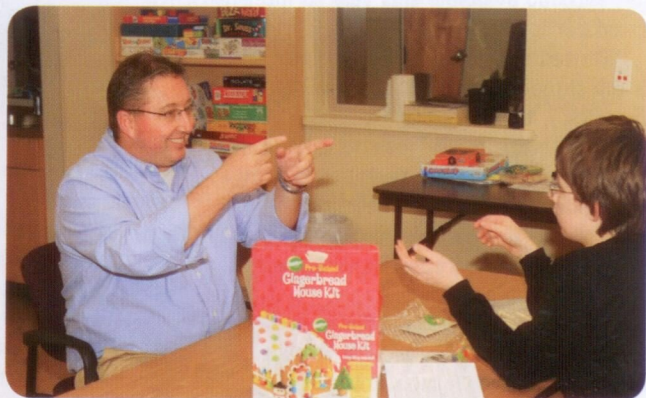




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"Together, our community can support families with members with neuro-developmental disorders, such as autism spectrum disorders, and make a difference in their lives – one individual at a time."

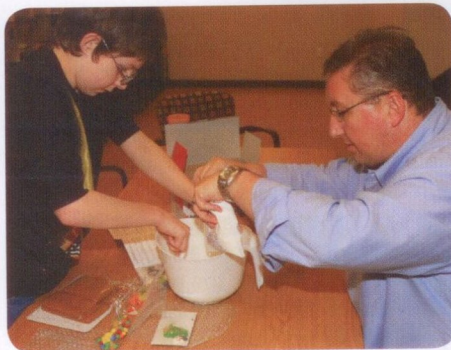
*-- Dr. Tyler Whitney, director,
Intermountain Center for Autism and Child Development.*

Children's bedtime is often a trying time for parents, as kids plead for one more story or movie, another snack or a glass of water. At the Arana home in Meridian, however, getting two young sons diagnosed with Autism Spectrum Disorders (ASDs) tucked in can be quite an adventure.

"Bedtime has always been interesting at our house, because what will help one child might be jumping around and spinning and heavy input and bouncing and what you'd normally not think of for kids to go to bed, and that'll put one son to bed and calm him down and let him be able to lay down and say, 'I feel good, I can rest,'" Amy Arana says, describing 10-year-old Zachary, who has been diagnosed with Asperger's Syndrome.

Asperger's is one of three to five Pervasive Developmental Disorders (PDDs) or ASDs that also includes the more commonly known Kanner-style autism – the diagnosis given to Zachary's 7-year-old brother, Sam, who requires a more sedate bedtime routine to prevent him from "bouncing off the walls."

The outward appearance of these two dark-eyed, dark-haired, high-functioning



teracted with others and pointed to objects, leading his parents to think at the time "we dodged that bullet," Amy says, referring to ASD. Soon, though, their youngest son's tantrums escalated and lasted from 15 minutes to 2 ½ hours, and he seemed to withdraw into a world of his own with his parents and others on the fringes. At that point, the concerned parents contacted their developmental pediatrician who referred them to Dr. Tyler Whitney for a second opinion.

Whitney is a clinically trained pediatric psychologist who works with children and adolescents with emotional and behavioral

with autism and related disorders through empirically-based interventions and state of the art individualized programs." Additionally, Whitney says, the center is a place where families can entrust that their children, adolescents and young adults will receive integrated intervention services throughout the developmental process.

At the center, children receive individualized attention from licensed specialists who gauge how they interact with peers, adults and authority figures. There are special rooms in soothing colors where kids are observed at play and other rooms where families can view videos of their child or children in social and other situations.

The Aranas credit Dr. Whitney and his specialists for their common sense methods and practical exercises that have broadened Zachary and Sam's social interaction and communication skills over the past four years.

"I have probably learned more since we've started working with Dr. Whitney. He's opened my eyes to some things," Amy says, adding, "We've been able to learn how to not make it so difficult in life and to make every situation an education time for our kids."

Trevor concurs, adding that the center has given them tools to teach the diversely different boys developmental skills, such as reading and writing, and social graces that other children pick up on naturally.

These days, Zachary acts as "the little policeman" who focuses on rules and tries to enforce them on everyone else but himself – a typical Asperger's trait. Sam is a go-getter who is more social and fearless.

"Sam is Sam," Amy says. "He's the bull in the china closet sometimes."

Zachary's main Asperger's traits are delayed milestone development, atypical social skill development, language delay, transitioning difficulty, and atypical interests, i.e. focus on objects, such as wheels on toy cars or lining up cars. Sam's disorder is characterized by a short attention span, mood swings, anger, low frustration tolerance, atypical social behavior, language delays, distractibility, flapping of hands, toe walks and tantrums from not being understood.

