KIT
"Keeping In Touch"
May 2011

A Publication of the Army Educational & Developmental Intervention Services CSPD

Resource Article

This month's KIT article is from the National Dissemination Center for Children with Disabilities. This Fact Sheet discusses Autism Spectrum Disorders and may be a nice reference for those families with children who have been diagnosed with the disorder. It starts with an all too familiar story about a healthy two year old boy, whose parents are concerned because he isn't developing similarly to his sister was when she was his age. More specifically, he doesn't use words to communicate, seems to prefer playing alone, and is starting to tantrum when his routine is changed, even slightly. He is evaluated and receives a diagnosis of Autism, one of the five disorders under the "Pervasive Developmental Disorder" or perhaps better known as 'autism spectrum'.

The article then goes on to touch on a variety of topics related to Autism, with simple and clear language. Characteristics of Autism are provided, though there is mention of the individual differences within the disorder. The five specific disorders on the Pervasive Developmental Disorder/Autism Spectrum are listed:
- Autistic Disorder
- Asperger syndrome
- Rett syndrome
- Childhood Disintigrative Disorder
- PDDNOS

There is a brief mention of the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR) and its use in the diagnostic process (e.g., current criteria for "classic" autism is when a child displays 6 of 12 symptoms across the three major areas of *social interaction*, *communication*, and *behavior*).

There is also discussion of possible changes in the way Autism will be diagnosed in the future, which include:
- Changing the name of the diagnostic category to Autism Spectrum Disorders;
- Including Asperger syndrome, Childhood Disintegrative Disorder and PDDNOS under the diagnosis of Autism Spectrum Disorders, rather than defining them separately and a bit differently, as is now the case;
- Removing Rett syndrome from the DSM entirely.

The Individuals with Disabilities Education Act (IDEA) is reviewed and families are encouraged to get help early through their Early Intervention programs and/or special education and related services programs in the local schools. There is a discussion of a school's involvement, not only in terms of addressing a child's academic goals but also in terms of improving communication, social, behavioral and daily living skills. Tips for parents and for those who interact with the children (e.g., teachers, care providers) are provided. A list of additional online resources (e.g., Autism Society of America, Autism Speaks, and First Signs) is also provided.

The direct link to the complete article is:
http://nichcy.org/disability/specific/autism

On the WWW

The National Professional Development Center on Autism Spectrum Disorders is a multi-university center that promotes the use of evidence-based practice for children and adolescents with Autism Spectrum Disorders. Toward this end, they have developed a 'Foundations of Autism Spectrum Disorders Online Course', which contains 8 sessions (available to review online or download).

The following are sample session titles:
- Assessment of Autism Disorder
- Guiding Principles
- Promoting Positive Behavior and Reducing Interfering Behavior

Each session has designated learning objectives some examples include:

(1) identify the distinctions between Autistic disorder and Asperger's disorder;
(2) compare the psychometric properties of sensitivity and specificity that are important for screening instruments
(3) describe the relevance of play to the development of communication and social skills.

Reference lists for each session are extensive and some sessions have optional additional readings. All of this information is available online at the following web link.

http://autismpdc.fpg.unc.edu/content/foundations-autism-spectrum-disorders-online-course-content

What Do the Data Say?

What other disorders are often associated with the profile of a child with autism and should be ruled out or in by a specialist?
http://www.firstsigns.org/delays_disorders/asd.htm

This question and the corresponding answer were published on the First Signs website. The direct link is also included above. The mission of First Signs is to raise awareness about autism and related disorders. The publication answers several questions including: "Who does autism affect?" "What is autism?" "When is autism diagnosed?" "Where can a parent of a child with autism go for help?" The question posed in this month's KIT is also addressed.

Conditions seen with autism include seizures, allergies, gastrointestinal disorders, immune dysfunction, hyperactivity, obsessive behaviors, anxiety, mood regulation, and depression. This is not to say that if the child has one of these conditions he/she may have autism, but it is important to note that according to the First Steps article, "many children with ASD will have one or more of these co-morbid systems." In addition, "25% of children with autism will experience seizures during their lifetime."

The disorders that First Steps identified as needing to be ruled out or in before diagnosing autism include:

- Fragile X Syndrome
- Tuberous Sclerosis
- Landau-Kleffner Syndrome
- Developmental Language Disorder
- Schizophrenia
- Mental Retardation
- Selective Mutism
- Obsessive-Compulsive Disorder
- Schizoid Personality Disorder
- Dementia

- Reactive Attachment Disorder
- Hearing Impairment
- Chromosomal and Metabolic Disorders

To learn more about each of these disorders you can go to the First Signs site noted earlier. On page 2 of the web publication is a drop down list of the disorders and an accompanying description of the signs, diagnosis, and treatment.

