

M3A2: ASD/Autism Spectrum Disorder - Background Research

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*Photo:*

(Mukhopadhyay, HALO, White Lion, Arcade Publishing, & National Autistic Society, 2015)

Hailing from South India, little Tito Rajarshi Mukhopadhyay is a highly special nonverbal ASD child. His devoted mother and tenacious teacher, Soma, devised a teaching method she has coined *RPM: Rapid Prompting Method* that utilizes a simple alphabet board and a rapid succession of prompting words through the trust of the sound of her voice for Tito, the consistency of the practice with him in his formative years, and the communication that exists between them due to his feedback and responses to her prompting from the alphabet board.

In 2003, at just age eleven, Tito wrote a poem called *The Mind Tree* that Arcade Publishing and the National Autistic Society published. Now located in Austin, Texas where Soma has a school that implements her RPM methodology for the teaching of children and teens with ASD that she calls *HALO: Helping Autism through Learning and Outreach*, Tito has gone on to be a reputable published author, helping those afflicted by ASD and their families to harbor a real hope. Of his first esteemed poems, *The Mind Tree* begins like this:

*Maybe it is night*

*Maybe it is day*

*I can't be sure*

*Because I'm not yet feeling the heat of the sun*

*I am the mind tree*

*When I had been gifted this mind of mine*

*I recall his voice very clearly*

*To you I have given this mind*

*And you shall be the only kind*

*No one ever will like you be*

*And I name you the mind tree . . .*

The fact that an eleven year-old with ASD would allude to feeling stuck inside a tree in his poetry makes the DSM diagnostic category for Autism—a neurodevelopmental disorder—seem obvious. ASD typically begins rearing its warning bells via behavioral oddities in toddlers/children during the span of ages three to five. “The neurodevelopmental disorders are a group of severely disabling conditions that are among the most difficult to understand and treat (Butcher, Hooley, & Mineka, 2007, p. 527).” ASD characterization is incredibly specific regarding diagnoses: “ASD is characterized by 1) deficits in social communication and social interaction and 2) restricted repetitive behaviors, interests, and activities (RRBs). Because both components are required for diagnosis of ASD, social communication disorder is diagnosed if no RRBs are present (American Psychiatric Association, 2013, p. 2).”

DSM-V has been updated from DSM-IV-TR with regards to what professionals and we common folk have grown widely familiar with terming *Autism* by way of eliminating four marked subtypes or categories of the disorder: Asperger’s, Autism, Childhood Disintegrative, and Pervasive Developmental Not Otherwise Specified disorders. People at large now in 2015 generally and literally do not know much at all about this disorder in their daily lives, except for the fact that they know that this disorder is growing by leaps and bounds in our society across America within the past two decades.

Autistic children/children and teens on the spectrum are fascinating human beings who are highly specialized. I find dealing with any child/teen on the spectrum to be much like dealing with someone who has earned a Ph.D. (highly specialized) versus a B.A. (generalized). A certain specificity of seeming brilliance is at work in these intense and highly sensitive people and yet a certain paralysis of their autonomic nervous systems lies beneath the enigma. Physiologically, there exists a clear correlation between the autonomic nervous system’s demise

and the behaviors of/in these *on the spectrum* contenders. “Autism spectrum disorder is a new DSM-5 name that reflects a scientific consensus that four previously separate disorders are actually a single condition with different levels of symptom severity in two core domains (American Psychiatric Association, 2013, pp.1-2).”

“One of the most disabling of the childhood disorders is autistic disorder, which is often referred to as autism, childhood autism or, in the *DSM-5*, autism spectrum disorder [...] It is a developmental disorder that involves a wide range of problematic behaviors including deficits in language and perceptual and motor development; defective reality testing; and an inability to function in social situations (Butcher, Hooley, & Mineka, 2007, pp. 527-528).” It is only generalized in the physiological community and it seems they fear stating more for probable legal reasons: “... Considered to be the result of some structural differences in the brain that are usually evident at birth or become apparent as the child begins to develop (Butcher, Hooley, & Mineka, 2007, p. 527).”

*In 2007, the Autism Genome Project indicated: “The most extensive autism genetics research project recently reported that tiny, rare variations in genes increase the risk of autism spectrum disorder [...] These results suggest that components of the brain’s glutamate neurotransmitter system are involved in autism [...] Thus, autism seemingly results from faulty wiring in the early stages of development [...] Glutamate increases neuronal activity and plays an important role in wiring the brain during early development [...] In 2013, scientists conducted a study analyzing genetic factors in mental disorders in 33,332 cases and 27,888 controls of European ancestry [...] and concluded that five disorders: autism spectrum disorders, schizophrenia, ADHD, bipolar*

*disorder, and recurrent major depressive disorder shared a genetic basis*  
(Butcher, Hooley, & Mineka, 2007, p. 530).”

