





Bonnie Hacker, MHS, OTR/L Founder / Director

A Child's Place

Autism Spectrum Disorder

Nov. 2015

horany

Occupational Therapy • Speech Therapy •

Phone: (919) 928-0204

Fax: (919) 928-9423

3905 University Drive Durham, NC 27707

Serving children from birth to adolescence

Using therapy to improve conditions such as: **Delayed Speech** Developmental Coordination Disorder Speech Impairments Non-communicative Speech Oral/Verbal Apraxia Language Disorders **Feeding Difficulties** Autism/Asperger's/PDD **Developmental Delay** Cerebral Palsy Sensory Integration Disorders Sensory Modulation **Disorders** Handwriting Impairments Fine & Gross Motor Delays

A Private, Independent Provider



www.EmergeAChildsPlace.com





The lifetime costs of treating an American with autism spectrum disorder (ASD) currently exceeds one million dollars. More effective treatment approaches have the potential to moderate those costs as well as improve lives. It is well established that intensive intervention in the preschool

years improves ASD outcomes, with potential for moving off the ASD spectrum.²⁻⁴ For instance, in a case series report developed by Stanley Greenspan, MD in 1997, in 200 consecutive cases, 58% of children moved off the autism spectrum after using the Floortime approach - a therapy available at Emerge.^{5,6} A study published in Autism has since confirmed the effectiveness of Floortime in ASD.⁷ Unfortunately, it is common that children reach ages five and six before ASD is diagnosed.^{8,9}



It has been suggested that a proactive response to parental concern is one of the opportunities for improving the timeliness

of diagnosis and ultimately the ASD outcome. ¹⁰ Parental concern can serve as a good trigger for proactive measures, because parental concern has been shown to strongly predict child development risk overall and for ASD. ¹¹⁻¹³ To further illuminate this hypothesis, Katharine Zuckerman, MD and colleagues studied the cases of 4,032 children with ASD, intellectual disability, and/or developmental delay. ⁸ They found that parents of children with ASD first became concerned at age 1.9 years on average. On average, parents raised these concerns with healthcare providers two to five months later. Nevertheless, the average age of diagnosis for the children with ASD only was 6.0 years. There is an average of about 3.7 years' delay between the time parents express developmental concerns to a provider and the time of ASD diagnosis. It appears that providers can greatly shorten the delay between report of parental concern and first ASD diagnosis. If a provider takes one, two, or three of the proactive steps measured in this study, the average delay to diagnosis is reduced by 0.9, 1.6, and 2.3 years respectively. If the provider has one or two of the responses the researchers categorize as "reassuring," the delay to diagnosis is *increased* by 1.7 or 2.2 years respectively.

Three responses to parental concern were listed as "reassuring:" labeling the behavior as normal, responding that it was too early to tell if anything is wrong, and suggesting the child might grow out of it. The researchers measured three responses to parental concern that they categorized as proactive: conducting developmental tests, making a referral to a specialist, and recommending parents discuss concerns with the child's school. Please consider a referral to Emerge - A Child's Place any time there is parental concern about developmental delay or ASD. Emerge is one of the few places in the Triangle offering a Floortime-based approach. Our occupational and speech therapists specializing in pediatric therapies can provide a thorough assessment and teach parents more about how to facilitate their children's development. When indicated, we can develop a treatment plan designed to work on the building blocks of the skills that need work and help children reach their maximum potential.



Integrating Occupational and Speech Therapy

ASD is among the many pediatric challenges that co-exist with other forms of developmental delay and sensory issues. The combined expertise of occupational and speech therapy helps ensure children can receive more thorough evaluations and interventions. Emerge provides a more comprehensive pediatric therapy approach by integrating services from both occupational therapists and speech therapists.

References:

- 1. Buescher A, Cidav Z, Knapp M, et al. Costs of autism spectrum disorders in the United Kingdom and United States. *JAMA Pediatr.* 2014; 168: 721-8.
- 2. Landa R, Kalb L. Long-term outcomes of toddlers with autism spectrum disorders exposed to short-term intervention. *Pediatrics* 2012; 130 (Suppl 2): S:186-90.
- 3. Committee on Children with Disabilities. Technical report: the pediatrician's role in the diagnosis and management of autistic spectrum disorder in children. *Pediatrics*. 2001; 107:e85.
- 4. Kogan M, Stricland B, Blumberg S, et al. A national profile of the health care experiences and family impact of autism spectrum disorder among children in the United States, 2005-2006. *Pediatrics*. 2008; 122:e1149-58.
- 5. Greenspan S, Weider S. An Integrated Developmental Approach to Interventions for Young Children with Severe Difficulties in Relating and Communicating. Zero to Three National Center for Infants, Toddlers, and Families. 1997; Volume 17, No. 5.
- 6. Greenspan S, Weider S. Developmental patterns and outcomes in infants and children with disorders in relating and communication: A chart review of 200 cases of children with autistic spectrum disorders. The Journal of Developmental and Learning Disorder. 1997; Volume 1, No. 1: 87-141.
- 7. Solomon R, Necheles J, Ferch C, et al. Pilot study of a parent training program for young children with autism: the PLAY Project Home Consultation program. *Autism*. 2007 May; 11 (3): 205-24.
- 8. Zuckerman K, Lindly O, Sinche B, et al. Parental concerns, provider response, and timeliness of autism spectrum diagnosis. *J Pediatr.* 2015; 166: 1431-9.
- 9. Bethell C, Reuland C, Schor E, Abrahms M, Halfon N. Rates of parent-centered developmental screening: disparities and links to services access. *Pediatrics*. 2011; 128: 146-55.
- 10. Wiggins L, Baio J, Rice C. Examination of the time between first evaluation and first autism spectrum diagnosis in a population-based sample. *J Dev Behav Pediatr.* 2006; 27: S79-87.
- 11. Glascoe F. Parents' evaluation of developmental status: how well do parents' concerns identify children with behavioral and emotional problems? Clin Pediatr (Phila). 2003; 42: 133-8.
- 12. Ozonoff S, Young G, Steinfeld M, et al. How early do parent concerns predict later autism diagnosis? *J Dev Behav Pediatr.* 2009; 30: 367-75.
- 13. Glascoe F, Macias M, Wegner L, Robertshaw N. Can a broadband developmental-behavioral screening screening test identify children likely to have autism spectrum disorder? *Clin Pediatr (Phila)*. 2007; 46: 801-5.