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Autism and Pervasive Developmental Disorders

Shirley Chu, LCSW, Psychiatric Social Workers, Chinatown Child Development Center (San Francisco)

Over the past decade or so, Autism and Pervasive Developmental Disorders grew the fastest compared to the numbers of persons with other developmental disabilities in the state of California. The Chinatown Child Development Center (CCDC), an outpatient community mental health clinic, has been providing mental health services to a substantial number of children with Autistic Spectrum Disorders. Demographic data of our current Autistic population reflect similar trends that prevail in the larger society: increasing number of children identified and diagnosed with Autism, evidence of younger and earlier diagnosis, greater male-to-female ratio, and presence of other concurrent DSM IV diagnoses in some of these children. Significantly, CCDC serves a higher percentage of Autistic children who identified themselves as ethnically Chinese.

There is a significant increase in the number of individuals who carry the diagnoses of Autistic Spectrum Disorders. The 1999 report of the State Department of Developmental Services reveals an increase of 210% in autism for the eleven years between 1987 and 1998 in the state of California. The report also states that Autism grew the fastest compared to the numbers of persons with other developmental disabilities, i.e., epilepsy, mental retardation, and cerebral palsy. Furthermore, "the accelerated rate appears to be sustaining an upward trend into future years."

Statistics provided by Dr. Perisi of the Golden Gate Regional Center show that in San Francisco alone, a total of 123 children and youth with Autistic Spectrum Disorders, ages 18 and under, are enrolled in and receiving services through GGRC as of February 2000. Over the past decade or so, the Chinatown Child Development Center, an outpatient community mental health clinic, has been providing mental health services to a substantial number of children with Autistic Spectrum Disorders. As of March 2000, we have an active caseload of 49 children, ages 17 and under, with autism. These children contribute to approximately one-sixth of our total client population, and are about 40% of the total autistic cases identified by the Golden Gate Regional Center.

Most of these children are seen in a number of different modalities by our clinic therapists; these modalities include individual and collateral family therapy, group therapy, integrated group therapy with more socially competent children, intensive case management, and medication support services. Some of these children are receiving a combination of both individual and play group therapies. In polling our staff, these children receive approximately, 30 hours of therapy per year on average. Once after entering into the mental health system, these children tend to need services for a longer period of time as compared to children with other mental health diagnoses. Certainly, this is due to the severity and chronicity of their impairments in social, communicative skills, and behavioral

difficulties. For instance, 20 out of the 49 children have been in the mental health system for four years or longer; a couple of them have stayed for as long as ten years.

A number of these children also receive other adjunctive resources from the community, such as in-home behavioral interventions, respite care, afterschool programs, self-help parent support groups, such as the Association for Chinese Families of the Disabled.

Seven out of the 49 children are receiving psychotropic medications provided by our clinic psychiatrists, as well as by private psychiatrists in the community. Ten of these children who carry the diagnosis of Autistic Spectrum Disorder also carry one other DSM IV diagnosis concurrently.

| | Number of Cases | Percentage |
|------------------|-----------------|------------|
| On Psychotropics | 7 | 14% |
| Co-morbidity | 10 | 20% |

Table 1: Number and percentage of cases on psychotropics and with other concurrent diagnoses.

Of the 49 children with Autism, 27 identified themselves as ethnically Chinese, and 6 others as being of Asian background, such as Vietnamese, Cambodian, Filipino, and Thai. The ethnic breakdown of PDD cases are as follows:

| Ethnicity | Number of Cases | Percentage |
|------------------|-----------------|------------|
| Chinese | 27 | 55% |
| Caucasian | 9 | 18% |
| Other Asians | 6 | 12% |
| Hispanic | 3 | 6% |
| African American | 1 | 2% |
| Others | 3 | 6% |

Table 2: Ethnic breakdown of PDD clients.

Our experience with Autism in Chinatown replicates most of the general trends that prevail in the larger community.

- There has been an increasing number of children identified and diagnosed with Autism. The actual cause(s) of the increase is unknown. Speculations about the rise in number, not based on scientific research, include a better understanding of Autism, as well as a redefinition and creation of a continuum of PDD spectrum diagnoses in DSM IV.
- There is evidence of younger and earlier diagnosis. The 1999 Report shows that "persons with autism who are four years or younger account for the greatest increase in new intakes." Consistently, a majority of our clients are diagnosed at five years or younger. Out of the 49 children, 38 of them were diagnosed and entered into our system between ages 2 and 5; only 11 of them were diagnosed between ages 6 and 8. None were diagnosed after age 8.
- Most of these children are referred to us by the public school system (such as SFUSD Child Development Programs), Head Start programs /children's centers, and other

outpatient mental health clinics (i.e., Family Services Agency/AB 3632 Mental Health Assessment Unit). Some are referred to us by the public health system, pediatricians like Dr. Peter Ng, and family practitioners. A few are also referred by friends and relatives through word of mouth. The initial concerns for referral are usually related to speech-associated difficulties (for example, no speech at all by age three, or no imitation of verbal language), poor social skills (such as no eye contact), and/or hyperactive behaviors.

- The DSM IV reports that the male-to-female ratio among persons with autism is "four to five times higher in males than in females." At CCDC, of the 49 children, 38 are male, and 11 female. In fact, this greater male-to-female ratio is common in many developmental disabilities.
- The presence of other DSM IV diagnoses in autism is common. For example, persons with autism may have a co-morbid condition of mental retardation, and levels of cognitive functioning vary greatly in persons with autism. However, the 1999 Report states that one of the changes in autistic characteristics is that there are "significantly more persons with no or mild mental retardation and far fewer persons with severe to profound mental retardation." Other co-morbid conditions seen in Autistic Spectrum Disorders, as reported by our clinic staff, include ADHD, Over Anxious Disorder, and Oppositional Defiant Disorder.

References

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