



Providing Solutions & Answers...

for Today's Families



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WELCOME

The incidence of autism in young children has become increasingly prevalent over the last decade. Only recently has this troubling disability come into the public eye with regularity. Clearly, there is not enough being said or done to bring solutions to children and families living with this disability, particularly children, who are often disadvantaged socially and economically.

Autism Answers was founded to assist such families and children, and to make our society more aware and responsive to the need for “diversity and inclusion” in education, medical and legal services for the special needs of these children. My name is Linda Pedraza. I have two sons -- Michael and Francisco. They are my joy.

Michael is diagnosed with autism. It is this diagnosis that has launched my journey, and the reason why I have founded Autism Answers. I thank God for his vision, grace, and guiding hand, I am confident that he, who began a good work in me, will carry me and our family through this journey. My love and passion for children, the elderly, and the developmentally disabled -- especially children and families living with autism -- has led me to my purpose in life. Like many mothers of children diagnosed with autism, I have relentlessly searched for answers to the cause and cure of this developmental learning disability, and I have tirelessly advocated for appropriate educational services for my son.

Unfortunately, the search for answers to the cause and cure of this neurological learning disability continues to baffle leading medical experts, and the educational, medical and financial needs of these children still remain severely under-served by the states, the federal government and our local school authorities.

A major goal of Autism Answers is to create an indispensable fund into the development of fully funded green schools, and recreational facilities which would be devoted to the whole child. Along with treatment and respite relief facilities to address the clinical aspects of each individual; particularly, those who may be socially and economically disadvantaged. I hope to preserve and protect developmentally disabled children’s right to equal access and delivery of medical and educational services. I am also committed to global vaccine education and safety.

I hope to move the conscience of this great nation to respond to the medical, educational and legal needs of children with autism by raising the awareness of this multifaceted neuro-learning disability. Through perseverance, we build character and hope, and it is this “hope” that I hold fast, and to which gives me faith to see the unseen, and to do the impossible through God’s grace.

Please join me in this journey.

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MISSION STATEMENT

Autism Answers mission is to create solutions to the challenges facing children on the autism spectrum and their families through:

- Raising the Awareness of autism
- Strengthening children and parental rights
- Finding global education and medical solutions
- Increasing “Diversity & Inclusion” for children and families that are disadvantaged socially and economically





REFLECTING ON AWARENESS

"Out of the Darkness Into the Light...Enough Suffering"

Awareness, Action, & Acceptance are some of the descriptions, which come to mind when thinking of autism awareness during the month of April. Likewise, words like cause, cure, epidemic, crisis & suffer have also characterized autism awareness over the years. One thing for certain, this is no celebration, far too many of our children and families are suffering!

Autism Answers **Recognizes Our Children (RoC)**, by shining a "LIGHT," on a wide ranging and dire need for Employment, Recreation, Education and Research that produces meaningful results into how various pathogens, and infectious diseases are influencing the cellular dysfunction, behaviors and outcomes for children on the autism spectrum.

Actress, Author and Activist Holly Robinson-Pete in a March 2010 Huffington Post Article brought "LIGHT," to eight facts the media is not covering: The Cost of Autism, Parental Guilt, Puberty is Volatile, Minority Children Do Not Receive early diagnosis, Autism is Tough on a Marriage, and Siblings are Overlooked. She went on to state that 80% of adults with Autism live at home, 81% are unemployed, and 78% of families are unfamiliar with agencies that could help them. Subsequent years and to this date much of this report remains a fact.

A recent survey conducted by Autism Answers of families living with Autism revealed the cost of services, housing, education, meaningful employment, and appropriate medical care and treatment facilities as a top concern and challenge facing children and their families.

Interesting, though not a surprise, particularly for those on this side of the issue. When the survey was divided into social and economic groups, the results overwhelmingly pointed to the cost associated with obtaining and providing appropriate services. Both groups on each side of the coin agreed that more money should be devoted to the development of housing, education, meaningful employment, and treatment facilities for adolescents, and adults in addition to financial assistance to the individuals and their families who are caring for their love ones rather than research.

Let us consider these facts the federal government's authorized \$693 million over five years to autism research under The 2011 Combating Autism Reauthorization Act (CARA). The original 2006 Act provided some \$945 million over five years. Since its implementation no concrete evidence has been found to support the actual cause for autism, and only nominal advances were made in scientific evidence, which supports new early intervention behavioral treatments.

