
AUTISM AND THE T2201

COMMON QUESTIONS ABOUT THE DISABILITY TAX CREDIT CERTIFICATE

WHY IS THIS FORM IMPORTANT?

If you have a child with autism and want to:

- Qualify for the Disability Tax Credit (DTC, also known as the Disability Amount)
- Receive the Child Disability Benefit
- Open a Registered Disability Savings Plan (RDSP)
- Claim attendant care expenses
- Receive an enhanced amount for the Children's Fitness Tax Credit
- Receive an enhanced amount for the Children's Arts Tax Credit
- Claim additional child care expenses
- Claim some additional medical expenses
- Qualify for the Home Buyers Amount even if this is not your first home
- Qualify for the Family Caregiver Amount and
- Many other tax breaks

Then you need to start with the form [T2201 Disability Tax Credit Certificate](#). This is the form you will use to apply for disability status with the Federal Government. Without this status, you will be unable to utilize many of the available tax breaks.

DO I REALLY NEED TO DO THIS?

Of course not! If you like to give your hard earned dollars to the federal government instead of your disabled child, then by all means skip this form.

Some families may be reluctant to apply for the DTC for fear of labelling their child. They may also be in denial or grieving over the loss of the child they imagined. Trust me when I say that this will not benefit the child in any way. Firstly, the DTC is completely confidential and there is no need to inform anyone, including the school system if you don't feel there is a need to do so. Secondly, the one thing we all have in common is the financial pressures of having a child with autism. Giving up tax breaks will help no one.

MANY FAMILIES GET TURNED DOWN. WHY SHOULD I BOTHER APPLYING?

It's true that many families get turned down, but it is important to have a look at why this happens. Some of the reasons include:

- The form is incomplete (more common than you might think) or missing critical information
- Part B is completed by a doctor who is unfamiliar with your child's deficits

- The doctor is not experienced with filling out such a form and unaware of all the sections that must be completed
- Too “rosy” a picture is portrayed of your child. This form requires that the negative aspects of your child be presented and the effects that this has on his/her daily life

WHAT SHOULD I DO BEFORE COMPLETING THE FORM?

Read the instructions on the form and the CRA Guide [RC4064 – Disability Related Information](#). Seriously, **read** the instructions. I’m always amazed at the number of people who don’t do this.

HOW DO I APPLY FOR A SIN NUMBER FOR MY CHILD?

A SIN number is required for the application, but it’s easy to obtain. Go to <http://www.servicecanada.gc.ca> to find the nearest Service Canada office and find out what documents are required for your family. There is no fee for your first SIN card.

IS IT NECESSARY TO HAVE A FORMAL AUTISM DIAGNOSIS?

No. The diagnosis may be helpful to the Canada Revenue Agency (CRA), but it is not required. CRA is interested in two things; the duration of the impairment and its effects on the basic activities of daily life.

There is no diagnosis which will categorically render an individual ineligible for the DTC. Many people with a diagnosis such as Asperger’s or a learning disability may not have the marked restriction in mental functions necessary for everyday life to qualify for the DTC. On the other hand, if the disorder has a significant impact on adaptive functioning, memory or problem-solving, goal-setting, and judgement, they may qualify. More detail about this topic can be found later in this document.

MY CHILD HAS HIGH FUNCTIONING AUTISM. WILL HE STILL QUALIFY?

In many cases, the answer is yes. There is nothing magical about an autism diagnosis when applying for disability status. The government will look at the effects that the condition has on your child’s daily life and autism will certainly have an effect on “Mental functions required for everyday life”.

HOW IMPORTANT IS CHOOSING A MEDICAL PRACTITIONER?

This is absolutely critical! This choice could make or break your application.

Look at the situation from the view of the practitioner. They went into their profession to practise medicine, not to fill in forms. No one gives them any formal training in this area and often they have no idea what to write to help you qualify.

How many times have you gone to see the doctor with two minor ailments and have been rushed out before getting to the second one? Doctors are paid by the patient and there is no financial incentive to take their time and deal with the patient in a comprehensive manner.

Put the lack of training and financial incentive together and you can see why many practitioners rush the appointment and do an incomplete job on the T2201 form, which does take considerable time to do correctly.

I don't mean to slag doctors because the vast majority are dedicated professionals, but you need to understand the pressures that they are under.

HOW DO WE FIND THE RIGHT MEDICAL PRACTITIONER?