Mr. FDA & his wicked wife, Mrs. FCC, could be said to be the allegorical *devil* in the case of Autism, the autonomic nervous system and the majority of freely offered and *approved* vaccines. They are owned by—and so own—the world. If the truth came out about what exactly Thimerosal/Mercury does to rearrange the autonomic nervous system/ANS (Autism is a result of a defective ANS), and if we were able to quantify and therefore predict and preclude the horrors of what harmful EMF ray radiation from cell phones and all electronics did to the human body, then our prisons would be brimming with ex-FDA and ex-FCC employees and directors. It is unconscionable what is allowed and termed as *approved* when autism has grown perhaps in direct accord, in proportional significance with the use of cell phones, electronics, and ubiquitously publicized regular vaccinations available anywhere from your school cafeteria to your local *Walgreens*.

“High prevalence of iron deficiency has been reported in autism [...] The aim of this study was to investigate iron status in a group of children with autistic disorder [...] The sample was composed of 116 children between 3 and 16 years with a diagnosis of autistic disorder according to DSM-IV criteria [...] Serum ferritin, iron, hemoglobin, hematocrit, mean corpuscular volume, and red cell distribution width values were measured. We found that 24.1% of subjects had iron deficiency, and 15.5% had anemia [...] There was a significant positive correlation between age and ferritin and hematological measures [...] Results of this study confirmed that iron deficiency and anemia are common in children with autistic disorder [...]

*Conclusion:* These findings suggest that ferritin levels should be measured in subjects with

autism as a part of routine investigation (European Journal of Pediatrics, Herguner, Kelesoglu, Tanidir, & Copur, 2012).”

With the shift from DSM-4 to DSM-5, severe criticism from the mental health community and its group boards have scathingly reprovved the changes/additions to DSM-5, stating: “We believe the archived data used in a number of these analyses have too many inherent limitations to assess the criteria proposed for the DSM-5, particularly in regard to sensitivity and specificity (O’Neal, Connors, & Psychiatry.org, 2014).”

The mental health professionals and their boards of representatives seem upset because the issue stems from study samples dating all the way back to the early ‘90s. They also complain about and the restrictive way the data from that sample were collected and evaluated due to lack of current technologies. *Apples and oranges* seem the allegory. They go on stating, “The samples make any legitimate review and comparison virtually impossible and do not justify claims that the number of children diagnosed with ASD under DSM-IV-TR criteria would not qualify for services under DSM-5 criteria (O’Neal, Connors, & Psychiatry.org, 2014).”

Regarding diagnosis of ASD: “Several recent articles incorrectly state that new diagnostic criteria for autism spectrum disorder (ASD) in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) could reduce the number of diagnosed individuals by approximately thirty percent (American Psychiatric Association, 2015).”

“Valuable symptoms including reaction to vaccines, family medical history, thermal sensitivities and sleep postures form a part of the very detailed information that a physician would need (Sharma, 2007).” A specific list of warning bells and signs are: no eye contact, they do not learn from imitation, absence of speech, social interaction deficit, repetitive self-stimulation such as banging, rocking, spinning or shaking hands, an urgent and necessary need

for routine, and a hyper-sensitive aversion or reaction to sounds—whether they be a soft whisper in one moment or a loud cry in the next; there seems no rhyme or reason to the level of auditory stimuli, but that their sensitivity to auditory stimulation itself is highlighted as a trait for ASD.

Professionals have found that “the cognitive impairment in children with autism is reflected in their greater impairment in adaptive behaviors than is seen in mentally retarded children without autism (Butcher, Hooley, & Mineka, 2007, p. 529).” They seem to be able to manipulate objects but not deal with social interaction. The need for consistency, for things that do not change, i.e., unpredictable people, animals and living things, is of paramount importance to them and their sense of emotional security and physical safety.