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REFLECTING ON AWARENESS

In June of 2014, Congress moved forward this initiative under a new name the Autism Collaboration, Accountability Research, Education and Support Act, or Autism CARES. Here also the bill will reauthorize hundreds of millions of dollars in federal spending for prevalence tracking, research, early identification efforts and a few other autism initiatives under the new name. There remains a significant gaffe in the allocation of monies to address state budget deficits, which provides millions of families at the local level much needed financial support and services.

Autism Answers in its Founder's message and podcast of nearly seven years ago called for Autism Specific Health Insurance. Former Secretary of State and 2016 Presidential hopeful Hillary Clinton introduce an autism plan, which suggest changing times are ahead for developmental conditions such as autism. As in the widely viewed film Lion King, Simba states, "*Change Isn't Easy,*" or is it? No matter the polemic or praise there are far too many individuals "SUFFERING," from autism to not direct and address the need to shift attention, and resources to services, meaningful employment, treatment, safety and legal protections for individuals on the autism spectrum. The former U.S. Senator and Presidential hopeful is "right on" in her pitch for early screening, for far too long now minority children have gone unidentified and undeserved in the equation of early identification and intervention.

On another note, a significant number of children on the autism spectrum suffer from: acute and chronic bowel disorders, sleep and immunological disorders, sensory dysfunction, obsessive-compulsive disorders, and self-injurious behaviors. One might ask, what could be influencing the disposition of our children and adults on the spectrum? Nine out of ten children diagnosed with autism suffer from some gastrointestinal disorder. Many children on the autism spectrum endure the distress of acute and chronic pain from various unidentified pathogens. A lot of "DARKNESS" has surrounded the many theories, which support the cause and influence of autism symptoms. Although odd, many of these resemble the symptoms of mercury poisoning, parasitic and infectious diseases, inflammations and immunological disorders.

It is time to come "OUT OF THE DARKNESS, and INTO THE LIGHT." As a nation we can no longer afford to throw out or disregard credible evidence of links into "ANSWERS," which may afford us the "TRUTH" about why our youngest and most valuable assets as a nation have been afflicted with such a catastrophe, to turn the other way is not an option. We must investigate all claims and allegations, which may afford our children, and their families redress into the cause of the autism epidemic. "For it is impossible for us to avoid offenses for they are certain to come, but woe unto him, through whom



REFLECTING ON AWARENESS

they come." Luke 17:1-2 "There is nothing covered that shall not be revealed; neither hid that shall not be known. Therefore, whatsoever ye have spoken in darkness shall be heard in the light and that which ye have spoken in the ear in closets, shall be proclaimed upon the housetops. And I say unto you my friends be not afraid of them that kill the body and after that have no more that they can do." Luke 12:2-24

In summary what we want the general public to know is there's a great need to increase monies into the development of housing for adolescents and adults on the autism spectrum. There is an even greater demand for an education, which addresses the needs of the whole child and meaningful employment. We must invest in research that returns results on how parasites are influencing the behavior and outcome of individuals on the autism spectrum. We must investigate every link, which leads us to the cause of this largely relatable iatrogenic conundrum. No stone may be left unturned and no expense should be spared until we find "ANSWERS and SOLUTIONS," which afford our children the best outcome in life especially in the absence of their parents, and family.

Autism Answers "Recognizes Our Children," through launching its first set of initiatives to bring CHANGE in the services, housing, education, treatments and research, particularly to those that are more subject to disparate outcomes as a consequence of their social and economic background!

We urge you to join us in support of our LEAD initiative for Change and make a difference in the life of a family member, friend, colleague or individual living with autism. Out of the Darkness, Into the Light. . .Enough Suffering!

Blessings and Miracles,

Linda Pedraza
President/Founder

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AUTISM

ALWAYS
UNIQUE
TOTALLY
INTELLIGENT
SOMETIMES
MYSTERIOUS



WHAT IS AUTISM?



Autism is a global neurological brain disorder and spectrum of learning disabilities which affect different children in different ways, known as the autism spectrum disorders (ASD's). The hallmarks of autism are impaired social interaction, inability to receptively and expressively communicate, unusual repetitive behaviors, severe cognitive delays, and neuro muscular under development in both gross and fine motor skills.

Children with autism most often fail to respond to their name and often avoid eye contact with other people. They have difficulty interpreting what others are thinking or feeling because they can't understand social cues, such as tone of voice or facial expressions for clues about appropriate behavior.

