

Asperger Syndrome and PDD NOS: Fact Sheet for Parents and Caregivers



Thomas is a 10-year-old boy who has always been really interested in trains. He knows so much about trains that he can go on and on with his vast knowledge. If you wanted to know the train schedule at the local train station, he could tell you. Schoolwork has never been a problem, he has always done well in school with little effort.

But when it comes to people, Thomas has a lot more trouble. He just can't seem to relate to others, and doesn't have any friends. He doesn't seem to 'get' social cues. He'll talk endlessly about trains without realizing that others are getting bored. He talks 'over' people, not giving others a chance to talk too. Others think he is selfish and self-centered, because he just can't seem to see things from other people's point of view. As he gets older, it's becoming clear that he really is quite different from his peers. One day, after being left out again by classmates at lunch, he says, 'Sometimes I just wish I could fit in like the others...'

If you are looking for information about Autistic Disorder, please see our separate handout, "What you need to know about: Autistic Disorder".

What are Asperger Syndrome (AS) and Pervasive Developmental Disorder Not Otherwise Specified (PDD NOS)?

Asperger Syndrome (AS) and Pervasive Developmental Disorder Not Otherwise Specified (PDD NOS) belong to a group of conditions called Autism Spectrum Disorders (ASDs). Because Asperger Syndrome and PDD NOS have a lot in common, they are often 'lumped' together, as we've done in this fact sheet.

ASDs are also called Pervasive Developmental Disorders (PDD), because they are 'pervasive' by affecting every aspect of a person's life. ASDs are brain (neurologic) conditions that affect how someone:

- Communicates
- Understands others
- Interacts (including playing) with others

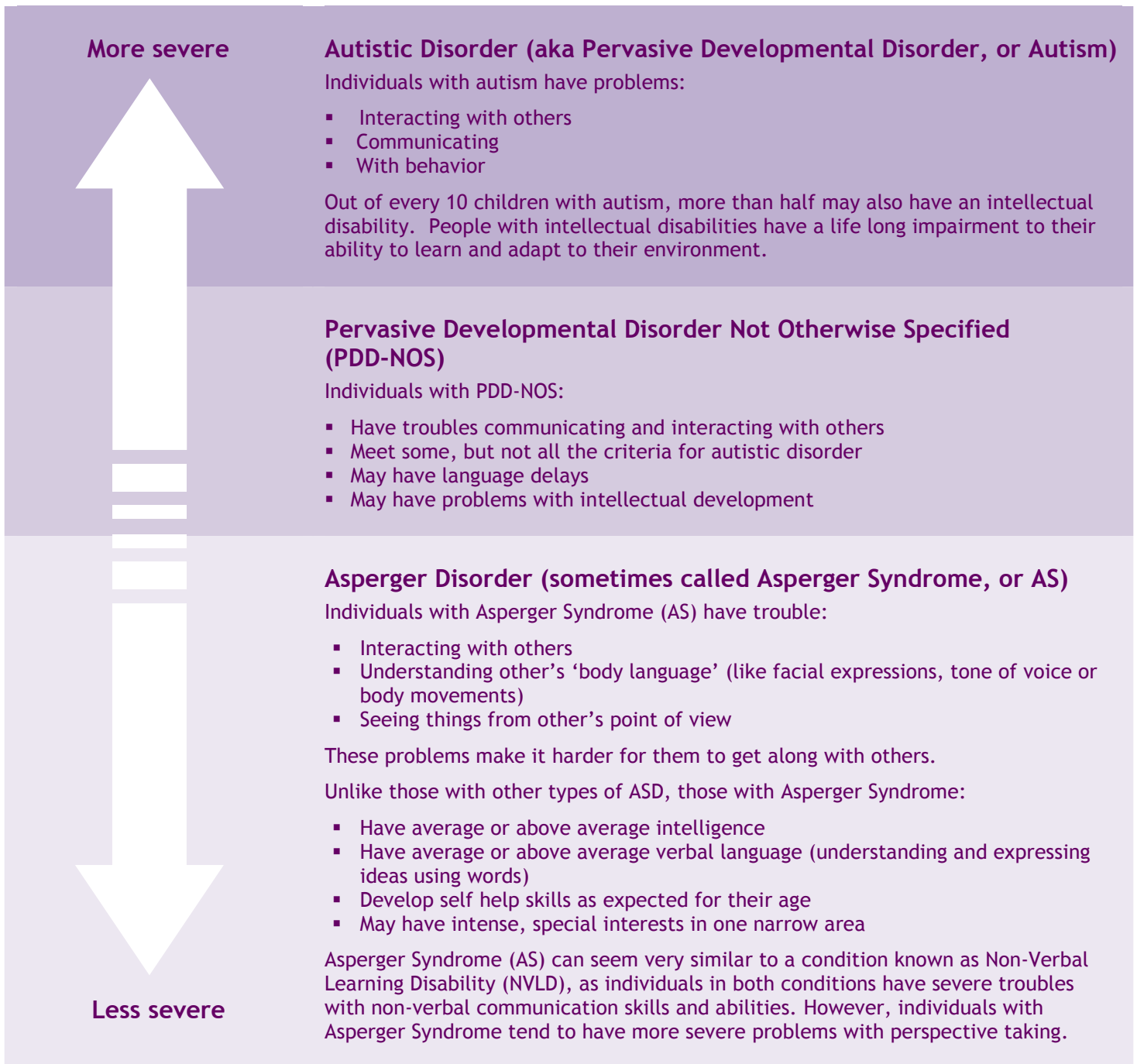
What causes ASDs?

