Grayson and his twin sister, Kaitlyn, started preschool when they were 20 months old. Two days a week they played outside, painted, explored at the sensory table, and sang songs.

Soon, the director and one of the teachers who had experience as a PPCD (preschool program for children with disabilities) teacher both noticed that Grayson exhibited some atypical behaviors. He tended to fixate on certain toys. He liked to spin the wheels of toy cars. He also stared in a classroom mirror for long periods. His teachers noticed that he rarely responded when they called his name. Grayson would get agitated and run around the classroom, away from the teachers, and even try to leave the classroom without supervision. Grayson’s safety became an issue.

The director first voiced the staff’s concerns to Grayson’s parents. She suggested that Grayson’s hearing be checked as a first step. Because Grayson was a twin and there had been some complications during pregnancy, his mother was eager to make sure that his development was on track. She hoped that there was a simple solution for the behavioral concerns.

At the same time, the staff recognized that Grayson’s behaviors were possible indicators for an autism spectrum disorder (ASD). They were acutely aware of the serious nature of raising such a sensitive topic with families, so they continued to record their observations of Grayson’s behaviors.

Early childhood professionals also seek to thoughtfully bring developmental concerns to a family’s attention. This article reviews early characteristics of autism, recommends screening procedures, discusses how families might respond when informed, and outlines steps to refer children and their families for early intervention. In order to make accurate referrals, early educators must first be knowledgeable about the early clues or symptomatic behavior that children with autism exhibit.

### Early Signs of Autism

Signs and symptoms of autism spectrum disorders are often noticeable as early as infancy (Scheuermann & Webber, 2002). The more severe the developmental impact, the earlier symptoms are noted. The first indicators fall into four broad areas:

- socialization,
- sensory functioning,
- language, and
- cognitive functioning

(American Psychiatric Association, 2000).

The existence of one or a few of the traits described here are insufficient for a firm diagnosis. Diagnosis of the disorder is based on constellations of differences in many developmental areas. Many disorders fall under the realm of autism spectrum disorders. These conditions are characterized by many of the same atypical behaviors. Therefore, qualified physicians, psychologists, speech therapists, and/or other experts must make the diagnosis (Goin & Myers, 2006).

Early childhood educators play a critical role in early diagnosis of any developmental disabilities. Teachers of
young children and program directors have an obligation to
• document developmental concerns,
• discuss those concerns with families early, and
• make appropriate referrals for Child Find (IDEA, 2004) and early childhood intervention.

For a list of referral and early intervention resources see Table 1. For autism and early child development resources refer to Table 2.

**Early diagnosis and treatment is essential.**

Early diagnosis and treatment of developmental differences has a significant and positive impact on children’s future functioning and independence. When teachers of young children discuss such sensitive issues with families, it is important to express care and concern for the well being and health of the family without attaching diagnostic labels. Educators and families usually start the process by sharing their observations of the child’s development in the four target areas.

**Socialization**

Differences in social interaction are often seen at a very early age in children with autism. From infancy, children with ASD often exhibit different facial expressions or lack interest in objects (Baranek, 1999). For example, an infant with autism might not smile when cooed to, or may smile and laugh when there is no environmental cue to do so.

Toddlers with autism may have a flat facial expression and be unresponsive to excitement in their environment, or they may over respond. Other socialization characteristics that are indicators of ASD, beginning in infancy and extending through later development include
• resistance or discomfort when being held or touched,
• lacking response to hugs,
• isolated play in which the child is content with solitary activity rather than interacting with others,
• preferring interaction with objects or parts of objects rather than with humans, and
• atypical object interactions (Baron-Cohen, et al., 1996; Goin & Myers, 2006).

For example, young children may, like Grayson, prefer to spin the wheels on toy cars rather than drive them across the floor. Atypical or intense interest in objects or activities, rather than interacting with people, is also common in children with autism.

**Dependence on ritual and routine.**

When engaging in activities, young children with ASD prefer ritual, routine, and structure. Many rituals or routines seem to serve no identifiable purpose (Greaves, Prince, & Evans, 2006; Larson, 2006). For example, children with ASD may repeatedly arrange food or toys in a specific pattern. If an item is moved, the child will fixate on the initial arrangement, putting items back in the original order before progressing to the next activity.

