

Community Psychiatric Centers

A partnership of Dr. Robert A. Lowenstein, M.D.
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cpcwecare.com

Autism Spectrum Disorders: A Parents Guide

- Autism
- Pervasive Developmental Disorder
- Asperger's Disorder

1-877-899-6500

What is Autism?

Autism is a developmental disorder that is diagnosed when a child demonstrates problems or abnormalities in language, socialization, and behavior. For example, autistic children typically have significant speech delays; they may be nonverbal or only babble, exhibit a limited vocabulary, or use words or phrases in a highly repetitive and obsessive fashion, e.g. use the same word or phrase over and over again. Socialization is also a problem with autistic children often either being quite withdrawn and “off in their own world” or they may approach others in an attempt to socialize but, once involved in the social encounter, may not be sure of what to do or say, which contributes to social withdrawal. Thirdly, there are unusual mannerisms, sometimes referred to as “self-stimulatory behaviors” that may include toe-walking (that continues past 18 months of age), hand-flapping, staring for extended periods of time, jumping, obsessively clinging to a particular toy, among many other unusual behaviors. These odd behaviors are referred to as “self-stimulatory” because it seems that the child is “stimulated” by the behavior and finds the activity to be reinforcing. However, at the same time, these behaviors tend to interfere with normal socialization. Not uncommonly, there are

also hyper or hypo-sensitivities (for example, being extra sensitive to particular fabrics, or insensitive to pain), sleep difficulties (not sleeping throughout the night), food-related issues (being exceptionally finicky or having difficulties with portion management, i.e. putting too much food in their mouth at one time), and difficulties tolerating changes in routine.

When do these behaviors begin?

The behaviors and delays described above begin to surface before the second or third birthday, and sometimes before the first birthday. There are times when the child may develop “normally” for the first 18 months or so, then regress in the form of losing words, socially withdrawing, and displaying those aforementioned odd behaviors.

What causes autism?

There is no known cause of autism. Numerous theories and suspicions abound, but no one knows for sure. Some have implicated vaccines, but the subsequent research has been inconsistent with some findings providing support that vaccines are the culprit but most research findings suggesting otherwise. Genetics seem to play a role given that, for example, the condition is more prevalent in first degree relatives than otherwise. Researchers are also analyzing brain

structure, chromosomal abnormalities, and various medical conditions.

Are all autistic children about the same and what does a “spectrum disorder” mean?

No, autistic children are quite different from one another, just as all children are unique. Moreover, children with autism can present quite differently in the severity and extent of symptoms. For that reason, Autistic Disorder is often referred to as a “spectrum” disorder. This means that the signs and symptoms are on a “spectrum” or “continuum” from one extreme to the other. For example, one particular “autistic” child may be able to speak in short phrases, demonstrate affection with his parents, and only occasionally hand-flap. However, another child, also diagnosed with autism, may be completely nonverbal, exhibit no affection, and display incessant odd behaviors including toe-walking, spinning objects, and obsessively lining-up objects. The “spectrum” can also refer to the wider scope of diagnoses including Autism, Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS), and Asperger’s Disorder. The two extremes on this spectrum consist of Autistic Disorder at one end of the spectrum, being quite debilitating, with Asperger’s Disorder at the other end. Asperger’s Disorder will be described further below and it consists of a number of autistic-like signs including severe

socialization deficits, a tendency to obsess on topics, and an odd use of language. However, people with Asperger’s disorder verbally communicate without too much problem and typically want to be social, they just aren’t sure how.

What about “Pervasive Developmental Disorder NOS”? How does that fit on the “spectrum”?

Many children display only some of the necessary signs for Autism or Asperger’s Disorder, and therefore do not meet full diagnostic criteria for either. In those instances, the child may fall into a broader diagnostic category called “*Pervasive Developmental Disorder Not Otherwise Specified*,” which is also known as “*PDDNOS*.” or just plain “*PDD*.”

How do I know if my child has autism, or PDD, or Aspergers’?

