

# The Alphabet Soup in Special Needs Advising

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A psychologist phoned my office recently to make a referral. This is how he presented the client—I kid you not:

“Sean is a 15-year-old male with a complicated profile. He was diagnosed at age 3 with PDD NOS, but he presents more like a kid with AS. He has GAD with many OCD traits. He has ADHD up the wazoo, with specific LDs in writing and math. And as he gets more and more frustrated, he also manifests ODD. The family needs a lot of support. Right now they have the boy working with an LCSW, but I think the parents need to connect with a LMFT.”

Allow me to translate this into English for the layman:

Sean was diagnosed as a toddler with Pervasive Developmental Disorder, Not Otherwise Specified. But currently he seems more like someone with Asperger’s Syndrome. Both are considered to be ASD—Autism Spectrum Disorders. Sean has Generalized Anxiety Disorder with traits of Obsessive Compulsive Disorder. He also struggles with Attention Deficit Hyperactivity Disorder, with specific Learning Disabilities in the areas of writing and math. He is frustrated with his challenges, and as he muddles through adolescence, he is displaying symptoms of Oppositional Defiant Disorder. Sean is working with a Licensed Clinical Social Worker, but this psychologist thinks the parents should hook up with a Licensed Marriage and Family Therapist to help them with their own issues related to the parenting of a special-needs child.

This is an example of the “Alphabet Soup” that those of us in the SN (Special Needs) domain encounter every day. In a culture and a profession in which so much needs to be done quickly and expeditiously, there’s the illusion of insufficient time even to spell out the diagnostic profiles of our clients. So we have resorted to a world of abbreviated communication.

## Social and Emotional Abbreviations

DSM-IV—The Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychological Association. This is the Bible of psychiatric diagnoses in the United States, and much of the information that follows is borrowed from DSM.

PDD—Pervasive Developmental Disorder--This is the first diagnosis often given to small children who are suspected of being on the autism spectrum due to the inability to engage in reciprocal conversation, or communicate their needs and wants verbally. Individuals with PDD have narrow interests, and engage in the same behaviors over and over again.

NOS—Not Otherwise Specified. This is used throughout the DSM to indicate that a particular disorder is presumed, but that the exact diagnosis and severity are still in question. In the case of PDD, the NOS designation means, “We know that the patient has a developmental disorder, we assume s/he is on the Autism Spectrum, but we’re not sure how serious the impairment is.”

I know that no matter how comprehensive I might attempt to make this article, I would leave out some common and not-so-common industry abbreviations. Listed below is a sampling of some prevalent and interesting codes, along with their simple definitions.

In closing, here is a challenging tale:

John Doe, Ph.D., and his wife, Jane Jones, Psy.D., made a referral to their local IEC, Sally Smith, CEP. John and Jane discussed their client, Brian Bradshaw, a 12-year-old male with complex needs. Brian had been adopted internationally as a two-year-old. He presented as a child with PDD NOS and RAD. He had symptoms of FAS, ADHD and LD—perhaps NLD. There were behaviors suggestive of a TBI prior to his adoption.

Young Brian showed clear signs of PTSD relating to his time in an orphanage, and had a diagnosis of GAD. Although he had not been identified with OCD, he engaged in many ritualized behaviors throughout the day. Brian’s parents were also seeking help for his ODD, which was becoming more severe. A psychiatrist had recently suggested that Brian qualified for a diagnosis of CD. His GAF, at the time of assessment, was only 27.

The parents had just recently obtained an IEP for their son, and were fighting to keep him in the LRE at the local public middle school. But his ADLs were horrific, and the school was fighting to place him in a self-contained classroom.

Time to consult with an IEC, insisted the Doctors Doe and Jones. And so began another typical day in the life of Sally Smith, SN consultant.

Welcome to my world. Yikes!

ASD—Autism Spectrum Disorder. Any of a series of developmental disorders characterized by challenges in social interaction and communication with others--and by a narrow range of interests with which the individual can become completely preoccupied. There are varying levels of dysfunction associated with ASD—hence the word “spectrum.” Full-blown autism, with severe cognitive impairment and developmental delays, is at the low-functioning end of the diagnostic category. AS, Asperger’s Syndrome, can be characterized by a high level of verbal intelligence and the ability to graduate from college and hold a good job. AS is at the higher end of the spectrum.

