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[http://journals.lww.com/jrnldb/Citation/2011/02000/Making\\_Sense\\_of\\_Autism\\_Spectrum\\_Disorders.14.aspx](http://journals.lww.com/jrnldb/Citation/2011/02000/Making_Sense_of_Autism_Spectrum_Disorders.14.aspx)

### **BOOK REVIEW**

#### ***Making Sense of Autism Spectrum Disorders***

By James Coplan, New York, NY Bantam Books, 2010, 448 pp, Hardcover, \$25

*Making Sense of Autism Spectrum Disorders* gives a comprehensive overview of the history and current knowledge of autism spectrum disorders (ASD) in a way that is helpful to both families and clinicians. James Coplan has had 30 years of experience working with children with developmental disabilities; in addition, he shares his personal experience gained from being the sibling of a sister with disability. Although his sister does not have ASA, his personal story adds insight into the questions he asks and the answers he gives.

The purpose of the book is to guide families as they learn about and make decisions for their child with an ASD. The initial section of this text on the child first describes different patterns of development, before explaining how a diagnosis is made, the known or probable causes of ASD, and the lack of evidence behind speculative causes of ASD (immunizations, mercury, leaky gut, and so on). In describing the medical workup for ASD, Coplan first mentions that some providers order tests that are not generally accepted by the medical community; however, the ensuing list of what is “generally accepted” is misleading and partly controversial (e.g. metabolic workups, ophthalmology consults, and magnetic resonance imagings are not universal recommendations). It then excellently outlines the historical evolution of the definition of ASD and how it relates to the apparent (although he argues mostly unsupported) rise in incidence.

This volume’s middle section on interventions starts with the basics, such as describing the difference between development and behavior and grouping therapies into theoretically “top-down” and “bottom-up” approaches. It then describes a wide array of “approved” interventions and how the child’s service array may change over time as his/her needs change, as well as behavioral management and a construct for thinking about how and when to use psychopharmacology. Coplan then uses a few cautionary tales (e.g. facilitated communication) to explain 5 principles that parents can use to spot “quackery” when evaluating new or experimental interventions that they may find on the internet. He specifically addresses the lack of evidence behind 3 of the more popular, current biomedical therapies (chelation, hyperbaric oxygen, and omega-3 fatty acids). Overall, Coplan achieves a difficult balancing act between informing parents of the type of evidence that is and is not supported in evidence-based medicine and maintaining the right of parents to choose what is best for their child. The final section of this text discusses the importance of parents looking after themselves individually and as a couple, sibling needs, and practical long-term planning basics.

The level of prose is accessible to readers with at least a high school education. The author uses various techniques to keep the reader interested and to make his explanations accessible. Case descriptions are used intermittently to give parents an idea about how the concepts relate to a child, as well as to illustrate the range of ways that ASDs can present. Tables, charts, and pictures are used to illustrate points and to summarize certain sections. Boxes or indented paragraphs are interspersed throughout to provide a more in-depth explanation of a related topic without derailing the text (e.g. defining mental retardation or explaining savant skills when discussing intelligence). Similarly, there are appendices, a glossary, and reference lists organized by chapter and topic, all to add extra or quick-reference information. Analogies are used to explain more complicated concepts such as using a train to explain “delayed” vs. “atypical” (off-track) behavior. Despite the irony that trains are typical perseveration for young boys on the spectrum, the analogy, and others like it, drive home how we can make medical jargon applicable to a specific child.

I highly recommend this book for clinicians and families alike. Because so much of the practice of developmental-behavioral pediatrics is now autism diagnosis and management, this book should be required for trainees, to remind them of the history behind where we are with ASD and the perspective of families with a child with ASD, as well as to gain useful analogies or explanations to use with families. Similarly, I recommend it to developmental-behavioral and primary care physicians, so that through being more informed, they can better support their patients and families. In an organized and thoughtful way, this book presents everything that I want all of my families with children on the spectrum to know--- the background, the objective answers to questions they may or may not ask, and the things to look forward to. I had planned to read this book and then pass it along to the division’s library. Although I did that, I now have also bought my own copy, because it is a book that I will refer to again and again.

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For additional information, go to <http://www.DrCoplan.com>