At the turn of the century, undiagnosed autistic children were perceived as "feral" or "wild children" because their unusual behaviors failed to match standards of other children. Today, much public opinion about autism has been formed in terms of Hollywood movies, such as Rain Man, A Dangerous Mind and Mozart and the Whale.

Although the Aranas recently watched Rain Man and laughed at some of the similarities of symptoms between Dustin Hoffman's "idiot savant" character and

Clinic takes multi-disciplinary approach to autism, child development.

Accurate diagnosis, intervention, research keys to unlocking doors into disorders.

DR. TYLER WHITNEY

brothers who look spiffy in children's Basque dance outfits belies their underlying deficits in social, language, motor and cognitive skills that require special elementary school classes, intensive parental involvement and prolonged therapy interventions.

Early on, Zachary shunned being held, swaddled in a blanket or taken on family outings. He was more content to stare at a ceiling fan as an infant, and later, as a toddler in crowded places to write numbers and the alphabet on a pad. His parents suspected something amiss about their eldest son when he was three and failed to speak in simple phrases or to answer simple questions.

Sam exhibited symptoms at 2 ½. He threw tantrums, his speech developed slowly and he spoke only a handful of words at the time. Conversely, he made eye contact, in-

teracted with families whose children have autism or other developmental disabilities. He is the owner and director of the Intermountain Center for Autism and Child Development (ICACD), located at 2773 E. Gala Street, Suite 120, near Mountain View High School.

The center was conceived and formed by Whitney and a group of committed parents and highly experienced and dedicated therapists from around the region "to provide a place where parents could receive competent diagnoses and gain knowledge and understanding of neuro-developmental disorders as they apply to those they love," he explains.

And, he continues, "The Intermountain Center for Autism and Child Development is dedicated to improving the lives of children, adolescents and young adults


their sons, they don't put much stock in the Hollywood hype. "I wish the world would get out there that these kids are not something to fear," Amy says. "The word is not something to be feared."

Disorders aside, Zachary and Sam have distinct personalities and "the best traits" that make their parents beam with pride, dig out photographs to share and sometimes slow down to watch a caterpillar for hours with the boys and find enjoyment in that.

The Aranas and Whitney agree that early

intervention, good schools and treatment programs can impact the lives of these special children.

"An ASD diagnosis is not always as significant as the media and other less informed factions make it out to be," Whitney says. "Yes, it is a very sobering moment for a family and child or children, but it can be viewed as an opportunity for growth, probably not the growth that any of us would hope for, but certainly an opportunity to get to know ourselves better.

Challenges are character building and this challenge is no different in that sense." 

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Intermountain Center for Autism and Child Development*

Video technology captures timeless moments. Recordings "capture the cause, not just the effect."

Ron and Sharon Oberleitner of Boise spent nearly two years on the medical circuit in search of answers to unlock the mystery of their toddler son's odd behavior, marked by loss of speech, fixation on objects, repetitiveness, hand clapping and failure to make eye contact. They were hampered in their quest for a cause for these frightening and puzzling mannerisms by their inability to enlighten doctors about episodes that occurred in the middle of the night or out of the blue.

Robby, now 14, was finally diagnosed with a Pervasive Developmental Disorder, not otherwise specified (PDD-NOS), an Autism Spectrum Disorder, when he was little more than three years old. Now, his parents are intent on helping other families cope with the realities of what can be a devastating diagnosis through outreach and technology.

Along with another father of autistic children, Ron developed, tested and now markets a video technology program, called Behavior Imaging™ (BI) Capture, which records events continuously through multiple cameras installed in a room. The cameras make video clip "captures" of autism episodes retroactively when a teacher or parent pushes a button on a remote wireless device.

"We make the video capture, called BI Capture™, and we provide Web sites for the families to be able to upload the video captures to doctors, teachers or speech therapists. They can look at those video clips next second and help these families," Ron, Chief Executive Officer of Caring Technologies and Talk Autism, explains.

A few years ago, he designed the "next generation" device with Dr. Gregory Abowd, a professor of Computer Science and Human Computer Interaction at the Georgia Institute of Technology. Abowd has two autistic sons.

Together, these two impassioned fathers secured a two year grant to study and research the technology's capabilities through the National Institute of Health's Institute

Human Development. They received an initial grant of \$150,000 and a second grant for a million dollars.

"So far, it's been proven that if you have this in the classroom, teachers are able to understand what's causing a child's bad behavior with autism much better than if a professional was sitting in the room while it was happening," Ron says. "That's an incredible finding, because normally it costs lots of money and professionals aren't even available to sit and observe these children that might have an issue."

The next step is to extend the technology into homes so families can transmit behavioral data instantly to health care providers and get immediate help and advice instead of waiting for an appointment days or weeks later. Ultimately, the video clips could become part of patient records to enable specialists to track behavior over the years and assess whether common factors, such as allergies, spark episodes.