ADHD—Attention Deficit/Hyperactivity Disorder. “A persistent pattern of inattention and/or hyperactivity-impulsivity that is more severe than is typically observed in individuals at a comparable level of development.” (DSM-IV, p.78). Individuals can have the Predominantly Inattentive Type, the Predominantly Hyperactive/Impulsive Type, or a combination of the two.

**LD—Learning Disorders/Disabilities.** Significant discrepancy between one's native intelligence and his achievement levels—in reading, writing or mathematics. These discrepancies exist despite the availability of appropriate education.

**NLD—Nonverbal Learning Disability/Disorder.** A deficit in the right hemisphere of the brain that creates academic, social and emotional struggles. Those with NLD tend to have strong verbal skills and struggle with such nonverbal challenges as motor coordination, spatial relations, abstract reasoning and higher mathematics. Thinking is often concrete, and reading social cues is challenging.

**CD—Conduct Disorder.** "A repetitive and persistent pattern of behavior in which the basic rights of others, or...societal norms or rules, are violated (DSM-IV, p. 90). Examples include aggression towards people or animals, destruction of property, theft, arson, truancy, and running away from home.

**GAD—Generalized Anxiety Disorder—**excessive worry, anxiety, apprehension and sometimes avoidance of people, places or things that contribute to the anxiety.

**PTSD—Posttraumatic Stress Disorder.** Following an event that threatened the life, safety or security of an individual, s/he is haunted by persistent recollection or reliving of the trauma, and has difficulty engaging in activities reminiscent of the event. PTSD can cause sleep disturbance, irritability, volatility, hypervigilance, poor concentration, depression, relationship problems, and the misdiagnosis of a personality disorder.

**DID—Dissociative Identity Disorder** (formerly known as Multiple Personality Disorder). Generally as a result of severe and persistent abuse or molestation, and as an unconscious strategy for coping and survival, the personality splits into "two or more distinct identities... each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self." (DSM-IV, p. 487.) The "alters," as the identities are known, can be male or female, and of any age. They have their own personalities and agendas, and only sometimes are aware of one another. The goal of psychotherapy, in DID, is the gradual phasing out of the "alters" and re-integration of the personality.

**OCD—Obsessive –Compulsive Disorder.** Obsessions are defined as "Recurrent and persistent thoughts, impulses, or images that are experienced...as intrusive and inappropriate, and that cause marked anxiety or distress." Compulsions are repetitive behaviors that the individual does in response to obsessive thoughts, in order to prevent or reduce the anxiety. (DSM-IV, pages 422-3.)

**GID—Gender Identity Disorder.** The wish to be, or belief that one truly is, the opposite gender. This is not to be confused with homosexuality, which is the wish to partner with individuals of the same gender.

**GLBTQ—Gay, Lesbian, Bisexual, Transgender or Questioning of sexual orientation.**

**BPD—Borderline Personality Disorder.** This is one of the more popular, pejorative and, I assert, inaccurate diagnoses we confront as SN consultants. And for many patients, this label can be the kiss of death. A diagnosis of BPD carries with it a perception of hopelessness with regard to healing and growth, and often this is an overly-

pessimistic assessment.

DSM (p.654) defines BPD as "a pervasive pattern of instability of interpersonal relationships, self-image and (moods)," frantic efforts to avoid abandonment, and impulsivity in areas such as sexual activity, drug and alcohol use, binge eating and spending. BPD is characterized by poor anger management, depression, irritability, anxiety, and a statistically significant rate of suicide attempts. But research shows that in many cases, those diagnosed with BPD have suffered significant childhood trauma, and that their behaviors can better be attributed to PTSD. The good news is that PTSD is far less treatment-resistant than true BPD.

**TS or TD—Tourette's Disorder.** A malady characterized by motor and vocal tics (involuntary vocalizations or movements.) Vocalizations might include sniffing, throat clearing, repetition of either benign or inappropriate words or phrases, or even barking. Motor tics can be simple or complex. Tics can vary in intensity, frequency and type.

**GAF—Global Assessment of Functioning.** This is the fifth of five axes on the multiaxial diagnostic chart utilized by mental health professionals. It is a subjective ranking of patients on a scale of 0 to 100, based upon previous and current functioning in the psychological, social, and occupational domains.

