



Autism Spectrum Disorder: Frequently Asked Questions



Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that can impact social skills, communication, learning and behavior. It is considered a developmental disorder because symptoms typically manifest within the first few years of life, although it can be diagnosed at any age.

ASD is considered a spectrum disorder due to the wide variation in presentation and severity of symptoms across individuals. The term

“neurodiversity” is often used to describe the individual differences in brain function, perception and behavior commonly associated with ASD.

What are the signs and symptoms of ASD?

The diagnostic characteristics of ASD are impairments in social communication and interaction, and the presence of restricted repetitive behavior. Examples may include the following:

Social communication and interaction:

- Limited use of gestures
- Delayed speech or no social babbling/chatting
- Odd sounds or unusual tone of voice
- Difficulty using eye contact, gestures and sounds or words at the same time
- Little or no pretending or imitating of other people
- Difficulty with back-and-forth conversation
- Limited sharing of enjoyment with others

Restricted repetitive behavior:

- Unusual ways of moving hands, fingers or whole body
- Development of rituals such as lining objects up or repeating things over and over
- Very focused or fixated on specific objects or topics
- Difficulty with changes in routine
- Unusual sensory interests
- Over- or under-reaction to certain sounds, textures or other sensory input

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How is Asperger's different from ASD?

Asperger syndrome or Asperger's was a previously used diagnosis related to autism. This classification, along with Pervasive Developmental Disorder, are no longer used, and instead are now included under the umbrella diagnosis of Autism Spectrum Disorder for diagnostic purposes.

How common is ASD?

Most recent estimates suggest that 1 in 44 children have a diagnosis of ASD. Males are four times more likely to be diagnosed than females.

What should I do if I think my child has ASD?

If you are concerned that your child is exhibiting symptoms of ASD, schedule an appointment with your pediatrician. The American Academy of Pediatrics recommends that all children be screened for ASD at 18 and 24 months of age. If your child screens positive, they should be referred for both an educational evaluation and comprehensive diagnostic evaluation.

What is the difference between an educational evaluation and diagnostic evaluation?

An educational verification is a process conducted by a school district to determine if a student has a disability and to plan appropriate services to address the student's individual needs. The verification will reflect assessments done by a multidisciplinary team using educational criteria. If the child is under 3, this will be completed by early intervention. If they are over age 3, it will be completed by the local school district.

A diagnostic evaluation is usually completed by a physician or clinical psychologist using a medical model and diagnostic criteria. Both evaluations are important in order to provide the most comprehensive treatment recommendations for your child.



What treatments and interventions are available for ASD?

Interventions seek to reduce symptoms that interfere with daily functioning and quality of life, and encourage the development of new skills. Although treatment recommendations vary widely across individuals, a combination of the following may be recommended:

- Behavior Therapy
- Cognitive Behavioral Interventions
- Parent Training
- Social skills training
- Speech and language therapy
- Occupational Therapy
- Physical Therapy
- School Interventions

Additional Resources

- Autism Speaks: autismspeaks.org
- Autism Navigator autismnavigator.com

➡ **For more information** or to make an appointment at the Boys Town Center for Behavioral Health, call **531-355-3358**.

Visit **BoysTown.org/Parenting** for more information from the parenting experts at Boys Town.