

**This is a letter I send to parents if**

**A) I believe their child may have Autistic Spectrum Disorder (ASD) and/or**

**B) Another professional has diagnosed the child with ASD**

**C) The child symptom checklist from the intake papers screens positively for ASD**

**D) The teacher ratings scale screens positively for ASD**

**This letter will explain what ASD is and the numerous ways it can affect children.**

**ASD is considered any form of autism. It always signifies poor social skills including communication difficulties and poor empathy skills. ASD also entails some forms of idiosyncratic behaviors such as sensory processing problems (over sensitivity to fabrics, smells, textures, etc.), resistance to change in routine, rigidity and/or ritualistic behaviors. Autism is a frightening term because parents assume it means the child is seriously disturbed as well as incapable of having a normal life. This is not necessarily the case. Many ASD kids, particularly if they are of at least average intelligence, learn to manage and overcome their deficits and have a normal life. In fact, I have had ASD clients who develop compensatory skills and mature into successful adults.**

**New research is finding that there are children with ASD who lose this diagnosis because they lose their symptoms. In 2014, Dr. Deborah Fein was the first to demonstrate empirically that young people who had lost their ASD diagnosis-who no longer exhibited basic clinical markers of the disorder-tested about the same as typically developing young people on socialization, communication, social skills, and most aspects of language development.**

**It is crucial that ASD kids receive appropriate intervention services as early as possible such as occupational therapy, psychotherapy, academic tutoring, sensory processing training, etc. Like with all “disorders” the earlier and more comprehensive the therapeutic services, the more favorable is the outcome.**

**Many kids with ASD develop an oppositional defiant syndrome. It happens because they are frequently having social and academic problems due to limited empathy, restricted interests, impulsivity, poor focus, impaired concentration, and short term memory problems.**

**This makes them feel “different” and overwhelmed by simple challenges. This perception is exacerbated by being misunderstood, criticized, and at times, rejected or worse bullied. Naturally, they become overly frustrated and angry. When they experience bullying they may act out in anger, frustration and desperation and wind up getting disciplined while the “bully” goes unpunished.**

**Eventually, some ASD kids develop a negative, hostile, and defeatist attitude toward authority figures and school work. In some cases, the child avoids socialization, school work, homework, and studying. Some kids even refuse to go to school and/or fake illnesses to stay home.**

**Many ASD kids seek solace in video games. This is because they are “in control” and not subject to social situations, in which they feel overwhelmed with anxiety and confusion. These kids can attend endlessly to video games which are highly exciting and fun (something they have far too little of). This often upsets the parents who try to limit the usage of these games in an attempt to force the child to “socialize” more and concentrate more on schoolwork.**

**ASD kids often feel different from other kids, especially the more popular ones. Some ASD kids try to compensate by being the “class clown” or other inappropriate attention seeking behaviors. I find that ASD kids can develop anxiety, low self-esteem, and hypersensitivity to bullying, frustration and social exclusion.**

**Many ASD kids are also diagnosed with Inattentive AD/HD and/or Hyperactive-Impulsive AD/HD. Inattentive AD/HD kids are sometimes referred to as the “space cadet” or “daydreamer.” Hyperactive/Impulsive AD/HD kids have trouble with self-control. They act and speak without thinking of the consequences.**

**Medication can stimulate the prefrontal cortex of the brain to think things through before reacting. This can be helpful in terms of self-control, school achievement, and anticipating the consequences. The result is improved social functioning and less peer rejection. The American Medical Association recommends both medication and behavior therapy in conjunction as the optimal treatment for ASD children with AD/HD. Some ASD kids cannot benefit from therapy unless they are properly medicated; so they can better focus and concentrate in the therapy sessions.**

**Another thing to consider are the psychological effects of having ASD. If ASD symptoms are allowed to progress unchecked, the child is often misunderstood and rejected by peers, teachers, and other parents. This can result in the child not being accepted socially (e.g., bullying, no play dates or birthday party invitations etc.)**

