

## Carlecast 13 - Autism Part 2

**Dr. David Graham:** It's Carlecast Number 13 -- Autism Number 2.

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Hello and welcome back to the Carlecast. I am Dr. Dr. David Graham, your host and producer of these shows, where we give you doctors talking with doctors on issues important to your health.

Well, even though we've got the unlucky number 13 Carlecast, we've got something really exciting and that is the finish of the first for the Carlecast -- a two part episode. We once again have Dr. Morton from the Division of Pediatrics, Carle Clinic in Urbana, Illinois speaking on autism, a subject he has a great deal of passion for.

On the first episode (that was Carlecast 12), he spoke to us on the evaluation and diagnosis of autism. And in this episode, he has lots of really important information on therapy -- ranging everything from young, young preschool years up through school and what resources are available out there for parents and children of parents with autism, because after all something like this has to be considered a family disease.

Now there are a lot of things given out in terms of information here, and phone numbers, and things like that. And I really don't want you folks feel like you have to scramble writing down a phone number. I do want to remind you that all of the Carlecasts are transcribed, and the transcriptions are downloadable to your computer. You can print them out and have those numbers available for you anytime you want.

Well, I'm really excited to get you folks into hear all the great information that Dr. Morton has for us on the treatment of autism. So let's get right to it. Once again, it's Dr. Morton.

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**Dr. David Graham:** And I'm back today with Dr. Charles Morton, our specialist at Carle Clinic in autism. We spoke previously about the impressive statistics of the incidents of this disease -- how many kids actually have this. Which I think, for those of you who listened to the first show, probably surprised a lot of you. I know it surprised me.

And also the different steps that we go through to help make this diagnosis. And so, now that we know a child has this disease, really we need to talk about what best we can do to treat not only the child, but even the whole family, because this is something an entire family goes through. And I think Dr. Morton has a lot of really excellent information to

help share with us today on that topic.

Glad to have you back with us, Dr. Morton.

**Dr. Charles Morton:** Well, thanks, Dr. Graham, for inviting me back.

**Dr. David Graham:** Like I said, this is a disease that affects certainly the child, but it has to affect the entire family as well.

**Dr. Charles Morton:** At the time of diagnosis, parents are sometimes just blown away, but frequently they are prepared for the diagnosis because they've had a lot of time to think about it. Generally with autism, if you've seen a show about this, looks a particular way. And if you basically keep that idea about the child with autism, you're probably not going to recognize that in your child, if you have autism, because every child with autism is different from the next child.

**Dr. David Graham:** So the TV shows certainly love to show different approaches to therapy. I guess when we look at the real world, what kind of approaches to therapy do we often see?

**Dr. Charles Morton:** Well, unfortunately on the TV shows the odd, the unusual, the spectacular are what get press coverage. Unfortunately, the things that really work are less odd, less spectacular, but they are extremely important.

Now what I'd like to do is talk about some approaches, some different avenues that parents have available to them, so the parents don't have to feel overwhelmed and alone in this process.

**Dr. David Graham:** Certainly, I imagine, as a parent myself I can't even envision how overwhelmed I'd feel, thinking and finding out that my child is autistic. So what kind of help is there for the parents?

**Dr. Charles Morton:** Well, what I do when I see the family in my office, is I try to lay out a path for the parents -- an approach to getting some help for their child, because they aren't in this alone. And there are lots of different people in the community who are available to us to help guide us, so we do not have to reinvent the wheel.

What I'd like to start with is just parent support in general. In Champaign-Urbana we have an incredibly wonderful parent support group -- the Champaign-Urbana Autism Support Group. They hold a meeting each month on the first Thursday on the university campus. It lasts a couple of hours. They provide free child care, which is wonderful. Additionally, they have an orientation program for families at the beginning of a diagnosis. So they have three different sessions where they bring the parents in to teach them about autism, to teach them about the resources that they have available to them.

If I can give that telephone number, it's (217) 244-1395 to access that information. Those orientations happen three or four times a year.

**Dr. David Graham:** Now, certainly if you're not fortunate enough to live in the Champaign-Urbana area, would I be correct in the thinking these types of support groups are relatively common in reasonable sized cities?