Genetics: There is a higher risk of a person having an autism spectrum disorder (ASD) if there are other people in the family who have it.

Vaccines do not cause autism. Although the exact causes of ASD are not clear, a large amount of high quality research has shown that vaccines do not cause autism.

The Autism Spectrum

It helps to think of ASDs along a continuum or 'spectrum'. The 'Autism Spectrum' describes a range of disorders.



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

If you think your child has an ASD, take your child to a family doctor or paediatrician to check for medical problems that might cause or add to the symptoms. The doctor may suggest more specialized developmental assessment services.

How common are ASDs?

ASDs are more common in boys. The research about how many people have ASDs is not clear. Some researchers believe that only 3 out of every 10,000 people have ASDs, while others report 1 out of every 250 people have an ASD.

Features of Autistic Spectrum Disorders

Children and youth with ASDs can have many of these problems:

1

Communication problems

Children and youth with ASDs have trouble with non-verbal language. They may not be able to pick up on 'social cues' that most children can do easily. For example, they might not notice that others are getting bored, or that they've been talking for too long. And they may have trouble using body language—for example, showing facial expressions, like smiling when meeting others.

Many children and youth with ASDs can speak normally, and understand what people say to them. But they can have problems expressing their thoughts and feelings. Others may have great difficulty with language.

2

Trouble relating to others

To get by in the world, it helps to be able to guess or figure out how someone else is thinking or feeling. For example, if we know that a friend has had a bad day, then we can usually guess that our friend might be feeling sad or upset. Children and youth with ASDs have trouble with empathy or 'feeling' for others. It's also hard for them to see things from another's point of view. So they wouldn't be able to imagine how a friend might be feeling, and wouldn't know how to show they care. This can make it hard to make or keep friends. With help, many children with ASDs can learn how to 'walk a mile in another's shoes'. But it won't happen overnight.

3

Unusual play with toys and objects. Children with ASDs may play with toys, but often will play with them differently than other children do. For example, a child playing with trains may line them up over and over again, be obsessed with parts of a toy or keep taking them apart and putting them back together again.

4

Rigid routines or rituals. Children and youth with ASDs may have routines that they repeat over and over again (for example, placing things in a certain order). They may get very upset if someone tries to stop them. Children and youth with obsessive compulsive disorder (OCD), have rituals like this too. Some children may be diagnosed with OCD before ASD is detected.

Children and youth with ASDs may also have:

- **Sensory processing disorder**, where the brain has trouble handling information from the senses (like sound, touch and movement). For this reason, these children may be extra sensitive to sounds, touch or movement.

They may get distressed or try to avoid these feelings. For example, children may be upset by:

- Hearing loud noises
- Having too many people around
- Being touched
- Feeling tags on clothing
- Tasting certain food textures.

Other children may be 'under' sensitive, and will try to seek out sound, touch or movement. For example a child may scream, try to touch everything or spin. **In many children, these sensory problems can be severe and can cause even more difficulty than ASDs, if not handled correctly.**

Terms...

