

# Emerge



## A Child's Place

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Occupational Therapy  
Speech Therapy

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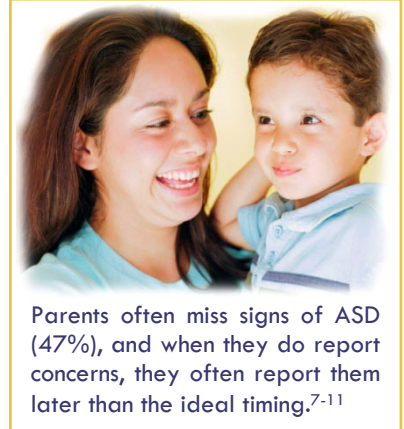
## Recommended Therapy for ASD What is Early & Intensive?



Bonnie Hacker, OT  
Founder / Director

Multiple authorities now recommend early, intensive intervention for Autism Spectrum Disorders. Here we take a moment to explore why and what they mean.

Research has noted an *average IQ* gain of 20 points following developmentally based therapies.<sup>1,2</sup> After reviewing various studies and expert opinions, trends supporting early intervention always emerge. Noteworthy among the studies supporting early intervention is the work of Harris and Handleman published in 2000.<sup>3</sup> They set out to determine the predictive value of age and other variables on the outcomes of intensive therapy for autism. For 4 to 6 years, they followed children who started therapy between the ages of 2.6 years and 5.4 years. Their primary outcome was whether children were enrolled in regular education classes or special education classes after the intensive therapy. They found that intensive therapy at a younger age (3.5 years) was predictive of the child being in regular education at discharge and that intensive therapy at a later age (4.5) was predictive of the child being in special education classes after intensive therapy. **Productive therapy for ASD can begin as early as 18 months and should definitely begin before the age of 4, if at all possible.**



Parents often miss signs of ASD (47%), and when they do report concerns, they often report them later than the ideal timing.<sup>7-11</sup>

New research published this past January supports the standing recommendation that therapy be intensive. Svein and colleagues asked whether intensity of *supervision* is associated with outcomes in preschool aged children with autism.<sup>4</sup> Supervision was the amount of time parents / children spent with specialized therapists as opposed to parents engaging in therapeutic activities independently. They followed children who were receiving intensive, early behavioral intervention. Supervision of therapy ranged between 2.9 hours per month to 7.8 hours per month. They found a significant correlation between intensity of supervision and improvement in IQ scores. Similarly, Stone et al., in a 2001 study, found that the number of hours of speech-language therapy received between the ages of 2 and 4 correlates with the child's development of spoken language.<sup>5</sup> **Both the intensity of supervision and the intensity of therapy seem to affect outcomes. The National Research Council recommends 25 hours per week of therapy-based engagement for preschool children with ASD.**<sup>6</sup>

Of course, early intervention requires early recognition. In July 2006, the American Academy of Pediatrics issued guidelines including **recommendations that, in the absence of specific concerns, practitioners conduct formal screening for developmental delay at least three times before the age of 3.** Ideally, this would be conducted at 9, 18, and 30 months. Where there are no 9 or 30 month visits, screening can be conducted at 12 and 24 months. The 18-month screening should include additional, specific tests for autism. When screening results are positive or concerning, make referrals for developmental evaluation and/or medical evaluation as indicated. The specialized occupational and speech therapists of Emerge - A Child's Place can conduct developmental evaluations for your patients. The diagnosis of a specific developmental disorder is not necessary for an early intervention referral to be made. If your practice has not fully implemented the 2006 AAP recommendations for developmental delay screening, Emerge pediatric therapists are available for consultation and assistance.

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

### Coding Tips

Practitioners should be getting paid for the additional assessments recommended by the AAP. CPT code 96110 covers limited developmental screening conducted and scored by non-physician personnel. CPT code 96111 describes extended developmental testing and includes medical provider work. Up to 17 CPT codes may be applicable. Contact Emerge for a list and description of codes.



## References

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