Word of mouth! It is very important that you connect with other parents in your area and find out which practitioners are experienced with autism and completing the T2201 form. These practitioners often turn out to be pediatricians or psychologists (note that a psychologist is only allowed to complete the section "Mental functions necessary for everyday life").

WILL I GET CHARGED FOR HAVING A PRACTITIONER FILL OUT PART B?

Quite possibly. If you have done your research and found an experienced practitioner, it is reasonable for them to charge an additional fee considering the amount of time it takes to complete the form properly.

This fee can be claimed on your taxes as a medical expense.

WHAT DO I NEED TO ENTER ON PART A OF THE FORM?

Part A – To be completed by the person with the disability**Section 1 – Information about the person with the disability**

First name and initial

Last name

Mailing address (Apt No – Street No Street name, PO Box, RR)

City

Province or territory

Postal code

Part A is to be completed by the individual with the disability or in this case by their parent or legal representative.

Section 2 – Information about the person claiming the disability amount (if different from above)

First name and initial

Last name

The person with the disability is: my spouse/common-law partner my dependant (specify)Answer the following questions for **all** of the years that you are claiming the disability amount for the person.

1. Does the person with the disability live with you?

If **yes**, for which year(s)?2. If you answered **no** to Question 1, does the person with the disability depend on you for regular and consistent support for one or more of the basic necessities of life such as food, shelter, or clothing?Yes No If **yes**, for which year(s)?

Give details about the regular and consistent support you provide for food, shelter or clothing to the person with the disability (if you need more space, attach a separate sheet of paper). We may ask you to provide receipts or other documents to support your request for the transfer of the disability amount.

Select Yes if you want CRA to automatically adjust tax returns for previous years

Section 3 – Adjust your income tax and benefitsIn most cases, the Canada Revenue Agency (CRA) can adjust your income tax returns for all applicable years to include the disability amount for **yourself or your dependant under the age of 18**. For more information, see Guide RC4064, *Disability-Related Information*. Yes, I want the CRA to adjust my returns, if possible. No, I do not want an adjustment.**Section 4 – Authorization**As the **person with the disability** or their **legal representative**, I authorize the medical practitioner having relevant clinical records to provide or discuss the information contained in those records or on this certificate with the CRA for the purpose of determining the disability tax credit or other related programs.

Sign here: _____

Don't forget to sign and date

Don't leave any areas blank. Fill out everything!

WHO CAN FILL OUT PART B?

Part B must be completed by a qualified medical practitioner. Refer to the chart below for a more detailed list.

Medical practitioner	can certify:
Medical doctor	all impairments
Optometrist	vision
Audiologist	hearing
Occupational therapist	walking, feeding, dressing, and the cumulative effect for these activities
Physiotherapist	walking
Psychologist	performing the mental functions necessary for everyday life
Speech-language pathologist	speaking

WHAT ARE THE BASIC ACTIVITIES OF DAILY LIVING ACCORDING TO THE CRA?

- Vision
- Speaking
- Hearing
- Walking
- Elimination (i.e. bladder and bowel functions)
- Feeding
- Dressing
- Performing the mental functions necessary for everyday life

HOW SEVERE MUST THE IMPAIRMENT BE?

CRA uses two different criteria to assess the effects that the impairment has on daily living.

- “Markedly Restricted” means that all or substantially all of the time (at least 90% of the time) and even with therapy and medication, the individual is unable to perform one or more of the basic activities of daily living **or** it takes an inordinate amount of time to perform one of the basic activities. An inordinate amount means that it takes the individual at least three times as long to complete the activity.
- “Significantly Restricted” means that although you do not quite meet the criteria for markedly restricted, your vision or ability to perform a basic activity of daily living is still substantially restricted all or substantially all of the time (at least 90% of the time).

To qualify, the individual must be “Markedly Restricted” in at least one basic activity or “Significantly Restricted” in at least two basic activities.

WHAT IS THE DURATION OF THE IMPAIRMENT NECESSARY FOR APPROVAL?

The impairment must have lasted or be expected to last at least 12 months. Note that the practitioner must comment on both the effects of the impairment **and** its duration.

There is a question which asks if the impairment has improved, or is likely to improve such that the patient would no longer be markedly restricted or equivalent to markedly restricted. Ideally the answer is, no. Autism is a lifelong disorder and no one can say for sure that the condition will improve. This is not the time for rose coloured glasses.

HOW DO I PREPARE FOR THE VISIT?

The practitioner may not be familiar with your child and his/her deficits. You should take some time prior to the appointment and make some notes about your child and how they are impacted in each area of basic activities of daily living.

