

Our Child Has Asperger's: A Parent's Testimony

Our son was adopted at birth. Although he was exposed to drugs in-utero, he was born seemingly healthy. He suffered severe ear infections in infancy and during his first year of life, with near-constant antibiotic use. After ear tubes were placed at age 2, his ear infections ceased and he was physically healthy.

From an early age, our son's behaviors and reactions were different from other children. He was extremely hyperactive, under-reactive to some sensory stimuli and over-reactive to others. His eye contact was minimal and he could not remain focused except for self-initiated tasks or activities. He had fine motor delays and became over-stimulated in a group setting. We placed him in a specialized therapeutic preschool with 5 children per class, hopeful that a low-stimulating environment would help socially and academically. In addition, he began Occupational Therapy for fine motor training and sensory integration, and psychotherapy for behavior management.

By Kindergarten, our son had multiple diagnoses --- ADHD, OCD, Sensory Integration Disorder and dysgraphia. He did well academically in a mainstream private kindergarten but struggled socially and behaviorally. We sought the help of a psychiatrist who tried several medications over a year's time. Most medications were ineffective or minimally helpful. The only helpful medication came at a cost --- it had to be paired with another drug to minimize its side effects.

During this time, my son went to weekly visits with a psychotherapist but made no real, *functional* progress. We were frustrated and alarmed when our son began to get worse, emotionally and behaviorally. When we took him to a special camp for kids with ADHD, the leaders of the camp suggested that our son's problems seemed more "involved" than ADHD and wondered whether he could possibly be on the autism spectrum.

During this time, an additional medication was added to our son's regimen, with disastrous consequences. Our son became unmanageable, physically and verbally aggressive and someone we hardly recognized. Our home felt like a battleground and we dreaded each day. We began homeschooling, as our son was too fragile to go back to his school. We were alarmed at the personality changes and aggression we were seeing in our son, and even more alarmed his behavior remained extreme, even after the problem medication was stopped.

We knew that we had to make changes in our son's care. God is faithful, and after much prayer, He answered when we found Beth's website. From our first meeting, we could tell that Beth was different. She involved us in our son's treatment. She immediately modeled and taught us specific neurobehavioral techniques and behavior modification strategies to use with our son. She explained the complexity of neurodevelopment, under-developed sensory systems and the impact of in-utero drug exposure. Beth taught

us daily exercises to strengthen our son's weak vestibular system and sense of proprioception. She was responsive to our questions and concerns and coached us through behavioral situations that were overwhelming. She gave us reassurance when we felt hopeless. She helped us to find respite and to make it through the most difficult year of our lives.

Beth's approach incorporated biomedical evaluation, which was invaluable to our son's well being. We had begun dietary interventions a year prior to meeting Beth, and were pleased to work with a practitioner who was knowledgeable and familiar with the benefits of nutritional intervention. Through the process of biomedical evaluation, our doctor and nutritionist identified previously unknown food allergies, metabolic insufficiency and a bacterial gut problem. Our son's complex metabolic issues explained his adverse reaction to medication and helped us to see where his nutrition most needed supplementation. Over a period of months, our son's health and mental health improved drastically. With help from our psychiatrist and nutritionist, and with the help of Beth's structured interventions, we were able to successfully wean our son from all medications.

We noticed other progress as well. Our son's slow, steady progress in OT began to occur in "leaps and bounds." Beth's neurobehavioral techniques and exercises made a direct impact on his sensory and proprioceptive functioning. In a matter of months, we saw changes in our son's auditory sensitivity. He even attended a sporting event without noise cancelling headphones. We have seen a dramatic reduction in sensory-seeking behaviors. Even our son's eyeglasses, designed to stabilize binocular teaming, were reduced to 1/3 strength after 9 months of working with Beth.

Beth has shepherded us through the most difficult year of our lives. The outcome is so much more than we could have imagined. Our sweet, happy, gentle son is back! After many months, Beth diagnosed our son with Asperger's Syndrome. She made this diagnosis after lengthy assessment and after observing him in peer-to-peer play, group activities and in both educational and family settings. Having an accurate diagnosis for our son has changed our lives. We are better able to identify "cant's" and "wont's" and to have more appropriate expectations of our son. Our previous attempts to address his "ADHD/OCD" (insight oriented techniques, unstructured play therapy, consistent timeouts) never got to the root of the problems we faced every day. With Beth's help, we are better able to tailor our responses and environment to meet our son's specific needs, rather than treating symptoms without addressing the underlying problem. Beth's techniques produce results that can be seen in *improved functioning*. She looks at the whole child and views behavior across a variety of settings.

Another issue we faced before we met Beth had to do with assumptions that are made about adopted children with Aspergers. Some symptoms associated with Aspergers can, without careful assessment, be mistaken for attachment issues. The expectations and rigid structure that arise from this misperception can worsen an autistic child's behavior. Strategies that are healing for children struggling with attachment (lengthy time outs, insight-oriented accountability and "waiting out" the "wont's") were not effective with our son. Many children in the spectrum simply lack the frustration tolerance, insight and

pragmatic skills to successfully navigate the behavioral model used to treat “attachment issues.” Furthermore, approaching an ASD from an attachment mindset can worsen anxiety. When the child cannot understand the “why’s” of behavior, s/he will never develop insight into why a behavior is undesirable. For children in the spectrum, teaching behavioral change requires a more basic approach, and the help of the parent to identify and reinforce replacement behaviors. Beth helped us to practice specific “pre-do’s” and “re-do’s” to rehearse/reinforce desired behaviors. In addition, she taught us that repetitive behaviors that are part of ASD’s, when misunderstood, can be seen as “wont’s” when they are really “cant’s”. In this event, the meaning of behavior can be entirely misinterpreted. Beth’s wealth of experience with the foster/adopt community is reassuring to us as we deal with complex neuro issues, without the benefit of a detailed medical history from a birth family.

We are so fortunate to have found Beth and to benefit from her depth of knowledge and her ability to work with the whole child. She uses strengths to overcome weaknesses. Her individualized approach is refreshing --- there are no “cookie cutter” interventions. Each child and family’s needs are assessed and an individualized program is created to make lasting, positive changes in each child.

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