

Philadelphia County Infant-Toddler Early Intervention

Position Statement on Provision of Services to Children with ASD and Those At Risk for ASD

The Philadelphia Infant-Toddler Early Intervention System has developed this Position Statement on the provision of services to children with Autism Spectrum Diagnoses (ASD) and those at risk for ASD so that parents, families, and service providers may come to a shared understanding of the system's approach to supporting infants and toddlers with these development issues. This statement has been developed via a work-group of county and provider representative and is based on the thorough review of the current best-practice literature within the field.

I. Early Intervention Values:

Our approach to service delivery will incorporate some basic early intervention principles that research has shown are also critical to work with children who have ASD. They are:

- **Inclusion:** When specified by individual outcomes special instruction to children with ASD should occur with typically developing children.
- **Early Intervention:** early entry into services
- **Parental involvement:** Interactive guidance allows parents to be involved in the success of their child and to learn the interventions. (Family centered practice)
- **Natural Environments:** The provision of services that are functional and embedded in the natural routines and activities of the child and family
- **An integrated model:** The delivery of service crosses disciplines and approximates how the child and family lives and functions in their home and community
- **Individualized services:** Given the heterogeneous nature of all children including those children with ASD, service delivery must support the development of individualized services that utilizes a variety of approaches that are matched to the skills, outcomes and needs identified for the child and family

II. Identification of Children:

It is not necessary for a child to be diagnosed with an Autism Spectrum Disorder (ASD) in order to receive services from Infant/Toddler Early Intervention. Children who are considered ASD although not 'formally' diagnosed must exhibit symptoms that match the descriptions outlined in the DSM-IV and listed on the attached document. In addition to systems described in the DSM-IV, the child may also exhibit sensory processing concerns.

If it has been determined based on the M-CHAT that a child in early intervention is 'at risk' for ASD, the family will be counseled to obtain a full evaluation from a professional with training, expertise, and qualifications in both the identification and

diagnosis of children with ASD. The family will then be referred to one of the early intervention agencies to obtain a developmental behavioral assessment (DBA) through which a determination will be made regarding the services that are indicated based on the assessment of the child, family and environment.

III. Principles of Service Delivery:

All service to children in Philadelphia County with ASD will be based on the following principles as of quality services that have emerged from a consensus of experts in the field of autism as presented by the National Early Childhood Technical Assistance Center (NECTAC). In recent years, there has been a significant increase in the number of research studies examining the relationship between different types of interventions for children with autism and the attainment of outcomes and the development of skill for these children. Research has failed to identify a significant relationship between any one single intervention method and the enhancement of skills and outcomes attainment. Rather, consensus as outlined by NECTAC indicates that there are increasing numbers of children receiving a **variety** of intervention approaches ranging from behavioral to developmental and that there **does not** appear to be a simple relationship between any particular type of *intervention and a decrease of characteristics commonly associated with ASD*. Therefore, all services must contain the ‘elements of effective programming’ for children with ASD as outlined by NECTAC (see attached or locate at the following web address: <http://www.nectac.org/topics/autism/effecprog.asp>) and utilize a variety of approaches that are:

- Delivered as an integrated model that approximates how the child and family lives and functions in their home and community
- Relationship based (skill building activities are introduced gradually within the context of the positive interaction)
- Child and family centered
- Grounded in sound developmental theory
- Activity based within the natural routines and activities of the child and family
- Developed and delivered ‘within the context’ of the child and family outcomes lifestyle and activities.

IV. Elements of Effective Intervention for Children with ASD:

- Services are matched with the child’s identified strengths and weaknesses
- Services are delivered within a flexible service structure. It is not exclusively ‘child lead’ or exclusively ‘adult directed’
- Approaches to problem behavior are integrated with communications outcomes/programming
- Services are Comprehensive and prioritize, functional and spontaneous communication, social interaction and play skills, positive approaches to problem behavior and emotional regulation, and when present addresses sensory processing issues.
- Allows for a review and possible adjustments in programming every 3 months
- Intensive instruction in the range of 10-25 hours of services per week, 12 months per year. This amount of service is to be inclusive of all interventions

the child receives, whether they be funded through the behavioral health system or the infant-toddler early intervention system

- Includes a family component (*one of the best predictors of a positive outcome for children diagnosed with ASD are family variables such as the degree of family support and involvement)
- Uses Developmentally appropriate activities

V. SUMMARY:

As part of its ongoing commitment to continuous quality improvement, it is the County's intention to monitor the research and service delivery literature regarding best practices for serving children with ASD. As the literature base expands, and updated intervention information becomes available, the County will work with Elwyn, Inc., the Preschool Special Education provider for children ages 3-5 years, to coordinate and facilitate the transition of services for children as they approach their third birthday.

*Research Source: Committee on educational intervention for children with autistic spectrum disorders-birth to 8 years (NRC 2001)
National Academy of Science (WWW.NAP.edu)

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