Empathy:

Understanding another's thoughts or feelings

Verbal language:

'What we say'

Non-verbal language:

'How we say it'. This includes:

- body language
- tone of voice
- facial expressions
- gestures.

Social cues:

Signals we give that 'tell' others what we're thinking or feeling. They are often reminders for actions, like when to give someone else a turn to speak.

- **Problems with changes in routine or surroundings.** This may be caused by sensory processing issues. Parents often tell us that their child has trouble shifting from one activity to another. Even the slightest change in routine or schedule can cause problems. Parents find they need to give advance notice about changes to activities or routines. Children with ASDs usually do better when their routine and environment stays the same, as much as possible. Changes in caregivers or teachers may be especially stressful for some children.
- **Problems paying attention and getting distracted.** Children and youth with ASDs may be easily distracted and can have trouble focusing attention. It is important to find out what is causing this. For example, children might not pay attention because they are overwhelmed by too much sound (like the hum of the fluorescent lights), or from being in a large, noisy classroom. In this case, lowering the noise level would help a child focus better.

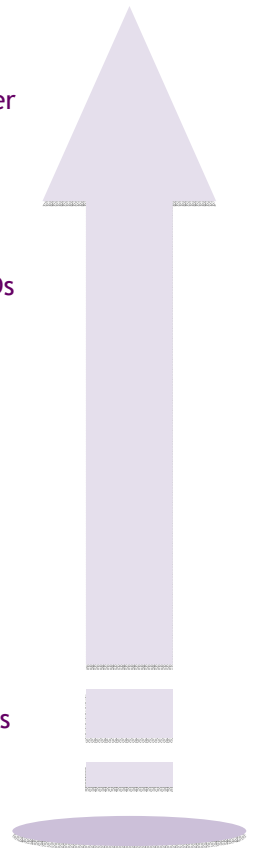
Some children and youth with ASDs may also have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). They may benefit from standard ADHD treatments.
- **Problems with moods (like anger or anxiety).** When things get to be too much for us, we can get angry, anxious or upset. Because of their other challenges, children with ASDs may feel overwhelmed and upset more often. You can help by trying to figure out what is causing stress for your child (is it school work? teachers? classmates? parents? brothers or sisters?). Then you can work out a plan to help your child handle these stresses.

The ‘Up’ Side of ASDs

Even though children and youth with ASD have struggles, they can also have many strengths.

They tend to:

- **Follow rules and laws well.** They also try to understand things according to rules and laws.
- **Focus more on objects than people.** This can help youth with ASDs do very well in fields like science, engineering, computers. Many children and youth with ASDs also have interests in other areas like the arts, music, drama, and social sciences.
- **Focus their attention for long periods of time,** even on tasks which others may find boring or mundane.
- **Stay objective,** and not be as affected by ‘peer pressure’ or other’s opinions (children with ASDs are not as influenced by peers when it comes to clothing trends or pressure to try drugs).
- **Have strong visual skills.** Many can have exceptional (even “photographic”) visual memory (memory for things they have seen). This ability to think in pictures may help in engineering, design and other visual fields.
- **Have strong auditory and verbal skills.** Children and youth with ASDs may have exceptional auditory memory (memory for things that they have heard.) Strong verbal skills are important for writers, editors, tour guides, or lecturers.
- **Show strong “analytical” or logical reasoning skills,** which may help with accounting, engineering, and computers.
- **Show great knowledge in areas of interest,** which can help them become experts in their fields of interest.
- **Have a super work ethic,** as they tend to be punctual, reliable, dependable and very accurate!



How are Asperger Syndrome (AS) and Pervasive Developmental Disorder NOS (PDD NOS) treated?

For most of us, we understand feelings and the 'rules' of human relationships without thinking. But it's different for children and youth with AS/PDD NOS. They often need careful teaching to learn these things. Therapy can help the person to:

- Communicate better
- Improve social skills
- Handle emotions
- Manage behavior

Therapy and support will also help family, friends and teachers. Some children and youth with ASDs may also need treatment for other conditions like ADHD or mood problems. The main treatments for children and youth with ASDs include:

Social Skills and Life Skills Programs

These programs help children and youth to improve their social skills, so they can relate to and get along better with other people.

