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, sensory  processing disorder | Responds to emotions from  social  interactions by hurting others  because of lack  of vocabulary and  communication  skills, biting as a resort in  negative social interactions | Responds to unrelated anger by  hurting  others, comes from across  rooms to hurt  another child, seems to  “target” peers when angry,  lacks remorse when  discussing after the fact |
| Delayed Speech | Selective mutism, autism, oral issues | Using sign language to  replace words,  observing more than  participating  resulting in less  speech, only  speaking in certain  environments, typically under 2 | No words by  2.5 years old, should be  fluent in at least one  language by  four if learning multiple  languages,  not engaging  in  conversation by two, small  vocabulary or using only  phrases by three |

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| Oral Fixation | Autism, sensory processing disorder | Teething, using a pacifier,  chewing on  mouth toys,  gaining sensory  input during play, thumb  sucking, sucking on sleeves of  clothes, typically  2 and under this is normal | Mouthing inedible  objects, eating random things o the  ground,  exploring  objects with mouth after one year of  age, persistent biting after 2 |
| Decreased  Desire for  Sensory Input | Sensory processing  disorder, autism, adhd, etc. | Refusing to keep socks or shoes on, particular  about the way clothes feel,  refusing to get messy during  art or sensory play | Overwhelmed to the point of  meltdown by excessive  auditory input, refusal to put  food in mouth  because of texture,  avoidance of the outdoors |
| Increased  Desire for  Sensory Input | Dislikes returning  indoors, has a hard time  transitioning from sensory  play, rubs soft or smooth  objects in hands or on face, enjoys  background noise like music | Banging head on wall or  floor, running  into people or  objects on purpose,  seeking out  problematic  sensory input like putting  hands in toilet water |

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| Di culty with  Transitions  Between  Activities | Autism, sensory processing disorder, ODD | Di culty ending activities, hard to pull out of  their own train  of thought when doing  something,  refuses to leave a room when it is time to go,  typically seen in  most young children | Full tantrums when asked to move to the  next activity, refusal to  participate in  activities until they have  completed the  current task, fighting  caregivers  with their  entire body to get in a car  seat, sit at a table,  participate in something, etc. |
| Inability to  Form Social  Relationships | ODD, autism | Struggles to initiate social engagement,  unsure how to play, lacks  communication skills, usually  seen in younger children | Refuses to attempt social interactions, solitary play  after age two, increased  aggression  during social interactions, inability to engage in group  activities |
| Easily Overstimulated | Sensory processing  disorder, autism,  selective mutism | Sensitive to light, cries when things get too  loud, cries when there is too  much activity  happening but is able to be  soothed by a caregiver or familiar toys | Stimming  (rocking back and forth,  flapping,  spinning, etc.) to cope with  loud noises or too much  activity, full blown  tantrums and anxiety  attacks as a result of too  much 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