

EARLY INTERVENTION: AGES 0-3 YEARS

The first three years of life are crucial to a child's development. Children make several visits to their pediatrician during this period for well-baby/child check-ups, vaccinations and general developmental screenings. The American Academy of Pediatrics now recommends that the 18- and 24-month well check-ups also include developmental screening for autism spectrum disorders (ASDs) for all children. If [symptoms](#) warrant and/or the child has a sibling with ASD, further screenings should be conducted. [Click here](#) for more in-depth information on early signs, including developmental milestones parents should look for, starting at 3 months.

Early identification of an ASD is crucial, as it means [early intervention services](#) can begin, making a huge impact on a child's behavior, functioning and future well-being. Without early intervention, the symptoms of autism can worsen, resulting in more costly treatment over the course of a lifetime. [The estimated lifetime cost](#) of caring for someone with autism ranges from \$1.4-2.4 million, but this cost can be reduced by two-thirds through early diagnosis and intervention.

AT 3 MONTHS	AT 7 MONTHS	AT 1 YEAR (12 MONTHS)	AT 2 YEARS (24 MONTHS)	AT 3 YEARS (36 MONTHS)
<ul style="list-style-type: none"> • Begins to develop a social smile • Becomes more expressive and communicates more with face and body • Raises head and chest when lying on stomach • Brings hand to mouth • Takes swipes at dangling objects with hands • Grasps and shakes hand toys • Watches faces intently • Follows moving objects • Recognizes familiar objects and people at a distance • Smiles at the sound of your voice • Begins to babble • Begins to imitate some sounds • Turns head toward direction of sound 	<ul style="list-style-type: none"> • Enjoys social play • Is interested in mirror images • Struggles to get objects that are out of reach • Responds to own name • Begins to respond to "no" • Babbles chains of sounds • Rolls both ways (front to back, back to front) • Sits with, and then without, support on hands • Reaches with one hand • Transfers object from hand to hand 	<ul style="list-style-type: none"> • Is shy or anxious with strangers • Cries when mother or father leaves • Enjoys imitating people in play • Repeats sounds or gestures for attention • Is able to finger-feed • Finds hidden objects easily • Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver) • Responds to "no" • Uses simple gestures, such as shaking head for "no" • Babbles with inflection (changes in tone) • Says "dada" and "mama" • Uses exclamations, such as "oh-oh!" • Tries to imitate words • Crawls forward on belly • Pulls self up to stand • Walks holding onto furniture • Bangs two objects together • Puts objects into and takes objects out of container • Pokes with index finger • Answers to name when called 	<ul style="list-style-type: none"> • Imitates behavior of others, especially adults and older children • Is more excited about company of other children • Demonstrates increasing independence • Begins to show defiant behavior • Finds objects even when hidden under two or three covers • Begins to sort by shapes and colors • Begins make-believe play • Points to object or picture when it's named • Says several single words (by 15-18 months) • Uses simple phrases (by 18-24 months) • Uses 2- to 4-word sentences • Follows simple instructions • Repeats words overheard in conversation • Walks alone • Pulls toys behind him or her while walking • Scribbles on own 	<ul style="list-style-type: none"> • Imitates adults and playmates • Spontaneously shows affection for familiar playmates • Takes turns in games • Understands concept of "mine" and "his/hers" • Expresses affection openly • Expresses a wide range of emotions • Separates easily from parents by 3 • Makes mechanical toys work • Plays make-believe with dolls, animals and people • Sorts objects by shape and color • Completes puzzles with three or four pieces • Understands most sentences • Uses 4- to 5-word sentences • Can say name, age and sex • Walks up and down stairs, alternating feet (one foot per stair step) • Runs easily • Pedals tricycle • Holds a pencil in writing position



Unfortunately, many state and federal services aimed at early intervention are being cut. These drastic cuts mean that **the wait for services may exceed the window of opportunity for the best treatment outcomes.**

Currently, the average age of diagnosis in the United States is between 3 and 6 years of age, though some children can be diagnosed as young as 2. It is important for parents to discuss the diagnosis with their medical practitioner(s) and devise a [treatment plan](#) that best addresses the needs of the/your child and family. **The Autism Society encourages applied research to identify the most effective [early intervention approaches](#).** We also encourage the sharing of research advances across states so all people with autism can benefit.

The Autism Society recognizes the importance of intensive early intervention for young children across the autism spectrum. Because of each child's different needs and abilities, the Autism Society supports an individualized approach that addresses the core deficits of autism spectrum disorders (e.g., communication, social, sensory, academic difficulties) and matches the family's preferences and needs.

In designing effective programs, the Autism Society encourages professionals and family members to consider the following components:

- A curriculum that **addresses deficit areas**, focuses on long-term outcomes, and considers the developmental level of the child. Deficit areas include:
- Attention to relevant aspects of the environment, shifting attention, and imitating the language and actions of others
 - Social interactions, including appropriate play with toys and others, and symbolic and imaginative play
 - Language comprehension and use, and functional communication
- Programs that **capitalize on children's tendency to respond to visual structure**, routines, schedules and predictability.
- A focus **on generalization and maintenance of skills**, using technology such as incidental teaching approaches.
- Effective instruction that uses **technology associated with Applied Behavior Analysis**, including chaining, shaping, discrete trial format and others.
- **Coordinated transitions** between service providers, including 0-2 programs, early intervention/preschool programs and kindergarten environments.
- **Use of technology** associated with functional behavioral assessment and positive behavioral supports with a child who presents behavioral challenges.
- **Family involvement**, including coordination with involved professionals, an in-home training component, and family training and support.

The Autism Society encourages applied research to identify the interventions and approaches that are most effective for all children with autism spectrum disorder. We also encourage the use of these practices for each child with autism spectrum disorder, regardless of geographic location. – Prepared by the Autism Society Panel of Professional Advisors. Approved by Autism Society Board of Directors, April 2000