When teachers of young children discuss sensitive issues with families, it is important to express care and concern for the well being and health of the family without attaching diagnostic labels.
# Tables

## Table 1. Referral and Early Intervention Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Find</td>
<td>Information and resources on earliest possible identification of children and families who may benefit from early intervention or education services.</td>
</tr>
<tr>
<td>Early Intervention Family Alliance</td>
<td>Provides lead agencies and service providers for early childhood intervention for individual states.</td>
</tr>
<tr>
<td>Technical Assistance Alliance for Parent Centers</td>
<td>Parent Centers in each state provide information to families of children with disabilities. Helps families and professionals collaborate to meet children's educational needs.</td>
</tr>
<tr>
<td>Zero to Three</td>
<td>Leading resource on the first 3 years of life. Supports the healthy development of infants, toddlers, and their families.</td>
</tr>
<tr>
<td>Parent Pals</td>
<td>A special education community where parents and professionals share information and offer support.</td>
</tr>
</tbody>
</table>

## Table 2. Autism and Early Child Development Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division for Early Childhood (DEC)</td>
<td>Organization dedicated to improving educational outcomes for individuals with exceptionalities.</td>
</tr>
<tr>
<td>Autism Society of America</td>
<td>Comprehensive source for information to individuals, families, and service providers.</td>
</tr>
<tr>
<td>Autism Research Institute</td>
<td>A parent–driven collaboration dedicated to advancing autism research.</td>
</tr>
<tr>
<td>National Child Care Information Center</td>
<td>Comprehensive child care policy, research, and practice information. Useful for families and caregivers.</td>
</tr>
<tr>
<td>Families and Advocates Partnership for Education (FAPE)</td>
<td>Information that aims to improve educational outcomes for children with disabilities.</td>
</tr>
</tbody>
</table>
Jenny, who is almost 4, has an evening ritual of bringing out all her stuffed animals, arranging them by size and color, and then moving them in order back to her room. If a family member removes an animal from the arrangement, Jenny might start the routine again from the beginning.

If a daily routine is changed, at home or at school, the transition often result in resistance or tantrums by children who have autism. Resistance to change may result from personnel changes, activity transitions, separation from family, room rearrangement, or changes in food. If crackers are usually the snack, and the day’s snack is applesauce, the change may trigger a tantrum in an autistic child. Resistance to change also is likely to happen when autistic children are asked to stop activities that provide sensory stimulation (Larson, 2006).

**Sensory Functioning**

Young children with ASD frequently have sensory differences and may seek either sensory input or avoidance. Sensory differences often lead to over-responsiveness or under-responsiveness to the environment. Atypical sensory responses may occur with any of the senses: visual, auditory, tactile, olfactory, or taste (Goin & Myers, 2006).

Some children with autism are bothered by bright light or particular visual patterns. Grayson’s teachers noted that he was under-responsive to auditory cues. He would seem to be deaf when his name was called. On the other hand, some children respond to soft sounds as if they were painfully loud. Arianna covered her ears and exclaimed, “Too loud! Too loud!” when she heard the faint ding of an elevator.

Many children with autism will show a preference or aversion to specific fabrics or types of touch. For example, they may prefer one type of pants such as sweat pants and refuse to wear jeans. They may tolerate only a few types of food textures, such as dry and crunchy, and reject chewy wet foods. Food preferences may also be exhibited based on smell or taste. These patterns of preferences and aversions are usually consistent over time.

Atypical sensory preferences may also be tied to self-stimulation. Self-stimulatory behaviors in children with autism are usually repetitive. From a very early age, children with autism act stereotypically (American Psychiatric Association, 2000). They may
- rock,
- twirl objects (Grayson spun wheels),
- flap their hands,
- gaze at the ceiling, lights, or mirrors (Grayson preferred gazing at his reflection), or
- engage in pica (eating nonfood items).

These behaviors, which are often misunderstood, provide sensory stimulation to the child’s confused neurological system.

Stereotypical behaviors are an extreme preference for actions that do not match the surrounding environment. Children with autism will tantrum or resist transitions if they are stopped from engaging in the self-stimulating activity.