This is an area that most people fail. You need to have notes in bullet format ready for the practitioner that will adequately reflect your child and how the condition is affecting his/her daily life. The child is going to be compared against other children of the same age without the disorder.

For each area of “Basic Activities of Daily Living”, consider some of the following points:

- Speaking
 - Children may start making sounds within their first year. If your child is completely non-verbal, this may be noted as the beginning of a “Marked Restriction”
- Walking
 - When did your child start walking? The practitioner may compare this against typical children of a similar age.
- Elimination
 - Many children begin toilet training around three years of age. When did your child start (if at all)?
 - Does your child have bowel issues? Severe constipation? Fecal smearing?
 - How much time does it take to manage your child’s bladder and bowel functions? If it takes an inordinate amount of time (three times as long as a typical child of the same age) this should be noted.
- Feeding
 - Is your child able to feed himself/herself? Can he/she manipulate utensils appropriately? Does feeding time take three times as long as a typical child?
- Dressing
 - Can your child get dressed without assistance? Does it take three times as long as a typical child to get dressed?
 - If your child can’t get dressed without assistance, this may certainly be a significant restriction depending on their age.
- Mental functions necessary for everyday life
 - This is the significant activity for children with autism
 - Adaptive Functioning. Make detailed notes regarding your child’s abilities regarding:
 - Self-care

- Health and safety
- Abilities to initiate and respond to social interaction, and common, simple transactions
- Memory
 - Can your child remember simple instructions or his/her name and address?
- Problem-solving, goal-setting, **and** judgement
 - Can your child solve simple problems or use good judgement?
- Can your child express his/her needs?
- Can he/she anticipate the consequences of behaviour when interacting with others?

From CRA's guide [RC4064\(E\) Rev. 15 – Disability Related Information](#):

Category	Examples	Notes
<p>Mental functions necessary for everyday life – must be certified by a medical doctor or psychologist</p>	<ul style="list-style-type: none"> ■ You are independent in some aspects of everyday living; however, despite medication and therapy, you need daily support and supervision due to an inability to accurately interpret your environment. ■ You cannot make a common, simple transaction, such as a purchase at the grocery store, without help, all or substantially all of the time. ■ You experience psychotic episodes several times a year. Given the unpredictability of your psychotic episodes and the other defining symptoms of your impairment (for example, lack of initiative or motivation, disorganized behaviour and speech), you continue to need daily supervision. ■ You are unable to express your needs or anticipate consequences of behaviour when interacting with others. 	<p>Mental functions necessary for everyday life include:</p> <ul style="list-style-type: none"> ■ adaptive functioning (for example, abilities related to self-care, health and safety, abilities to initiate and respond to social interactions, and common, simple transactions); ■ memory (for example, the ability to remember simple instructions, basic personal information such as name and address, or material of importance and interest); and ■ problem-solving, goal-setting, and judgment, taken together (for example, the ability to solve problems, set and keep goals, and make appropriate decisions and judgments).

Some general points to consider include:

- What accommodations do you need to make for your child?
- Do you need to modify the environment of your home to keep the child safe?
- How much supervision does your child require?
- Do you need to protect your child from other children (i.e. bullying)?
- Do you need to protect other children from your child? Is your child overly aggressive?
- How much time is required to keep your child safe?
- Can your child recognize an unsafe situation? Is he/she aware of traffic hazards? Be specific.
- Remember you need to consider the length of time it takes your child to complete a task compared with typical children of the same age
- What training is required for people to care for or interact with your child?
- What happens if you don't provide assistance or adequate time for your child to complete a task?
- How is your child's social judgement? Does he/she know how to appropriately interact with strangers? Does this impact daily life? Give specific examples.

The success of your appointment with the medical practitioner is dependant to a large degree on the amount of preparation you do beforehand.

IS IT ENOUGH THAT MY CHILD CAN'T SOLVE PROBLEMS?

No.

Looking at the basic activities as defined by CRA, it is important to note that the individual can be considered markedly restricted with only impairment in adaptive functioning or memory, but not if the only impairment is problem solving **or** goal setting **or** judgement. The individual however can be considered markedly restricted if he/she is has an impairment in problem solving **and** goal-setting **and** judgment.

A critical point is that if the individual has impaired problem-solving, goal-setting or judgment they will likely also have impaired adaptive functioning and, hence, may qualify on that basis.

