

# Emerge



A Child's Place

January 2012

Occupational Therapy  
Speech Therapy

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## Autism Spectrum Disorder

### *Improving Outcomes with Speech Therapy*



Bonnie Hacker, OT  
Founder / Director

The prevalence of autism spectrum disorder (ASD) seems to be growing at a rapid rate. Only a few years ago, experts estimated the prevalence of ASD at 4 or 5 children in 10,000.<sup>1</sup> More recent studies from the CDC find the prevalence of diagnosed ASD has risen to 1.1% of children age 3 to 17.<sup>2</sup> For healthcare and childcare professionals, this apparent growth underscores the importance of being knowledgeable about community resources available to families challenged by ASD.

Because difficulties with communication are one of the main challenges for people with autism spectrum disorder, expert consensus promotes the value of pediatric speech therapy and techniques to improve communication skills.<sup>3,4</sup> 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>5-13</sup> Experts commonly hold that early, intensive communication and socialization-based interventions rank among the most effective interventions available.<sup>14-16</sup> In your area, EmERGE - A Child's Place makes these types of services available and has helped create improvements for children challenged by ASD.



EmERGE provides **assessments that identify each child's individual strengths and difficulties.** Autism spectrum disorder covers a broad range of difficulties. Some children may have cognitive problems with language; some may have muscle and coordination problems with speech; and/or some children may have trouble relating to people. Some children are over-reactive to sound while others are under-reactive. Each child with ASD may take in, process, and respond to information from the world differently from other children with ASD. An expert assessment at EmERGE will identify each child's specific difficulties so therapists can develop an individualized approach toward improving communication and social interaction.

#### Play-based speech therapy that includes:

- Improving interpretation of facial expressions and body language
- Use of facial expressions and body language
- Development of social skills associated with language
- Appropriate use of eye contact
- How to take turns
- How to listen better
- Alternative or augmentative means of communication
- How to use pitch to convey meaning
- Coping mechanisms and appropriate responses to stimuli from the world
- Improving coordination, strength, and placement of the lips, tongue, jaw, and cheeks

Experts agree that children can benefit from pediatric speech and occupational therapy assessment and intervention as soon as developmental delays are identified and before the general diagnosis of autism spectrum disorder is made. The American Academy of Pediatrics Committee on Children with Disabilities recommends against stand-alone physical therapy or other therapies provided individually.<sup>17</sup> Instead, the committee recommends that a child's program should interweave three types of therapy: (1) speech and language, (2) sensory integration, and (3) coordination and motor planning. By providing the expert, pediatric services of both speech and occupational therapists, EmERGE - A Child's Place can and does provide the integrated programs recommended by the American Academy of Pediatrics.

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

## References

1. Yeargin-Allsopp M, et al. JAMA 2003; 289: 49-55.
2. Kogan M, Blumberg S, Schieve L, et al. Prevalence of parent-reported diagnosis of autism spectrum disorder among children in the US, 2007. Pediatrics 2009, Oct 5 (published online doi: 10.1542/peds.2009-1522).
3. Prizant B, Schuler A, Wetherby A, et al. "Enhancing language and communication development: language approaches." In: Cohen D, Volkmar F, , eds. *Handbook of Autism and Pervasive Developmental Disorders*. 2<sup>nd</sup> ed. New York, NY: Wiley & Sons; 1997: 572-605.
4. Wetherby A, Prizant B. "Facilitating language and communication development in autism: assessment and intervention guidelines." In: Zager D, ed. *Autism: Identification, Education, and Treatment*. 2<sup>nd</sup> ed. Hillsdale, NJ: Lawrence Erlbaum; 1999.
5. 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.
6. 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.
7. 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.
8. Lovaas O. "Behavioral treatment and normal educational and intellectual functioning in young autistic children." *J Consult Clin Psychol*. 1997; 55: 3-9.
9. Smith T, Lovaas O. "Intensive and early behavioral intervention with autism: the UCLA young autism project." *Infants Young Child*. 1998; 10: 67-78.
10. 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.
11. 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.
12. 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.
13. Harris SI, Handleman J, Gordon R. "Changes in cognitive and language functioning of preschool children with autism." *J Autism Dev Disord*. 1991; 21: 281-290.
14. Smith T, Lovaas O. *Infants and Young Children* 1998; 10: 67-78.
15. Schopler E, Mesibov G, Hearshey K. "Structured teaching in the TEACCH system." In: Schopler E, Mesibov GB, eds. *Learning and Cognition in Autism*. New York, NY: Plenum Press; 1995: 243-368.
16. Burke, R. "The primary care of children with autism." *Medicine and Health: Rhode Island*; May 2005.
17. Committee on Children with Disabilities – American Academy of Pediatrics. "Technical Report: The Pediatrician's Role in the Diagnosis and Management of Autism Spectrum Disorder in Children." *Pediatrics* May 2001. Vol 107, No 5.