Self-injurious behavior is related to self-stimulation. Some children with autism engage in acts that are injurious to self or others (excessive biting, head banging, scratching) or they may have an inappropriate or lack of response to injury (Greaves, Prince, & Evans, 2006). An example of lack of response is head banging or hitting oneself with no response, although most people would find this painful. Self-stimulatory and self-injurious behaviors may increase when children with autism feel stressed or anxious.

**Language**

Frequently, young children with ASD use their unique behavioral responses to communicate. Approximately 50% of children with autism never develop expressive verbal language with a communicative intent (Gleason, 2005). They do not use language to socialize or facilitate having their needs met. Although
these children’s expressive language is deficient, receptive language is often thought to be better developed. Early language delay or absence of language is one of the most recognizable indicators of autism spectrum disorder. Language delays can also include using language differently. Children may demonstrate the ability to make sounds or say words, but they might use their sounds and words in an odd fashion (Scheuermann & Webber, 2002). Repetitions often are rote and have the same inflection as when they were first heard. Children’s statements appear to have no communicative intent. Many children with echolalia perseverate—repeatedly saying a word or phrase when they experience heightened anxiety or excitement.

In addition to verbal language, behavioral language cues are often different as well in children with ASD. For example:

- little eye contact,
- not facing the person with whom they are speaking,
- flat facial expressions, or
- unresponsiveness to interactions with others

are all behaviors that may be seen in children with autism (Goin & Meyers, 2006). Thus communication, like other developmental skills including cognitive functioning, may appear to be delayed.

Cognitive Functioning

Many children with ASD function with development resembling that of a much younger child (American Psychiatric Association, 2000). In early childhood, cognitive functioning is related to language, social, and motor development. Thus, if a child is delayed in more than one of these areas there is a strong chance that cognitive development may be delayed as well. Approximately 75% of children with autism are categorized as having intellectual disabilities based on measured IQs (Bowler, 2006).

One characteristic of cognitive function is that children with autism may learn a skill in one setting but do not transfer it to another. They tend to have visual processing strengths and verbal comprehension weaknesses.

Screening, Assessment, and Diagnosis

Early childhood program directors and teachers are responsible for noticing atypical development and documenting specific behaviors and incidents of concern. Information collected should note the intensity and chronic nature of the behaviors. Early care and education providers communicate with families any concerns about the specific characteristics of children’s development.

Keep a current list of professional contacts.

After sharing detailed observations with families, early educators typically provide families with referrals to medical and other specialists who are qualified to screen, assess, and diagnose the child’s condition. Identify the state referral process and consistently make referrals for screening as a part of Child Find, the requirement that each state seek out and find all children suspected of needing special services to facilitate child development (IDEA, 2004).

Early childhood educators usually assist with the screening or assessment process due to the multidisciplinary nature of screenings. While parents, with their deep knowledge of their child, are a primary source of information, those diagnosing autism or any other disorders will gather information and data from a variety of individuals with knowledge of the child’s development, skills, and behavior. At a minimum, the director of the center or the teacher will be asked to complete a background survey about developmental skills and behaviors related to autism and general development.

Frequently communicate with families as they seek to find answers about their child’s development, and share new insights as they arise. Given the daily contact with families and variety of ways in which autism spectrum disorder affects children’s development and long-term prognosis, early childhood educators are uniquely qualified to continue to support families facing a difficult diagnosis for their children.

Support Families

Grayson remained in his first preschool until he was 3 years old, when he moved into a PPCD at a public school. His parents requested that a representative from the
preschool attend Grayson's first individual education planning meeting (IEP) meeting to support them. In the meeting, a school diagnostician made a casual comment about Grayson having autism. The parents knew Grayson had some developmental delays and some social learning issues. He had received services through ECI since he was 2. Grayson had been evaluated by several doctors and other professionals. A number of his behaviors had been identified. However, until then, his condition had never been labeled.

In one swift statement, the school diagnostician labeled Grayson with a term that the family had not previously heard used to describe their son. Terms such as autistic tendencies, pervasive developmental disorder, and speech delays had been used, but no one had told Grayson’s parents, “Your child has autism.” Grayson’s mom ran out of the meeting in tears.