Usually, signs begin to surface early-on, between one and three years of age. Typically, a parent or pediatrician expresses concerns about the child’s lack of language development and related abnormalities. The pediatrician may then refer the parents to a facility that specializes in the evaluation and treatment of autism spectrum disorders, such as *Community Psychiatric Centers*

(C.P.C.), for a comprehensive evaluation. At C.P.C., the child is evaluated by either Dr. Lowenstein, M.D. who is a Board Certified Child Psychiatrist, or Dr. Carosso, Psy.D. who is a Licensed Psychologist and Certified School Psychologist. Between them, they have over forty-five years of experience assessing and treating developmentally delayed children. The evaluation includes a complete history and assessment of current functioning including of the child's social engagement, play skills, speech and language capacity, eye contact, assessment of any "self-stimulatory behaviors, among many other targeted areas. The assessment at C.P.C. will culminate in the explanation of the diagnosis, treatment considerations, ample time to answer questions, and a comprehensive written report with abundant recommendations and resources.

What is "Asperger's Disorder"?

Asperger's Disorder was coined by Hans Asperger in 1944. He described individuals who present with a similar pattern of unusual behavior including, for example, that these individuals are fully fluent and of average intelligence, but often use language in an odd and peculiar manner and display a mechanical quality to the flow of their speech. Individuals diagnosed with Asperger's disorder also tend to be rather obsessive about various topics of interest and will speak on these topics, and sometimes nothing else, for days or

weeks before moving on to some other topic. However, the hallmark and most predominate feature is poor socialization skills. These individuals tend to have poor eye contact, disturbed personal boundaries (can be too intrusive in how close they stand to someone), interrupt, not understand how to begin and end a conversation, and have difficulty with changes in routine. However, individuals with Asperger's Disorder do not experience difficulty with speech fluency and are generally lacking in those "self-stimulatory" behaviors, compared to a child with autism who has difficulty with both of these areas.

Does Autism sometimes also occur with other problems, such as attention deficit disorder?

Yes, it is not uncommon for psychiatric conditions to co-occur. For example, a child with autism may also display over activity, inattention, heightened impulsivity and/or oppositionalism. Consequently, a comprehensive treatment plan is necessary to target not only developmental delay and abnormalities, but also these behavioral issues. Depression can also be observed, particularly in children with Asperger's Disorder given the tendency to experience rejection by peers. As will be described further below, counseling and, at times, medication management can be quite beneficial.

What is the treatment for these disorders?

After a comprehensive assessment is completed and an accurate diagnosis is provided and explained, it is time to focus on treatment. There are a number of options for a child within the autistic spectrum but most treatment strategies are based in "Applied Behavioral Analysis," which is the process of analyzing the small steps needed to complete any given task as well as potential reinforcers (those things that help to increase the chance that the preferred behavior will occur) among a myriad of other considerations. The subsequent information is used to develop "discrete trial programs" to help the child learn the individual steps toward task completion, such as identifying the name of an object to work toward the goal of asking for the object. In that manner, first the child learns, through repeated trials, the sub-steps for completing each activity leading-up to learning the entire task. This strategy is also applied to teaching language in a strategy referred to as "Verbal Behavior" that was coined by B.F. Skinner in 1938 in his classic book "The Behavior of Organisms." Other treatments include Relationship Development Therapy, the TEACCH program, and Greenspan methods, all of which

use various strategies and floor-play to facilitate social skill development. These treatment strategies are generally supported by research results, particularly discrete trial regimens. There are also various food and supplement-related interventions including, for example, eliminating gluten and casein (dairy and wheat products) from the diet, with some parents reporting subsequent positive results but, overall, the research results being inconclusive. Various social-skill development programs are used for children with Asperger's Disorder. Self-stimulatory behavior is redirected into more appropriate behavior such as, for example, directing a child who rocks to use a rocking chair. Sleep and food-related difficulties are also targeted with behavioral approaches and, if necessary, referral for a psychiatric consult and/or to a local feeding clinic. In that regard, clinicians at C.P.C. use a wide variety of treatment options that are tailored to take advantage of the child's strengths while targeting weaknesses. C.P.C. clinicians are not limited to any one approach but are well-versed in most or all treatment modalities to meet the needs of any child diagnosed with autism.

