

Autism: One face of the child with developmental disabilities

You may recently have seen that Governor Doyle's 2007-2009 budget proposal would require group health insurance plans to cover treatment for autism. Now that autism is a household word, and affects upward of 1/150 children in Wisconsin, everyone has been touched by someone who has this diagnosis. But I think the attention to autism, to the exclusion of other disabilities, misses an important point—that autism is but one aspect of complex neurodevelopmental disorders.

I think of the term "autism" as an adjective, a description of relatively poor social and communicative skills, compared to cognitive abilities. Certainly, I use diagnostic criteria, as well as autism-specific tests to help me make this diagnosis; however, it's a clinical impression, similar to other DSM-IV-defined conditions.

Autism cannot be thought of as a medical diagnosis equivalent to type 1 diabetes. It is a behaviorally-defined disorder, the result of aberrant brain development. Whether that brain dysfunction is manifested as an intellectual disability (impaired cognition), cerebral palsy (impaired motor development), ADHD (impaired executive functions), or a learning disability (impairment of a particular aspect of learning), varies with each individual child.

Some children present clear and consistent diagnostic pictures to us. These children are primarily affected in one stream of developmental dysfunction or another. It's not all that hard to sort those children into our handful of developmental diagnoses.

It seems clearer to me over time that many, if not most, children have complex characteristics, and what we may call it depends on an imprecise system. The diagnostic interview and assessment are the result of a confluence of 3 stories: the parents and their ability or willingness to tell their child's developmental story; the interviewer, who is variably prepared to

see one developmental condition or the other; and the child, who may or may not show the characteristics reported by parents in a 1-2 hour slice of his or her life.

Research supports this view as "comorbidities" increase. The autism spectrum may be seen at an increased rate in children with cerebral palsy, intellectual disabilities (MR/CD), in children with developmental language disorders, and even, now, in ADHD. Child development is complex, and disorders of brain development are manifested in complex and various ways. Autism is just 1 facet of children with developmental disabilities.

This leads to 2 conclusions: 1) any initiative that seeks to limit services only to children with autism misses the complexity of children in general; and 2) all children who are struggling to keep up with their peers benefit from early, intensive developmental interventions, not just children with autism.

All children deserve the very best we have to offer them.

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