



Dec. 2012

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



- American Academy of Pediatrics -

## New Autism Intervention Guidelines



Bonnie Hacker, MHS, OTR/L  
Founder / Director

The Centers for Disease Control currently estimate the prevalence of autism spectrum disorder (ASD) at 1 in 88 children and 1 in 54 boys.<sup>1</sup> Given the scope of the problem, the American Academy of Pediatrics (AAP) has recognized the pressing need to clarify practices effective for children with ASD. To this end, they created a technical expert panel consisting of experts in developmental pediatrics, education, and psychology as well as parents of children with autism.<sup>2</sup> The expert panel gathered into their evidence 33 systematic reviews plus 68 intervention studies not included in those reviews. For their nonmedical treatment guidelines, they only included recommendations that achieved 100% agreement with all members of the expert panel. The current AAP guidelines for nonmedical interventions include:



- Children with ASD should have access to at least **25 hours per week of comprehensive intervention**. There is some evidence suggesting that portions of that time can be with parents who are trained in effective practices. Intervention should take place **throughout the year**.
- Comprehensive intervention should address social communication, language, play skills, and maladaptive behavior.
- Children with ASD should receive comprehensive intervention within 60 days of identification. There is evidence suggesting that treatments are more effective during the first 12 months following initial assessment, and there is no basis for delaying treatment.
- A comprehensive program must be individualized to the strengths and deficits of the person with ASD.
- Programs must address the concerns of the family and **offer opportunities for their active participation**.
- Treatment plans should include an objective baseline assessment and periodic follow-up assessments.

The authors note that public resources typically do not provide this level of ASD intervention. A comprehensive intervention meeting current recommendations will often require a referral to other resources. Emerge - A Child's Place is a good resource for ASD intervention. Even though the quality of care at Emerge is at the highest levels, parents find the fees at Emerge to be the most affordable. In addition, Emerge works closely with parents to train them to work with their children. This maximizes the hours of comprehensive intervention while minimizing cost. Finally, Emerge - A Child's place truly integrates the services of both occupational and speech therapy so that specialists in the relevant domains of pediatric therapy can both assess and plan for comprehensive interventions.

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

References:

1. Centers for Disease Control. *CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network*. National Center on Birth Defects and Developmental Disabilities. 2012 March 29. Atlanta, GA.
2. Magline M, Gans Daphna, Das Lopamudra, et al. Nonmedical interventions for children with ASD: Recommended guidelines and further research. *Pediatrics*. 2012; 130; S169-78.