IS THIS LIFE SUSTAINING THERAPY?

No

SHOULD I EMBELLISH THE TRUTH?

To have the best chance of success you need to accurately portray your child's deficits. Autism is a "hidden disorder" and some people may not understand that a child who looks "normal" may be disabled.

Let me be perfectly clear on one point. If you twist the truth, you will be bounced out the practitioners office and deservedly so. If you feel you need to lie, you should not apply for the DTC.

WHAT PARTS OF THE FORM DOES THE PRACTITIONER HAVE TO COMPLETE?

Remember as I said earlier; if the form is incomplete, the application may be delayed or denied.

You must ensure that the practitioner has completed:

- Each applicable section of "Basic Activities of Daily Living"
- Cumulative effect of significant restrictions (page 4)
- The effects of impairment (page 5)
- The duration of impairment (page 5) and
- The certification section (page 6)

CRA has given a big hint for each mandatory section by labelling it **Mandatory**. Take this as a hint.

EACH SECTION HAS A BOX TO INDICATE WHEN THE IMPAIRMENT BEGAN. IS THIS IMPORTANT?

Yes!

It's important to note that this is not the date of diagnosis, but rather when the impairment began. Autism is a lifelong neurological disorder with a genetic component which begins at **birth**.

Ideally the practitioner will indicate that birth was the beginning of the disorder and this will allow you to claim for up to 10 years of back dated benefits and tax breaks (refer to <http://asdfunding.com> for more details on how to apply).

The practitioner may want to explore when the disorder manifested in your child. It's worthwhile to make some notes prior to the appointment with details of when you first started to notice the disorder. Dates and specific behaviours would be helpful to the practitioner.

WHEN SHOULD I SEND THE FORM IN?

As soon as possible! If you are close to tax time, send the form in with your taxes, but otherwise I recommend that you send it in as soon as possible in order to start receiving benefits and to apply for back dated benefits. Please refer to <http://asdfunding.com> for more information on the benefits available to your family.

SHOULD I HIRE A PROFESSIONAL DISABILITY ORGANIZATION TO DO THIS FOR ME?

No!

Google "disability tax credit" and you will find many "Disability Experts" who will send the form in for you. The websites look very professional and they will tell you that the DTC is a complicated business and you need their "expert" help.

Stay away from them! In many cases, they have no real expertise and they will take 30-50% of your back dated tax benefits (which could be a considerable sum), plus an upfront fee. These people are bottom feeders. I have heard many horror stories from other parents about how they were harassed after contacting one of these "disability experts". Once they get the smell of money, they can be relentless.

There is nothing that they can do for you that you can't do yourself.

SHOULD I INCLUDE A REQUEST THAT PREVIOUS TAX YEARS BE REASSESSED?

It is no longer necessary to request adjustment for previous tax years using the form T1_ADJ. On page 1 Section 3, you may elect to have CRA automatically adjust the Disability Amount for previous applicable years. Please note there are other tax concessions that you may wish to apply for using the form T1-ADJ, "T1 Adjustment Request" detailing which tax years you wish to be reassessed. I would suggest waiting until the DTC is approved before applying for reassessment.

Refer to <http://asdfunding.com> for a detailed look at which benefits and tax credits may be back dated.

THINGS TO DO BEFORE SENDING IN THE FORM

- Make a copy for your records. This is very important if you want to figure out why you were denied or if you need to apply again in the future, you will have the original information.
- Ensure **everything** is complete on the form.
- Ensure that the form reads “badly” enough. The information needs to be truthful and accurate, but if it doesn’t accurately reflect the depth of your child’s disorder, **don’t** send it in. Find another practitioner and start over.
- If you have any additional reports or assessments that you feel would help your case, you may certainly attach a copy. Do not send in the originals as they will not be returned.

WHERE DO I SEND THE FORM?

The address for the tax office in your area, will be on the T2201 form.

WHAT HAPPENS AFTER SENDING THE FORM?

This is hard, but it will take while (several weeks or months) for CRA to respond. It takes as long as it takes and there is little that you can do to hurry the process.

DO I NEED TO SUBMIT THE T2201 EVERY YEAR?

The follow up letter from CRA if approved, will indicate the tax years for which you will not need to resubmit the T2201 form. A severely impacted child may not need to re-apply until they are adults, whereas a high functioning child with few deficits may only receive an exemption for one or two years.

I highly recommend that you keep a copy of the letter from CRA detailing the disability status. Why? I guarantee that you will forget the date the disability status expires. Please keep a copy for your records.

