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PSYCHOLOGICAL EVALUATION
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NAME: Autumn Amber SEX: F BIRTHDATE: 01/01/2008 AGE: 13 - 6

SCHOOL: Verybusy Middle School GRADE: 8

PARENTS: Abe and Barbara Amber

DATE OF EVALUATION: 08/03/2021

PSYCHOLOGIST: Gary M. Eisenberg, Ph.D.

REASON FOR REFERRAL:

Flapping and humming at age three and now extensively pacing at age 13, parents are wondering if Autumn is on the autism spectrum and what to do about the pacing.

BACKGROUND:

Autumn Amber is the oldest child of Abe and Barbara Amber. She lives with her parents and two younger siblings in Bailey, Colorado.

A review of the youngster's early history indicated early labor at age five months, which was stopped. Mother also had a traumatic Cesarean section delivery in which the baby was stuck in the birth canal for a full two hours before emerging.

Baby Autumn was described as independent, quiet, observant, and with a tendency to do her own thing. She rarely sought friends and did not always react to her mother's busy activities. Often, she was fixated on crayons and drawing. She did not always give her parents a big greeting when they arrived home.

Review of detailed information from her toddlerhood years indicated that she rarely participated in shared enjoyment and tended to shift away from eye contact, often looking down.

Autumn and her mother enrolled in Mommy and Me, but her social play was very limited. She was more focused on her work and receiving a sticker. Teachers always indicated she played by herself.

Autumn has long had sensory issues, including the need for headphones to compensate for the loud noises. She would flap after touching some fabrics. She was very tuned into the taste of certain foods, often being able to detect the specific brand name and then reject it. In other words, she was adamant about her food choices. In the early years that she was overstimulated, it would cause a temper tantrum, such as at Halloween.

Autumn is an honor student at Verybusy Middle school currently. She is able to track her homework and can function fairly independently for all school requirements. Zoom classes were harder for her.

Most of Autumn's socialization occurs through the internet. She rarely initiates in-person activities and certainly does not want a sleepover. Autumn finds her room to be her comfort zone, although parents constantly push her to go outside more.

Autumn requires multiple reminders in order to complete home chores. She seemed absent minded and distracted if something (other than her own wishes) has to be completed. Parents are concerned about the pacing, because often she has very limited awareness as to her surroundings and hence, there is a safety concern. Autumn knows she is going to need to pace because her body feels it in the legs. She reports that she can think when she paces and often feels mentally gone. "I like it because I am in my own bubble and I can make a mental picture."

Background questions also included those germane to autism symptoms, such as reading social cues. Parents report that Autumn does not do well reading a room. There are times she may not even know why she is upset or crying. Autumn certainly does get upset if a school routine changes. She also takes her grades very seriously and can be hard on herself if she receives a 'B.'

There is a clear history of self-stimming, including flapping as a younger child and making fists and humming to one's self if excited currently. She can jump, spin, rock, and of course pace.

TESTS ADMINISTERED:

Autism Diagnostic Observation Schedule – 2, Module 4
Youth Inventory – 4, Self-Report
Social Responsiveness Scale, 2, completed by Mrs. Amber
Revised Children's Manifest Anxiety Scale – 2
Achenbach Child Behavior Checklist
Sentence Completion Test

TEST RESULTS:

THE ACHENBACH CHILD BEHAVIOR CHECKLIST	
Test	T-Score
Anxiety/Depression	80
Withdrawal/Depression	88
Somatic Complaints	70
Social Problems	69
Attention Problems	85
Rule-Breaking Behavior	59
Aggressive Behavior	59

**T-scores 65 or above are considered clinically significant. A T-score of 50 is equivalent to a zero (no problems).*

DISCUSSION OF TEST RESULTS:

The Autism Diagnostic Observation Schedule – 2 is considered the gold standard of autism testing. The Autism Diagnostic Observation Schedule – 2 quantifies social interaction. Much of it involves play with action figures or the description of presumably exciting picture stories.