Families often go through myriad feelings when coming to grips with a child’s diagnosis of a disability. They often feel disconnected and sometimes even misled by well-meaning professionals (Altiere & von Kluge, 2009). In their search for services, parents have also reported feeling a lack of support and that some professionals were unhelpful and unqualified. Some families reported cold indifference and a lack of respect on the part of the professionals in understanding the family’s experiences (Schall, 2000).

Grayson’s parents responded to a matter-of-fact presentation of their son’s disability with strong emotions. Whenever families are informed about a diagnosis, the situation should be handled by caring, informed, and empathetic professionals. Professionals can take the following steps to better support families.

1. Determine the parents’ level of knowledge and comfort with a disability diagnosis. Professionals should not assume that families have been fully or explicitly informed of their child’s diagnosis. The goal is to gently lead parents to realize the challenges their child faces, yet continually celebrate the child’s successes and personal strengths.

One way to better understand the situation is to simply have a conversation with the family and find out what they have been told, and likewise, what they have heard. At times, a diagnosis may have been given to parents but they may not have truly comprehended it. Reaching acceptance is difficult and there may be occasions with very young children when parents only realize what is happening with their child on a subconscious level. Others may have difficulty accepting the diagnosis. Some parents of children with multiple disabilities, when faced with a diagnosis that included intellectual delays, “shopped” for an alternate diagnosis (Ho & Keiley, 2003).

A variety of diagnoses may accompany ASD.

Frequently there are a variety of diagnoses that precede or accompany ASD, so families may focus on one aspect that seems less stigmatizing—such as Attention Deficit/Hyperactivity Disorder (ADHD) or Obsessive-Compulsive Disorder (OCD) for example—and deny what they perceive as the more serious ASD diagnosis. Some parents reported feeling both horrible and empowered at the time of their child’s autism diagnosis (Schall, 2000).

2. Gently facilitate acceptance. Denial or minimization is one of the most frequently reported coping strategies of mothers of children with intellectual disabilities (Ho & Keiley, 2009). Facilitating acceptance, rather than taking a deficit-based approach, is the most effective method to help parents work toward acceptance of a difficult diagnosis.

Parents of children with ASD are at risk for periods of high levels of stress (Estes, et al., 2009; Gray, 2002). Families often feel rejected by family, friends, and strangers.
in their community. This rejection can be isolating and overwhelming (Schall, 2000).

Early care and education professionals can help alleviate some of this stress by handling communications regarding the child with great sensitivity and caring. Although pediatricians or other medical professionals make the official diagnosis, it is often the adults who see the child every day who have the best insight, beyond the family, to notice areas of concern. Listen when families are confused or frustrated. Patiently work with all children in the classroom as they learn to interact with one another.

After the diagnosis has been made, early childhood teachers often provide helpful information to families and continue the referral process, this time for early intervention (see Table 1).

Navigating the Early Intervention System

Assist With Referrals

Early educators can also assist families with information about early intervention services. Early intervention is critical to support the optimum development of children with autism (American Academy of Pediatrics, 2007). IDEA (2004) articulates general guidelines for Child Find and early childhood intervention, but procedures vary from state to state because these services are grant driven. Each state has an identified lead agency through which early intervention services are coordinated and monitored.

The procedure for referring children who have an autism spectrum disorder is the same as for any early disability. Programs are made available at county or community levels depending on population, need, and the grant agreement between the state and federal government. The process most likely will be different for infants through age 2 and for children age 3 and older.

Children younger than age 3.

Early intervention for infants and toddlers takes many forms. Three main categories of intervention efforts include

- behavioral interventions,
- developmental interventions, and
- cognitive-behavioral interventions (Corsello, 2005).

Based on individual needs, services may include

- speech therapy (expressive oral and receptive language, swallowing, oral sensory skills),
- physical therapy (gross motor),
- occupational therapy (fine motor),
- home visits,
- counseling or social work,
- family education,
- medical evaluations for assessment needs, and
- assistive technology devices (hearing aids, communication devices) and support for their use.

When children qualify for assistance, service providers implement intervention at home, early childhood programs, or any other location that will facilitate convenient assistance and maximum inclusion with other children.

