

Interventions for Preschoolers and Young Children with ASD

Presented by Gina Cosgrove, PsyD, University at Albany

Reviewed by Alyssa Perri

Dr. Gina Cosgrove is a professor at the University at Albany, where she received her Doctorate and currently specializes in conducting evaluations for children with Autism Spectrum Disorder (ASD). She conducts trainings for parents and educators on how to meet both the educational and social needs of children and adolescents on the Autism Spectrum and is also a consultant for the local school districts near Albany.

A brief overview of the current Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-V) was presented, addressing the particular diagnosis of Autism Spectrum Disorders. In this latest edition, Autism is viewed as a disorder with varying severity levels of impairment. The levels range from level 1 to level 3 across several areas including communication, socialization, and cognition. The levels will help professionals determine the amount of support required for the intervention since ASD profiles are heterogeneous. The previous DSM-IV-TR included Asperger's and Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS), which are now removed in the DSM-V because of the vagueness of the diagnosis.

Autism was reported by Dr. Cosgrove to be an organically-based disorder with a disruption in the early stages of the pruning process of the neurons. There is a known genetic risk for Autism; therefore if one child in a family is born with Autism, there is an increased risk for the next child to develop it. Dr. Cosgrove shared that the etiology is unknown for Autism, however many theories have been proposed. Some which have not been supported by research are the impact of toxins in the environment, vaccines, and fertility treatments. Research has shown Autism to be an immune system disorder.

Dr. Cosgrove outlined the early signs of Autism. If the child does not babble and there is no back and forth gesturing (such as pointing) by 12 months, it is a major concern. If the child is not speaking words by 16 months, it is a slight concern because there could also be a language issue. The child's decreased responsiveness to his or her name and lack of eye contact can also be worrisome.

There are a number of issues in the early identification of Autism. Parents who lack awareness of the social norms of young babies can lead to delays in early identification. Another factor is that adults tend to automatically fill in for children with their language. Dr. Cosgrove cautioned that it is essential not to judge too quickly, however it is important not to miss opportunities for identification of Autism followed by early intervention.

Dr. Cosgrove described the communication patterns of children with ASD. These children have conversational difficulties such as lack of reciprocity, repetitive language, and decreased initiation of meaningful language. In addition, children with Autism tend to have deficits in understanding non-verbal communication. They

acquire much of their language from memorized chunks. Therefore, it is important to correct the pronouns used by the child and provide the right chunk of information for him or her to use. One intervention for communication is providing children with a script for them to internalize.

Dr. Cosgrove described the social interaction deficits that can be seen in children with Autism. Some of the social interaction deficits include lack of social referencing, decreased range of affect, and difficulties forming friendships. Some of the restricted interests and/or repetitive behaviors can be seen through over-reliance of sensory play, routines without a function, and inflexibility with schedules. Dr. Cosgrove also mentioned related challenges to ASD, which can be anxiety, Attention Deficit Hyperactivity Disorder (ADHD), sensory sensitivities, and problems with self-regulation.

There are a variety of evidence-based practices that Dr. Cosgrove reported. Relationship-based approaches that are evidence-based are Relationship Development Intervention (RDI) and Floor Time. Applied Behavior Analysis (ABA) and Dialectical Behavior Therapy (DBT) are two other evidence-based interventions. Dr. Cosgrove closed by emphasizing that "recognition that intensity and the systematic nature of the intervention are the critical components to successful outcomes." Ψ

Alyssa Perri is currently a second year school psychology graduate student at Adelphi University. She has an interest in working with students with Autism.