Many autistic children lack sensitivity to pain and are abnormally sensitive to sound, touch, or other sensory stimulation. Many children seek movement and have difficulty with ideation. Despite the many debilitating behaviors which interfere with their sensory organization and ability to learn it should not be determined that they are of a lesser intelligence as many of these children and adults are very smart.

A new case of autism is diagnosed nearly every 20 minutes. There are approximately 3.5 million people diagnosed with autism currently. The economic impact of autism was reported to cost taxpayers more than \$90 billion dollars annually and is expected to more than double in the next decade. Autism receives less than 5% of the research funding of many less prevalent childhood diseases. There is no medical detection treatment, and there is no scientifically proven cure for autism.

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AUTISM FACTS

As of April 2019 autism was reported to affect 1 in every 59 children according to the latest reports from the CDC. Many educators, administrators, and individuals grapple with adapting the ideology that we must embrace this community of children to live and be an inclusive part of our society.

While every child is different, there are some fairly common characteristics known to be precursors of autism.

First signs may include:

- *regression in speech*
- *child doesn't respond to his/her name*
- *under development or loss of both fine & gross motor ability*
- *loss of eye contact*



- *blank stare into space*
- *toe walking or running*
- *hand flapping, constant rocking*
- *SIB: such as head banging, hitting head with hands*
- *frequent night wakes*
- *not interested in play with peers*
- *child doesn't respond to emotion*
- *resistant to touch*
- *elopement*
- *insensitive to pain*
- *unaware of danger, heights, car coming, water is to hot, water is to deep etc.*



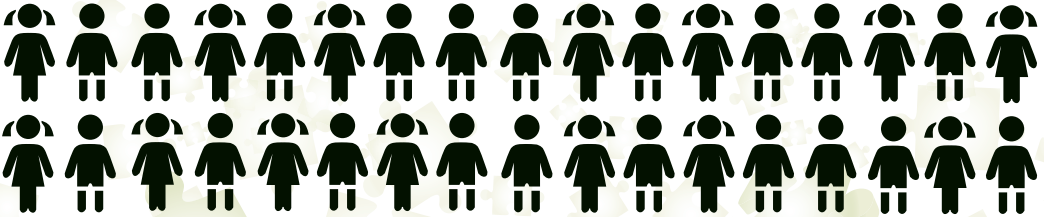
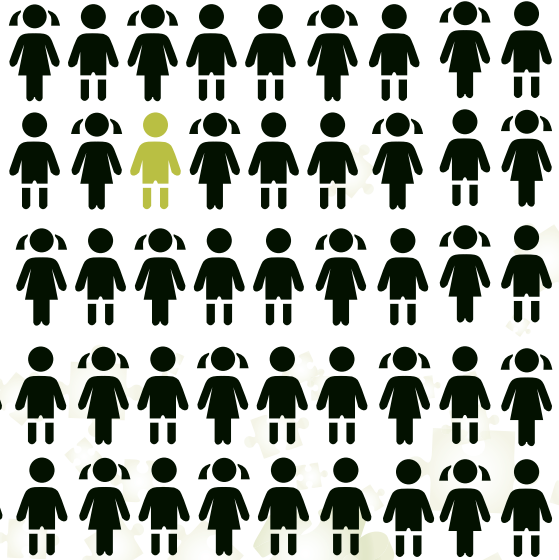


STATISTICS

According to the latest CDC Report,

1 in 59

children are diagnosed with Autism Spectrum Disorder.



Throughout the ADDM Network

Black and Hispanic children continued to be less likely to be identified with ASD than white children. These differences suggest that black and Hispanic children may face socioeconomic or other barriers that lead to a lack of or delayed access to evaluation, diagnosis, and services.

1.1x
MORE LIKELY

among white vs black children

1.2x
MORE LIKELY

among white vs Hispanic children

1.1x
MORE LIKELY

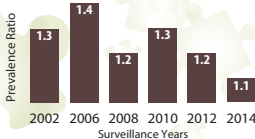
among black vs Hispanic children

Prevalence Ratio

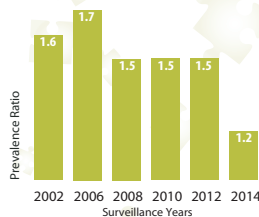
The prevalence ratio measures the difference in the likelihood of a condition between two groups. A prevalence ratio of 1.0 means there is no difference between the two groups. A prevalence ratio over 1.0 shows a difference between the two groups. Larger prevalence ratios show greater differences

between groups. Prevalence ratios were lower in the most recent ADDM report than in previous reports, which shows reduced racial and ethnic differences in identifying children with ASD.