General terms for services for this age range are zero to three or Part C.

For children to qualify for services they must meet at least one of the following categories, as determined by state guidelines:

1. Have an identified delay in a developmental area including cognitive, physical, social-emotional, or adaptive, such as a toddler with autism.

2. Have a physical or psychological diagnosis with a high probability of resulting in developmental delay, for example infants with Down syndrome.

3. States may choose to provide early intervention to infants and children who are at risk of developing a developmental delay. Examples are infants born addicted to drugs and toddlers whose parents have diagnosed disabilities such as mental retardation.

Children 3 years and older.

Children 3 years and older with autism spectrum disorders who receive special education services must meet one of a variety of eligibility categories. Most states use developmental delay as the predominant eligibility category for children ages 3 to 9, although a child with characteristics of autism may also be eligible for special services under the IDEA eligibility category of autism.

As with infants and young toddlers, it is helpful for early educators to document specific examples of developmental differences including their intensity (how disruptive or severe) and chronic nature (length of time the behaviors have occurred), and then to discuss the frequency and severity of developmental issues with families.
Work closely with families to make sure they are aware of local services. Recommend that families contact the local public school district and speak to the director of special education (or other special education staff as directed by the school district). In some districts, the director of special education tracks and follows through on early childhood referrals. Other districts delegate early childhood referrals to a diagnostician, school psychologist, or speech therapist.

Viewing families from a strengths-based perspective is imperative for building strong relationships with all families, but even more critical for families with a child with special needs. Families are learning to maneuver through a new system of personnel and procedures whose existence they were probably unaware of prior to the referral.

**View families from a strengths-based perspective.**

The time demands and change of focus are emotionally challenging to everyone involved. Families often need and respond well to the knowledge, support, and reassurance of an early care and education team with whom they already have an established and trusting relationship (Schall, 2000). Teachers of young children are a critical link to ensure that children with autism receive the early intervention they need.

**References**


**Assist Families With Intervention Services**

Early childhood educators may be asked to cooperate in providing services should children qualify. Teachers may participate in developing or implementing an IEP, for example. If assistive technology is required, early educators may be expected to skillfully use it in the classroom. Facilities may well be needed for therapists to work with individual children, either in an area of the classroom or another part of the building.

**Prepare to Support Families and Children With ASD**

All early childhood teachers and support staff can benefit from professional development opportunities with regard to children and families with special needs, particularly autism spectrum disorders. Early educators must

- know how to observe children objectively and document behaviors
- be aware of characteristics of common disorders such as ASD
- take appropriate referral steps if there are concerns about a child’s development
- be highly skilled communicators
- develop tools to support families
- assist families with intervention services

**About the Authors**

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Early Signs of Autism
How to Support Families and Navigate Referral Procedures

Joyce E. Nuner and Amy C. Stevens Griffith

Early intervention is critical to support the development of children with autism.

Early Signs of Autism Spectrum Disorder (ASD)
- Socialization
  - flat facial expressions
  - lack interest in objects or people
  - unresponsive or over-responsive to excitement
  - unresponsive to interactions with others
- Language
  - early language delay or absence of language
  - use language differently
  - little eye contact, do not face the person with whom they are speaking
- Sensory Functioning
  - seek sensory input or avoid it
  - over-responsive or under-responsive to environment
- Cognitive Functioning
  - may have intellectual disabilities
  - tend to have visual processing strengths and verbal comprehension weaknesses

How to Support Families
- know characteristics of various disorders
- document children's behaviors objectively
- know how the referral system works
- communicate clearly and listen empathetically
- understand families' feelings when coming to grips with a diagnosis
- view families from a strengths-based perspective
- offer information resources

Make the Most of the Early Intervention System
- refer families to the state's lead agency for early intervention services
- collaborate with screening and assessment specialists
- implement early intervention services

Resources
- Autism Society of America
  autism-society.org
- Autism Research Institute
  autism.org
- Division for Early Childhood (DEC) of the Council for Exceptional Children
  dec-sped.org

Note: Dimensions of Early Childhood readers are encouraged to copy this material for early childhood students as well as teachers of young children as a professional development tool.