Consultation Corner

From February through July 2011, we are excited and honored to have Dr. Hannah Schertz from Indiana University in Bloomington as the KIT consultation corner expert addressing the topic *Understanding and Facilitating Joint Attention in Young Children*.

What are precursors to joint attention?

In the previous articles, we discussed joint attention and why it is important to children's early development. In this issue we will consider what comes before joint attention in infant development, laying the groundwork for joint attention to develop. Two social competencies appear to support the development of joint attention: paying attention to others' faces and engaging in turn-taking activities.

By about 3 months of age, children typically begin to engage with the parent by gazing at the parent's face. This allows the child to receive social signals and create a social bond with the parent. It also allows the child to see the parent's reactions to things that happen and to learn about emotions. The child soon learns that looking at the parent's face is pleasing to the parent.

Infants who will receive a later diagnosis of autism spectrum disorders (ASD) may look at their parent' faces less often. We know this from studies in which home videos of first birthdays for children who received a later diagnosis of ASD were compared with videos of children who showed typical development. When their behaviors were coded, the biggest difference for children later diagnosed with ASD was that they spent less time looking at others' faces (Osterling & Dawson, 1994).

To engage in joint attention with a parent, a child exchanges looks between the parent and an object of mutual interest as a way of sharing attention about the object. A child who has an easier time looking at faces may therefore have an easier time engaging in joint attention. For this reason, we can view looking at faces as a precursor to joint attention.

Another form of social communication that usually begins to appear in infancy is playing back-and-forth turn-taking games such as peek-a-boo. Repetitive turn-taking games help the child become socially aware on a new level by including another person in their play. Often this requires the child to wait for the parent to do something (e.g., covering the baby's head with a cloth) before doing their part (e.g., pulling a cloth off their head). They learn that another person's actions depend on their own actions and that the parent has similar interests to their own, but that the parent has a different point of view. Through reciprocal turn-taking games the child may begin to see the parent more as a separate person, not just as an interesting object. Turn-taking may be an important precursor for joint attention because it helps the child pay attention to another person in simple back-and-forth interaction and become aware that other people share their interests.

Reference

Osterling, J. A., & Dawson, G. (1994). Early recognition of children with autism: A study of first birthday home videotapes. *Journal of Autism & Developmental Disorders, 24*(3), 247-257.

Why focus on joint attention before verbal language?

As we learned in the previous article, research has established that once children begin to engage in joint attention (preverbal social sharing about object or events), verbal language often follows quickly on its heels. The research findings discussed there underscore the important social foundations for language learning in early childhood. In particular, joint attention plays an important role in learning to communicate. Joint attention develops naturally in typical development but must be actively promoted for toddlers with early signs of autism spectrum disorders (ASD) if they are to benefit from the important learning opportunities it provides.

If we begin working on verbal language (or even alternative forms of language) before helping the child to engage in joint attention, the child may be missing out on this important social foundation. For toddlers with ASD, this may result in the child using language primarily for "instrumental" purposes (i.e., as an instrument for meeting their own needs or wants) while not taking full advantage of the important social functions of language. Since social communication is the foremost concern in ASD, it is that aspect that should be emphasized in their intervention. Speech therapists often refer to this as the "pragmatic" aspects of language.

Promoting joint attention may be the best way of establishing a foundation for verbal forms of social communication. Recall that when engaging in joint attention, toddlers are "commenting" (as opposed to "requesting") at the preverbal level, using visual exchanges. Requests serve an instrumental function while comments serve a social function.

The reason promoting preverbal forms of joint attention before verbal forms of social communication is that we want to consider the child's developmental readiness level. Since joint attention precedes verbal language, if a child is not yet engaging in joint attention, that is the best place to begin. Because joint attention serves as a foundation for verbal language, once joint attention is established, verbal language can be expected to develop more naturally. If this is the case, language learning may require less highly structured and intensive "training" approaches than if we jump over joint attention to begin working on verbal language directly.

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding and Facilitating Joint Attention in Young Children*, readers are invited to receive four continuing education contact hours for reading the monthly KIT publications (February through June) and completing a multiple-choice exam about the content covered in these KITs.

If you are interested, take the exam online at www.edis.army.mil and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

Please send your Consultation Corner questions and KIT ideas via email to
ediscspd@amedd.army.mil