## Autism paper



Adam B., a of mine, suffers from extremely mild autism. He has taken the ADI-R but not the ADOS and the CSBQ. The ADI-R apparently has highconcordance with the ADOS, which indicates that having him take the ADOS may not be necessary (June 29, 2007). The primary thing that stymies both is parental under-reporting. I'd want to talk to his parents specifically about the ways that his condition presents itself. Adam is very gifted. He is reasonably intelligent, though not the smartest in the class, but has excellent spatial, visual and artistic skills. His autism presents itself as a need for order, esoteric ways of viewing the world and difficulty communicating that to his classmates despite being very friendly and sometimes very outgoing, and a degree of judgment about others. In games with others, he frequently has different goals and objectives and wonders why everyone else is so "stupid". The ADI-R and CSBQ may be able to guide my work with Adam. I would recommend, however, that they put him through the ADOS before designing a plan. The ADOS is designed to work with the ADI-R, and while I don't think it's strictly necessary, I believe that it's important to get as many different points of information as possible before beginning a regimen. The ADI-R focuses on social interaction, communication and behavior patterns. I think these are important, but I'd want a more holistic, qualitative look at his symptoms. The CSBQ is helpful because, as a questionnaire, it can provide more data than the ADOS. In conjunction, I think they are a useful guide. One thing I'd want to see specifically is his degree of restricted and repetitive behaviors. In my experience working directly with Adam, I see that his restricted and repetitive behaviors include a specific way he builds blocks and interacts with objects, a shaking of his head that doesn't help with eye contact, and if he is very nervous grabbing

his knees and shaking back and forth singing a non-descript song. The first doesn't distance him from his peers much and in fact makes his constructions very interesting, but the latter two do. I'd want to see how much these appear in an experimental setting. The hope would be to retain the first as a release valve while training down the second and third symptoms. With proper help, his head-shaking could become a nervous tic or a way that he speaks that could actually aid in his communication, while we could direct his nervous energy another way. He seems to like tennis a lot, which provides numerous drills he could use as an alternate habit. My concern is that, while he scores high in some of the ADI-R categories and in autism indicators on the CSBQ, certainly high enough to be diagnosable with autism, that the scores don't tell a complete story. Adam can be very outgoing and pleasant: Autism makes people different in their communication, certainly esoteric and unequivocally unique, but not necessarily worse. I've found that putting him into group settings where his ordered and regimented style can be helpful and into group presentations have helped him come out of his shell somewhat. Improving his art has also helped manage his sensory overload problem. I think, then, that while the ADI-R and CSBQ are good at finding problems, they are not so good at estimating potential. Problems need to be taken into account to make approaches realistic, but no design should ever give up on potential. Giving children chance after chance to participate and improve is essential even if they fail at many of these chances. Adam has certainly struggled with many issues, but by giving him many chances, I was able to see him grow.