• **Types**
  - Autistic disorder
  - Asperger’s disorder
  - Childhood disintegrative disorder (develop normally for years, then regress in language, motor skills, behavior)
  - Rett syndrome (genetic neurological disorder mostly affects females)

• **Statistics**
  - 1 in 50 school-aged children
  - More common in males
  - IQ interaction: 38% intellectual disabilities
  - Occurs worldwide

• **Causes**
  - Psychological/social
    - Failed parenting (unsubstantiated theory):
      - perfectionistic/cold/alooof, high SES, high IQ
    - Lack of self-awareness (avoid 1st person pronouns)
    - Behavioral correlates: echolalia (repeating what someone said) and self-injury
  - Biological
    - Family: if one child has it, the chance of having a second one with it is 20% (100x greater than in general population)
    - Many genes on many chromosomes involved
    - Oxytocin receptor genes (chemical related to bonding/social memory)
    - Older parents associated with increased risk
  - Neurobiological
    - Amygdala (fear/anxiety emotions)
      - Larger size at birth, higher anxiety/fear
      - Elevated cortisol (stress hormone) damages neurons, decrease processing of social situations
    - Low levels of oxytocin (decreases bonding/trust)
    - Mercury in vaccinations do not increase risk of autism
    - Health risk of not vaccinating is substantial

• **Treatment**
  - Psychosocial
    - Skill building, communication/language training, increase socialization, naturalistic teaching strategies
    - Early intervention critical: may normalize functioning of developing brain
  - Biological
    - Little positive impact
    - Some drugs decrease agitation (tranquilizers, SSRIs)
  - Integrated
    - Multidimensional, comprehensive focus
Special education at school focusing on communication, judicious use of medication in some cases, families given support too

When older, focusing on integration into community while maximizing independence

- Indicators of good prognosis
  - High IQ, good language ability

**Civil commitment:** legal proceeding that determines a person is mentally disordered and may be hospitalized, even involuntarily; different state to state

- **Criteria**
  1. Person has mental illness and needs treatment
  2. Person is dangerous to self or others
  3. Grave disability: unable to care for himself

- **Government power** (justifies right to act against individual wishes)
  1. **Police power:** gov’t takes responsibility for protecting public health, safety, welfare (if there is immediate harm)
  2. **Parens patriae** “state or country as the parent”: acts as surrogate parent if citizen isn’t likely to act in his best interest

- **Initial stages**
  - Person fails to seek help
  - Others feel help is needed
  - Petition made to judge on behalf of person (from mental health professional, family member, etc.)
  - Individual must be notified of commitment process

- **Subsequent stages**
  - Involve normal legal proceeding
  - Should a person be committed? Determined by judge

- **Mental illness:** (a legal concept) severe emotional/thought disturbances
  - Not synonymous with psychological definition (receiving DSM diagnosis doesn’t mean one will receive legal one)
  - Varies state by state
  - Exclude conditions of mental retardation and substance-related disorders
  - Dangerousness: mental health professionals assess this; critical to civil commitment proceedings
    - Differentially affects women and persons of color (racial/gender bias because only one psychologist makes decision)

- **Problems with civil commitment**
  - Increase in homelessness
  - Deinstitutionalization: removal of mentally ill people from hospitals and closings of psychiatric hospitals
  - Criminalization of mentally ill: don’t get sufficient care

- **Solutions**