**Dr. Charles Morton:** They're relatively common. Peoria's got an excellent group. Bloomington has an excellent group. These groups are popping up all over the place. Some of them are better than the others. The ones I've seen in Illinois are excellent.

**Dr. David Graham:** So then, as we start moving into thinking about how the whole family and the parents would interact with the child as therapy, what kind of things are looked at in that way?

**Dr. Charles Morton:** The first thing I talk to the parents about is how they are going to make a difference for their child. A lot of these children are very content to just remain in their own space, their own comfort zone. We parents have to change that; we have to interrupt that. And one of the most beneficial ways of doing that is to join the child in whatever the child likes to do. If the child likes to spin, the parent can spin. If the child likes to play with a particular toy in a particular fashion, the parent can imitate this.

By imitating the child's play and joining in the child's play, the parents are forcing their way into the child's relatively narrow world, and they are allowing expanded circles of involvement for that child, so the child's more comfortable with other areas.

This is called joint attention training. And this joint attention is incredibly important to language. So children with autism have a lot of words, but they don't use them to communicate because they don't have joint attention. The attention is not really joining two people together. What we're trying to do is teach them how to join attention to somebody else. By accomplishing that, we're going to make language a more useful thing for them.

**Dr. David Graham:** So language is certainly helpful, and the parents interacting with the children. What about other resources that you bring to bear to help out with both the family and the child?

**Dr. Charles Morton:** One of the most important things we're going to do is get them connected to some kind of therapist. Therapists are wonderful. There's a lot of evidence that shows therapy is incredibly helpful -- primarily speech and occupation therapy, as well as developmental therapy for the children less than three.

We can access those services through the early intervention services, and I'm going to talk about that in a little bit. That's for children less than age three. Once they turn three, the schools take over. And the schools do a wonderful job, as well as provide individual therapies.

There is also individual therapy available through the medical or the private community. Carle has excellent speech and occupational therapists, but there are also a number of

other private therapists in our community who are quite adept at helping families and children to overcome their child's autism.

**Dr. David Graham:** It sounds then like the therapies are very much geared towards the age of the child. At the different age levels, what kinds of approaches are taken, and what kind of things are looked for and emphasized?

**Dr. Charles Morton:** We really have a great emphasis towards as early a diagnosis as can be made. I think it's possible to diagnose autism around age two, or maybe even a year and a half. There is effort to push it down even lower. The reason for that push is that if you are less than three, we can send you to early intervention. Early intervention isn't just working on the child. It's working on the entire family, to try to change the dynamics in the family and change the trajectory of that child's future.

The early intervention programs provide a wide variety of therapists. They even have equipment. They have nutritionists. They have tremendous resources. You don't have to be referred by your doctor to early intervention. Parents can pick up the phone, and call the early intervention programs themselves to get things going.

There is a number for our region here to call. It's (217) 442-8097. But if you live anywhere in Illinois, you can find out what the number to the program closest to you is by calling (888) 323-GROW. They help tremendously with changing how families interact. And it's a different emphasis compared to the school program.

**Dr. David Graham:** Now you said that even as early as age three and over the schools become involved.

**Dr. Charles Morton:** Right, this is something parents don't really understand. They have this idea that they'll send their children to school when they turn five. And sometimes they're afraid to send their child before age five, because they're afraid of what may happen to the people taking care of the child. Because maybe he's aggressive. Maybe they think he's just not capable of learning in school.

There's an early childhood education program that takes over from the early intervention programs on your third birthday. They provide therapies. It's a daily program. Every day the child goes to school. It's not a full day program until you turn five, but it's two and half hours a day. The school bus shows up, the school bus takes the child to school, and then the school bus takes the child to where the child needs to go next. That could be to a daycare program. That could be back to the home.

But these programs are staffed by experts. They have a very different emphasis, and that's on the group activities. It's very helpful to transition to group activities so the child with autism can work on those interactions with other children.

**Dr. David Graham:** And then, as they get older?

**Dr. Charles Morton:** When they get older, then we start to look to more comprehensive kinds of programs being of benefit to the children. There's a book called Educating

Children with Autism that's available online for about \$30. It's published by the National Academy Press in 2001. There's a middle chapter 12 in that book that has a listing of about ten comprehensive programs that have proven benefit for children with autism.