In a social skills program, children and youth learn:



- How to identify thoughts or feelings: individuals with ASD often have a lot of difficulty knowing what others are thinking or feeling
- How to respond to other people's emotions
- How to express thoughts or feelings in the right way and at the right time
- To develop empathy, so they can 'feel' for others and see things from someone else's point of view
- Conversation skills like listening to others and taking turns speaking.

Social Communication Training

These programs are often part of social skills training. Although children with AS/PDD NOS may have normal verbal language, they have trouble communicating because of their problems with non-verbal language.

Communication training will help them to:



- Read social cues
- Understand and use the right tone of voice at the right time
- Take turns when talking with someone
- Show interest in others and what others are saying

Sensory Interventions

These are programs to help children with sensory processing problems.

Occupational therapists (OTs) can assess children and design a sensory program (like a 'sensory diet'). These programs can be helpful, but only help children cope with a part of their condition. They don't treat the underlying social skills problems that children and youth with AS/PDD NOS have, and thus, **these programs should not be the only treatment.**

Sensory programs and therapies should only be used:

- After careful thought
- Along with other treatments that have been well studied and found to improve things
- If they do not interfere with proven treatments

For children with auditory hypersensitivity (too sensitive to sound), it can help to:

- Give ear plugs
- Warn children ahead of time about noisy situations
- Have a quiet place to relax if things get too loud

For children who are hypersensitive to touch (too sensitive to touch), it can help to:

- Cut tags off clothing
- Give children more personal space
- Use 'deep pressure' (like weighted blankets or vests) to help children calm down

Programs for Challenging Behaviour / Behavioural Management

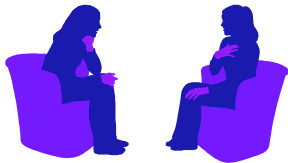
Children and youth with AS/PDD NOS often have difficult behaviours, like aggression, self-injury, or disruptive and inappropriate behaviours. Positive behaviour programs can help improve problem behaviour, and are the best first step. These programs focus on figuring out the purpose of a child's behaviour, and then teaching better ways to reach that goal.

Medications

Medications may be helpful for children and youth with ASDs who also have:

- OCD (Obsessive Compulsive Disorder)
- ADHD (Attention Deficit/Hyperactivity Disorder)
- Problems controlling impulses
- Difficulty sleeping
- Anxiety
- Depression

'Talk Therapy'



Cognitive-behavioural therapy may help some children cope by helping them to change how they think about certain things. This can help to change the way they feel and behave. Relationships with family, peers and teachers can be a source of stress for children and youth with ASDs. Talk therapy can help them to find out what is causing stress, and to work on solving problems and coping with stress. Talk therapy can be very helpful if a child or youth has anxiety or depression.

Helping children and youth with AS/PDD NOS at school

Recognize your child's special needs.

It is helpful for students with ASDs to have their special needs recognized by an IPRC (Identification, Placement and Review Committee). This group is made up of teachers, school support staff, community professionals and family.

Develop an individual education plan (IEP).

The IPRC will come up with this plan for your child. The plan will outline an individual program for your child, and any supports your child needs to succeed. Many children and youth with ASDs can stay in a regular classroom with the right supports. Some school boards have special classes for children with ASDs who have trouble coping in a regular class.

Which treatments work?

It's easy to get confused by the many treatments 'out there' for ASDs. Check out treatments carefully. Many well advertised treatments don't work at all, when they are tested by qualified researchers.

When deciding about a treatment, ask:

1. Is there any harm from the treatment?
2. Is the treatment right for my child's level of development?
3. How will my child and family be affected if the treatment doesn't work?
4. Has the treatment been tested by qualified researchers? Have other researchers been able to get the same results?
5. How will the treatment fit my child's current program and routines? Be careful about treatments that 'ignore' other parts of your child's life and learning.

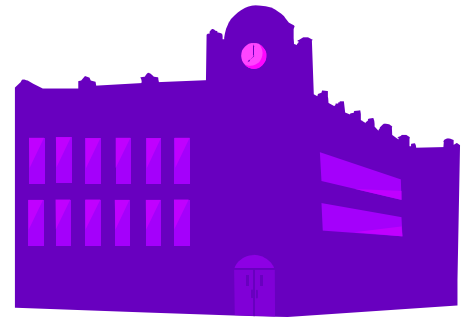
Get a Psycho-educational assessment for your child.

If your child hasn't already had one, this kind of assessment can be very helpful. It can be used to create your child's education plan. A school psychologist can do these very detailed tests to assess your child's learning strengths and problems. These tests can also show if your child has any learning disabilities.

