Early Start for Young Children with Autism/PDD: Practical Interventions was written to provide teachers, parents, interventionists, therapists, and caregivers with intervention strategies for young children with autism or another pervasive developmental disorder. While there are many materials written for school-age children with autism, very few educational products have focused specifically on young children, ages 2 through 5, with autism/PDD. This lack of materials is unfortunate, especially considering recent demographic trends related to the diagnosis of autism and the provision of services to children with the disorder. The rationale that follows discusses these trends in greater detail.

Rationale

In a 2001 study funded by the Office of Special Education Programs (OSEP), the National Research Council of the National Academies concluded that two key initiatives are critical to progress for children with autism: (a) early intervention and (b) a coordinated program of instructional strategies. The report to the National Institutes of Health (NIH) and the U.S. Department of Education emphasized that these initiatives are particularly important for young children with autism, a group whose numbers have increased recently and for whom programming remains a challenge. The policy paper recommended that children with autism be identified by age 2, but even before the NIH’s recommendations were published, the number of infants and toddlers diagnosed as having autism was increasing. In 1976, the accepted prevalence rate for autism in early childhood was observed by Wing, Yeates, Brierley, and Gould in an epidemiological study completed in Camberwell, England. They found 5 cases in 10,000 children. Fombonne (2003) summarized the findings of 32 epidemiological surveys. He found that between 1966 and 1991 the rate remained at 4–5 per 10,000; but between 1992 and 2001, it increased to 12.7 per 10,000. As of December 1999, there were 205,352 infants and toddlers receiving early intervention services. More than one half of these children were ages 2 and 3. In addition, during the 1999–2000 school year, more than 65,000 students, ages 6 through 21, were served in the autism...
category of special education (Office or Special Education Programs, 2002). The autism category, established by the Individuals with Disabilities Education Act (IDEA) in 1997, is one of the fastest growing groups in special education.

Because a diagnosis of autism or a related disorder (including pervasive developmental disorder not otherwise specified, Asperger’s disorder, Rett’s disorder, or childhood disintegrative disorder) is based solely on behavioral criteria, intervention must address the child’s behavioral needs. A study headed by Catherine Lord of the University of Chicago (Committee on Educational Interventions, 2001) recommended the following services as necessary for successful intervention:

- Intervention programs should begin as soon as the child is suspected of having an autism spectrum disorder.
- Intensive educational programming should take place for at least 25 hours a week, year-round.
- Programs should emphasize functional spontaneous communication.
- Social instruction should be delivered throughout the day in various settings.
- Programs should focus on cognitive development and play skills.
- Programs should take proactive approaches to behavior problems.

These instructional strategies are often recommended for young children but not always provided to them.

*Early Start for Young Children with Autism/PDD* is designed to meet the recommendations of the OSEP study. Specifically, many of the strategies presented in the book share the following important characteristics:

- They are techniques that can be implemented for children as young as 2 years.
- They can be used by teachers and parents as they seek to provide adequate hours of programming.
- They focus on communication.
- They incorporate social instruction into everyday situations.
- They incorporate play designed to increase cognitive development.
- They offer proactive approaches designed to teach good behavior.

We hope that you find the ideas presented here easy and practical to implement, especially for those of you who are parents or caregivers. Most suggestions can be tried at school or home with little or no equipment or prior training.
Our Characters

Intervention strategies should always fit your student’s or child’s personality and skill level. To help you match interventions with individual needs, we will use as examples three children of our own creation: Rusty, Caleb, and Lilly. Each child has a unique personality and interaction style, as well as an individual level of cognitive skills and behavioral competencies. While your own child or student may not exactly match any of our three children, you might be able to relate to one of them when we provide examples or suggest hypothetical situations. As you read, focus on the ideas that best meet your own child’s needs.

Rusty is active and exuberant. He is constantly on the go and sometimes difficult to stop once he is focused on an activity. Rusty demonstrates some good skills in receptive language—he often understands what is said to him and follows some verbal directions. However, many of Rusty’s behaviors are challenging for both his parents and his teachers.

Caleb is often withdrawn into his own world. He often seems to look right through people and does not respond when his family or his teachers talk to him. Teaching Caleb basic skills requires a lot of repetition. While his behaviors are easier to manage than Rusty’s, it can be difficult to keep him engaged and active. If the adults in Caleb’s life do not push him to do things, he will sit and rock or engage in self-stimulatory behaviors like staring at the lights or flapping his hands.
Lilly often confounds the adults in her world. She repeats much of what is said to her and masters some skills quite easily yet has difficulty with some basics like turn taking and sharing. Lilly is more social than Rusty and Caleb but she does not engage in make-believe play or participate in activities with other children. Lilly has a loud, piercing squeal that she uses when she does not want to do something.

Rusty, Caleb, and Lilly have different strengths and challenges. They will appear throughout the book, and we hope that they make the content more relevant and enjoyable.

Components

In an effort to provide a comprehensive yet manageable amount of information, we have provided many references, sources of information, forms, and suggestions for related materials and products. While we do not endorse any specific products, we think it is helpful to guide our readers to related materials that they can review for themselves. Finally, in the Chapter 2 Appendix, readers will find a basic set of line drawings that can be used to construct materials like schedules, calendars, and so on.

As you read the book, we suggest you take notes, highlight, or mark specific information with note cards or tabs. This can help you as you design a specific plan for your young child with autism/PDD.

References