The general types of programs are behavioral, are language-based, and are play-based. In our area, I think that the ones most commonly used are called the TEACCH Program, and that has an extra 'C' in there. It's T-E-A-C-C-H. That program's been around for over 20 years. It's widely employed by the schools.

There's another kind of program called Applied Behavior Analysis. And that's just a generic name for behavioral programs. There are a number of providers in our community, and there's a project going on in our community through the Autism Project that's training parents so there will be more and more people who are knowledgeable on this.

A third kind that available in our community is called the Play Project. The Play Project is one that really utilizes a child's play as a way of invading their little comfort space, to expand the circles that they are comfortable operating in. That can be found through the Developmental Services Center program in town here, and Easter Seals in Bloomington is offering those services in this region as well.

**Dr. David Graham:** So what kind of goals should parents be looking for as they go through the process and the different age levels?

**Dr. Charles Morton:** It's a very good question. We're never really sure about what goals we may need to emphasize in the future. They largely depend on what a child's needs are, and what their response to the interventions are. We usually take advantage of what the child seems to be good at, to try to expand into other areas. Sometimes we have to really hammer away at what child's not willing to work at, because this may be a pivotal breakthrough point.

So there are different ways, and all of the different experts who will be assessing and working with your child are going to be trying to figure out, what is it that ticks with this particular child or that particular child? We want to definitely work on joint attention. There's a lot of different ways we can work on that. We definitely want to work on language, and there's a lot of different ways including behavioral approaches to try to encourage language development. Those two areas seem to be really pivotal, however, to a child's future.

**Dr. David Graham:** So certainly it sounds like schools do a yeoman's at trying to help with these things. What about beyond schools?

**Dr. Charles Morton:** We have, in this area, been blessed with wonderful community resources. The problem in the past though has been they've been somewhat fragmented. That's being worked on significantly by a grant in this community.

The organization has been formed called the Autism Project of Champaign-Urbana. This

is an organization that is trying to bring together resources that already exist to try to have a more comprehensive program available for families, so they don't have to find out by word of mouth or shop around or try to, by fortune, learn what is going to be helpful for their child. That telephone number is (217) 244-1395, to find out what resources might be available to families.

In our community, a community-funded resource called the Developmental Services Center is a great resource for families who have children, and even up all the way up through the adult ages who have disabilities. They have a number of different programs, including the Play Project, that they are able to provide to residents of our community at no cost.

The medical community also has a number of resources. We have psychologists here at Carle Clinic, but there are other psychologists in the community who are quite versed in dealing with the mental health issues that children or young adults with autism face. They may have anxiety; they may have adjustment issues that need to be dealt with by a psychologist. We also have psychiatrists, neurologists, and developmental pediatricians who can help with managing the child's overall care as well as recommending certain medications for certain specific problems that may come up.

There is no magic medicine for autism, but sometimes certain things such as attention issues may also be part of it. Or anxiety, or aggression, sleep issues -- there's a number of different things that may respond to certain kinds of medications.

**Dr. David Graham:** Now certainly we have the schools. We have community. I would imagine if there are bigger programs to be dealt with, they may even be handled at even a higher level than that.

**Dr. Charles Morton:** Right. There are state and national organizations. At the state level there is the Autism Society of Illinois. And they are very helpful for providing resources for the local groups. They offer conferences with really excellent speakers.

There's one particular resource in our state in Springfield. The Hope School is a private school that specializes in children with autism. One of the most valuable things they do is provide low-cost teacher training in the summertime. If you can find out who your child's teacher is going to be next year, the school district that summer could send that teacher to Springfield for a week-long training at a very low cost to get up to speed in the TEACCH program or other programs that can address their child's needs. They also have a lending library that's excellent as well.

**Dr. David Graham:** So parents go through all these different resources and all these different levels of training and education. You can't help but think that there must be times when they just wish they could get some better results, or they're just not happy with how things are going. And what we see in the medical field with that, a lot of times, is people start reaching out to what we call alternative therapies. Have you seen those for autism?