What about medication? Can that be helpful?

No medication has been found to cure Autism/PDD. However, studies have shown that

various medications may help children to profit from educational and other behavioral interventions, and can help reduce some of the target behaviors associated with Autism/PDD. Medications can also treat the so called “co-morbid” conditions often found in children with autism such as ADHD, Tourette’s Disorder, Depression, and OCD.

Major tranquilizers or ‘neuroleptics’ such as Haldol, Risperdal, Zyprexa, Seroquel, and Abilify have been found to reduce levels of withdrawal, stereotypic movements, aggressiveness and self-abuse. Stimulant medications such as Adderall, Concerta, Metadate, Ritalin, Focalin, and Methylin have been found to reduce levels of over activity, poor concentration, distractibility, and impulsiveness. Tic-like and obsessive-compulsive behaviors, as well as some forms of self-injury, have been successfully treated with medications such as Tenex, Clonidine, Prozac, Luvox, and Anafranil. Antidepressants and mood stabilizers like Lithium and Depakote have been reported to reduce some signs of depression and mood instability. Beta-blocker type medications, such as Inderal, usually indicated in the treatment of hypertension, have been found to reduce aggression.

Evaluations of children for Autism/PDD should include a medical history and physical examination, neurological testing, as well as

vision and hearing testing to rule out the presence of inherited disorders such as Fragile X syndrome or tuberous sclerosis, hearing loss, and seizure disorders, associated with Autism. A DNA test for Fragile X syndrome is available, as are other genetic screening and chromosomal analytic tests to rule out inherited metabolic disorders.

I have heard of “wraparound” and “TSS” services, what are they?

Wraparound services, offered through C.P.C., is a state-funded service through Medical Assistance that provides the opportunity for children diagnosed with autism to procure intensive services, for hours per week if necessary, to treat the disorder in the most comprehensive and intensive manner possible. Staff includes a Behavioral Specialist Consultant (BSC) who has at least a Masters Degree and specialized training in treating children with developmental disorders. Also on the team is a Bachelor’s level Therapeutic Staff Support (TSS) worker who also has specialized training and carries out the day-to-day programming necessary to help the autistic child learn adaptive skills. A Mobile Therapist (MT) may also be used to provide counseling. This service can be remarkably effective. Parents can obtain Medical Assistance for their child, regardless of income, through what is known as the “loophole.” Please contact C.P.C. toll free at

1-877-899-6500 for more information about wraparound services and obtaining Medical Assistance.

What is the long-term outlook for a child diagnosed with autism or an autistic-spectrum disorder?

Outcome is difficult to predict. Many children demonstrate remarkable progress such that, for example, in only a few years, the a child may be barely distinguishable from his or her peers. However, other children continue to demonstrate significant symptoms. Nevertheless, virtually all children provided intensive treatment display progress that may manifest, for example, in improved eye contact, being able to carry-on a conversation for two exchanges rather than only one, or being able to express four-word, as opposed to two-word expressions. Improvements may seem small but in terms of being able to function at a higher level in school and in the community, and ongoing improvements over time, these small changes can add up to substantial advances. Consequently, the need for intensive and long-term treatment is vital.

Which C.P.C. office should I call for an appointment?

Please feel free to contact Community Psychiatric Centers for a consultation or evaluation at one of

our convenient office locations in Pittsburgh, South Hills, Monroeville, Greensburg, New Kensington, Leechburg, Monessen, Uniontown, and Carmichaels. We can be reached toll free at **1-877-899-6500**. You're welcome to visit our website at communitypsychiatriccenters.com.

Please tell me more about Dr. Robert Lowenstein, M.D. and Dr. John Carosso, Psy.D.