White to Black



White to Hispanic



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Low-Income and Minority Youth with Autism Face Worse Outcomes than Peers

DREXEL REPORT / 13 MAY 2019

Youth with autism are growing up in a world where awareness of autism and expectations for full inclusion in society are increasing. Today, one in 59 children have an autism spectrum disorder (ASD) according to the Centers for Disease Control and Prevention. Because autism spectrum disorder is a lifelong neurodevelopmental disorder and no two youth with ASD are alike, their service and support needs vary and continually change as they age.

However, there are few current national statistics about the characteristics and needs of this growing and changing population. Such statistics are needed to ensure policies and programs are appropriately matched to the evolving needs of youth on the autism spectrum. This is where the National Autism Indicators Reports by Drexel University's A.J. Drexel Autism Institute come into play, a series that has been produced since 2015.

The recently released fourth edition, "The 2018 National Autism Indicators Report: High School Students on the Autism Spectrum," highlights the challenges facing minority youth and those from low-income households. Autism occurs in children from all backgrounds. But the impacts of autism are not felt equally across all groups. Youth from poorer households have fewer choices for services, fewer opportunities for work experiences and generally worse outcomes across a wide range of indicators. Minority youth often face obstacles accessing needed care and experience worse outcomes in many realms.

For the 2018 report, researchers looked at national data on youth ages 12-23 during their secondary school years. Most notably, nearly half of teens on the autism spectrum live in households with incomes at or below 185 percent of the federal poverty level (about \$45,000 for a household of four). One in four lived in a home that received at least one form of public assistance.

"We must understand that many families parenting teens on the autism spectrum are also struggling to make ends meet while trying to navigate complex systems of care and get the help their children need," said Paul Shattuck, PhD, program director of the Autism Institute's Life Outcomes Program and lead author of the report. "Moving the needle to improve young adult outcomes will require us all to acknowledge that we cannot disentangle helping youth from helping families - and that families have unique needs depending on their financial status. We cannot assume that programs developed to help relatively affluent families will work for financially disadvantaged families."

To read full article:

<https://drexel.edu/now/archive/2019/March/2018-NAIR-High-School-Students-with-Autism/>



U.S. autism prevalence in black children based on few families

BY JESSICA WRIGHT / 4 MAY 2019 / SPECTRUM NEWS

A survey that estimates autism prevalence in the United States includes too few black families to yield accurate data, according to a new study. Researchers presented their analysis today at the 2019 International Society for Autism Research annual meeting in Montreal.

The survey, called the National Survey of Children's Health, asks parents to respond to questions about the health of the children in their household. The survey tends to report a higher prevalence of autism than estimates that rely on expert review of health records. The prevalence of autism based on the latter method is 1.69 percent for 2014, according to the Centers for Disease Control and Prevention. The 2016 survey found that 2.5 percent of children in the U.S. had autism at the time of the survey. The survey also offered a breakdown by race: 2.79 percent in black children and 2.57 percent in white children. The estimate for black children is based on responses from just 80 families, however. The number of black families in the 2017 survey is even smaller.

For this survey, the researchers looked at the data for children who had ever had an autism diagnosis, not just those who had it at the time of the response. The survey reported a prevalence of 2.86 percent in white children and 2.63 in black children. In this case, the figure for black children is based on survey data from only 38 families with an autistic child.

“When you look at the numbers, 38 black children with autism are supposed to represent our entire country,” says Meredith Pecukonis, a graduate student in Helen Tager-Flusberg’s lab at Boston University, who presented the findings. “This is ridiculous.” Black children with autism tend to be diagnosed later than white children and are often misdiagnosed with other conditions. They also have less access to services and tend to be underrepresented in most studies of autism. In total, only 1,447 black families filled out the 2017 survey, compared with 16,482 white families. Overall, 6.7 percent of families who responded to the survey are black, whereas black people make up 13.4 percent of the U.S. population, according to the 2018 census.

Black children are less likely than white children to be diagnosed with autism, and more likely than white children to be diagnosed with intellectual disability, developmental delay, behavioral problems, speech disorders or attention deficit hyperactivity disorder, according to the survey.

