

## Reason for Consultation

An evaluation was requested to rule out an ASD. At the age of 14 months, David was seen by an occupational therapist because of his oral tactile defensiveness. Two months later, his social and language skills were reported to have declined. David currently has an expressive vocabulary

## Consultation History

David is being seen by a psychologist in the community to assist with his socialization and language delays. The mother expressed concern about these areas of David's development. The mother noted that David bangs his head when he gets mad or when he does not get what he wants.

On May 4, 2004, David was evaluated by the Fresno County Unified School District's Preschool Assessment Team. That evaluation found David to be displaying several autistic-like behaviors, such as "an inability to use language for appropriate communication, a history of withdrawal and inappropriate social interaction in relating [sic] to people other than his immediate family and self-stimulating ritualistic behaviors." David was also administered the Developmental Profile II, which found him to have a 25%–50% delay in the areas of communication, cognition, and social and emotional development.

David is also being seen by a speech therapist twice a week. The mother reported that David's vocabulary is improving. On November 18, 2004, he had a speech and language evaluation, which revealed a moderate-to-severe delay in both the receptive and the expressive language. It was further noted that David showed weakness in regard to his behavioral compliance, attention, and imitation skills. The speech therapist went on to state, "It is unclear as to what may be the cause of these difficulties; however, they may appear to be the result of an underlying social communication disorder." A recommendation was made

for David to be seen

#### Prenatal and Perinatal History

David was born full term, following an emergency Cesarean section secondary to fetal distress. The mother was in labor for 17 hours, and David's heart rate had dropped. It was reported that the umbilical cord was wrapped around David's neck twice. No additional complications were noted, and David did not require oxygen or ventilation. He was born mildly jaundiced and required some light therapy. At the time of birth, David weighed 7 pounds, 3 ounces and was 20 inches long.

#### Medical History

With the exception of three or four ear infections during the first year of his life, David is a healthy young boy who does not have a history of major medical problems, such as illnesses, injuries, broken bones, surgeries, seizures, or hospitalizations. The parents recently attempted to assess David's hearing through the use of headphones, but he was unresponsive. His hearing is due to be rechecked next week.

#### Developmental History

David rolled over "late," sat on his own at the age of seven months, crawled at the age of eight months, and walked at the age of 12 months. He first cooed on time, said "mama" and "dada" at the age of 12 months, and started naming objects at the age of 2 1

/2 years. David occasionally points to what he wants. He also has a history of using sign language and taking his mother's hand and putting it on what he wants. Gross motor coordination does not appear to be a problem for David. The mother noted that David is almost potty trained.

#### Behavioral Observations

David's evaluation lasted for approximately two hours and included his mother and the case coordinator. During our time together, David would not interact with any of the adults in the room, despite numerous attempts. David also did not play with any of the examiner's toys, such as cars, blocks, balls, or crayons. Instead, David walked over to the phone and held it to his ear. He would then drop the phone, pick it up, and drop it again. This behavior happened repeatedly. David would often flip the light switches off and on and even sat in the trashcan in the examination room. There were several times when David banged his head, full force, into the wall. He did not appear at all phased or hurt by having done so. While there were times when David banged his head if he was not given what he wanted, there were other times when he would bang his head for reasons unknown to the adults in the room. Toward the end of our time together, David turned over his stroller and spun the wheels for 15 minutes.

#### Assessment Findings and Impressions

David is showing several, significant signs of autism, as he is displaying difficulties in all areas consistent with the disorder, namely, problems with social interaction. David's mother noted that he makes sporadic eye contact with others and only occasionally looks at people when they call his name. She went on to say that David is very happy "doing his own thing" but will occasionally bring toys to his parents to play with. The examiner was unable to determine if David brings things to his parents in order for them to serve some type of purpose or if David truly wants to interact with them. The mother also stated David watches other children when they are running around but loses interest in what they are doing when they stop engaging in physical play. It was further noted that David points at animals and then looks at his parents, but there is not much additional pointing or showing. David does not bring or give objects to

others.

In the realm of communication, David's language development was delayed, and he has a vocabulary of only 50–60 words. David is also showing some of the stereotyped patterns of behaviors and interests common in children with autism. For example, even though he is only three years old, his mother noted that he loves to play Halo on the X-Box, and there are times when he carries a stick or some other object around with him for the entire day. David does not have difficulty coping with changes to his routine but grinds his teeth and bangs his head often.

As an infant and a toddler, David liked to be picked up and held. When he was less than one year old, at the prime separation anxiety stage, David would become appropriately upset when his mother or other primary caretaker would leave his line of sight. David has a history of wandering away from his parents, but the mother noted that he looks back to see where she is. She went on to say that David is oblivious to his surroundings and may not be aware of the dangers around him.

David is not displaying any sensory integration issues, with the exception of being a very picky eater. He actually stopped eating at the age of 15 months and would only drink milk. There were also times when he would only eat McDonald's chicken nuggets, not nuggets from the grocery store. He will also not drink out of a cup. David usually plays with his toys appropriately and does not line them up or arrange them by color or shape. He occasionally imitates and wants to do the things that his parents do, such as pretending to cook or clean.

#### Treatment Plan

The mother was informed of this examiner's conclusion that David has autism, DSM-IV-TR code 299.00. He is in need of (and will hopefully be found eligible

for) services from the school district and the Regional Center. It would be helpful for him to be placed in an appropriate educational setting in which he can readily access the academic curriculum, such as an autistic classroom in a regular education school or a nonpublic school that specializes in teaching children with autism. Given the destructive nature of David's head banging, it is crucial that his school placement be in a facility in which the staff is trained to deal with such behavior.

The mother was provided with resources about autism, both within and outside of her healthcare plan.