

PCIT with child on the autism spectrum

Dana Riley, Psy.d.

Initial Assessment

- * Client was initially assessed on June 12, 2009
- * Diagnosis = 315.32 Mixed Receptive and Expressive Language Disorder, NOS R/O ADHD, Parent-Child Relational Difficulties, Disruptive Behavior Disorder
- * Recommendations =
 - * placement in full self-contained preschool classroom
 - * Incredible Years Parenting Group
 - * Behavioral treatment to establish routine and structure in home (better sleep hygiene)
 - * Fa to receive mental health treatment
 - * Occupational Therapy for Sensory Integration issues

Course of treatment

- * Parents completed all recommendations from initial assessment (took IY class, enrolled client in full self-contained speech language impairment special education preschool classroom, completed short term behavioral treatment, participated in mental health treatment for father), however, behavioral concerns continued.
- * At this time, 3 independent assessors diagnosed client with Pervasive Developmental Disorder, NOS (2 psychologists and developmental pediatrician)

Behavioral Concerns

- * Behavioral concerns: client wanders around classroom ignoring classroom routine and refusing to participate in classroom activities without hand over hand assistance by teacher's aide. Client exhibits little appropriate social interactions with peers except aggressive behaviors (such as hitting, biting, or taking away toys). Client is very disruptive in class, having tantrums and running around room.
- * At home, client refuses to do self-care, requiring physical assistance to dress, brush teeth, use utensils, bathe, and use toilet. Client has 10 + tantrums a day, hits parents, destroys property, and runs out of apartment.
- * In community settings (restaurants, stores, etc...), parents describe client as “completely unmanageable”.

Autism Spectrum Symptoms

- * Client displays:
 - * Lack of multiple non-verbal behaviors (eye to eye gaze, facial expression, body postures and gestures to regulate social interaction)
 - * Failure to develop peer relationships appropriate to developmental level
 - * Marked impairment in ability to initiate or sustain a conversation with others
 - * Stereotyped and repetitive use of language or idiosyncratic language
 - * Encompassing preoccupation with 1 or more stereotyped and restrictive patterns of interest that is abnormal in intensity or focus

PCIT

- * PCIT began 3/12/11 and was completed 2/15/11
- * PDI was modified to match school's time out sequence (school refused to do perfect time out sequence and parents reported client was confused at home).
- * Client's behavior improved greatly during CDI (tantrums decreased to 3 x week, aggression towards peers decreased to 1 x daily, property destruction at home decreased greatly, aggression towards parents decreased to 2 x day usually around self-care)
- * Client was re-evaluated by CVRC on 10/12/10 and was diagnosed with 799.9 Lack of Expected Physiological Development due to Unknown Causes & 315.32 Mixed Receptive-Expressive Language Disorder.
- * PDI began 11/4/10, client's progress became more variable. However, parents became more inconsistent in following PCIT protocol, and fa ceased mental health treatment. Client showed improvement in reduction of PDD symptoms, however, non compliance and aggressive behaviors continued.