The first ADOS task is for the child to complete a puzzle that intentionally has pieces missing. Although noticing that, rather than inquiring, Autumn stayed quiet ... forcing this psychologist to initiate questions. In other words, it was easier for her just not to deal with the discrepancy. The psychologist and Autumn then read the fantasy book, Freefall, together. She did describe people's actions but did not integrate the story into a continuous thread, nor did she discuss the feelings of the characters. There was no eye contact.

The psychologist then presented a USA map to the youngster in order to provoke conversation about travel. Autumn was not able to make reciprocal conversation, although she did respond to the psychologist's comments by making a weak smile.

The ADOS inquires about the child's feelings. Autumn was very aware about her anxiety and social anxiety. She does not like going anyplace new, especially like a new school schedule. She prefers children like herself who have the same interest.

When asked about anger, Autumn talked about how she does not like surprises. She can get stressed and want to pace if there is too much to do. She would much rather have a list of what is expected of her so nothing can be new or thrown at her impulsively. "I like my alone time." "The only thing that truly makes me angry is my brother, where I end up raising my voice" (sibling rivalry is natural even in autism).

The Autism Diagnostic Observation Schedule – 2 requires that the student teach something to the psychologist. In this case, it was how to brush one's teeth. Autumn was able to do so but with little eye contact, no confirmatory glances, and in fact only occasional furtive looks.

Lastly, the psychologist had an opportunity to help Autumn create a story with action figures. Autumn absolutely would not interact with the psychologist's own characters upon approaching hers. She was capable of some joint attention.

Autumn received a 3 on Communication and a 5 on Reciprocal Social Interaction, leading to a total of 8, which does place her on the autism spectrum.

An additional part of the autism evaluation involved mother completing the Social Responsiveness Scale, 2. Here she rated her youngster on 65 different behaviors. The psychologist subsequently classified them into diagnostic categories. Mother rated the child as frequently avoiding eye contact, avoids group activities, and struggles with change. Sometimes she simply cannot get something off her mind when she starts thinking about it. She rated Autumn as socially awkward, although polite. She might have trouble keeping up with the normal flow of conversations. She certainly is sensory sensitive. Mother's final Social Responsiveness Scale-2 ratings fell at the top of the scale, at a T of 90. This would informally rate her at the severe level of ASD.

Inquiries about other psychological concerns were made via mother's completion of the Achenbach Child Behavior Checklist. Here she rated her youngster on 112 different items. The psychologist subsequently classifies them into diagnostic categories. Mother saw significant concerns in the area of depression and anxiety. This included the need to be alone, timidity, and a lack of energy. At other times, Autumn can be self-conscious, worry, or have extensive fears of failure. She was also worried about Autumn's focus, such as completing things and overly daydreaming.

Inquiries were made to Autumn herself via the Youth Inventory – 4. Here she rates symptomatology of most mental-health disorders. Autumn's ratings were clinically significant in the area of anxiety including extensive worry about future events or doing something wrong. She also has some overt fears of height and swimming. She knows she is too shy. Autumn worries that she laughs or cries at the wrong times and reports feeling awkward with people.

To confirm reports of anxiety, the Revised Children's Manifest Anxiety – 2 was administered. Autumn's scores were clinically significant in (A) physiological components of anxiety (T=61), (B) worry (T=63), and (C) social anxiety (T=65). Total anxiety scores were also clinically significant at a T=51.

SUMMARY:

Autumn Amber is a 13-year-old entering eighth grader referred due to excessive pacing and possible autism. Significant in her history are obvious examples of self-stimming, including flapping and making fists dating back to age three. There are sensory sensitivities to noise, food, and fabric. Even as a younger child, she avoided eye contact and social interactions. Both of these traits continue today. Autumn does not like surprises or anything new. Even a new school schedule would trouble her.

Administration of the Autism Diagnostic Observation Schedule – 2 yielded a paucity of reciprocal-interaction abilities, both verbally and nonverbally. Autumn prefers to be in her own little world. She struggles to understand other individual's feelings as well as her own. She tends to be factual and flat.