To read full article:

<https://www.spectrumnews.org/news/u-s-autism-prevalence-in-black-children-based-on-few-families/>

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Autism mutation may disrupt brain structure by disabling mitochondria

BY EMILY ANTHES / 13 JUNE 2019 / SPECTRUM NEWS

Mice that lack a segment of chromosome 22 — a mutation associated with autism — have unusually sparse connections between brain regions, according to a new study¹. The missing links result from problems with mitochondria, the minute ‘energy factories’ within cells.

The mitochondria in the mutant mice don’t neutralize certain chemicals that can damage cells. Treating the mice with a compound that mops up these chemicals restores their brain connections, the study shows. It also improves the performance of the mice on cognitive tests. “It not only fixes the number of connections, but it also fixes the behavior,” says lead researcher Anthony-Samuel LaMantia, professor of neurosciences, anatomy and cell biology at George Washington University in Washington, D.C.

The findings fit with a growing body of evidence that links autism to mitochondria. Researchers have found problems with mitochondria in the brain tissue, muscle tissue and white blood cells of autistic children, as well as in the brains of mice with a different mutation linked to autism^{2,3}. “We’ve had this global sense that mitochondrial dysfunction may be particularly relevant to synaptic defects, but I think this [study] really provides more specificity to that story,” says Carrie Bearden, professor of psychiatry, biobehavioral sciences and psychology at the University of California, Los Angeles, who was not involved in the research.

Some researchers caution, however, that the findings may only apply to the chromosome 22 mutation. “The authors should test the same hypothesis in other animal models of autism,” says Agustin Legido, professor of pediatrics and neurology at Drexel University in Philadelphia, who was not involved in the research. Causal player: People with so-called 22q11.2 deletion syndrome lack one copy of the segment, a span of 30 to 40 genes. Up to half of these people have autism.

To read full article visit:

<https://www.spectrumnews.org/news/autism-mutation-may-disrupt-brain-structure-disabling-mitochondria/>



Harder for minority, poor teens with autism to get treatment and services

BY HEALTH DAILY NEWS / 17 JUNE 2019

Autism exacts a heavy toll on the families of teens who struggle with the disorder, but the fight to get treatment and services is even harder among minorities who live in poverty,

new research suggests. "We must understand that many families parenting teens on the autism spectrum are also struggling to make ends meet while trying to navigate complex systems of care and get the help their children need," said report author Paul Shattuck. He is program director of the Autism Institute's Life Outcomes Program at Drexel University in Philadelphia.

"We cannot assume that programs developed to help relatively affluent families will work for financially disadvantaged families," Shattuck said in a university news release. The transition from school to young adulthood can be especially challenging. "Inadequate preparation during the last few years of high school can hinder success on many fronts: physical health and mental health, employment, continued education, friendships and integration into community life," Shattuck said.

The report found that black teens with autism are more likely than other teens with autism to have difficulties in several areas, including communication, self-care, adaptive behaviors and independently getting places outside of the home. "Students do not always receive transition planning, or sometimes it begins too late in high school to allow for adequate preparation," Shattuck explained.

"Community-based help is not always available after high school and this leaves many families struggling to navigate on their own and results in too many who are failing to launch successfully into adulthood," he added. While autism occurs among teens from all backgrounds, those from poorer households have fewer choices for services, fewer opportunities for work experiences and generally worse outcomes across a wide range of indicators, the report found.

To read full article visit:

https://www.upi.com/Health_News/2019/03/17/Harder-for-minority-poor-teens-with-autism-to-get-treatment-and-services/5421552747964/

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Autism and the gut microbiome: Further evidence strengthens link

BY DAVID MCNAMEE / 31 FRIDAY 2019 / MEDICAL NEWS TODAY

Gut bacteria may contribute directly to the development of autism-like behaviors, according to the results of a new study in mice.

Examining gut bacteria reveals new clues about autism. In their study, which features in the journal *Cell*, researchers from the California Institute of Technology (Caltech) in Pasadena built on the work of previous studies that identified differences in the microbiomes of people with and without autism spectrum disorder (ASD). The microbiome is the name for the collective genomes belonging to the communities of microorganisms that inhabit the human gut.

"In recent years, numerous studies have revealed differences in the bacterial composition of the gut microbiome between individuals with ASD and neurotypical [people]," says author Sarkis Mazmanian.