Dr. Robert A. Lowenstein, M.D. is a Board Certified Child, Adolescent, and Adult Psychiatrist who has directed numerous psychiatric hospital and outpatient mental health clinic programs for children, adolescents, and adults. He is a Life Fellow of the American Academy of Child & Adolescent Psychiatry, Life Member of the American Psychiatric Association, and the Pennsylvania Psychiatric Society. Dr. Lowenstein has been practicing in the field for over 35 years. He has participated in various research studies as a principal investigator, including the effectiveness and safety of medications used to treat ADHD, Depression, and Bipolar Disorder in children and adolescents. Dr. Lowenstein serves on the Board of Directors of the Watson Institute and Craig Academy.

Dr. John Carosso, Psy.D. works as a Licensed Psychologist and also has a Certification as a School Psychologist. He is in the Certification

program at Penn State University in Applied Behavioral Analysis for the treatment of Autism. He has worked in the field since the late 1980's and has evaluated literally thousands of children, supervised hundreds of treatment teams, and overseen the individualized treatment of countless children over the past 20 years. Dr. Carosso specializes in the assessment and treatment of children within the autistic spectrum but also conducts assessments, daily, on children struggling with attention problems, over-activity, oppositionality, and mood fluctuations. He is available at one of CPC's nine offices to see your child and assist with diagnostic considerations and treatment.

What are some available resources you would recommend?

Some helpful texts and websites include the following:

- The company "Different Roads to Learning: Your Complete ABA Resource" (www.difflearn.com) is an invaluable resource for various materials including most of the books listed below.
- The Autistic Spectrum *Parent's Daily Helper* (Abrams and Henriques)
- Verbal Behavior (Skinner)
- Teaching Language to Children with Autism and Other Developmental Disabilities (Pardington & Sunberg)

- The Child with Special Needs (Greenspan & Weider)
- A Treasure Chest of Behavioral Strategies for Individuals with Autism (Fouse and Wheeler)
- Watch, Listen, and Play (Quill)
- Navigating the Social World (McAfee)
- The New Social Story Book, Illustrated Edition (Gray)
- A Work in Progress (Leaf & McEachin)
- Behavioral Interventions for Young Children With Autism (Maurice, Green, and Luca)
- Siblings of Children with Autism: a Guide for Families (Harris, S.)
- The Autistic Spectrum: A Parent's Guide to Understanding and Helping your Child (Wing, L.)
- Taking Care of Myself: A Healthy Hygiene, Puberty and Personal Curriculum (Wrobel, Mary)
- Autism Coalition (autismcoalition.org)
- Autism Society of America (autism-society.org)
- Weightedvests.com or therapyshoppe.com

To address high-functioning Autism and Asperger's Disorder

- A Parent's Guide to Asperger Syndrome and High Functioning Autism (Ozonoff, Dawson, and McPartland)

- Helping the Child Who Doesn't Fit In (Nowicki, Stephen & Duke, Marshall)
- Visual Strategies for Improving Learning and Communication (Hodgdon, Linda)
- The TEACCH program (Treatment and Education of Autistic and Related Communication Handicapped Children) (Mesibov, Gary)
- Division TEACCH (<http://www.unc.edu/depts/teacch>)
- OASIS (on-line Asperger Syndrome Information and Support) <http://www.udel.edu/bkirby/asperger>
- More than Words (www.hanen.org)
- therapyshoppe.com

Sensory Integration

- The Sensory-Sensitive Child: Practical Solutions for Out-Of-Bounds Behavior (Smith & Gouze)
- Understanding Sensory Dysfunction ((Emmons & Anderson)
- The Out-Of-Sync Child (Carol Stock Kranowitz and Lucy Jane Miller)

To address attention-deficit/hyperactivity:

- Childsworld-Childsplay (www.childsworld.com): quality resource for counseling games and books for children

- Taking Charge of ADHD (Barkley)
- Various workbooks including: The "Putting On The Brakes" Activity Book For Young People With ADHD; and The Best of "Brakes" (Quinn & Stern)
- Getting a Grip on ADD: A Kid's Guide to Understanding and Coping with Attention Disorders (Frank and Smith)
- ADD/ADHD Behavior Change Resource Kit (Flick)

Additional Internet Resources

- communitypsychiatriccenters.com (Website provides dozens of links for information on many childhood disorders, including autism, and related resources)