder form of the disorder that became known as Asperger syndrome. Today, these two disorders are described and listed in the *Diagnostic and Statistical Manual of Mental Disorders DSM-IV* 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.

Autism spectrum disorders can often be reliably diagnosed by age 3, and in some cases as early as 18 months. Studies suggest that many children eventually may be accurately diagnosed by age 1 or even younger. The appearance of any of the warning signs of ASD is reason to have a child evaluated by a medical professional.

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.

The pervasive developmental disorders, or autism spectrum disorders, 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.

The autism spectrum disorders are more common in the pediatric population than are some better known disorders such as diabetes, spinal bifida, or Down syndrome. Prevalence studies have been conducted in the US and around the world. The wide range of prevalence points to a need for earlier and more accurate screening. The earlier the disorder is diagnosed, the sooner the child can be helped through treatment interventions. Pediatricians, family physicians, daycare providers, teachers, and parents may initially dismiss signs of ASD, optimistically thinking the child is just a little slow and will "catch up." Although early intervention has a dramatic impact on reducing symptoms and increasing a child's ability to grow and learn new skills, it is estimated that *only 50 percent of children are diagnosed before*

*kindergarten.*

All children with ASD demonstrate deficits in 1) social interaction, 2) verbal and nonverbal communication, and 3) repetitive behaviors or interests. In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms runs the gamut from mild to severe. They will present in each individual differently. For instance, a child may



have little trouble learning to read but exhibit extremely poor social interaction. Each child will display communication, social, and behavioral patterns that are individual but fit into the overall diagnosis.

Children with ASD do not follow the typical patterns of child development. In most cases, the problems in communication and social skills become more noticeable as the child lags further behind other children the same age. Some other children start off well enough. Oftentimes between 12 and 36 months old, the differences in the way they react to people and other unusual behaviors become apparent. Some parents report the change as being sudden, and that their children start to reject people, act strangely, and lose language and social skills they had previously acquired. In other cases, there is a plateau, or leveling, of progress so that the difference between the child with autism and other children the same age becomes more noticeable.