**FAS/E—Fetal Alcohol Syndrome/Effect.** Mental and physical difficulties associated with mother's ingestion of alcohol during pregnancy. Symptoms include poor growth in utero and after birth; abnormal brain development; low IQ; lifelong academic struggles; poor communication and social skills development; behavioral problems; and facial anomalies.

**RAD—Reactive Attachment Disorder.** Failure of a child to establish healthy relationships with parents and other adults due to abuse, neglect, abandonment, and failure/inability of adults to meet basic needs for love, comfort and nurturance. Although RAD is more prevalent among adopted children, it also exists among kids whose biological parents are unable to provide sufficient comfort during times of pain or illness, or whose parents are absent during the critical early months and years of development.

Symptoms include refusal or inability to attach to caregivers or other adults; indiscriminate attachment to any individual who provides attention; withdrawn behavior; aggression towards others; failure to ask for comfort or support when in distress; antisocial acting out; and substance abuse.

**TBI—Traumatic Brain Injury.** A brain insult caused by hitting the head or being shaken violently. TBI can result in temporary or permanent loss of cognitive functions such as memory, focus, abstract thought and problem-solving abilities.

### **Academic Rights and Accommodations**

**ADA—Americans with Disabilities Act.** A law enacted in 1990 which prohibits discrimination against, and protects the rights of, Americans with a broad range of disabilities.

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that protects the educational rights of students with physical, mental, social, neurological, cognitive and other disabilities.

**IDEA—Individuals with Disabilities Education Act.** "A United States federal law that governs how states and public agencies provide early

intervention, special education, and related services to children with disabilities.” (Wikipedia). Under IDEA, services should be designed to meet the unique needs of disabled children from birth to age 21, and should prepare them for post-secondary “education, employment and independent living.”

**IEP**—Individualized Education Program. Mandated by the IDEA, the IEP is a document that describes goals, objectives and services custom-designed for a student with disabilities.

**LRE**—Least Restrictive Environment. The IDEA states that a child with disabilities should be educated in the same classroom setting as non-disabled students, unless the needs of the disabled child surpass what can be provided in the mainstream.

**NCLB**—No Child Left Behind. This education reform act, signed into law in 2002, focuses on academic success as measured by achievement. The premise is that establishing high standards and measurable goals will improve individual performance.

### **Services**

**EI**—Early Intervention. Support services for infants and children with developmental disabilities and delays, and their families. Services might include assessment, speech therapy, occupational therapy, physical therapy, vision and hearing services, and counseling.

**OT**—Occupational Therapy. Customized interventions designed to help children accommodate to unique emotional, neurological and developmental challenges and perform appropriate daily activities.

**PT**—Physical Therapy. Activities custom-designed to help children with movement challenges related to injury or developmental delays.

**SLT**—Speech-Language Therapy. The remediation and treatment of speech development and disorders.

**ADL**—Activities of Daily Living—Age-appropriate self-care, including personal hygiene, toileting, dressing oneself, feeding oneself,

grooming, money management, and other skills necessary for semi-independent living.

### **Mental Health Professionals**

It isn't so easy to distinguish between the training and skill sets of different kinds of mental health professionals. So while each person is unique in his or her own right, here are some general guidelines:

**Psychiatrist**—A medical doctor or osteopathic physician whose specialty is diagnosing and treating mental illness. All psychiatrists have the ability to prescribe medication. Some also provide psychotherapy services.

**Psy.D.**—Doctor of Psychology. This degree, created in the 1970s, prepares psychologists to be primary clinicians rather than active researchers. Some Psy.D. psychologists teach non-research-related courses at the college level.

**Ph.D in Psychology**—Prepares psychologists who can design and apply research, as well as provide psychotherapy and teach research-based courses at universities.

**MSW**—Master of Social Work. Produces professionals who can provide therapeutic and/or advocacy services to patients in hospitals, universities, nursing homes and in private practice. Also prepares social workers for employment in the political and social advocacy arenas.

**LCSW**—Licensed Clinical Social Worker. A social worker who provides psychotherapy/counseling in addition to other services.

**LPC**—Licensed Professional Counselor. Provides mental health and substance abuse counseling.

**Drug and Alcohol Counselors**—Licenses vary by state.

**IEC**—Independent Educational Consultant

**CEP**—Certified Educational Planner

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