Children with ASD have an incredibly specific need for routine and can be found speaking out loud in unintelligible restricted repetitive fashion, i.e. (RRB: restricted repetitive behaviors) an echolalia that makes sense to them and few else who hear the private monologue-style utterances. ASD children/teens are hyper-focused on punctuality—all-things-time, demand verbal commitments to be strictly kept, and they maintain a curious fixation on certain specific items, such as the wheels on a toy car, instead of simply enjoying playing with the toy car and not concerning themselves with the *micro-view* of the item. Incredibly and immeasurably *deep and sensitive* beings, they form attachments with seemingly trivial items or ideas and if a threat beckons or looms that it shall be taken away from them for any reason whatsoever, all hell can ensue... and usually does by way of audibly pained high-pitched shrieks like that of a hyena.

Something is seriously and sadly awry with the autonomic nervous system of ASD Children. Scores of literature abounds all over the Internet regarding the possibility of harmful EMF rays that bombard the body and created a neurotoxin that directly attacks the autonomic nervous system itself, therefore making an ASD child’s nervous system literally *stuck*, and

disarranged. ASD children and teens typically exhibit or display varying and most peculiar idiosyncrasies in the eyes of the layman than that of a more *normal* child, differentiating them from other children in plain sight.

Consistently, some are known to shake their hands and faces vehemently, attempting to assimilate some kind of inner unseen balance and centering within their physiological connection. This anti-apraxic action almost seems as though the comfort rendered of repeating this shaking of the hands or arms could be likened to sharpening a pencil in the mind. It seems to bring an urgently craved clarity into view and a specific feel into focus as if they were the eye of a camera lens, attempting precise focus pre-shutter. Some people believe that wearing weighted lead-filled vests can make the ASD child/teen feel more *grounded*, connected, and safe.

*“Typically, children with autism do not show any need for affection or contact with anyone, and they usually do not even seem to know or care who their parents are [...] Several studies, however, have questioned the traditional view that autistic children are emotionally flat and have shown that children with autism do express emotions and should not be considered as lacking emotional reactions [...] Instead, the seeming inability of children with autism to respond to others is characterized as a lack of social understanding—a deficit in the ability to attend to social cues from others [...] The child with autism is thought to have a mind blindness, an inability to take the attitude of others or to see things as others do [...] For example, a child with autism appears limited in the ability to understand where another person is pointing [...] Additionally, children with autism show deficits in attention and in locating and orienting to sounds in their environment (Butcher, Hooley, & Mineka, 2007, p. 529).”*



When collectively scratching our professional well-meaning heads regarding possible treatment(s) for ASD, professionals admit that there is *no medical cure* found as of yet for autism. We can glean that a glutamate deficiency or such linked aberration exists in the brains of those with ASD throughout the formative years as well as into puberty. Murmurs of *Fragile X* genetic component puzzle piece that scientists are still pondering and mulling over as to its validity and consistency in order to be able to treat such, still mesmerizes us as well.

Dr. Vikas Sharma, M.D. and popular homeopath, shows that the world of homeopathy is providing promising results as of recently. He has implemented therapies for patients that are showing dramatic improvement in those suffering from ASD. The doctor states:

*“Two medicines require a special mention for their effectiveness in the treatment of autism: Carcinocin and Secretin (Secretin as a homeopathic medicine is highly diluted and then potentized) [...] Secretin is supposed to neutralize the excess levels of peptides [...] This medicine has been found useful in cases of autism where loose stools are often an important symptom along with the classical symptoms of the autism spectrum [...] Another important aspect of the homeopathic treatment of autism is the usage of LM potencies... Homoeopathic medicines in this scale are faster acting and at the same time gentler [...] It is able to hold the “slipping back” of the old symptoms and can be used for a longer period with frequent repetitions [...] Homeopathy is undergoing a very strong resurgence in the modern medical world, and one of the main reasons for it is its recent role in treating such illnesses [...] Homeopathic philosophy is a constant reminder that the greatest healing power lies within the body itself (Sharma, 2007).”*

“While children are not typically cured nor do they outgrow autism, studies have shown that symptoms can improve with early diagnosis and treatment [...] There is no single treatment for autism [...] Treatments can include intensive skill-building and teaching educational sessions, known as applied behavior analysis (ABA), and many more interactive, child-centered versions of behavior treatments [...] Treatment may also involve special training and support for parents, speech and language therapy, occupational therapy and/or social skills training [...] Also, some children and adults with ASD have other kinds of psychological difficulties at some point in their lives, such as anxiety, ADHD, disruptive behaviors or depression [...] These difficulties can be treated with therapy or with medication [...] There are currently no medications that directly treat the core features of ASD [...] In addition to treatment, regular and special education classrooms can be changed to help students with autism [...] Many students with autism can function better if the day is consistent and predictable [...] It is also helpful if information is presented so the student can learn by seeing as well as hearing and if students get to play and learn with nondisabled peers (American Psychiatric Association, 2015).”