WHAT IF THE APPLICATION IS DENIED?

The first question is why? CRA should provide an explanation in the notice of determination.

- Was the application incomplete?
- Did the form not accurately reflect your child’s deficits?

If you have additional information that was not reflected in the original application, you may send that to the tax office for review.

You have 90 days to file a formal objection; however you should note that asking the tax office to review your application doesn't extend this deadline.

To file your objection, send a letter or a completed form T400A, Objection – Income Tax Act to the appeals office (address on the T2201 form). The directions for the appeal are on the original T2201 form (one more reason to make a copy!). I would certainly encourage you to follow up with an appeal, but you should first honestly ask yourself why the first application was denied.

SHARE YOUR EXPERIENCES

The information I have shared with you today is a result of many parents sharing their experiences with me. If you have a different story, please pass it on to me so I can update the next edition of the T2201 guide.

APPENDIX A – A PARENTS “IMPACT STATEMENT”

One of our keen parents prepared an “impact statement” for their doctor to use. It is professionally written and offers clear statements explaining the child’s deficits while using many of the key words needed by the CRA. She created this for the doctor to use in its entirety or to pick certain phrases that he could use in his report. Quite often doctors are at a loss for words when it comes to autism reports and may appreciate such a document.

If you choose to prepare such a document for your child’s doctor, please remember the following points:

- **Do not copy this report!** Use it as a guide only to prepare a document individualized for your child.
- Leave your document unsigned. If the doctor wishes to sign his name that may lend credibility to the T2201.

EFFECTS OF IMPAIRMENT FOR “JOHN DOE” (AUTISM DIAGNOSIS)

On-going Challenges Since Birth

The patient has showed significant challenges right from birth, being a difficult-to-calm baby who cried inconsolably for hours. Transitioning to sleep, sensory issues with textures, aversions to trying new things and bowel routines have been problematic since birth and are still ongoing challenges. The parents first sought professional help when their son was age four, although at that time only a learning disability was diagnosed. They re-initiated formal assessment when the patient was 7 due to suicidal threats from their son and other significant challenges.

Diagnostic History

A formal diagnosis of an autism spectrum disorder (ASD) was given in 2011 from Sunny Hill’s Provincial Autism Resource Center. ADHD (mixed subtype) and Anxiety Disorder (NOS) were also diagnosed at that time.

Impact on Daily Living

The patient is deeply affected in daily life by the combination of the autism, the anxiety and the ADHD.

[Insert Name] struggles throughout the day, even in performing basic functions such as washing his face or brushing his teeth in the morning. He needs to be reminded by his parents and other adults to focus on what he is doing. Getting ready in the morning takes an inordinate amount of time and requires repeated reminders. The patient needs constant guidance and supervision to ensure he completes tasks and activities on time or he tends to get sidetracked.

Toileting Problems

One area of particular ongoing challenge is bowel functions. As with many individuals with autism, *[Insert Name]* has low awareness of body sensations, and does often not realize when he is hungry, tired, cold or needs to use the washroom. Without external monitoring and prompting, unmet needs lead to increasing stress. The patient refuses to use public toilets or school toilets for bowel functions, leading to withholding. Distraction and daydreaming prolong the process and even with parental prompting, the whole process often takes over an hour.

Gross and Fine Motor Challenges

Gross and fine motor issues are also a challenge for this patient. He was informally assessed by an Occupational Therapist in 20** and found to have delayed motor skills and manual dexterity. Occupational therapy sessions lead to limited improvements. This has led to many continuing challenges. Learning to ride a bike, swim and do other gross motor tasks like dressing have taken significantly more time and expense than for a typical child. Fine motor challenges like printing, pulling on a sock or using a knife and fork continue to be a challenge to this day. These impairments will continue into adulthood and have a big negative impact on self-esteem as well as affecting practical daily living.

Challenges Expressing Himself

[Insert Name] can be very verbal, but he lack reciprocity in his use of language, tending to speak at people rather than with them. Speech Language testing showed a weakness in following directions, and he made frequent errors interpreting facial expressions and body language. Emotionally, this patient can express himself in basic ways such as saying he is sorry when he does something wrong or expressing happiness over receiving a wanted gift. However, the patient has a harder time expressing more complex emotions or expressing even basic needs when he is stressed, tired, hungry or frustrated. Then his expression deteriorates to swearing or verbal attacks, and other aggression.