"However, while this previous research identifies potentially important associations, it is unable to resolve whether observed microbiome changes are a consequence of having ASD or if they contribute to symptoms."

The Centers for Disease Control and Prevention (CDC) report that about one in 59 children in the United States have received a diagnosis of ASD, which is about four times more common in boys than girls and occurs across all socioeconomic, ethnic, and racial groups.

Autistic people are prone to repetitive behavior and may sometimes face difficulties communicating. Scientists do not know exactly what causes ASD, but they believe that both genetic and environmental factors play a role.

To read full article visit: <https://www.medicalnewstoday.com/articles/325338.php>



DSM-V

The American Psychiatric Association has just published the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The diagnostic criteria for autism spectrum disorder has been modified based on the research literature and clinical experience in the 19 years since the DSM-IV was published in 1994.

Changes include:

- The diagnosis will be called Autism Spectrum Disorder (ASD), and there no longer will be subdiagnoses (Autistic Disorder, Asperger Syndrome, Pervasive Developmental Disorder Not Otherwise Specified, Disintegrative Disorder).
- In DSM-IV, symptoms were divided into three areas (social reciprocity, communicative intent, restricted and repetitive behaviors). The new diagnostic criteria have been rearranged into two areas: 1) social communication/interaction, and 2) restricted and repetitive behaviors. The diagnosis will be based on symptoms, currently or by history, in these two areas.
- Although symptoms must begin in early childhood, they may not be recognized fully until social demands exceed capacity. As in the DSM-IV, symptoms must cause functional impairment.
- All of the following symptoms describing persistent deficits in social communication/interaction across contexts, not accounted for by general developmental delays, must be met:
 - Problems reciprocating social or emotional interaction, including difficulty establishing or maintaining back-and-forth conversations and interactions, inability to initiate an interaction, and problems with shared attention or sharing of emotions and interests with others.
 - Severe problems maintaining relationships — ranges from lack of interest in other people to difficulties in pretend play and engaging in age-appropriate social activities, and problems adjusting to different social expectations.
 - Nonverbal communication problems such as abnormal eye contact, posture, facial expressions, tone of voice and gestures, as well as an inability to understand these.

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DSM-V

Two of the four symptoms related to restricted and repetitive behavior need to be present:

- Stereotyped or repetitive speech, motor movements or use of objects.
- Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change.
- Highly restricted interests that are abnormal in intensity or focus.
- Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment.

Symptoms must be present in early childhood but may not become fully manifest until social demands exceed capacities. Symptoms need to be functionally impairing and not better described by another DSM-5 diagnosis. Symptom severity for each of the two areas of diagnostic criteria is now defined. It is based on the level of support required for those symptoms and reflects the impact of co-occurring specifiers such as intellectual disabilities, language impairment, medical diagnoses and other behavioral health diagnoses.

Rett syndrome is a discrete neurologic disorder and is not a subdiagnosis under ASD, although patients with Rett syndrome may have ASD. Because almost all children with DSM-IV confirmed autistic disorder or Asperger syndrome also meet diagnostic criteria under DSM-5, re-diagnosis is not necessary. Referral for reassessment should be based on clinical concern. Children given a PDD-NOS diagnosis who had few DSM-IV symptoms of autism or who were given the diagnosis as a “placeholder” might be considered for more specific diagnostic evaluation.

Patients may wish to continue to self identify as having Asperger syndrome, although the DSM-5 diagnostic category will be ASD. Clinicians should note that children with ASD also should be evaluated for a speech and language diagnosis in addition to the ASD to inform appropriate therapy.

The DSM-5 includes a new diagnostic category of social communication disorder that describes children with social difficulty and pragmatic language differences that impact comprehension, production and awareness in conversation that is not caused by delayed cognition or other language delays.