Tito’s mother, Soma works on behavioral and cognitive treatment of her son and hundreds of others now at her school in Austin, Texas. “RPM is distinct from other methods as it is based upon how the brain works [...] The aim is to bring the student to maximum learning through the open learning channel and to elicit the best (not simply to test) out of the child to enable maximum output in that given time [...] As a student's cognitive and motor proficiency increases, the sophistication of a student's response also improves (Mukhopadhyay, HALO, & White Lion, 2015).”

When carefully attempting to appraise or survey the plethora of dizzying research and most current findings of ASD and any promise of accuracy regarding proper definitions that will

allow us concurrent diagnoses capabilities and a treatment plan that promises relief, the thought of a hot skillet full of half-popped kernels of corn comes to mind—with the oil or butter just sizzling and firing off all over the stove. DSM-5 must be agreed upon by a majority of health professionals, lest a cognitive dissonance will sprout up between an otherwise long-standing unified bunch of well-meaning people who actually diagnose the world. *A united front* acceptance and agreement seems in order regarding an idealistic unanimity to preside. This ethical consideration stands as significant due to the fact that DSM and its collaborating providers who abide by its trusty set of declarations, sets the tone and order of how we view, name and treat our mental health world.

We are in the midst of learning about ASD is the truth. We are so young at learning about ASD and its recent call due to the vast and stunning numbers of sufferers of the disorder rising has proved megaphone and newest town crier. Science and professionals alike admit that as of now, we have just begun a long up-hill climb of the likes of a rock as large as Mt. Everest on a bicycle without shoes when in regards to being in agreement as a society as to the myriad of causal characteristics, ethical responsibility, prevention, and the actual numbers regarding the rapidly growing ubiquity of ASD in our world. In current times, we are in the pubescent stages of gathering more and more information regarding ASD and the multi-faceted enigma that lies at its causation. In earnest, we admit that we as of now know too little.

## References

- American Psychiatric Association. (2013). Highlights of changes from DSM-IV to DSM-5 (American Psychiatric Publishing, Ed.). *Diagnostic and statistical manual of mental disorders, 5th Edition*, 1-19. doi:10.1176/appi.books.9780890425596.388591
- American Psychiatric Association. (2015). *What is autism spectrum disorder?* Retrieved August 27, 2015, from <http://www.psychiatry.org/patients-families/autism/what-is-autism-spectrum-disorder>
- Butcher, J. N., Mineka, S., & Hooley, J. M. (2007). *Abnormal psychology* (16th ed.). Boston: Pearson/Allyn and Bacon. Retrieved August 26, 2015 from <http://online.vitalsource.com/books/9781269939485>
- European Journal of Pediatrics, Herguner, S., Kelesoglu, F. M., Tanidir, C., & Copur, M. (2012, January). *Ferritin and iron levels in children with autistic disorder*. Vol. 171, Issue 1, pp. 143-146. Retrieved August 25, 2015, from <http://link.springer.com/article/10.1007/s00431-011-1506-6>
- Mukhopadhyay, S., HALO, & White Lion. (2015). Halo-Soma: Rapid prompting method for Autism. *Learning RPM: Methodology*. Retrieved August 28, 2015, from [http://www.halo-soma.org/learning\\_methodology.php](http://www.halo-soma.org/learning_methodology.php)
- Mukhopadhyay, S., HALO, White Lion, Mukhopadhyay, T., Arcade Publishing, & National Autistic Society. (2015). Halo-Soma: Rapid prompting method for Autism. *Tito's Writings: The mind tree: A miraculous child breaks the silence of Autism*. Retrieved August 27, 2015, from [http://www.halo-soma.org/about\\_writings.php](http://www.halo-soma.org/about_writings.php)
- O'Neal, G., Connors, E., & Psychiatry.org. (2014, March 4). *Commentary takes issue with*

*criticism of new autism definition*. Retrieved August 28, 2015, from  
<http://www.psychiatry.org/newsroom/news-releases/commentary-takes-issue-with-criticism-of-new-autism-definition>

Sharma, V., M.D. (2007, October 07). *Autism and homeopathy: Homeopathic remedies for treatment of Autism*. Retrieved August 29, 2015, from  
<http://www.drhomeo.com/autism/autism-and-homeopathy-a-miraculus-cure/>