**Dr. Charles Morton:** Oh boy. [laughs] All you have to do is turn your computer on, type in autism, and you'll find all sorts of wonderful things. There's tremendous promise offered in the alternative therapy industry, and it very much is an industry. There have been some things that have come out of alternative therapies, such as the use of melatonin for children who have trouble falling asleep at night. That is well outside of alternative therapy and is very much in the mainstream of therapy at this point.

However, many of the things in the alternative therapy community are untested, and there have been some notable disasters coming out of the alternative therapy community, or even when the medical community starts to participate in that. So I think a very good recommendation would be to discuss any alternative therapies you're contemplating with your physician to see if they have heard of these things, and if they would recommend against these or for these.

Alternative therapies may be acceptable so long as they're not causing problems for a child. But if they are distracting a family from the treatments that we know work, that's a problem. And if they are diverting funds that could be used on therapies that we know are beneficial, that's a problem also.

The Internet is also a great resource. It's also a particular problem, as everybody knows. I recommend, just as a starting point, a website called [autismwatch.com](http://autismwatch.com) as a nice sort of place to start, because it can help sort through some of these therapies that we know work or things that we know do not work.

**Dr. David Graham:** Well, certainly we've presented a whole mass of information and resource possibilities and phone numbers. And just to remind folks listening, all of this information, including the phone numbers, will be available on the transcription which will be downloadable as a text file that you can print out and read and keep those phone numbers handy.

We had a take home message at the time of our first talk that I think may bear emphasizing again today. And that was the question of: don't hesitate if you think there might even be a chance of autism in your child -- to get things evaluated and then realize that there are a lot of things you can do should that be the case.

**Dr. Charles Morton:** True. A large part of the increasing incidents of autism has just been the re-diagnosis of children who had other diagnosis to the diagnosis of autism, because there's so much hope. There's so much that can be done, so long as you're plugged into the right programs. And that's really an important message.

**Dr. David Graham:** Great. Dr. Morton, once again I really want to thank you for your time and for this great resource of information you've given to our listeners today.

**Dr. Charles Morton:** Well, thank you for inviting me.

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**Dr. David Graham:** Well, once again, I really want to thank Dr. Morton for the second session he was able to give us, and the immense amount of information that was present in that interview. I want to reassure you folks once again, you do not have to feel like you have to go back and scramble to write all these phone numbers down. If you want these phone numbers and these resources, just download the transcription of this podcast. All of those numbers will be available on there. You'll be able to print it out or store it on your computer, and get access to it anytime you want.

Well, once again we are going to go back to the other part of the Carlecast podcast, and that is what else is going on in the world of medicine. Now, I know in the past I've sort of tried to find some "not ready for primetime news stories" that may particularly apply to the topic being discussed. It was kind of hard for me to do something like this with autism. Certainly I don't want to put some bad information out there or get someone's hopes up for this disease when they really shouldn't.

So I thought maybe, why don't I just try and find something that's helpful for overall health -- for kids, for adults, for everybody involved. And I found something pretty fun. Certainly, we're getting through the summer. We're getting into the winter time. As we get into these times, we may not be as active during the day, and our mind may turn more towards: what can we do to keep our fitness up when we're not outside and active and getting the exercise and activity we should.

And when you look at things of fitness and things of exercise and things of activity, it's amazing the number of myths that are out there. Of, "This is good for you. This is not good for you. This may work for hours and hours after you've finished." And the folks on WebMD.com have a number of articles on things like this.

One the fun articles they put down is "The Top Nine Fitness Myths -- Busted." So let's go through some of these.

Fitness Myth Number 1: Running on a treadmill puts less stress on your knees than running on asphalt or pavement. No. There's the clinical instructor of New York University's Medical Center Rusk Institute. Running is a great workout whether you do it on a treadmill or whether you do it on asphalt or whether you do it on grass. There is no difference on the amount of weight that gets put on the knees, and as a result no difference on the stress that gets put on the knees.

If you really want to reduce your knee impact, you need to do something different than running or along with running. That is to say, an elliptical machine, a stationary bike, something like that. That will reduce the stress on your knees and let you do more exercise for years to come.

Fitness Myth Number 2: Doing crunches or working on an ab machine (we've all seen these on late night television) will help you get rid, especially, of belly fat. And once again, not exactly true. You cannot pick an exercise that will get rid of fat in one area of your body. It will tone up those particular muscles, but it will not get rid of that fat.

