Dear families,

We know it can be very difficult to determine when it is time to step in and advocate for your child regarding getting a diagnosis and early intervention services. The stigma around different disorders, learning disabilities, and developmental differences has significantly decreased, and we are seeing more information about these every year. We have finally come to a place as a society where it is no longer taboo to have your child screened for possible developmental hindrances, starting as young as 18 months old.

That being said, it does become difficult to differentiate between developmentally appropriate behaviors and characteristics of a possible issue. This document outlines some of the common things we see in children that can be perceived in different ways and can help you to determine whether what you are seeing in your child needs to be looked into further by a professional.

We are not medically capable of determining if your child needs a diagnosis, but we do know a lot about the topic from an educational standpoint. We hope to make the identification of these things easier and faster. Early intervention is the most successful when it is used as soon as possible. Children show the greatest benefits from services when they are used before three years of age. This also makes getting enrolled in services and transitioning through the different stages of such so much easier on families and caregivers.

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| **Behavior** | **This can be a****characteristic of [but is not limited to]:** | **When is it developmentally appropriate?** | **When is it time to locate services?** |
| Unprovoked Aggression | ODD, autism, sensoryprocessing disorder | Responds to emotions fromsocialinteractions by hurting othersbecause of lackof vocabulary andcommunicationskills, biting as a resort innegative social interactions | Responds to unrelated anger byhurtingothers, comes from acrossrooms to hurtanother child, seems to“target” peers when angry,lacks remorse whendiscussing after the fact |
| Delayed Speech | Selective mutism, autism, oral issues | Using sign language toreplace words,observing more thanparticipatingresulting in lessspeech, onlyspeaking in certainenvironments, typically under 2 | No words by2.5 years old, should befluent in at least onelanguage byfour if learning multiplelanguages,not engaginginconversation by two, smallvocabulary or using onlyphrases by three |

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| Oral Fixation | Autism, sensory processing disorder | Teething, using a pacifier,chewing onmouth toys,gaining sensoryinput during play, thumbsucking, sucking on sleeves ofclothes, typically2 and under this is normal | Mouthing inedibleobjects, eating random things o theground,exploringobjects with mouth after one year ofage, persistent biting after 2 |
| DecreasedDesire forSensory Input | Sensory processingdisorder, autism, adhd, etc. | Refusing to keep socks or shoes on, particularabout the way clothes feel,refusing to get messy duringart or sensory play | Overwhelmed to the point ofmeltdown by excessiveauditory input, refusal to putfood in mouthbecause of texture,avoidance of the outdoors |
| IncreasedDesire forSensory Input | Dislikes returningindoors, has a hard timetransitioning from sensoryplay, rubs soft or smoothobjects in hands or on face, enjoysbackground noise like music | Banging head on wall orfloor, runninginto people orobjects on purpose,seeking outproblematicsensory input like puttinghands in toilet water |

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|  Di culty withTransitionsBetweenActivities | Autism, sensory processing disorder, ODD | Di culty ending activities, hard to pull out oftheir own trainof thought when doingsomething,refuses to leave a room when it is time to go,typically seen inmost young children | Full tantrums when asked to move to thenext activity, refusal toparticipate inactivities until they havecompleted thecurrent task, fightingcaregiverswith theirentire body to get in a carseat, sit at a table,participate in something, etc. |
| Inability toForm SocialRelationships | ODD, autism | Struggles to initiate social engagement,unsure how to play, lackscommunication skills, usuallyseen in younger children | Refuses to attempt social interactions, solitary playafter age two, increasedaggressionduring social interactions, inability to engage in groupactivities |
| Easily Overstimulated | Sensory processingdisorder, autism,selective mutism | Sensitive to light, cries when things get tooloud, cries when there is toomuch activityhappening but is able to besoothed by a caregiver or familiar toys | Stimming(rocking back and forth,flapping,spinning, etc.) to cope withloud noises or too muchactivity, full blowntantrums and anxietyattacks as a result of toomuch noise or activity |

As you may have noticed, the major players in early childhood diagnoses for mild behavior symptoms are oppositional defiance disorder, sensory processing issues, and autism. There are some other possibilities that display many more significant and challenging characteristics, but we see these less frequently. These are some of the behavioral and cognitive developmental di erences that we see the most often and are the most capable of assisting with treatment here at C&M. As mentioned previously, we have put together a packet that provides an extensive list of where to get more information and services to help your child and family with any of these.

Your child may display these characteristics but not check all of the boxes for a diagnosis. These kinds of things require an assessment done by professionals who are certified to diagnose and prescribe. Especially with something like autism, that is a collection of characteristics, rather than a spectrum, and a person must have so many to get a diagnosis, so you may see characteristics but not actually have autism. In a case like that, we recommend a child still get screened just to make sure we are doing everything we can to ensure their success.

This can be a scary topic and we are here to help in any way we can. Below I have provided links to some good websites for more information on each of the above listed developmental di erences. We also have a couple of informational packets that provide techniques on how to help your child manage these behaviors and characteristics. If you feel that you would like to have your child assessed or need help getting services, please refer to my contact information above to reach out and request more assistance of any kind.

Oppositional Defiance Disorder:

1. https://www.mayoclinic.org/diseases-conditions/oppositional-defiant -disorder/symptoms-causes/syc-20375831
2. https://www.aacap.org/AACAP/Families\_and\_Youth/Facts\_for\_Families /FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx
3. https://my.clevelandclinic.org/health/diseases/9905-oppositional-def iant-disorder

Autism:

1. https://www.cdc.gov/ncbddd/autism/facts.html
2. https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-a sd
3. https://www.hhs.gov/programs/topic-sites/autism/index.html

Sensory Processing Disorder:

1. https://sensoryhealth.org/basic/understanding-sensory-processingdisorder
2. https://www.additudemag.com/what-is-sensory-processing-disorder/
3. https://www.brainbalancecenters.com/blog/signs-and-symptoms-of-s ensory-processing-disorder