



Autism/PDD

◆ Definition ◆

Autism and Pervasive Developmental Disorder-NOS (not otherwise specified) are developmental disabilities that share many of the same characteristics. Usually evident by age three, autism and PDD-NOS are neurological disorders that affect a child's ability to communicate, understand language, play, and relate to others.

In the diagnostic manual used to classify disabilities, the *DSM-IV* (American Psychiatric Association, 2000), "autistic disorder" is listed as a category under the heading of "Pervasive Developmental Disorders." A diagnosis of autistic disorder is made when an individual displays 6 or more of 12 symptoms listed across three major areas: social interaction, communication, and behavior. When children display similar behaviors but do not meet the criteria for autistic disorder, they may receive a diagnosis of Pervasive Developmental Disorder-NOS (PDD not otherwise specified). Although the diagnosis is referred to as PDD-NOS, throughout the remainder of this fact sheet, we will refer to the diagnosis as PDD, as it is more commonly known.

Autistic disorder is one of the disabilities specifically defined in the Individuals with Disabilities Education Act (IDEA), the federal legislation under which children and youth with disabilities receive special education and related services. IDEA, which uses the term "autism," defines the disorder as "a developmental disability significantly affecting verbal and nonverbal communication and social interaction, usually evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences." (In keeping with the IDEA and the way in which this disorder is generally referred to in the field, we will use the term autism throughout the rest of this fact sheet.)

Due to the similarity of behaviors associated with autism and PDD, use of the term pervasive developmental disorder has caused some confusion among parents and professionals. However, the treatment and educational needs are similar for both diagnoses.

◆ Incidence ◆

Autism and PDD occur in approximately 5 to 15 per 10,000 births. These disorders are four times more common in boys than in girls.

The causes of autism and PDD are unknown. Currently, researchers are investigating areas such as neurological damage and biochemical imbalance in the brain. These disorders are not caused by psychological factors.

◆ Characteristics ◆

Some or all of the following characteristics may be observed in mild to severe forms:

- Communication problems (e.g., using and understanding language);
- Difficulty relating to people, objects, and events;
- Unusual play with toys and other objects;
- Difficulty with changes in routine or familiar surroundings; and
- Repetitive body movements or behavior patterns.

Children with autism or PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak; others have language that often includes repeated phrases or conversations. Persons with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts. Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well. Unusual responses to sensory information—for example, loud noises, lights, certain textures of food or fabrics—are also common.

◆ Educational Implications ◆

Early diagnosis and appropriate educational programs are very important to children with autism or PDD. Public Law (P.L.) 105-17, the Individuals with Disabilities Education Act (IDEA), formerly P.L. 94-142, includes autism as a disability category. From the age of three, children with autism and PDD are eligible for an educational program appropriate to their indi-

vidual needs. Educational programs for students with autism or PDD focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning sometimes require the assistance of a knowledgeable professional in the autism field who develops and helps to implement a plan which can be carried out at home and school.

The classroom environment should be structured so that the program is consistent and predictable. Students with autism or PDD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavioral skills. To overcome frequent problems in generalizing skills learned at school, it is very important to develop programs with parents, so that learning activities, experiences, and approaches can be carried over into the home and community.

With educational programs designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, children and adults with autism or PDD can live and work in the community.

◆ Resources ◆

Bondy, A., & Frost, L. (2002). *A picture's worth: PECS and other visual communication strategies in autism*. Bethesda, MD: Woodbine House. (Telephone: 800-843-7323. Web: www.woodbinehouse.com)

Harris, S. (1994). *Siblings of children with autism: A guide for families*. Bethesda, MD: Woodbine House. (See contact information above.)

Harris, S.L., & Weiss, M.J. (1998). *Right from the start: Behavioral intervention for young children with autism: A guide for parents and professionals*. Bethesda, MD: Woodbine House. (See contact information above.)

Journal of Autism and Developmental Disorders. (Available from Kluwer Academic Publishers at 781-871-6600. Web: www.wkap.nl/)

Maurice, C., Green, G., & Luce, S.C. (Eds.). (1996). *Behavioral intervention for young children with autism: A manual for parents and professionals*. Austin, TX: Pro-Ed. (Telephone: 800-897-3202. Web: www.proedinc.com)

McClannahan, L.E., & Krantz, P.J. (1999). *Activity schedules for children with autism: Teaching independent behavior*. Bethesda, MD: Woodbine House. (See contact information above.)

Powers, M.D. (Ed.). (2000). *Children with autism: A parent's guide* (2nd ed.). Bethesda, MD: Woodbine House. (See contact information above.)

Richman, S. (2001). *Raising a child with autism: A guide to applied behavior analysis for parents*. London: Jessica Kingsley Publishers. (Web: www.jkp.com/)

Schopler, E., & Mesibov, G.B. (Eds.). Books available in the "Current Issues in Autism" book series include: *Behavioral issues in autism* (1995); *Learning and cognition in autism* (1995); *Asperger syndrome or high-functioning autism?* (1998); *The research basis for autism intervention* (2001); *Understanding Asperger syndrome and high functioning autism* (2001). (All are available from Kluwer Academic Publishers at 781-871-6600. Web: www.wkap.nl/)

◆ Organizations ◆

Autism Hotline
Autism Services Center
P.O. Box 507, Huntington, WV 25710-0507
304-525-8014
Web: www.autismservices.com

Autism National Committee
P.O. Box 6175, North Plymouth, MA 02362-6175
Web: www.autcom.org

Autism Society of America
7910 Woodmont Avenue, Suite 300
Bethesda, MD 20814
301-657-0881; 800-328-8476
Email: info@autism-society.org
Web: www.autism-society.org

Indiana Resource Center for Autism
Indiana Institute on Disability and Community
2853 East 10th Street, Indiana University
Bloomington, IN 47408-2696
812-855-6508; 812-855-9396 (TTY)
Web: www.iidc.indiana.edu/~irca



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