The day Robby was diagnosed with low-functioning autism "was like a day of mourning, a year of mourning," Ron says. "It's not just that day of diagnosis. It's the indecision and no formal template or recipe to go by to really tell you that your child is not comparing well or not developing normally."

Doctors knew little about the disorder at the time and gave the Oberleitners the traumatic advice to take their youngest of three children home and look for an institution for him.

"That's a very horrific thing to find out in this day and age - that there's not any kind of hope. Things have come a long way in the last five to 10 years where kids who are getting diagnosed now live with their families. The doctors are starting to understand that there are effective treatments that can help lessen the disabling aspects of autism and, in some cases, help kids overcome autism enough that they can function pretty well in society," Ron says.

Depressed and in denial at first, Sharon soon kicked into "manic mode" to find out everything she could about the disorder, to seek treatment options and to fight for school programs that addressed Robby's special needs.

Today, the Oberleitners, who moved to Boise from New Jersey three years ago, are dealing with a new set of challenges as Robby matures and faces adulthood with lingering disabilities. To address his needs now, he is enrolled in a multi-handicapped program at Les Bois Junior High School.

"For me, what's been very difficult, the last couple years, is watching him get older. My dreams and my hopes when he was three were that he would be cured. I really thought things would be much better than they are right now," Sharon says.

"A lot of it is emotional, thinking that. That's not to say my dreams are over, but it's more of a realistic view that he's probably never going to be cured. I don't want to ever not believe in miracles, but it will be a miracle for it to happen. So now it's a little more somber, thinking that this is what it's going to be like for the rest of his life. I really need to focus on what his adult life will be and to start working in that area, as well."

*To learn more, please visit:
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www.mychildshhealthrecord.com
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FACTS about Pervasive Developmental Disorder (PDD)

Pervasive Developmental Disorder (PDD) is a category designated by the American Psychiatric Association to indicate children with delay or deviance in their social, language, motor and/or cognitive development. Autism, Asperger's Syndrome and PDD-NOS (Not Otherwise Specified) are three diagnoses within the PDD category.

Children diagnosed with PDD-NOS exhibit impairment in the development of reciprocal social interaction, verbal and non-verbal communication, or when stereotyped behavior or activities are present.

The behavioral camp takes the existing behaviors in ASD and works to teach, modify or adapt behaviors to become more communicatively and socially functional.

Autism is the most severe of the pervasive developmental disorders. It indicates a primary disturbance in the individual's ability to relate to others. Language and cognitive delays are common.

Autism behaviors include insistence on sameness, hand flapping, body rocking and resistance to change.

In the genetic and biomedical camp, there is a strong focus on the physiology of ASD. The cause is unknown, but there is a strong inference to abnormal genetic patterns or negative environmental effects. Remediation methods focus on altering physiology through the use of discovery of toxins in the environment or supplements to help the body recover from ASD symptoms.

Research-based treatments for PDD include individualized comprehensive programming, with best results being noted in children who start very early in the developmental path. Specific examples include: applied behavior analysis (ABA), structured teaching (TEACCH), developmental models (the Denver Model), speech and language therapy (DTT), social learning (DIR, RDI, and PLAY Project), educational intervention (SCERTS Model) and other adaptive methodologies for older children, adolescents and young adults.

Autism has its origins in the first weeks or months of life. It is characterized by marked problems in social interaction, as well as by delayed and deviant communication development. Speech is absent in about 50 percent of cases.

"An ASD diagnosis is not always as significant as the media and other less informed factions make it out to be...it can be viewed as an opportunity for growth, probably not the growth that any of us would hope for, but certainly an opportunity to get to know ourselves better. Challenges are character building and this challenge is no different in that sense."

Two schools of thought on PDD that currently exist are the genetic-biomedical camp and the behavioral camp.

Asperger's behaviors in younger children include lack of appropriate gaze, lack of warm and joyous expressions integrated with gaze, lack of "to and fro" or reciprocal verbalization, atypical emotional expressions ("Oh Wow," "Uh-huh"), intense shyness or constant personal boundary violations and lack of response to general and neutral statements, such as "Oh, it's raining again."

Asperger's behaviors in older children include problems with friends, misinterpreting social information, rigid or black-and-white thinking, problems sequencing stories and lack of awareness of personal roles in relationships.

One in 150 children in general have some form of Autism Spectrum Disorders (ASD), and one in 94 boys exhibit symptoms, according to statistics cited by Whitney.

If you suspect your child has developmental differences, consider early screening by primary care providers (before 18 months), parent education through primary care providers, referral for a comprehensive ASD evaluation by a specialist, early intervention and education services, audiology and vision evaluations, prolonged assessments and intervention with trained specialists and follow up services as necessary.

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