

# Early Signs of Autism



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# Long Term Outcomes

- Crucial Variables known to maximize student outcomes
  - Early Identification
  - *Effective* Early Intervention (25 hours/week – full year programming w/ minimally 2:1 adult:child)
  - Focus on *Functional* Communication
  - Application of Applied Behavior Analysis
  - Family Involvement



# Why is early important?

## ■ Improved Prognosis

### – Particularly with ASD

- Treatment addressing the core maladaptive responses
  - Communication (Speech Therapy - VBT)
  - Socialization (peer to peer pairing, etc.)
  - Play (stimulus to stimulus pairing, etc.)

## ■ Genetic Counseling



# Early Identification

## ■ Red Flags

- No big smiles or other warm, joyful expressions by 6 months
- No back-and-forth sharing of sounds, smiles, or other facial expressions by 9 months
- No Babbling by 12 months
- No back-and-forth gestures (e.g., pointing, showing, reaching, or waving) by 12 months



# Early Identification

## ■ Red Flags

- No words by 16 months
- No two-word meaningful phrases (without imitating or repeating) by 24 months
- Any loss of speech or babbling or social skills at any age
- Refer when in doubt



# Infant Research

- At 4 months a child should:
    - Exhibit social reciprocity through joint attention and smiling – gazing between an object of pleasure and a parent while smiling
    - Relate to an adult with warmth and pleasure
- We want to see a child who is **Attentive** – **Socially Active** – **Expressive** – and one who exhibits vocal turn taking



# Infant Research

- At six months ASD may present as:
  - Flat affect
  - Poor eye contact
  - Poor social responsiveness
  - Stereotypical play – self stimulation – watching spinning items



# Infant Research

- At 12 months a child should:
  - Use some gestures sequentially to get needs met (e.g., POINTING, giving, reaching, waving, showing)
  - Play peek-a-boo, patty cake or other social interactive games
  - Make sounds like “ma” “ba” “na” “da” “ga”





# Infant Research

- At 18 months a child should:
  - Use lots of gestures with words to get needs met
  - Show that s/he knows the names of familiar people as well as of body parts
  - Engage in pretend play like feeding a doll or stuffed animal
  - Attract caregiver attention by looking up at them



# CORNERSTONE

- **TWO WAY BACK AND FORTH INTERACTION**

- Affective, Social, & Gestural Reciprocity

- **Ways to check:**

- Point to an object and say “Look!”

- Call the Child’s name

- Blow Bubbles

- Place a closed jar of Bubbles in front of the child

- Activate and then deactivate a wind-up toy and place it in front of the child



# Dangerous

- “Don’t worry.....”
  - “Einstein was a late talker.”
  - “Boys develop more slowly than girls.”
  - “She’ll grow out of it.”
- “Let’s wait and see.”



# Too often the Red Flags are Ignored

– WHY?

- Fear
- Ignorance
- Bias
- Training



## Research is showing:

- The key to early Identification is knowing when a child deviates from a healthy developmental path.
- There is a lack of knowledge about and understanding of “a healthy developmental path” AND
- There is a lack of knowledge about what to do when a child deviates from the “PATH.”



## Early ID & Treatment results in:

- Higher graduation and employment rates
- Greater independence and more involvement in the community
- More productive and fulfilling life
- Decreased criminality and violent crime
- Reduced teen pregnancy
- For every \$1 spent \$7- \$13 are saved



# Autism is Diagnosable

- Perhaps by 24 months
- Some babies will manifest symptoms clearly at 6 months – but those that do not are not out of the woods
- 90% of those w/ ASD at 14 months have it at 36 months
- Usually clearly evident at 36 months



# Treatment

- ABA well established treatment approach
- ABA is not DTT
- Our challenges with DTT
- VB





# Verbal Behavior Training

- Based on the principles of ABA & Skinner's analysis of verbal behavior
- Focus is on developing “vocal” behavior
- Talking, signing, and selecting pictures all meet Skinner's definition of verbal behavior. Verbal behavior is not just talking.



# Verbal Behavior Training

- Includes all types of communication
- Initial emphasis on teaching manding and expressive communication
- ABLLS provides an established guideline to drive the program



# Verbal Behavior Training

- Child focused
- Focus on functional communication
- Pairing and manding are program's first priorities
- Utilizes positive teaching procedures
- Errorless learning
- Mixed and Varied Instruction
- Reinforcement rate
- Instructional Level



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