

Emerge



A Child's Place

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Occupational Therapy
Speech Therapy

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Disorders
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Early Screening Improves Outcomes for Autism Spectrum Disorder



Bonnie Hacker, OT
Founder / Director

Primary care practitioners with a patient list including 500 children should expect that approximately two to four of their patients would demonstrate signs of autism spectrum disorder (ASD).¹ Onset of ASD symptoms occurs in late infancy, and symptoms are clinically identifiable by parents and physicians at 18 months and earlier.^{2,3} However, onset can occur at two years of age or later. In these cases, children demonstrate regression in speech and social skills after a period of relatively typical development.^{4,5}

A growing body of evidence supports the consensus that intensive intervention with very young children can make a significant, positive impact on long-term outcomes of autism spectrum disorder.⁶⁻¹⁴ Unfortunately, older studies show that autism diagnosis often is not made until two to three years after parents, teachers, or healthcare providers recognize symptoms.¹⁵⁻¹⁸ However, this situation may have significantly improved over the past eight years. The 2005 DocStyles survey of more than 270 pediatricians shows that more pediatricians regularly screen for developmental delays (87% in 2004 vs. 93% in 2005) and that fewer pediatricians advocate a watchful waiting approach when parents share concerns about child development (30% in 2004 vs. 14% in 2005).

Research for developing the ASD screening tool with the best possible sensitivity and specificity is ongoing. Tools as simple as a 14-question form completed by parents in the waiting room have been developed and accepted. At your request, Emmerge - A Child's Place will provide a complimentary evaluation of your facility's screening procedures. Children who test positive on screening devices should receive a full ASD assessment.

In the Durham/Chapel Hill area, TEACCH is often the referral source of choice for diagnosis of autism. A simultaneous referral for occupational and/or speech therapy is often indicated. Occupational and speech therapy are essential components of an effective intervention program for most children with ASD. **Children can benefit from these therapies even prior to an official diagnosis.**



Please tell parents
about
Emmerge
A Child's Place



When autism-specific standardized screening tools are not in place, primary care practitioners and those otherwise responsible for the wellbeing of children should systematically ask questions such as^{15,19}: "Does your child . . .

- not speak as well as peers?"
- have poor eye contact?"
- not respond to his/her own name?"
- seem to tune others out?"
- not have a social smile that can be elicited by others smiling?"
- have difficulty following simple commands?"
- not bring things to you simply to show them to you?"
- not point to interesting objects or events to direct your attention?"
- have repetitive, odd behaviors?"
- show an unusual attachment to inanimate objects, especially hard ones (e.g. a flashlight or chain vs. a stuffed animal or blanket)?"
- prefer to play alone?"
- demonstrate an inability to play with toys in the typical way?"
- not engage in pretend play (if older than 2 years)?"

"Yes" answers suggest the need for a comprehensive evaluation.

The therapists at Emmerge have specific experience working with children with Autism Spectrum Disorder, and Emmerge therapists have received continuing education in Floortime Intervention. Developed by Stanley Greenspan, MD, Floortime provides a comprehensive framework for understanding and treating children challenged by autism spectrum and related disorders. It focuses on helping children master the building blocks of relating, communicating, and thinking, rather than focusing symptoms alone.

The therapists at Emmerge truly tailor programs to the individual needs of both the child and his or her family. Emmerge involves parents in therapy sessions and gives them guidance and support for implementing therapy strategies at home.

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