

## Autism Spectrum Disorder

*With the increased emphasis on screening for developmental delays in infants and children up to five years of age, we can expect our families to be experiencing more interruptions into their home lives. Developmental disorders such as Asperger's, Rett Syndrome, childhood disintegration, etc., being now included with Autism Spectrum Disorder (ASD), has increased the prevalence of autism diagnoses. Causes and cures are still elusive, but it is thought early intervention will benefit the child and family; thus, the push for early detection with screening tests by the health professionals—primarily pediatricians, preschools, and kindergartens.*

**How is ASD diagnosed?** - Primarily by developmental milestones for infants and children up to and including age five years that may be found in, **“A Guide to Your Child’s Development”**, authored by Doernbecher Children’s Hospital, Oregon Health & Science University (1-877-346-0640 or 503-346-0640). There are many different testing materials used by the various health and educational providers.

**What are the diagnostic criteria used?** - For the diagnosis, four basic pieces of information must be present: 1) social dysfunction; 2) restricted and repetitive patterns of behavior, interests or activities; 3) must be present in early childhood; 4) must cause significant impairment in important areas of current functioning.

**What may some of the daily symptoms be?** - Poor stress management (anxieties, or the opposite extreme), inattention and hyperactivity, fine motor and gross motor difficulties, language disorders, cognitive abnormalities, etc.

**Can these behaviors be minimized?** - Yes, to some extent, but no cures have been documented (Some apparent cures may have resulted from improper diagnoses). There have been some early intervention programs such as **Applied Behavior Analysis (ABA)** that was modified from the **Young Autism Project (YAP)** where claims of cures have come, but questionable research methods have plagued its reliability. Medications have proven to help peers and adults to tolerate the autistic child; but they have not proven to cure or benefit the child significantly educationally.

**Resource: Autism Speaks <https://www.autismspeaks.org>**

## Expected Pediatric Developmental/Behavioral Guide From One Month up Through Age Five

**One Month:** 1) Raises head slightly when lying on stomach; 2) Head still flops backward and needs support; 3) Focuses 8-12 inches away and prefers looking at human faces; 4) Alerts to voices and sounds; 5) Sleeps at 1-4 hour intervals

**Two-Three Months:** 1) Lifts head, neck, and upper chest when on stomach; 2) Improving head control; 3) Follows moving objects; 4) Coos (vowel sounds in musical fashion); 5) Turns head toward sounds; 6) Starts to differentiate days from nights

**Four Months:** 1) Good head control; 2) Rolls from side-to-side; 3) Reaches for objects such as rattles; 4) Brings hands to midline; 5) Recognizes sounds and becomes excited when hearing parents voices; 6) Smiles, coos, and laughs; 7) Sleeps 14-15 hours per day

**Six Months:** 1) Sits with minimal support; 2) Transfers objects from hand to hand; 3) Babbles and imitates sounds; 4) Looks after a fallen object; 5) Recognizes that someone is a stranger; 6) Excited by a picture book; 7) No longer needing nighttime feedings

**Nine Months:** 1) Sits alone; 2) Crawls and starts to stand up and cruise; 3) Starts to pick things up with one finger and thumb; 4) Responds to name; 5) Understands "No"; 6) Plays "peek-a-boo"; 7) Typically sleeping through the night with three naps

**Twelve Months:** 1) Begins to take steps and talk; 2) Waves "bye-bye"; 3) Shakes head yes/no; 4) Says "mama/dada" and a few other words; 5) Imitates actions; 6) Looks for a hidden object; 7) Holds book with help; 8) Sleeps 12-14 hours with two naps per day

**Fifteen Months:** 1) Walks without support; 2) Feeds self with fingers; 3) Drinks from a cup; 4) Understands simple commands; 5) Points at pictures in books with one finger; 6) Consolidates to one nap

**Eighteen Months:** 1) Walks up steps and is starting to run; 2) Throws ball; 3) Uses a spoon and cup; 4) Can point with one finger to desired object; 5) Says 5-10 words; 6) Plays with cause-and-effect toys (pushes on/off buttons); 7) Copies parents in household tasks like cleaning

**Two Years:** 1) Walks backward; 2) Kicks a ball; 3) Follows 2-step commands; 4) Uses two or three words together such as "more milk"; 5) Says approximately 50 words; 6) Turns pages in a book two or three at a time; 7) Plays alongside others (parallel play)

**Three Years:** 1) Alternates feet going upstairs; 2) Jumps; 3) Rides tricycle; 4) Copies circle; 5) Speaks in 3-4 word sentences; 6) Says about 250 words; 7) Turns pages in a book one at a time; 8) Shares toys and takes turns

**Four Years:** 1) Balances on one foot for 4-5 seconds; 2) Throws ball overhead; 3) Points to six basic colors; 4) Speaks clearly enough for strangers to understand; 5) Puts together sentences of 4-5 words; 6) Plays with other children; 7) Can tell a story; 8) Phases out napping

**Five Years:** 1) Climbs, skips, and swings; 2) Draws a person; 3) Prints some letters and first name; 4) Can count to ten; 5) Engages in imaginative play (like a trip to the moon); 6) Continues to need 12 hours of sleep

*Note: The above behaviors have been taken from a guide developed at Doernbecher Children's Hospital, Oregon Health & Science University, Portland, OR and shared with the pediatricians for Oregon. It is well known that children develop at different rates and are exposed to varying environments. Thus, as individuals they may not display all the behaviors when expected as listed above. Moore Academy has experienced staff that can interpret the meaning of these milestones and give suggestions on how to help the child meet them.*

**For further assistance, call 541-467-2444 or 509-773-3528**

## Moore Website Pediatric Medical Issues

**What is the newest?** - Care Coordinators (CC) in pediatric clinics and offices. Duties of a CC: extension of the physician to bring together all the resources of the community to help with the infant/child development and wellbeing. How will this impact our families?

**Some Common Current Children's Health Concerns (also call 509-773-3528 for the latest information on these health issues):**

- A. Autism Spectrum Disorder (ASD):** Emphasis on early screening and beginning intervention programs, diagnostic changes and statistics for interventions
- B. Screen Viewing Time/Digital Media:** Effects on ADHD, obesity, sleep disorders; how it influences brain development; recommendations for parents; American Academy of Pediatric recommendations; what parents should do
- C. Anxiety Disorders in Children:** Impacts learning in children; definition and types (social phobia, generalized anxiety, panic attacks); helps for parents
- D. Pediatric Sleep Disorders:** Obstructive sleep apneas (OSA) - effect on growth, development, behavior, ADHD, cognition; occurrence ages 2-8; published helps for parents; adenotonsillectomy and if no improvement then sleep disorder specialist
- E. Identifying Child Abuse:** Effects on growth/development; detection, reporting, prevention; helps for parents, health care providers & educators
- F. Transgender Youth:** How to handle
- G. Rhinosinusitis:** Can lead to hearing and speech impairment, thus related to learning in the language arts area of primary education. What/when to do for parents
- H. Optimizing Contraception for Adolescents:** Long Acting Reversible Contraception (LARC) - types with advantages/disadvantages of each; laws in Western States relating to providing this service to teenagers
- I. Pyelonephritis 2011 Guidelines and Beyond:** Diagnosis and treatment by age
- J. Hernias, Hydroceles, Undescended Testicles:** Important to seek medical review if bulges and/or unequal testicles, as may cause infertility/social issues in the future