Get support.

Work with the school to get your child the help needed. Laptops, hearing systems or other technologies will help some children. Your child may be able to have extra support from:

- Educational assistants (EA)
- Occupational Therapists (OT)
- Physiotherapists (PT)
- Speech-Language Pathologists (SLP)
- Behavioural Specialists



Lighten the load in high school.

For most youth with ASDs, it helps to replace one or more courses with resource periods.

Helping children and youth with AS/PDD NOS at home and school

Here are some ways parents and teachers can help with some of the struggles children and youth with ASDs may have. Every child is different, so you'll need to adjust things to suit each child.

Coping with change

Some children and youth need to have the same routine every day, and tend to get distressed if routines are changed even in small ways.

Parents and teachers can help by:



- **Following a regular schedule** everyday, and keeping things the same as much as possible.
- **Giving students a written schedule** for the day. For some students, it will be OK to have it on the board, but others may need a printed sheet to keep at their desk.
- **Preparing children ahead of time for changes.** For example, a teacher can tell students that he will probably be away several times during the year and that there will be a supply teacher. If your child will be going to a new school, take your child to visit the school (a few times, if needed), meet the teachers and practice getting there.
- **Giving warnings that a change is coming.** For example, "In 5 minutes we're going to finish what we're doing and start getting ready for lunch".
- **Giving choices whenever possible.** For example, "You can finish up now, or you can have another minute..."

Improving social skills

As discussed, children and youth with ASDs do not understand all the subtle social rules needed to get along with others. So they might seem self-centered, talking "at" rather than "with" others. They might also say things without realizing that they are hurting someone's feelings, for example, "That's an ugly sweater you're wearing".

Parents and teachers can help by:

- **Teaching social skills**, either one-on-one (be careful that the child doesn't feel singled out), or as part of the teaching to an entire class.
- **Remind about positive behaviours.** Give your child gentle 'cues' or reminders to say 'hello', 'thank you' or to give another child a turn to speak.

- **Create and practice “social scripts”** (what to say in different social situations). Create and practice “social stories” that outline what to do in a social situation and why.
- **Give positive feedback.** It’s important to notice when a child shows positive social skills, even if they seem obvious (“That was a nice smile you gave when you said hello”).
- **Keep an eye on the child’s interactions with peers in school,** and get involved if peers start teasing. Children and youth with ASDs are at risk for being teased, bullied or left out. Teachers can promote self esteem by having a student with ASD use their strengths to help others (for example reading to other students who have trouble reading). Ask one or two empathetic peers to be guides and protectors for students with ASDs.
- **Never tease, ridicule or shame a child or youth with ASDs,** no matter how frustrated you may feel.

Helping with non-verbal communication problems

- **Don’t force eye contact.** Many children and youth with ASDs find eye contact overwhelming, so they avoid it. It’s not helpful to force a child to look at you. Never scold or punish a child who can’t look you in the eye.
- **Don’t just rely on body language.** You will need to say what you mean, as children and youth with ASDs have trouble reading body language. If a child has been talking for a very long time about their favourite hobby, just say “Thanks for telling me about that. I have to go now.” The child won’t understand what you mean if you just keep looking at your watch.
- **Practice non-verbal cues.** Watch TV with the sound off or watch people talking from a distance. Ask your child to describe the action and how people might be feeling. Help your child interpret what they see, “Look how her eyebrows are crunched together-she looks angry.”
- **Spell out your feelings.** Children and youth have trouble telling the difference between a ‘happy’ voice and an ‘angry’ one. You won’t be able to depend on the tone and loudness of your voice to get your feelings across. Use words to explain how you are feeling. “I find this so frustrating!”
- **Practice facial expressions.** Children and youth with ASDs may smile or laugh when they are anxious, or look bored when they are happy. Help them use a mirror to practice facial expressions that match their mood.



Dealing with concrete and literal thinking

Children and youth with ASDs tend to think in concrete terms and often take things literally. This makes it hard for them to understand sarcasm and humor.

