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Autism Spectrum Disorder (ASD): Myths and Facts
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Myth: Children and adults with autism spectrum disorders do not care about others.

FACT: Children and adults with an ASD often care deeply but lack the ability to spontaneously develop empathic and socially connected typical behavior.

Myth: Children and adults with autism spectrum disorders prefer to self-isolate.

FACT: Children and adults with an ASD often want to socially interact but lack the ability to spontaneously develop effective social interaction skills.

Myth: Children and adults with an ASD cannot learn social skills.

FACT: Children and adults with autism spectrum disorders can learn social skills if they receive individualized, specialized instruction and training. Social skills may not develop simply as the result of daily life experiences.

Myth: Autism spectrum disorders are caused by poor parenting or parental behavior.

FACT: Parents do not and cannot cause autism spectrum disorders. Although the multiple causes of all autism spectrum disorders are not known, it IS known that parental behavior before, during and after pregnancy does not cause autism spectrum disorders to develop.

Myth: Autism spectrum disorders are not increasing in incidence. They are just being better diagnosed, and diagnosed earlier so the numbers are increasing.

FACT: Autism spectrum disorders are increasing across the globe. Some states are considered to be in an autism epidemic. Many states experienced a 100-500% increase in the past decade. No one knows the cause or causes for the increase. Better and earlier diagnosis and broadening the definition can account for only a fraction of the current increase in numbers.

Myth: ASD is a behavioral/emotional/mental health disorder.

FACT: Autism related disorders are developmental disabilities and neurobiological disorders. These disorders manifest in early childhood (usually before the age of three or four) and are likely to last the lifetime of the person.

Myth: People with autism spectrum disorders cannot have successful lives as contributing members of society.

FACT: Many people with autism spectrum disorders are being successful living and working and are contributing to the well being of others in their communities. This is most likely to happen when appropriate services are delivered during the child's free, appropriate, public education years and when families receive the supports they need for every family member.

Myth: Autism spectrum disorders get worse as children get older.

FACT: Autism spectrum disorders are not degenerative. Children and adults with autism should continuously improve. They are most likely to improve with specialized, individualized services and opportunities for supported inclusion. If they are not improving, make changes in service delivery and check for underlying medical causes.

Myth: Autism spectrum disorders do not run in families.

FACT: More families are experiencing multiple members with an ASD than ever before. In some families, parents with an ASD were misdiagnosed or never diagnosed. In some families, many or all siblings are in the autism spectrum. Most often, one child with autism is born into families who do not have other family members with an autism spectrum disorder.

Myth: All people with an autism spectrum disorder have “savant skills”, like Dustin Hoffman’s character in “Rain Man”.

FACT: Most people with autism spectrum disorders do not have any special savant skills. Some have “splinter skills”, areas of high performance that are not consistent with other skill levels.

Myth: It is better to “wait and see” if a child does better rather than refer the child for a diagnostic assessment.

FACT: The earlier autism spectrum disorders are diagnosed and treated, the better. Outcomes for children’s lives are significantly improved with early diagnosis and treatment. When in doubt, refer, do not wait.

Myth: Autism spectrum disorders are something to be hidden. Other students should not know about the presence of an ASD in a classmate. If you do not tell the other children, they will not know that something is “wrong” with the student with an ASD.

FACT: Students need to know when their classmates have a developmental disability that is likely to effect interactions and learning. Students as young as five years old are able to identify differences in their peers. When students are not given appropriate information, they are likely to draw the wrong conclusions, based on their very limited experiences. Confidentiality rules must be taken into consideration and parental approval sought to teach peers how to understand and interact successfully with children with ASD. Co-workers, neighbors and others may need to know about the person with ASD to promote inclusion and safety.

Myth: Certain programs or approaches “cure” autism spectrum disorders if they are delivered at the right age and intensity.

FACT: Some interventions have positive effects on some children with autism and less note-worthy effects on others. There is no ONE program, treatment, or therapy that is right for everyone. All services and programming need to be based on the child or adult’s individual needs, learning styles, family needs and lifetime goals. The most successful programs for children and adults with ASD are based on detailed assessment, are highly individualized and focus on teaching the skills needed for life and relationships. There are hopeful results being reported when some of the medical and biological aspects of autism are addressed. A “cure” may be just around the corner!

Myth: Children and adults with autism spectrum disorders are very similar to one another.

FACT: Although all children and adults with autism spectrum disorders have three diagnostic features in common, each child with an ASD is a unique individual. People with autism spectrum disorders differ as much from one another as do all people.

Myth: Children and adults with autism spectrum disorders do not interact very much. They do not have good eye contact. They do not speak well. They are not very bright.

FACT: Children and adults with autism spectrum disorders may speak and/or interact with others. They may have good eye contact. They may be verbal or non-verbal. They may be very bright, of average intelligence or have cognitive deficits.

Myth: The best place to educate a child or adult with an autism spectrum disorder is in a separate program designed for children or adults with autism.

FACT: Educational and adult services delivered to a people with ASD must be specifically designed for each person. Many people with ASD do the best when their services are individualized to them, not designed to be the same for a whole group. Remember that the “I” in the plan stands for “individualized.” The outcome for education for all children is to be able to belong to the community, participate and contribute. These goals are often best met when the child with an ASD is educated in a community school with access to the typical children who will become their own community of the future.

Myth: If you have an autism disorder, you will not have any other disorder.

Fact: Autism Spectrum Disorders can co-occur with any other disorders. It is common to find a person with ASD who also has any of the following: Down syndrome, cerebral palsy, cognitive impairments, deafness, blindness and other conditions. Many people with ASD have medical issues and/or seizure disorders.

Myth: it is very hard to know if a person with other disabilities has an autism spectrum disorder.

Fact: Autism is diagnosed by looking at the behavior of the individual. If the individual displays the features of autism, then they may have autism. An assessment should be completed for any person who displays features or characteristics that could be related to an autism spectrum disorder. Do not be satisfied with terms such as “autistic-like.” It is better to work to find a true diagnosis that explains all of the features the person demonstrates.

The features of autism spectrum disorders (summarized in simple terms) are:

Qualitative differences in reciprocal social interaction (inability to easily create and sustain relationships)

Qualitative differences in BOTH verbal and non-verbal communication (not using and responding to communication signals in a typical way)

Restricted, repetitive, and stereotypic patterns of interests, behavior, and activities

Usually have motor issues and sensory effects or disturbances

Onset of these features early in life usually by age 4.