

Critical Information for Parents of Young Children with Social Communication Delays

Your child has been identified as having delays in social communication skills. The following information may be helpful in understanding social communication problems in young children.



Before children learn to talk, they use eye gaze, facial expressions, sounds, and gestures (such as giving, showing, reaching, waving, and pointing) in social interactions.

What are early social communication skills?

Sometimes families have difficulty understanding what is meant by social communication skills in young children. Briefly, social communication skills are the tools that we use to interact with other people. Before children learn to talk, they use eye gaze, facial expression, sounds, and gestures (such as giving, showing, reaching, waving, and pointing) in social interactions. These early social communication skills first develop during interactions with caregivers. Children look back and forth between a parent and an object they are interested in. They follow a parent's gaze or point to draw attention to something across the room. Children also look, point, and vocalize to show their parent something they see or want. For example, when blowing bubbles with your child, your child may clap in excitement, point at or reach for the bubbles or wand, look at you and smile to share pleasure in the activity, squeal, say "buhbuh" or request "more." As children learn to talk, they use social communication skills in conversation by bringing up new topics about things of interest and following the topics of others. Social communication skills are important for learning how to interact with peers and make friends.

Why is early intervention important?

We know from the latest research that some of the most important learning occurs during the first three years of a child's life. The brain and nervous system of a newborn child are not fully mature. Neurological pathways develop as infants and young children learn from exploration with people and objects in their environment. The wiring of nerve cells is most rapid during this critical three-year period. By age 3, most of the major brain structures are

mature, and it becomes more difficult to make significant changes in a child's brain and nervous system. A stimulating learning environment during the first three years is critically important to support positive outcomes.

Should I be concerned?

Impairments in social communication skills are the earliest indicators or "red flags" of autism spectrum disorders (ASD), and therefore, children with social communication delays are at-risk for having ASD. Not all children at-risk will be diagnosed with ASD and not all children will need ongoing intervention. However, research has demonstrated that a reliable diagnosis of ASD can be made as young as 24 months of age by experienced professionals and most families find that early intervention is helpful for their children and for themselves. ASD is called a spectrum disorder because of the variability of the behaviors of children with the diagnosis. Some children may use "borrowed" language chunks from videos or TV, others may fuss or tantrum to get what they want, and others may play for long periods of time by themselves. Between 2 and 3 years of age children may begin to demonstrate more repetitive behaviors associated with ASD such as lining up toys, opening and closing doors on toy cars, or repetitive mannerisms such as flapping hands. Although each child with ASD has his or her own individual profile of strengths and weaknesses, ASD does affect children's development over time and early intervention is critical to their success. Without intervention small delays in social communication in very young children can lead to significant behavior and learning problems by school age.

"Choosing early intervention for our son was the best thing we could have given him to ensure his bright future. We have had an extremely positive experience and our son has made unbelievable improvements in every aspect of his life."

**Heather and Brian, parents
of 2 1/2 year old**

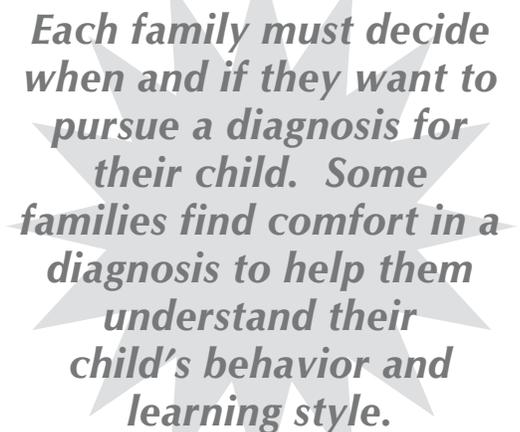
Young children with ASD may not respond in typical ways to their environment or other's effort to engage them. Think back to the bubble blowing activity described above. A child with ASD may get excited and smile when you blow bubbles but not look at you to share his excitement. Another may want the bubbles to continue but not know how to indicate she wants more. Yet another may prefer to roll or spin the bubble jar on the table. Children at-risk for ASD may spend a lot of time "in their own world" or engaging in certain activities repeatedly, such as watching videos, building with blocks, or playing on the computer. These activities make sense to children with ASD and are generally preferred to more social activities. As a result,

children may become experts with objects but have very limited skills interacting with and learning from people.

There is mounting evidence that demonstrates the effectiveness of intensive early intervention with a substantial proportion of young children with ASD. Research indicates that intervention beginning before age 3 has a much greater impact than that after age 5. With intensive early intervention, 70-90% of children studied have learned to talk and about 50% have been able to succeed in regular kindergarten.

Should I pursue a diagnosis at this time?

Each family must decide when and if they want to pursue a diagnosis for their child. Some families find comfort in a diagnosis to help them understand their child's behavior and learning style. Others prefer to wait until their child is older and has had the benefit of intervention. As a child reaches his or her third birthday, a diagnosis may be helpful in obtaining services, such as enrollment in a school-based special education program. Best practices for the diagnosis of ASD suggest a multidisciplinary team evaluation that includes a psychologist and speech-language pathologist with experience working with young children with autism, and may include an occupational therapist, early childhood educator, physician, and others, as appropriate.



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What is early intervention like for young children?

The first step in early intervention is to conduct a developmental assessment to identify a child's strengths and weaknesses. Intervention goals are identified by the family and the professionals providing early intervention. Early intervention can range from weekly to daily sessions and may be individual or in groups with other children. With very young children, the family plays an active role in the sessions and learns strategies to foster their child's development. Usually, the activities and strategies used are based on how children typically develop, and therefore, are beneficial for promoting learning with any child. Your child's progress should be monitored during intervention to determine whether your child is benefiting, and changes in strategies should be made as needed. Early intervention promotes positive social and communication interaction between you and your child.

Where can I get more information?

Information on early identification and intervention with children at-risk for ASD is available through the library at the Florida State University Center for Autism and Related Disabilities (CARD) (850-644-4367) and on the web (<http://autism.fsu.edu>).

Some helpful State and National Websites are listed below.

Autism Society of America
<http://www.autism-society.org/>

Autism Society of Florida
<http://www.autismfl.com/>

First Signs: Early Identification and Intervention
<http://firstsigns.org/>

National Academy of Sciences Publication:
Educating Children with Autism (2001)
<http://www.nap.edu/books/0309072697/html/>

National Institute of Child Health and Human
Development: Autism Site
<http://www.nichd.nih.gov/autism/>

Positive Beginnings: Supporting Young Children with
Challenging Behavior
<http://pbs.fsu.edu/index.html>

Zero to Three: National Center for Infants,
Toddlers and Families
<http://www.zerotothree.org/index.htm>

The National Information Center for Children and Youth
with Disabilities
<http://www.nichcy.org/>

Reference

National Research Council (2001) *Educating Children with Autism*. Committee on Educational Interventions for Children with Autism. Division of Behavior and Social Sciences and Education. Washington, DC: National Academy Press.



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