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"Starting at Square One: Understanding the Basics of Autism Spectrum Disorders".

By

Judith A. Axelrod, M.D.
Developmental-Behavioral Pediatrician

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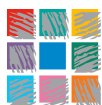
David L. Causey, Ph.D.
Licensed Clinical Psychologist

What exactly is Autism? Why are we hearing so much about it? Is Asperger Syndrome a form of Autism? How can I know if my child has Autism? What can be done to help my child with Autism and our family?

With the heightened awareness about the apparent rise of Autism Spectrum Disorders (ASD) in our society, these are the types of questions that we frequently hear from concerned parents. Typically, the diagnosis of Autism is given to children who have deficits related to social interaction and communication, problems with how they communicate thoughts and emotions, use eye gaze, facial expressions and gestures. Symptoms are present before the age of four years and include real problems with verbal and nonverbal language, deficits in play skills, difficulty interacting with other children, and unusual and intense interests and activities. Interpersonal interaction is affected because of a social learning disability but also because of delayed /abnormal language development. Children with Autism isolate themselves and do not know how to use social interaction to begin or continue interactive play. In addition, repetitive or "stereotypical" behaviors may also be present and may include: hand flapping, crossing fingers in front of the eyes, looking out of the corner of the eyes, pacing, humming, staring at lights, spinning self or objects and repeating sounds/ words. Interests for children with Autism can be intense and idiosyncratic, and often differ from interests of their peer group.

The presentation of children with these types of impairments is widely variable and children being assessed for Autism must meet specific criteria in order to be given this diagnosis. The defining characteristics of Autism Spectrum Disorders (ASD) have broadened since they were first described and include Asperger syndrome and Nonverbal Learning Disability. Individuals diagnosed with ASD may include those with mental retardation to those with graduate degrees from college, each with their own unique abilities, strengths, and weaknesses. Indeed, the incidence of Autism Spectrum Disorder is now considered to be one in one hundred and sixty, an increase that is partially attributed to the broadening of diagnostic guidelines.

Although the specific etiology of Autism Spectrum Disorder is not yet known, it is considered a neurobiological phenomenon. Research suspects a change in the neurobiology of the brain that occurs in the first trimester of pregnancy that triggers the onset of ASD. Some children with ASD have developmental difficulties noted at birth or very shortly thereafter. Approximately thirty percent of children with ASD have normal development until 16-24 months of age and then there is a regression of language, social and play skills. This eventually plateaus and progress will occur at a different rate. Most likely there is a genetic predisposition or familial heredity for the development of Autism. It is known that a sibling of a child with Autism has a 5% risk of having the diagnosis of Autism. How this predisposition is inherited, as well as the issue of what leads to its onset continue to be topics of much research and debate.



So why are we hearing so much about Autism at this time? Because we are now more aware than ever that children develop differently and, in many cases, these differences must be carefully evaluated and closely monitored. Education about Autism is vital because early identification and intervention has long term benefits for children and families.

The first step to get appropriate help should always include a thorough evaluation by professionals who have expertise specific to Autism. A proper evaluation should be followed by a plan that highlights your child's strengths and weaknesses, and describes treatment options. Treatment involves intensive speech and language therapy focused on receptive, expressive, and pragmatic/social interactive language development. Sometimes an augmentative communication system, such as the Picture Exchange Communication System, is beneficial to increase the sophistication of the child's speech and communication. Social skill development and behavior therapy is needed, specifically rewarding positive social interaction. Nonverbal social communication skills should be addressed to include such things as communicative gestures, use of appropriate eye gaze, awareness of social cues. The use of visual materials such as a visual calendar/daily schedule can be of great assistance for a child with Autism Spectrum Disorder. Participation with developmentally typical children in a classroom setting allows for role modeling in communication and social development. Educational personnel who work with the child need specific training regarding ASD and appropriate interventions. Routine, structure, and clear expectation are a must. While focusing on the child's needs is, of course, a necessity, we also believe that support and guidance for families raising a child with ASD is absolutely vital.

Support for families is available. Contact us at Square One www.squareonemd.com or STAR www.starautism.louisville.edu; Kentucky Autism Training Center www.kyautism.com; Autism Society of America www.autism-society.org/; Louisville Chapter of Autism Society of America www.ask-lou.org/.

Judith A. Axelrod, M.D.
David Causey, Ph.D
Ann Hayes Ronald, M.Ed.

6440 Dutchmans Parkway Louisville, KY 40205 · 502.896.2606 · Fax 502.896.0487
www.squareonemd.com

Judith A. Axelrod, M.D., Developmental Pediatrician, earned her bachelor's degree from University of Michigan and her medical degree from University of Louisville School of Medicine in 1983. She completed her residency program in Pediatrics at Kosair Children's Hospital and a Fellowship in Behavioral Developmental Pediatrics at Weisskopf Child Evaluation Center. Dr. Axelrod has been a faculty member at the University of Louisville School of Medicine since 1991 and a Professor of Pediatrics since 2003. She has been on the clinical staff at the Weisskopf Center since 1991. Dr. Axelrod is board certified in Pediatrics and is a Fellow of the American Academy of Pediatrics.

Dr. Axelrod performs a comprehensive medical history and neurodevelopmental physical examination.

David Causey, Ph.D., Licensed Clinical Psychologist, completed his Clinical Psychology Internship at Duke University Medical Center and earned his doctorate degree from Bowling Green State University (Ohio) in 1993. He then became a faculty member at the University of Louisville School of Medicine, in the Department of Psychiatry, conducting his clinical services as a clinician with Bingham Child Guidance Center. For 10 years, Dr. Causey was the Director of a nationally accredited Clinical Child and Pediatric Psychology Internship Training Program and also served as Director of the Keller Day Treatment Program, an intensive psychiatric treatment program and school setting for children and adolescents. His clinical expertise has focused on the assessment and treatment of obsessive-compulsive problems, depression, learning disorders and social development delays. His treatment approaches include cognitive-behavioral therapy, parenting support and training, family therapy and school consultation.

Dr. Causey provides psychological and education assessments, emotional/behavior evaluations, and individual/family therapy services.