

# Emerge



A Child's Place

May 2011

Occupational Therapy  
Speech Therapy

Chapel Hill Office

205 Sage Rd, Ste 203  
Chapel Hill, NC 27514  
Phone: (919) 928-0204  
Fax: (919) 928-9423

Durham Office

2919 Colony Rd  
Durham, NC 27705  
Phone: (919) 489-7333  
Fax: (919) 489-0504

Serving children from  
birth to 14 years old

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](http://www.EmergeAChildsPlace.com)



© BMA 2011

## Parents Often Miss Signs of

# Autism Spectrum Disorder



Bonnie Hacker, OT  
Founder / Director

Parental concern ranks as a major indicator for risk of autism spectrum disorder (ASD). Multiple studies encompassing 737 children show that parental concerns about speech, language, social skills, or other developmental arenas prove highly specific (79% to 81%) in detecting global developmental deficits.<sup>1-3</sup> However, the absence of parental concern is not sensitive enough in assessing normal development (47%).<sup>1</sup> In other words, parents often miss signs of autism spectrum disorder in their young children, but when they do report signs of ASD, the concerns are usually justified. This highlights the importance of childcare professionals using regular screening tools on a schedule rather than waiting for parental concern to initiate assessment procedures.

Historically, parents of children later diagnosed with ASD express concerns between 18 months and 4 years of age.<sup>4,5</sup> However, retrospective studies of home videos showing children later diagnosed with ASD reveal that significant deviations in development (such as eye contact, responding to name, pointing, and showing) were evident by 12 months of age.<sup>6,7</sup>

Early identification of developmental delays is important in ASD for two reasons. One reason is that younger siblings of children with ASD have a 10% to 20% chance of having ASD as well.<sup>8-10</sup> Parents should have the opportunity to consider this information before deciding to have another child. The other reason is that 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.<sup>11-19</sup>

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. When developmental delay is suspected, children can benefit from pediatric OT and ST even prior to an official ASD diagnosis.

The therapists at **Emerge - A Child's Place** 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 on 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.



Parents often miss signs of ASD, and when they do report signs, parents often report later than the ideal timing.



## Affordable Care at Emmerge – A Child's Place

Many parents find that insurance coverage for pediatric occupational or speech therapy is often limited. In these cases, Emmerge has even more to offer in addition to uncompromising quality of care and excellent facilities. Even though the quality of care at Emmerge is at the highest levels, you will find the fees at Emmerge to be the most affordable.

Please tell parents about Emmerge – A Child's Place  
Believing in a Child's Potential to Flourish

## References

1. Glascoe FP. "It's not what it seems. The relationship between parents' concerns and children with global delays." *Clin Pediatr* 1994; 33: 292-296
2. Glascoe FP, Sandler H. "Value of parents' estimates of children's developmental ages." *J Pediatr* 1995; 127: 831-835.
3. Glascoe FP. "Parents' concerns about children's development: prescreening technique or screening test?" *Pediatrics* 1997; 99: 522-528.
4. Farber JM. "Autism and other communication disorder." In: Capute AJ, Accardo PJ, eds. *Developmental Disabilities in Infancy and Childhood, 2<sup>nd</sup> ed. Volume I: Neurodevelopmental Diagnosis and Treatment*. Baltimore, MD: Paul H. Brookes Publishing Co; 1996: 347.
5. Howlin P, Moore A. "Diagnosis in autism. A survey of over 1200 patients in the UK." *Autism*. 1997; 1: 135-162.
6. Werner E, Dawson G, Osterling J, et al. "Recognition of autism spectrum disorder before one year of age: a retrospective study based on home video tapes." *J Autism Dev Disord*. 2000; 30: 157-162.
7. Osterling J, Dawson G. "Early recognition of children with autism: a study of first birthday home videotapes." *J Autism Dev Disord*. 1994; 24: 247-257.
8. Szatmari P, Jones MB, Tuff L, et al. "Lack of cognitive impairment in first-degree relatives of children with pervasive developmental disorders." *J Am Acad Child Adolesc Psychiatry* 1993; 32: 1264-1273.
9. Jorde LB, Mason-Brothers A, Waldmann R, et al. "The UCLA-University of Utah epidemiologic survey of autism: genealogical analysis of familial aggregation." *Am J Med Genet* 1990; 36: 85-88.
10. Bolton P, Macdonald H, Pickles A, et al. "A case-control family history study of autism." *J Child Psychol Psychiatry* 1994; 35: 877-900.
11. Hurth J, Shaw E, Izeman S, et al. "Areas of agreement about effective practices among programs serving young children with autism spectrum disorders." *Infants Young Child*. 1999; 12: 17-26.
12. Rogers SJ, Lewis H. "An effective day treatment model for young children with pervasive developmental disorders." *J Am Acad Child Adolesc Psychiatry*. 1989; 28: 207-214.
13. Dawson G, Osterling J. "Early intervention in autism. In: Guralnick MJ, ed. "The Effectiveness of Early Intervention." Baltimore, MD: Paul H. Brookes Publishing Co; 1997: 307-326.
14. Lovaas O. "Behavioral treatment and normal educational and intellectual functioning in young autistic children." *J Consult Clin Psychol*. 1997; 55: 3-9.
15. Smith T, Lovaas O. "Intensive and early behavioral intervention with autism: the UCLA young autism project." *Infants Young Child*. 1998; 10: 67-78.
16. Smith T, Eikeseth S, Klevstrand M, et al. "Intensive behavioral treatment for preschoolers with severe mental retardation and pervasive developmental disorder." *Am J Ment Retard*. 1997; 102: 238-249.
17. Greenspan S, Wieder S. "Developmental patterns and outcomes in infants and children with disorder of relating and communicating: a chart review of 200 cases of children with autistic spectrum diagnoses." *J Dev Learning Disord*. 1997; 1: 87-141.
18. McEachin J, Smith T, Lovaas O. "Long-term outcome for children with autism who received early intensive behavioral treatment." *Am J Ment Retard*. 1993; 97: 359-372.
19. Harris SL, Handleman J, Gordon R. "Changes in cognitive and language functioning of preschool children with autism." *J Autism Dev Disord*. 1991; 21: 281-290.