The Autism Diagnostic Observation Schedule – 2 score of 8 and mother's high ratings of autistic behaviors on the Social Responsiveness Scale, 2 (T=90) all are consistent with Autism Spectrum Disorder. The social disconnect, self-stimming, and history of sensory sensitivities all clearly indicate a diagnosis of Autism Spectrum Disorder. Autumn is very clearly on the spectrum.

Secondary to the Autism Spectrum Disorder and common with ASD individuals is extensive anxiety, both social anxiety and worry. Autumn worries about future events and having done something wrong. Often, Autumn's pacing is an attempt to soothe herself from these worries. With a limited awareness as to her own feelings, Autumn may pace but not always know what specific anxieties she is trying to soothe. Hence, pacing is part of her overall means of coping .

DIAGNOSIS:

DSM 5: Autism Spectrum Disorder, Level 1
Without intellectual impairment.
Without language impairment.

RECOMMENDATIONS:

1. Agree on a place in the house to pace, plus general rules about pacing ... whose only goal is to make sure she does not pace in a safety situation. Although pacing should be permitted, safer and more sensible alternatives should be explored such as using a stationary bicycle or an elliptical machine.
2. Given that psychotherapy is considered not the treatment of choice for autistic children and given the severity of her anxiety, anti-anxiety medication such as an SSRI is recommended. To this end, Autumn will be referred to her physician.
3. This psychologist recommended a host of books to help both parent and child understand autism. Autumn and one parent should explore some of these on a weekly basis.

Keys to Parenting Your Child with Autism; Brill, Marlene
The Oasis Guide to Asperger's Syndrome; Romanowski-Bashe, Patricia & Kirby, Barbara
Asperger's Syndrome & Your Child; Powers, Michael D. & Poland, Janet
Parenting Your Asperger Child; Sohn, Alan and Grayson, Cathy
Freaks, Geeks & Asperger's Syndrome; Jackson, Luke
Facing Autism, Hamilton, Lynn M.
Asperger's Syndrome, Attwood, Tony
All About My Brother, Peralta, Sarah
Overcoming Autism, Koegel, Lynn

4. Social-skills videos to help with social-skills training or live classes for same are recommended. Contact Peersdenver.org
5. Referral to Applied Behavioral Analysis for additional therapies ... as much as ten hours per week. Referrals were given.
6. This report should be reviewed by school officials for the development of a Section 504 plan or IEP. Recommended accommodations include a.) extended time for all tests b) teachers to glean her attention first before continuing with communication plus as follows:

Please remember the following guidelines in communicating with **Autumn**:

- A) Remember courtesy and respect in communication.
 - B) Be economical with your words (in other words do not say "come and sit down over here near me dear," but rather "sit down."
 - C) Don't preface a command with would you like to--just give the command.
 - D) Always allow for a receptive lag.
 - E) Make sure you have eye contact before you talk (which may require you calling her name or touching her).
 - F) Be positive in directions, rather than negative, it's much better to say "do this" rather than "don't do that" or when correcting the child you could ask a question "what is the right way to have handled this?"
 - G) Always address the child in the same way (not nicknames).
 - H) Be aware of **her** best modality for receiving communication (i.e. eyes vs. ears).
 - I) Keep your voice pleasant and firm, not colorful or exciting.
 - J) Speak at a slower rate to facilitate auditory processing.
6. Environmental recommendations including the classroom:
 - A) Minimize transitions.
 - B) Offer consistent daily routine.
 - C) Avoid surprises.
 - D) Prepare child thoroughly in advance for special activities, altered schedules and other changes no matter how minimal.
 - E) Remove her from stressful situations and let her tantrums expire.
 - F) Provide personal space in a resource room for relaxation.
 - G) Reduce distractions and sensory overloads when possible.

7. Teach social interaction patterns by role playing, teaching and practicing plus modeling. Such examples include: Use role play and record it on cell video and play successful role plays back to her several times.
- A) turn taking
 - B) complimenting
 - C) negotiating
 - D) waiting
 - E) responding
 - F) joining
 - G) accepting answers
 - H) handling joking and teasing
 - I) following the ideas of others



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cc: Dr. Logan Spiderman, Pediatrician