

# Give children with autism best chance of reaching full potential

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*Published: April 6, 2013*

At the age of three, Josh smiled often.

To the casual observer, he appeared happy.

To the careful observer, the smile came from a different place than the smiles of his peers.

The smile often emerged, not from the expected interactions with parents, peers, and teachers, but instead when spinning the wheels of a toy or looking into a ceiling light.

Josh's smile made him seem happy on the surface.

Yet if he was happy, he was happily unengaged with the rest of the world around him.

I first met Josh at this age at a school for children with autism.

Josh's diagnosis was Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS), one of the categories on the autism spectrum.

Josh was one of my 20 clients to receive speech-language therapy at this school.

I saw him three times each week for 30-minute sessions.

Through a combination of applied behavior analysis and DIR®Floor-time therapies, we worked to help Josh shape his fixation with parts of objects into an interest in sharing things he discovered - such as what makes a car go - with others around him.

This was not accomplished by speech-language therapy alone.

It took a team of professionals, including classroom teachers, psychologists, occupational therapists, and Josh's family to build his engagement with others.

Over time, Josh's smile was more readily observed when engaging in eye contact during an activity with others.

He showed improved joint attention, which is a child's ability to share something with others around them through pointing, eye contact and other verbal and nonverbal signals.

It is such an important skill that the lack of it is a possible red flag for autism in children as young as two years of age.

These red flags have been studied extensively by Amy Wetherby at Florida State University and her colleagues.

The researchers studied 54 children who were later diagnosed as either having autism, developmental disability, or typical development.

During this groundbreaking study, researchers found nine red flags - lack of appropriate gaze, lack of warm, joyful expressions with gaze, lack of sharing enjoyment or interest, lack of response to name, lack of coordination of gaze, facial expression, gesture and sound, lack of showing objects, unusual prosody or melody of the voice, repetitive movements or posturing of body, arms, hands, or fingers, and repetitive movements with objects - that differentiate children with autism from the other two groups.

The research team is currently gathering extensive evidence on the improvement of those children identified early using these and other markers.

The implications of this study are for early identification and intervention for children with autism.

April is National Autism Awareness Month and national data highlight the importance of early detection and intervention.

Although there is currently no cure for autism, early intervention has been shown to be effective to help children close the gap between where they are and where they should be for their age.

It is crucial that children with autism gain as many skills as possible as early as possible, because they grow up to be adults with autism on increasingly long waiting lists for supported residential placement.

Given that the Centers for Disease Control estimated that one out of every 88 eight-year-olds were living with autism in 2008, the critical need for early identification and intervention is evident.

In May, the American Psychological Association will enact changes in classification to the diagnosis categories of autism.

People who are currently diagnosed with Asperger's - another classification on the autism spectrum - may or may not continue to be included in the new categories of autism.

Unlike others on the autism spectrum, people with Asperger's are by definition without language impairments and have at least an average IQ.

Their impairments fall mostly within the realm of social interaction.

Depending upon the specificity of their symptoms, some currently diagnosed with Asperger's will continue to fall within the category of autism, while others will be classified with something known as social pragmatic disorder.

Confusion and controversy may surround these changes, but what will remain clear will be the need to provide these individuals with intervention for social interaction.

A parent is often the first to notice signs of potential autism, yet these signs will not always result in a diagnosis of autism.

Other diagnoses, such as developmental delay and language delay/disorder, are just a few of the possibilities.

Warning signs of atypical development - including those that involve social interaction - should be evaluated by a team consisting of a neurodevelopmental pediatrician, speech-language pathologist and any other specialty areas related to the child's areas of difficulty, such as an occupational therapist for fine motor and/or sensory concerns.

Even if autism is ruled out, early identification and intervention can help with other areas of difficulty and provide each child the best chance of closing the gap and achieving their highest potential.

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