

Early Intervention Services for Toddlers with ASD

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Receiving an Autism Spectrum Diagnosis (ASD) can be an extremely stressful family event. Once the reports are read it may help to put them away for future reference and begin to focus on intervention. The shift from feelings of helplessness during the diagnostic process, to feelings of hopefulness as the appropriate interventions are planned, can be an essential therapeutic shift for the entire family. It can also be somewhat overwhelming, as it is difficult to know what interventions your child should receive.

If you had your child evaluated through the Department of Health, your case coordinator will recommend a treatment plan including various types of therapies and recommended frequencies. These services will be elaborated at a meeting including your family, one or more of the evaluators and the case coordinator, and will be outlined in a document called the I.F.S.P. (Individualized Family Service Plan). If you had your child evaluated privately, the diagnostician will have made specific recommendations for your child. These recommendations are likely to include one or more of the following services: speech and language



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therapy, occupational therapy, physical therapy, special education and/or Applied Behavioral Analysis (ABA), family training, parent and me class, center-based special education and support groups. It may be difficult to imagine that a child as young as a toddler is actually able to benefit from therapy. Early intervention specialists are a select group of clinicians and therapists with extensive training and ex-



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perience in very young children. They will use developmentally appropriate techniques to develop rapport, teach your child, and maximize social, communication and cognitive development.

Communication deficits are one of the core symptoms of ASD. Speech and language therapy provided to toddlers on the Autism Spectrum aims at increasing total communication. Most children with ASD

struggle with communicating their wants and needs which can be extremely frustrating for both the child and family. The speech and language therapist will work on assisting the child in increasing his or her ability to communicate through a variety of means. This may include using sign language, Picture Exchange Communication system (PECS, a system where a child is taught to utilize small pictures to communicate), and verbalizations. It is important to remember that introducing sign language or PECS does not mean the therapist is "giving up" on teaching your child to speak. Such techniques actually increase the likelihood that your child will verbalize. Many children with ASD also have difficulty comprehending language so the therapist may work on teaching your child to follow simple commands, point to familiar objects and pictures and point to body parts.

Occupational therapy provides therapeutic intervention in the areas of fine motor and sensory functioning. Occupational therapists can help your child with activities of daily living, such as self-feeding and dressing, as well as completing simple puzzles and coloring with a crayon. Many children with ASD have difficulties processing sensory information. This can result in being over-reactive or under-reactive to sensory input such as touch, sound, smell, taste, or

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sight. Children with ASD may overreact to certain sounds by covering their ears. They may also avoid certain textures of food or find certain types of tactile input aversive. Sometimes children with ASD will engage in self-stimulatory behavior and hold items close to their eyes, or move their hands in an unusual manner to get sensory input. Occupational therapists can help children with ASD in the area of sensory integration by systematically providing sensory input and working on tolerating various sensory stimuli, making these behaviors less disruptive.

Physical therapy focuses on strengthening the gross motor skills and coordination of a child. Some, but not all, children with ASD may be delayed in obtaining their gross motor milestones. Some children may also have low muscle tone. Physical therapists can help children learn to walk, run, jump, climb, safely navigate stairs, and pedal a tricycle.

Most children with ASD have different learning styles than typically developing children. Your child may have difficulty learning language, play, and social skills naturally from the environment. S/he may need a more structured environment to maximize his or her learning. Applied Behavior Analysis (ABA) sets up the environment optimally to help your child learn. This type of therapy uses behavioral principles which assist children with ASD in acquiring the prerequisites to learning. All tasks are broken down into the smallest possible components and taught systematically using behavioral principals to ensure success. Family training is also a common component of an ABA program.

During periodic family meetings with the team leader, you will gain a comprehensive understanding of the therapy goals and be given specific strategies to use with your child to promote their social, communicative and cognitive development.

Some parents of children with ASD who enrolled their child in a parent and me class for typically developing children reported that their toddler refuses to follow the structure, sit during story time, eat snack, etc. This often creates parental and child stress and anxiety during an activity which should be pleasurable. Early intervention parent and me classes are run by certified special educators where the activities are developmentally appropriate and interesting to the child with ASD. These classes will allow parents to get out into the community, be involved in fun activities with their child and meet other parents.

Many families are surprised at the recommendation that their toddler begin a center-based program or classroom. Early Intervention classrooms are instructed by certified early childhood special education teachers and provide a rich and stimulating milieu which promotes the social, communicative and cognitive development of children. Not all children are ready for a classroom experience; however, many children can benefit from the structure and social opportunities provided in such a setting. Your child may receive some of his or her additional therapies at the school or within the home.

Parents may find it difficult to imagine their baby, still in diapers, receiving such an intensive program of therapies. Therapists working in Early Intervention are specially trained in understanding the

nuances of working with such young children. Most therapists will begin by establishing rapport with your child and spend the first several sessions playing and pairing themselves with pleasurable activities. Early Intervention therapists understand that toddlers have short attention spans, can be naturally defiant and sometimes have separation anxiety. All of these factors are not atypical, and will certainly be considered in the therapy.

Many families struggle with the revolving door of therapists entering and exiting their homes on a daily basis. It is natural to feel as if your privacy is being compromised. This certainly takes some getting used to and once a routine is set the stress typically decreases. While having numerous people in your home on a daily basis can be difficult, the majority of therapies after a child reaches three years are provided outside of the home. Your child may experience some anxiety and agitation once services begin. It may be difficult for you to hear your child upset, but remember to give him or her some time to work it through. This is most likely one of the first times in your child's life that increased demands are being placed on him or her. If you feel that after a reasonable period of time any therapist is not developing a rapport with your child, it is perfectly acceptable to discuss your concerns with the therapist or the your Early Intervention coordinator.

It is essential that while your family focuses intensely on your child's development, the other needs of the family do not get overlooked. Perhaps one of the most therapeutic interventions is that of the family support group. Typically run by a social worker or psychologist, these groups meet

weekly and address the struggles and triumphs of raising a child with ASD. Having a group experience decreases feelings of isolation and provides a therapeutic environment to address a multitude of issues specific to families of children with ASD. Similarly, sibling groups are often available where the brothers and sisters of children with ASD can discuss what it is like to have a sibling with ASD. The naturally intense focus placed upon a child with ASD sometimes triggers various emotions in a sibling and a group is an excellent place to address these feelings. Siblings also learn that they are not alone and meet other children with similar experiences.

Many people sadly capitalize on the vulnerability of parents facing an ASD diagnosis. Beware of interventions which promise miraculous results and those which are extremely costly. Research any intervention before beginning to be sure it is both safe and evidence based (the research demonstrates that it is effective). There are many safe and effective interventions available for toddlers on the Autism Spectrum. Consult with your Early Intervention team to access these services. By educating yourself about the most current and efficacious interventions, you have taken the first step in helping your child reach his or her fullest potential.

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