



Autism and Autism Spectrum Disorder (ASD) are used interchangeably to describe a group of complex disorders of brain development that impact how people communicate, interact, and behave. Behaviors associated with ASD can be evident in children as early as 18 months. These difficulties present themselves in a range of behaviors and in varying severity.

DIAGNOSIS OF ASD

The most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the primary tool for diagnosis of ASD. In order for a child to be diagnosed with ASD, the DSM-5 requires that they demonstrate a combination of:

Deficits in social communication and interaction:

- Social-emotional reciprocity
- Nonverbal communicative behaviors used for social interaction
- Developing, maintaining, and understanding relationships

Restricted and repetitive patterns of behavior:

- Repetitive motor movements, use of objects, or speech
- Insistence on sameness; inflexible adherence to routines
- Highly restricted, abnormally intense, and fixated interests
- Hyper- or hyporeactivity to sensory input; unusual interest in sensory aspect of environment

SYMPTOMS AND ISSUES ASSOCIATED WITH ASD

Developmental symptoms of ASD are related to problems with communication, social interaction, and repetitive behaviors. Other physical and medical issues can also be associated with ASD:

- Seizure disorders
- Genetic disorders
- Sleep dysfunction
- Gastrointestinal disorders
- Sensory integration dysfunction
- Other mental health issues
- Pica (eating disorder)

PREVALENCE OF ASD IN GEORGIA



Births:
1 in 64



Females:
1 in 181



Males:
1 in 39

Factors Related to Apparent Increase in Prevalence

- **Increasing awareness of autism** – symptoms are noticed more by parents and doctors which leads to increased diagnoses
- **Expanding diagnosis criteria** – conditions for diagnosis now include a broader range of symptoms, behaviors, and disorders
- **Reduction in stigma associated with ASD** – has led to increased diagnoses, especially in minority communities

TREATING THE CORE SYMPTOMS OF ASD

ABA	Applied Behavioral Analysis	Leverages principles like positive reinforcement to teach skills and reduce challenging behaviors in a highly structured setting
VB	Verbal Behavior Therapy	Teaches communication by motivating children to learn language through the connection of words and their purposes
PRT	Pivotal Response Treatment	Aims to develop language skills and positive social behaviors through play-based and child-initiated activities
ESDM	Early Start Denver Model	Utilizes relationship-based teaching practices to teach skills to very young children from ages 12 to 48 months
Floortime	Floortime	Engages children at their level of activity (e.g., floor) to model positive communication, cognitive, and social practice
RDI	Relationship Development	Leverages positive reinforcement to help with relationship building, social connections, and emotional bonds
TEACHH	TEACHH Autism Program	Builds on the strengths and difficulties of children with ASD to support achievement of educational and therapeutic goals
SCERTS	Social Communication/Emotional	Promotes child-initiated communication to help children master the ability learn and apply skills in a variety of settings

STATE ACTIVITIES ON ASD

In 2017, the state legislature appropriated

 **\$20.8 million**

(along with \$44.8 million from the federal government) towards services for children ages 0 to 21 with ASD.

Behavioral Analysts in Georgia

CERTIFICATION	STATEWIDE COUNT
BCBA – Doctoral	49
BCBA – Master's/Graduate	284
BCaBA – Bachelor's	26
Total	359

BCBA: Board Certified Behavioral Analyst

BCaBA: Board Certified Assistant Behavioral Analyst

A collaboration between four of Georgia's state agencies has begun to lay the framework for a more comprehensive state approach to caring for youth with ASD. These state agencies include the **Departments of Community Health, Public Health, Behavioral Health and Developmental Disabilities**, and **Human Services**. Together, this interdepartmental collaboration has identified current challenges, barriers, and opportunities facing those seeking and providing care for ASD. Two major barriers that have been identified are the lack of access to evidence-based treatments (i.e., certain foundational treatments are not billable through Medicaid) and limited capacity of the current provider workforce, especially in rural areas of the state. Proposed solutions include leveraging existing infrastructure, opening codes for certain treatments, phasing in multiple access points, investing in early intervention, and expanding the network of qualified providers. Priority has also been placed on supporting and developing the workforce that serves individuals with ASD.