Myth Number 3: An aerobic workout will boost your metabolism for hours after you stop working out. Actually, okay, a little bit of truth to this. You do get a metabolism burning at a slightly higher rate for a little while after you do an aerobic workout. How much does that translate into, in terms of calories you burn? About 20 extra calories through the day -- probably not really significant.

Myth Number 4: And I got to say this one strikes close to my heart, because the myth is: Swimming is a great weight loss activity. I use to do a lot of swimming, and I still do swimming when I can. And it is wonderful exercise. It's great for lung capacity. It's great for overall body toning, and it's good for helping strengthen the back. It helps reduce tension. But it doesn't help you lose that much weight.

See, the problem is the buoyancy of the water supports your body. So you're not working as hard as if you were running. You're not holding your weight up. The other thing is -- and people don't understand exactly why -- you may actually feel really, really hungry when you get out of the water. I know there were certainly times when I did. And then you go and eat more than you would otherwise, so -- so much for the weight loss.

Fitness Myth Number 5: Yoga can help with all sorts of back pain. And yes, yoga can help with some specific types of back pain, that is to say muscle-related back pain. The stretches in yoga, the positions can help reduce some of that pain and it can help you build a stronger core, which will help you lower some of your back pain.

But if your back pain is related to other problems, like a ruptured disk, boney disease, something like that, yoga is not particularly going to help it and could potentially, in fact, exacerbate the pain you are having.

Myth Number 6: If you're not working up a sweat, you're not working hard enough. And that's not exactly true. Sweat is good for cooling the body, and that's really what it's working for. It's not necessarily that you're working particularly hard. You can burn a lot of calories without breaking a sweat, so don't feel that if you're not sweating, you're not doing yourself some good.

And Fitness Myth Number 7: If you feel okay when you're working out, you're probably not overdoing it. And here's the thing: when people start on an exercise program, the biggest mistake they make is too much too soon. And that's because when we're starting exercise programs, we feel just fine when we're on that machine for the first time. You don't feel you've overdone it, actually, until the next day or the day after, when you're sitting in the chair saying, "Oh man, why did I do that, that hard the other day?"

So how you feel when you're actually doing the activity doesn't necessarily mean you're not overdoing things.

Myth Number 8: Machines are a safer way to exercise because you're doing it right every time. And that's not exactly true. One of the biggest problems with working on machines

-- and I've seen many people do this myself -- is they get on a machine and they don't worry about the setting on the machine -- the seat height, the distance of the bar from your elbows from other parts of the body. And if you don't have the machine set right for you, you actually run a pretty significant risk of injuring yourself because you are in fact doing the exercise wrong.

Fitness Myth 9, and the last one: You've got to feel some pain if you're going to gain any benefits. So let's take it back to the old phrase, "No pain, no gain." Now, you should expect sometimes to have a little bit of soreness a day or two after you work out.

But while you're working out, you should not feel pain. A fitness activity should not hurt while you're doing it. If it does, you are either doing it wrong or you are injured. If you are hurting doing an activity, stop. If the pain doesn't go away, or if the pain begins again or increases after you start to work out again, you need to get yourself seen by a doctor.

And with those myths busted, I think we've seen what else is going on in medicine today.

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And that brings us to the end of this thirteenth Carlecast. Once again, I really want to thank Dr. Morton for giving us his invaluable expertise on the treatment and interventions and resources available not only to patients with autism, but their families as well. I hope those of you who have a need to, certainly try and take advantage of some of those resources that Dr. Morton talked about.

I want to thank you folks for, again, downloading these episodes. We appreciate it when you do. We actually know when you do. We're able to keep track of how many people download these things. Certainly feel free to add us to software that helps you keep up to date with your podcasts, whether it be iTunes, whether it be other resources that you use to do that.

Or always go to our website -- [www.carlecast.com](http://www.carlecast.com) -- and get not only this episode downloaded, but other episodes that you may have missed in the past as well. We are starting to stack them up here, and they all will be available for as long as we keep doing this, if not longer.

So until next time, I am Dr. David Graham, your host of the Carlecast, asking you to, once again, stay healthy.

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