



August 2008

Occupational Therapy
Speech Therapy

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Bonnie Hacker, OT
Founder / Director

Autism Starts and Progresses Differently for Different Children

Autism spectrum disorder (ASD) affects one out of 150 children.¹ ASD encompasses autism, pervasive developmental disorder not otherwise specified, and Asperger's syndrome. Autism spectrum disorder refers to a group of neurodevelopmental disorders with characteristic impairments in social functioning and communication accompanied by overly-repetitive patterns of behavior and interest. Mounting evidence suggests that the earlier the intervention for ASD - the better the outcome.²⁻⁵ While many children are diagnosed as late as six years of age, evidence now strongly suggests that clinical signs often present as early as 12 months of age.^{6,7} Understanding the various patterns for onset and trajectory of ASD can help with identification and can help professionals communicate with parents.

Patterns of Autism Spectrum Disorder Onset and Trajectory

- Strong & Early:** Multiple signs of ASD, especially in social functioning and communication, are significantly present enough to suggest an ASD diagnosis. These children experience slow development, especially in the social domain.⁸
- Unstable Early Diagnosis:** Roughly 33% of toddlers deemed to have ASD around the age of 12 months are likely to not meet ASD diagnosis criteria by the time of their third birthday. Turner and Stone found that 68% of children diagnosed with ASD at 24 months of age failed to meet ASD diagnostic criteria by 4 years of age.^{9,10} However, children who meet criteria for ASD at 14 months but not at 36 months, usually exhibit another type of social and/or communication challenge at 36 months.¹¹
- Gradual Onset:** In some children, clear signs of ASD do not present until later in the second year of life or until the third year of life. These children might show normal function or mild signs of developmental delay at 14 months, but they gradually become less socially engaged after 14 months of age.¹²⁻¹⁴
- Regression:** Regardless of the pattern of onset, any child with ASD may show regression. Regression occurs in 10-50% of children with autism at a mean age of 19 months. Regression usually involves a loss of language skills. Regression does not rule out the re-acquisition of language skills.^{15,16}

Dr. Rebecca Landa, assoc professor of psychiatry at John Hopkins University, states, "Prognosis is uncertain for children diagnosed with ASD before 3 years of age. Rather than attempting prognostic statements for very young children . . . clinicians should therefore focus on instituting appropriate intervention and establishing systematic follow-up . . ." ¹⁷

Since professionals use developmental delay in the social and communication domains as signs of ASD, most children referred for ASD diagnosis should also receive a referral to **Emerge - A Child's Place** to address the developmental delays that are present. Regardless of whether ASD diagnostic criteria are met, the expert, pediatric speech and occupational therapists at **Emerge** can assess the specific developmental delays, identify underlying deficiencies, and institute interventions to improve development.



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.

Please tell parents about Emerge
- Believing in a Child's Potential to Flourish -

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