**The above interacts to seriously harm the child's self-perception. The ASD child starts to say things like "Kids think I'm weird, Another kid said I'm the autistic girl, Why am I different from everybody else?....Nobody likes me." Self-esteem crumbles and the child is most comfortable with socially isolating themselves. In some cases the ASD child gravitates to problematic peers who exploit them. This pattern can lead to heightened risk for being victimized. Teen girls can be vulnerable to sexual advances mistaking them for friendship and tolerance.**

**Medicating your child is entirely up to you. My focus is therapy: to motivate and help your child develop self-esteem, increased empathy, and techniques to compensate for the ASD symptoms.**

**One of my most important roles is to counsel parents in deciding if medication is an appropriate treatment for their child. My goal is to help your child without medication. Sometimes medication is necessary at least for the immediate future. Therapy can work to lessen your child's need for medication.**

**Parents often put off coming to therapy because they are in denial. They do not want to believe their child is "different." Hence, they put off seeking help until the situation is intolerable. Then when therapy does not immediately help and/or the school is pressuring the parent(s) (with constant notes, emails, and phone calls) the parent becomes frustrated and angry with their child. The child senses this and feels rejected, unloved, and/or alienated from the parent(s).**

**Unfortunately, there is no quick fix; not even medication. I often need to help the parent realize that the best way to help the child is to allow the therapy to proceed until things improve. 504 Plans and IEPs (Individualized Educational Plans) as well as other supportive services can also be needed before improvement is seen.**

**Tutoring from specialized tutors who understand ASD or special needs children can be very effective. Unfortunately, there are not many such tutors around. Ms. Ellen Callahan sees clients in her home in Somerset, NJ. Her telephone is (732) 718-5833. If Ms. Callahan is too far from you, she will refer you to another tutor in your area.**

**The therapy approach I use appeals to many ASD kids whose egocentric orientation makes them indifferent to traditional psychotherapy and social skills training. A major facet of my approach is to motivate socialization. The goal is to increase social awareness leading to an increase in having friends which leads to a more normal childhood.**

**Another important aspect of therapy is to teach self-control. Children who act impulsively often say and do things without considering the effects on others. As a result other kids, including relatives, will avoid, criticize or even bully them.**

**Whenever there is a possibility of a child having ASD it is wise to get a neurological exam. JFK Medical Center in Edison, NJ (732) 321-7010 is a good place to get a neurological exam. JFK takes most health insurances. Such an exam is necessary to confirm diagnosis and *rule out any underlying neurological issues* that may be causing or exacerbating the ASD symptoms. Your pediatrician's office staff may know which individual child neurologist(s) to refer you to who takes your insurance. I can make**

**recommendations but I may not know if the neurologist is in your insurance plan.**

**JFK Medical Center in Edison, NJ has a top grade child neurology department. However, recently they seem to refuse to do an evaluation unless the child is going to require ongoing care at their facility.**

**I also strongly urge you to read up on ASD. There are many fine books on Amazon that can be most helpful to ASD kids and their parents. I cannot recommend any one particular one because as the saying goes, “When you have met one person with ASD, who have met one person with ASD.” In other words, each person is different in how their ASD manifests and what they need to overcome it.**

**Please let me know your thoughts about all this information and if it is helpful.**

**Best,**

***Dr. Steve***

***P.S. This letter is not meant to alarm you. I apologize if it does. Rather, it is meant to give you the benefit of the knowledge I have obtained from my years of experience. The overwhelming majority of ASD kids I have worked with do well as long as their condition is acknowledged by their parents; and given the help, acceptance and understanding they need and deserve.***

***P.P.S. ASD kids will often make gains in therapy and then relapse...which is typical of any behavior change program. Try not to get discouraged if this occurs...and keep remaining positive to help your child regain any lost progress. Maintaining a positive attitude is crucial as ASD kids often feel helpless and hopeless in overcoming their deficits. Becoming negative by yelling, threatening, and being harshly critical or sarcastic will only alienate the child...causing even more problems such as animosity, defiance, rebelliousness, etc.***