

## **Autism Case Training: A Developmental Behavioral Pediatrics Curriculum Communicating Concerns: Screening and Diagnosis Results: Part IIA**

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*Visual:* “Learn the Signs. Act Early.” campaign marking

*Visual:* Autism Case Training: Video Role Plays

*Narrator:* The following video role play was staged with an actual physician and with real parents of a child with autism.

*Visual:* Communicating Abnormal Results from a Screening Tool: Part II-A

*Narrator:* In this role play, Tommy, the patient, is now 30 months old. His parents are having a follow-up visit with their pediatrician after having had Tommy evaluated by a developmental specialist.

*Visual:* Doctor and Tommy’s mother and father are sitting in chairs in a semi-circle.

*Pediatrician:* Welcome back. It’s good to see you.

*Mother:* We brought Tommy today. He’s in the other room with his Nana, and he’ll be fine. He’s got his blocks to play with too.

*Pediatrician:* Great. Let’s review the letter from the developmental pediatrician together. How did the evaluation go?

*Father:* Well, they got a pretty good picture of him, even though he wasn’t that cooperative at first.

*Mother:* They didn’t see him at his best, but he showed the doctor who he is.

*Pediatrician:* Oh good. I received a copy of that letter also.

*Mother:* They make him look worse than what he actually is. I mean he’s advanced in many things. Do you agree with the diagnosis? And what does PDD-NOS mean, and how does that relate to autism?

*Pediatrician:* You know, the terminology, PDD-NOS, and all of the other terminology associated with autism spectrum disorders is very confusing. PDD-NOS, Pervasive Developmental Disorder Not Otherwise Specified, is one of the autism spectrum disorders. And you’re absolutely right. Tommy’s not delayed in all areas. He has a lot of areas of strength and really nice abilities. When we talk about PDD-NOS, it falls under the umbrella of the autism spectrum disorders, but it’s distinguished from autism and Asperger’s, which are two of the other ASDs.

*Mother:* I read about Asperger’s, and I think Tommy’s brother may have it. But I didn’t know it was like autism.

*Pediatrician:* That’s an interesting observation, Michelle. Do you think it’s a possibility?

*Father:* I don’t know. I really haven’t thought about that.

*Mother:* Why did this happen to Tommy? I mean, what does this mean? Was it something I did when I was pregnant?

*Pediatrician:* I hear how worried you are about why this happened to Tommy, but you should know that this is nothing that is your fault. Most of the time we do not know what the cause of autism is. We do know there is a genetic component, and that there are probably some environmental triggers.

*Father:* Does this mean his sister Renee can get this?

*Pediatrician:* You know, Renee is four, and up until now we haven't seen any signs that suggest any of the features of an autism spectrum disorder. But you know, after you do more reading and learning about this, if you have any questions or concerns at all please let me know and we can talk about it and see if we need to look more closely.

*Father:* Will Tommy outgrow this? I mean with early intervention does he have a chance to have a normal life when he's older?

*Pediatrician:* It sounds like you've been doing a little bit of reading about early intervention. An autism spectrum disorder is a life-long diagnosis, but there are ways that we can help Tommy. Early intervention is one of those ways. And if we get him help early and intensively, we can help Tommy to reach his full potential by helping him to build some skills and address those areas where he's having difficulty.

*Father:* We'll have to sit back on this for awhile. I don't like Tommy being labeled.

*Pediatrician:* I hear you, and we can just continue to think about this. But I think it is important to talk about what's next.

*Mother:* And what is that?

*Pediatrician:* The next step is to get Tommy some early intervention, and that can happen in a number of different ways. It could be in your home, it might be in preschool, although I know Tommy's not in preschool right now, or it could be in a center. The idea is for him to get services in a natural setting.

*Mother:* But wait a minute. He's making such progress. Why early intervention?

*Pediatrician:* Well, it's so great to hear that Tommy is making progress, and I think a lot of that has to do with how hard you've worked with Tommy and really tried to address a number of his issues. But, I think that if we provide early intervention, this will help to continue to accelerate him just developing all sorts of new skills. And you know, it's usually really great for parents also, because the two of you can learn some novel and new ways to help Tommy and be just really stronger advocates for him. And those kinds of services continue until he's three years old.

*Father:* Then what?

*Pediatrician:* When Tommy turns three, your public school system will provide services to him. And there are laws that are there that require the public school to provide these services to

Tommy. And it may be provided in a group, or in a one-to-one setting. I'm not sure yet, we don't know quite yet what will be best for Tommy.

*Mother:* Well, we tried preschool, and it was an absolute disaster. I mean, he got kicked out, and I don't want to send him to school before he's ready.

*Pediatrician:* I completely agree with you, and I also do not want to see him in a school program that is not an appropriate one for him, where the supports that he needs are there and the kind of help that he needs is available. But for now I think we should just get started with early intervention, and get him connected to early intervention and see how it goes, and then as he gets a bit older we can figure out what the most appropriate placement for him would be.

*Mother:* Okay, so how do we do that?

*Pediatrician:* Well there's a number that you need to call and I can send along to them all of the appropriate paperwork. And then, as you go through this, it's important to keep a record of all these different visits and all the different information that you receive.

*Father:* Why do you think early intervention is so important?

*Pediatrician:* Well, you know, Tommy is such a wonderful boy, he has so much to offer, and I think we just want to get him the kind of help that he needs and would be beneficial so that he can really flourish and be successful in lots of different settings.

*Mother:* You know, this is really hitting us hard. I mean, we just thought he was a little different and just that he would be fine.

*Pediatrician:* I hear you. I can see how upsetting this all is, and it is a lot to take in all at once. And I have a lot of confidence though that Tommy is going to continue to make good progress.

*Father:* Okay, Doctor. We have enough to think about for today. We'll call the program.

*Pediatrician:* Great. And if you have any additional questions or concerns, please feel free to call me. I hope that the materials and the resources that I gave to you are helpful, but if you have other questions that come up, call me. And I'd like to keep in touch about this so I can hear how things are going so I'm going to make arrangements for us to follow up in a few weeks.

*Mother:* Thank you so much for all the information and for your help.

*Pediatrician:* You're very welcome.

*Visual:* Doctor and Tommy's parents shake hands.

*Mother:* Thank you.

*Father:* Thank you so much, appreciate it.

*Visual:* Pediatrician played by: Carol Weitzman, MD, FAAP, Yale University School of Medicine; Parents played by Thomas and Nicole Moore

*Visual:* Producer/Director: David Hughes Duke; Camera Operators: Scott Bynum and John Duke; Video Editor: David Porter; [www.livingstories.tv](http://www.livingstories.tv)

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