Anxiety

[Insert Name] faces constant anxiety. Both the parents and the patient's school have developed safeguards and coping strategies as mounting anxiety often leads to the patient getting frustrated or angry. Stressful events like a test at school or a visit to the dentist can lead to immobilizing extreme anxiety and refusals to do the task. Dental work has been postponed and cancelled due to anxiety.

Challenges Solving Problems

The patient lacks the ability to effectively problem solve and form judgments most of the time, especially when dealing with relationships. The patient lacks the inherent ability to resolve his own problems and typically gets frustrated or overwhelmed rather than try to rationally work through a problem or volatile situation. Something as simple as misplaced toy or a sister's singing can lead to significant verbal aggression and even property destruction. This is also an issue out in the community, for example, *[Insert Name]* has an extremely poor sense of direction and can get turned around even in places he has visited many times before. His anxiety makes him reluctant to seek assistance or speak to cashiers or other public figures. His problem solving skills and ability to manage out in the community are significantly impaired and will become even more of a problem as he ages, and there is less room for parental support.

Aggressive violent behavior

The above issues all contribute huge frustrations and to ongoing volatile, aggressive behavior. Verbal attacks occur throughout the day. These have escalated to violence, including hitting, punching and throwing items at people. Furniture and belongings in the home have been broken and the verbal attacks are very difficult for all the other family members.

Social Challenges

These outbursts also occur at school and combined with lack of reciprocity in relationships and lack of flexibility has significantly affected socializing with his peers at school. Frustration mounts when peers do not want to play the game *[Insert Name]* has in mind, or when they do not follow the rules as he sees them. Unless others are willing to engage in something *[Insert Name]* is interested in, he ends up alone. This lack of flexibility and black and white thinking have been an ongoing trait of the patient and are a common characteristic of autism. This is one of the most problematic parts of autism for this age group, as for school aged children social engagement is part of their lives and *[Insert Name]* is significantly limited in his ability to engage with peers.

Challenging Cognitive Profile

The patient exhibits difficulty in memorizing his multiplication tables, spelling and coping with other areas of mental functioning. Psychological testing showed (put in something relevant to your child) He frequently misplaces possessions and struggles in basic planning and organizational skills. He takes significantly longer than usual to perform many mental functions, such as schoolwork, chores or even something like gathering his belongings and getting out of the car.

[Insert Name] has an Individualized Education Plan (IEP) at school and (*outline some adaptations your child is given*) and has an Educational Assistant ** hours a week. He meets regularly meets with resource teachers for additional support both of out of the classroom and in the classroom. He shows extreme inflexibility, rigidity and an unwillingness to do activities he sees as undesirable.

Barriers to Community Involvement

Sensory issues, distractibility, challenges understanding other people and anxiety about new situations all combine to make many aspects of life challenging, and they affect *[Insert Name]*'s ability to enjoy life and participate in the community. For example, he will refuse to visit the beach on a family trip due to sensory issues with sand. The swimming pool is difficult because of fear of germs and worries about the cleanliness of the change rooms. Something like an outing to a soccer game is impossible because of the noise and crowds. The family consistently has either have one parent stay home with *[Insert Name]* or to take two cars so one parent can leave early with him.

Unhappiness

[Insert Name] often expresses unhappiness and this is indicative of research on quality of life for patients with high functioning Autism. Many teens and young adults with this disorder struggle as they are normal enough to have all of society's expectations put on them, and yet are disabled enough not to be able to cope. Adults with ASD have been known to have suicide attempts, psych ward stays and trouble with the law and police. Many struggle to be able to marry, build a friendship network or hold down a job they face many ongoing problems in adult hood. The term "high functioning" can be misleading as this is a severe and lifelong disability.

Negative Impact on the Family

This patient's challenges have also placed significant stress on the parents and siblings of this child. Both parents have struggled with depression and are on medication to help them cope. The parents have sought both marriage counseling and parenting classes to help, yet the financial cost and intensive time required to care for the patient continue to erode family resources. The patient's mother has needed a stress leave from work to better be able to care for the patient. The patient's father has had to leave work early to come home and help with difficult behaviors. The sibling is currently seeing a psychologist to work through trauma issues related to witnessing ongoing aggressive outbursts and being a victim of both emotional and physical violence from her brother.

All of these above described challenges can be attributed to the patient's autism disability, and they were present from birth. They will probably continue to be areas of difficulty for this individual over his lifetime. In fact, as the task demands and responsibilities placed on an individual increase with age, his challenges will likely worsen.