Parents and teachers can help by:



=

Peace

- **Limiting metaphors** (ways of describing things by saying it ‘is’ something else-like saying a messy room is a ‘pig sty’). You don’t have to stop using metaphors completely, just explain them. So you can say “You need to pull up your socks in math”, but then explain, “I’m worried about how you’re doing in math-so you need to do your homework and ask questions when you don’t understand something”.
- **Sharing the joke.** Many children and youth with ASDs enjoy humor and ‘plays on words’, so share these and explain what they mean. Clarify what you mean when you use sarcasm or other expressions.
- **Keeping it simple.** It can be hard for children and youth with ASDs to understand ideas that aren’t concrete. Try to break ideas down into simpler parts. Or use pictures to explain ideas. For example, Temple Grandin, a well-known author and speaker with an autism spectrum condition, found the image of a dove, peace pipe, or the signing of a peace agreement helped her to understand the idea of peace.
- **Checking for understanding.** Children and youth with ASDs can have trouble understanding what they hear or read. This is true even when they can read well or repeat what you say right back to you. Ask questions to make sure they understand.

Helping with attention problems

Children and youth with ASDs may:

- Be easily distracted
- Have trouble paying attention
- Have ADD (Attention Deficit Disorder or ADHD-Attention-Deficit Hyperactivity Disorder)

There are many ways to help children focus better, like:

- Seating the student near the front of the classroom.
- Limiting visual distractions where the child sits.
- Giving enough time to answer questions. Some children can take a long time to answer. If you interrupt, they can lose their focus and will have to start over to regain their train of thought.
- Allowing time for healthy stimulation. Children and youth who are under stimulated may fidget or have trouble sitting still. Give chances to go for a short walk, sit on an exercise ball or squeeze a stress ball.

For more information on helping children who have trouble focusing, see our fact sheet on ADHD.



‘Executive function’ difficulties

Children and youth with ASDs can have trouble with ‘executive functions’ and may find it hard to:

- Set priorities
- Plan
- Organize their time
- Manage time and space



You can help by:

- Breaking homework tasks into small steps
- Setting deadlines for homework
- Helping to organize school work. Older students may find it helpful to keep all their subject notes in one binder. It may help younger students to mark textbooks with a coloured dot, and use the same-coloured binder or duotang for that subject.
- Keeping close contact between teachers and parents. Notes back and forth in the student’s agenda can work well.
- Accepting that adults have a big role to play in this area. Adults may need to help until the student gains the skills needed.

Restricted range of interests

Children and youth may have a very strong interest in just a narrow area, like transportation, technology, dinosaurs, weather or music. They may be so interested that they talk too much about the subject, and don’t notice when others aren’t interested.

You can help by:

- **Setting limits** on how much your child or teen can talk about or occupy himself with that topic. For example, you might let the child ask only three questions daily about the topic, and then only at a certain time.
- **Using the interest to connect a child or teen with peers** with similar interests. Or you can use the topic to teach other subjects. For example, a child interested in trains may be motivated to solve math questions involving train scenarios. A story or article about trains could be used for a reading assignment. You can also use the special interest as a ‘bridge’ to other interests. For example, the study of trains might lead to comparisons to other modes of transportation.

Movement (motor) problems

Motor difficulties include:

- Fine motor problems (involving the hands and fingers). This causes problems with handwriting, copying and understanding what they are copying.
- Gross motor problems (involving arms, legs and body movement). Children with ASDs can seem ‘clumsy’ and have a hard time playing team sports.

You can help by:

- Checking to see if the school board offers the support of OTs (Occupational Therapists). OTs can help with fine motor, and sometimes, gross motor problems.
- Making accommodations in gym class. Make sure the child or teen isn’t pushed into competitive situations with other peers. Make sure students do not pick teams. This can be painful for students with ASDs, as they are often ‘picked’ last. Find other ways to make teams for gym class.

Making ‘fine motor’ accommodations:

- Special pen/pencil grip to make it easier to hold pens/pencils
- Allowing the child to write on graph paper which makes it easier for him/her to plan visual-spatially
- For older students, allowing the use of keyboard for taking notes, written assignments or tests
- Providing photocopies of teacher’s notes and more time to copy off the board



Problems with sensory processing

Some children and youth with ASDs are extra-sensitive to sounds, lights, touch or movement.