DSM-V

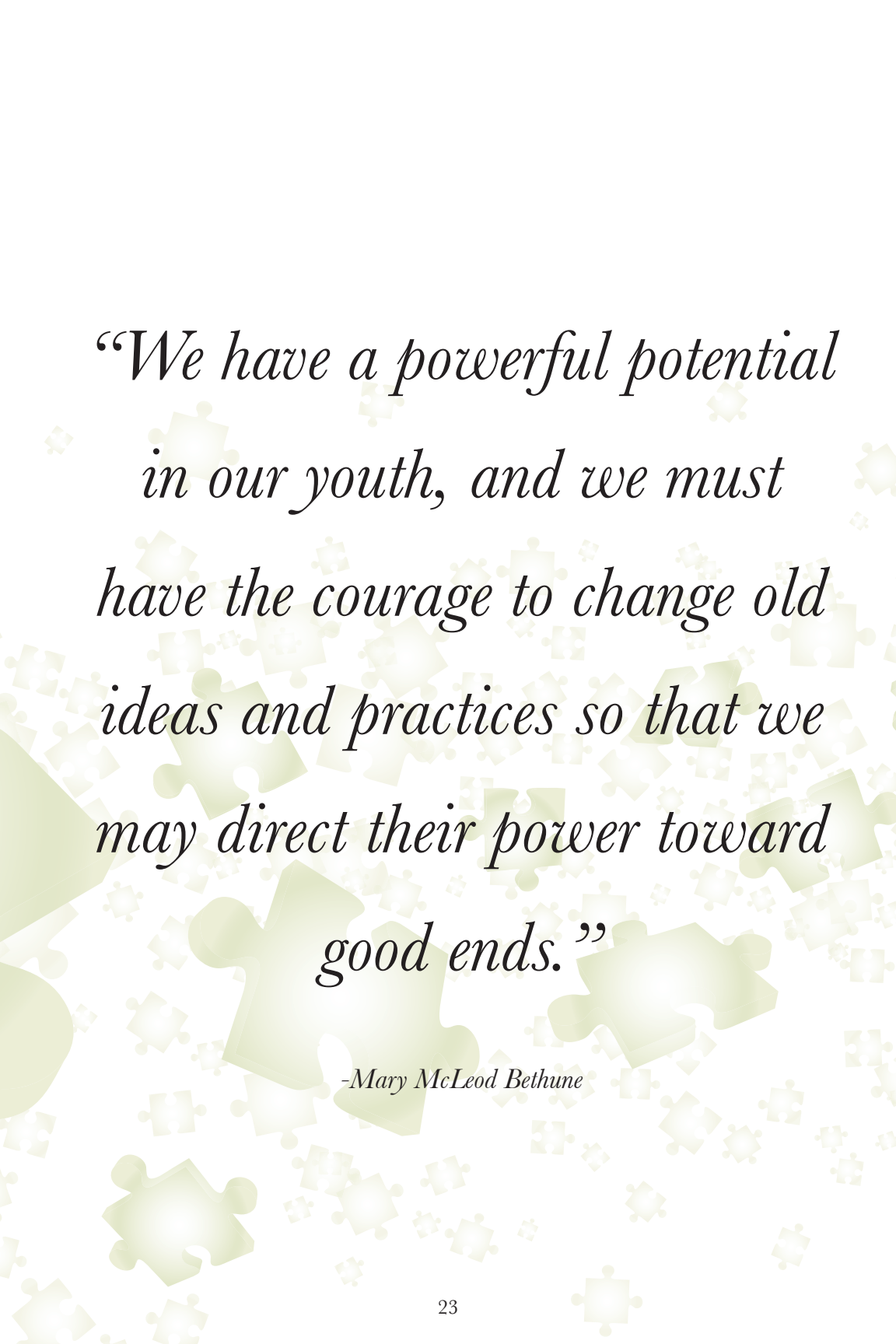
Coding and billing. Because the new DSM-5 criteria combine all previous subdiagnoses under one condition (ASD), there may be inconsistency between billing databases and DSM-5 diagnoses. Both ICD-9-CM and ICD-10-CM contain specific codes for subdiagnoses, including Asperger's.

Therefore, it is recommended that services provided for children with autism spectrum disorders are reported with codes such as ICD-9-CM code 299.00 or 299.01. On or after Oct. 1, 2014, report ICD-10-CM code F84.0. In summary, pediatricians should counsel parents whose children had a diagnosis of an autism spectrum disorder made using DSM-IV criteria that they do not need to be reevaluated for diagnosis with the publication of DSM-5. No change in educational or therapeutic programming is indicated for children and youths carrying the diagnosis of an ASD relative to the publication of the DSM-5.



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*“We have a powerful potential
in our youth, and we must
have the courage to change old
ideas and practices so that we
may direct their power toward
good ends.”*

-Mary McLeod Bethune

A
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HOPE



*In These Troubling Times...
We Must Have Hope*

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