

The following four-part series was originally published in *The Ambassador*. These stories feature Chris LaCroix, an Anne Carlsen Center student with autism.

This remarkable teenager has ***overcome painful obstacles*** to build a productive, joy-filled life. Each day, he demonstrates the ***value of persistence and passion*** in the face of the most rapidly growing developmental disability in the country.



Chris at home with his parents, Arlene and Jerry.



1 **When** Chris LaCroix entered the world, he was more vocal than most babies. Colicky as an infant, he spent much of his days crying. But the child who was so easy to hear early in life became mysteriously silent months later.

His parents grew concerned that Chris was not reaching the speech and language milestones that his peers were. He eventually learned the words “mama” and “dada,” but after a fever seizure when he was 13 months old, Chris completely stopped talking.

When Arlene and Jerry LaCroix spoke with doctors about their son’s delayed development, their concerns were dismissed, and they were told they were “over-anxious.”

“They said that each child is different,” Arlene remembers. “They claimed that the reason Chris wasn’t talking was because our daughter was such a chatterbox, and that she was talking for him.”

But the Bottineau, N.D., couple knew something was wrong. Chris

would not react to sudden movements or noises and failed to make eye contact with others.

His parents worked hard to engage their son, experimenting with different methods of play and encouraging him to show emotion. Arlene says she would often rub her forehead against his or touch noses with him. “We wanted to get him involved in what we were doing,” Jerry recalls. “Before, he didn’t show any emotion.”

Socializing was a struggle for Chris, and when his brother and sister would play in the sandbox or on the swing set, he would watch from a distance. “He was not interested in what others were doing,” Arlene explains. “His only interest would be if someone had something he wanted.” If Chris didn’t get what he wanted, there would be tantrums or outbursts of negative behavior.

The Search for Answers

When Chris was four years old, doctors said he had Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS). The diagnosis meant that Chris had some of the behaviors associated with autism, such as the inability to speak and appearing unemotional while interacting with others. “Prior to that, no one would even whisper a guess as to what was going on with Chris,” Arlene says.

Because doctors were hesitant to give a diagnosis of autism, the LaCroix family was not eligible for some of the programs they desperately needed. Arlene recalls that some medical professionals would either make them a low priority or even blatantly refuse to help. One doctor they sought

treatment from said, “I can’t deal with this!” But as she says, “Persistence pays off.”

Much to their relief, a psychologist in Minot was able to provide some guidance and recommended a structured teaching method with visual cues and schedules. This learning technique proved effective for Chris, and it’s very similar to the program he uses today. When Chris was five years old, a psychiatrist finally made the diagnosis of autism.

Prevalence of Autism:

- Autism is the fastest-growing developmental disability (Autism Society of America).
- It affects an estimated 1 in 150 births (Center for Disease Control and Prevention).
- As many as 1.5 million Americans and their families are affected (ASA).
- Autism is growing at a rate of 10–17 percent a year (U.S. Dept. of Education).
- Autism is four times more prevalent in boys than in girls (ASA).

The search for answers and assistance proved exhausting for the LaCroixs. To add to their frustrations, no one in the household was getting much sleep. For a long stretch of time, Chris would only sleep for half an hour—or less—each night. “We would try to take shifts,” Arlene explains. “It was difficult with us both working full time.”

Concerns at Home

Chris had to be watched constantly so that he wouldn’t get into trouble or hurt himself. He would climb cupboards and shelves, bang his head, and throw his body to the

ground. Chemicals and medication had to be locked up. “Chris was constantly on the move,” Arlene says. “He was a tornado ... you did not hear him coming, but you knew he had been there.”

While lack of sleep and constant vigilance were big issues, there were a lot of little things that would cause disruptions at home. Ticking clocks, some fabrics, and certain smells would irritate Chris, causing a variety of reactions, such as biting his hand or wrist, banging his head, undressing, fleeing the situation, or hiding.

After a sensory evaluation, Jerry and Arlene learned that their son had sensory overload and sensory integration problems. Experts helped them make changes at home—such as changing the lighting and adding vanilla potpourri—to make it a more comfortable place for Chris. Arlene says it made a big difference when they made “some huge changes in how we looked at his world.”

At school, Chris received one-on-one instruction, and as more was learned about his disorder, staff made structural changes to the curriculum to make it easier for him to learn. “He had wonderful teachers and paras,” Arlene says, “but it wasn’t enough. They were teaching him for today, and we needed to teach him for the future, as well.”

“Chris needed a life,” Jerry says, “and we needed a life.” Their hopes and dreams for their son eventually brought them to the Anne Carlsen Center in Jamestown, N.D. In their words, “The timing couldn’t have been better.”