You can help by:

- Learning about what causes a child to get over-stimulated and how the child reacts. Children and youth may not be able to tell when they are over-stimulated. Adults may need to teach them to spot the ‘clues’, so that they can handle the situation in a more positive way.
- Making accommodations for children sensitive to touch (so the child is less likely to be surprised by a touch):
 - Allow the child to have more personal space in ‘Circle Time’
 - Allow the child to be at the front or the back of a line up. It’s easier for a child to get bumped in the middle of a line.
 - Give the student a locker at the end of a hallway so she only has to deal with one student beside her.
 - Use firm touch rather than light touch
 - Tell the student if you are about to touch him
- Making accommodations for children sensitive to sound:
 - Check to see if an FM system will help (the child wears a headset that broadcasts the teacher’s voice directly into the child’s ears, reducing the other classroom noises)
 - Seat the child near the teacher, but away from distractions (like the door or window)
 - Speak slowly, in short phrases
 - Teach to the type of learner. For example, use visual cues for visual learners, or give written instructions to back up what you say.



Troubles controlling emotions

Some children and youth with ASD may have trouble managing their feelings. They may have sudden changes in mood, ranging from “fight” (irritability, anger and rages) to “flight” (anxiety, fear, withdrawal). Some children and youth may simply “freeze”.

You can help by:

- Having a safe, quiet spot where a child can cool down
- Helping children and youth to learn words to express their feelings so that others can understand them and help

- Working with the child to come up with ways to cope when feeling overwhelmed, like:
 - Deep breathing (in through the nose and out through the mouth)
 - Telling a teacher or parent and asking for help or support
 - Having a ‘time out’ or a place to ‘chill out’
- Using soothing stimulation (squeezing a ball, going for a walk, listening to relaxing music)
- Watching for signs of depression, as children and youth with ASDs have a higher risk for depression.

Children or teens with ASDs may have depression if they are:

- Getting more disorganized
- Withdrawing from others
- More tired than usual
- Not handling stress as well as they usually do
- Crying more
- Talking about suicide

“Thomas still loves trains but at least...”

After learning that Thomas had Asperger Syndrome (AS), his parents were able to see his behaviors in a new light, and find new ways to help him cope with things.

His parents did a lot of reading, and joined the local Autism and Asperger Parent Support Group. They were able to see that his trouble getting along with others was caused by his AS, and not because he was trying to be difficult. They saw that he often didn’t ‘get it’ in social interactions with others, and they were able to help him understand social relationships a little better.

His parents enrolled him in a special social skills course for children with AS.

At school, when the teachers learned about AS, they came up with an Individualized Education Plan (IEP) to take Thomas’ needs into account.

Thomas is still obsessed with trains though. His parents decided to read up on trains, so they are now able to talk with Thomas about the topic that really interests him. This gives him a chance to practice his conversation skills. And bit by bit, they have been able to shift his interest to other areas. With their encouragement, he has started to become interested in computers. Through that interest, he has more to talk about with some of his classmates, and he is slowly starting to make a new friend.

Thomas still has a lot of struggles and challenges ahead. But Thomas and his parents are learning to cope with what’s ahead. And they know where to get support, so they know they are not alone.



Where to Get Support in Ottawa

- In a crisis? Child, Youth and Family Crisis Line for Eastern Ontario, 613-260-2360 or toll-free, 1-877-377-7775
- Looking for mental health help? www.eMentalHealth.ca is a bilingual directory of mental health services and resources for Ottawa, Eastern Ontario and Canada.
- Seeing a physician is an important first step in getting help if you suspect Asperger or Autism Spectrum conditions, as they can help identify what type of problem there may be, and refer you to more specialized services if required.

Agencies and Service Providers

- Ottawa Children's Treatment Centre provides diagnostic and intervention services for children with physical, developmental and behavioural needs, including those with autistic spectrum disorders. Tel: 613-737-0871. Web: www.octc.ca
- Service Coordination provides case management, information about services and supports, and access to referrals. Tel: 613-748-1788. Web: www.scsottawa.on.ca
- Autism Ontario Ottawa provides information and support, social and recreational activities for children and families. Tel: 613-230-6305 / Web: www.autismontario.com/ottawa
Services include:
 - AS Parent Support Group
 - Aspirations (for older teens and adults)/Web: <http://aspirations.topcities.com/>
 - Aspergers Youth group (for 15-25 yo)
 - Family Members of Adults with ASD
 - Autism Parent group
- Children at Risk: Provides services to families of children diagnosed with ASDs help develop children's behavioral, communication, and social skills. Advocates for ongoing support through therapeutic social skills, life skills, and sibling groups. Tel: 613-741-8255. / Web: <http://www.childrenatrisk.ca>

Seeing a Psychologist

A psychologist can assess your child to see if she has an autism spectrum condition. Professionals in private practice charge a fee, which is covered under many employee health insurance plans. Waitlists to see a psychologist in private practice are often shorter than those for publicly-funded services.

To find a psychologist in Ottawa:

- To find a psychologist in Ottawa, contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529. Note that the Ottawa Academy is a *voluntary* association that includes many, but not all Ottawa psychologists. Web: www.ottawa-psychologists.org/find.htm

To find a psychologist in Ontario:

- The College of Psychologists of Ontario, toll free 1-800-489-8388 (Ontario Only). Web: www.cpo.on.ca.
- The Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069. Web: www.psych.on.ca

References

Sofronoff, K., Attwood, T., Hinton, S. & Levin, I. (2007). A randomized controlled trial of a cognitive behavioural intervention for anger management in children diagnosed with Asperger Syndrome. *J. Autism Dev Disorder* 37: 1203-1214. Retrieved June 19, 2008 from <http://www.springerlink.com/content/7p733518uw20n536/fulltext.pdf>

Baron-Cohen, Simon (2003). *The Essential Difference: The Truth about the Male and Female Brain*.

Baron-Cohen, S., Wheelwright, S., Stott, C., Bolton, P., & Goodyer, I. (1997). Is there a link between engineering and autism? *Autism: An International Journal of Research and Practice*, 1, 153-163.

Fombonne, E. (2005). Epidemiology of autistic disorder and other pervasive developmental disorders, *J. Clinical Psychiatry*;66[suppl 10]: 3-8.

Holtmann, M., Bolte, S. & Poustka, F. (2005). ADHD, Asperger Syndrome and High-Functioning Autism (Letters to the Editor), *44(11):1101*.

Freeman B. (1997). Guidelines for evaluating intervention programs for children with autism. *Journal of Autism and Developmental Disorders*, 27(6): 641-651.

Perry, A. & Condillac, R.A. (2003). Evidence-based practices for children and adolescents with Autism Spectrum Disorders: Review of the literature and practice guide. Toronto: Children's Mental Health Ontario. Retrieved Nov 4, 2007 from http://www.kidsmentalhealth.ca/documents/EBP_autism.pdf



More information

Useful websites

- Autism Ontario has a detailed list of educational resources at www.autismontario.com
- Online Asperger Syndrome Information and Support, Web: <http://www.aspergersyndrome.org/>

Recommended books

- Complete Guide to Asperger Syndrome, by Tony Atwood, 2006.
- More Than a Mom: Living a Full and Balanced Life When Your Child Has Special Needs, by Amy Baskin and Heather Fawcett, 2006.
- A Mind Apart: Understanding Children with Autism and Asperger Syndrome, by Peter Szatmari, 2004
- The OASIS Guide to Asperger Syndrome: Completely Revised and Updated, by Patricia Romanowski Bashe, 2005.
- Look Me in the Eye: My Life with Asperger, by John Robison, 2008. An incredible book that describes what it is like to have Asperger.

Recommended Videos

The Transporters is a DVD funded by the British Government, and uses stories about trains to teach children about feelings and emotions. Web: www.transporters.tv. Either purchase your own copy, or visit the CHEO Parent Resource Library.

Financial Help

It can be expensive caring for a child with ASDs. The Ontario government has programs that may be able to help. See our fact sheet: **Financial Tips for Parents of Children with Special Needs** for more details. You may also contact the Ministry of Child and Youth Services by phone(613) 787-4064 or visit their website: www.children.gov.on.ca/htdocs/English/topics/specialneeds/disabilities/index.aspx

Authors: Written by the Mental Health Information Committee of the Mental Health Patient Service Unit at CHEO. Special acknowledgments to Dr. Margaret Flintoff, Psychologist, CHEO's Dual Diagnosis Service 613-737-7600. Web: www.cheo.on.ca and Heather Fawcett, Autism Ontario, Ottawa Chapter.

License: Under a Creative Commons License. You are free to share, copy and distribute this work as in its entirety, with no alterations. This work may not be used for commercial purposes. Contact the Mental Health Information Committee if you would like to adapt these for your community!

Disclaimer: Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child's health.

