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Chapter 1 : Facts | Child Development | NCBDDD | CDC

Contact your child's doctor if your child has any of the following signs at the age that's indicated. In addition, watch for any loss of skills that have already been learned. By 3 to 4 months.

Developmental Monitoring See Milestones In Action View Developmental monitoring observes how your child grows and changes over time and whether your child meets the typical developmental milestones in playing, learning, speaking, behaving, and moving. Parents, grandparents, early childhood providers, and other caregivers can participate in developmental monitoring. You can use a brief checklist of milestones to see how your child is developing. If you notice that your child is not meeting milestones, talk with your doctor or nurse about your concerns. When you take your child to a well visit, your doctor or nurse will also do developmental monitoring. A missed milestone could be a sign of a problem, so the doctor or another specialist will take a closer look by using a more thorough test or exam. Your childcare provider can also be a valuable source of information on how your child develops. More information on developmental monitoring for early childhood educators. Your child will get a brief test, or you will complete a questionnaire about your child. **Developmental screening** can be done by a doctor or nurse, but also by other professionals in healthcare, community, or school settings. Developmental screening is more formal than developmental monitoring and normally done less often than developmental monitoring. Your child should be screened if you or your doctor have a concern. However, developmental screening is a regular part of some of the well-child visits for all children even if there is not a known concern. The American Academy of Pediatrics recommends developmental and behavioral screening for all children during regular well-child visits at these ages: If a child has an existing long-lasting health problem or a diagnosed condition, the child should have developmental monitoring and screening in all areas of development, just like those without special healthcare needs. **Fact Sheet on Developmental Monitoring and Screening** View and print a fact sheet [PDF 6" K] **Developmental Evaluation** A brief test using a screening tool does not provide a diagnosis, but it indicates if a child is on the right development track or if a specialist should take a closer look. If the screening tool identifies an area of concern, a formal developmental evaluation may be needed. The specialist may observe the child, give the child a structured test, ask the parents or caregivers questions, or ask them to fill out questionnaires. The results of this formal evaluation determines whether a child needs special treatments or early intervention services or both. **Parents, grandparents, other caregivers** **WHAT:** Look for developmental milestones **WHEN:** From birth to 5 years **WHY:** Healthcare provider, early childhood teacher, or other trained provider **WHAT:** At 9, 18, and 24 or 30 months, or whenever there is a concern **WHY:** To find out if your child needs more help with development, because it is not always obvious to doctors, childcare providers, or parents if a developmental evaluation is recommended **HOW:** With a formal, validated screening tool 6" learn more at www. **Developmental pediatrician, child psychologist, or other trained provider** **WHAT:** Identify and diagnose developmental delays and conditions **WHEN:** Whenever there is a concern **WHY:** To find out if your child needs specific treatment if your child qualifies for early intervention **HOW:** With a detailed examination, formal assessment tools, observation, and checklists from parents and other caregivers, often in combination, depending on the area of concern **Developmental Monitoring** **WHO:** As a result, these children must wait to get the help they need to do well in social and educational settings for example, in school, at home, and in the community. In addition, many children have delays in language or other areas that can affect how well they do in school. Early intervention services help children from birth through 3 years of age 36 months learn important skills. For children age 3 and older with an identified developmental delay or disability, special education services may be needed. Child Find programs are provided by each state to evaluate and identify children who need special education services. Early intervention programs can provide services from birth to 3 years of age. Local public school systems can provide the needed services and support for children age 3 years and older. Children can access some services even if they do not attend public school. IDEA says that children

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younger than 3 years of age who are at risk of having developmental delays might be eligible for early intervention treatment services even if the child has not received a formal diagnosis. Treatment for particular symptoms, such as speech therapy for language delays, may not require a formal diagnosis. Although early intervention is extremely important, intervention at any age can be helpful. It is best to get an evaluation early so that any needed interventions can get started. States have created parent centers. These centers help families learn how and where to have their children evaluated and how to find services.

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Chapter 2 : Baby Sign Language - Communicate With Your baby

Developmental screening takes a closer look at how your child is developing. A missed milestone could be a sign of a problem, so when you take your child to a well visit, the doctor, nurse, or another specialist might give your child a brief test, or you will complete a questionnaire about your child.

Sign up now Mental illness in children: Know the signs Children can develop the same mental health conditions as adults, but their symptoms may be different. Know what to watch for and how you can help. By Mayo Clinic Staff Mental illness in children can be hard for parents to identify. Understand the warning signs of mental illness in children and how you can help your child cope. Why is it hard for parents to identify mental illness in children? Even if you know the red flags, it can be difficult to distinguish signs of a problem from normal childhood behavior. You might reason that every child displays some of these signs at some point. And children often lack the vocabulary or developmental ability to explain their concerns. Concerns about the stigma associated with mental illness, the use of certain medications, and the cost or logistical challenges of treatment might also prevent parents from seeking care for a child who has a suspected mental illness. What mental health conditions affect children? Children can develop all of the same mental health conditions as adults, but sometimes express them differently. For example, depressed children will often show more irritability than depressed adults, who more typically show sadness. Children can experience a range of mental health conditions, including: Children who have anxiety disorders – such as obsessive-compulsive disorder, post-traumatic stress disorder, social phobia and generalized anxiety disorder – experience anxiety as a persistent problem that interferes with their daily activities. However, when worry or stress makes it hard for a child to function normally, an anxiety disorder should be considered. This condition typically includes symptoms in difficulty paying attention, hyperactivity and impulsive behavior. Some children with ADHD have symptoms in all of these categories, while others might have symptoms in only one. Autism spectrum disorder ASD. Autism spectrum disorder is a serious developmental disorder that appears in early childhood – usually before age 3. Eating disorders – such as anorexia nervosa, bulimia nervosa and binge-eating disorder – are serious, even life-threatening, conditions. Children can become so preoccupied with food and weight that they focus on little else. Mood disorders – such as depression and bipolar disorder – can cause a child to feel persistent feelings of sadness or extreme mood swings much more severe than the normal mood swings common in many people. This chronic mental illness causes a child to lose touch with reality psychosis. Schizophrenia most often appears in the late teens through the 20s. What are the warning signs of mental illness in children? Warning signs that your child might have a mental health condition include: Look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relationships at home or school. Be aware of feelings of overwhelming fear for no reason – sometimes with a racing heart or fast breathing – or worries or fears intense enough to interfere with daily activities. These include drastic changes in behavior or personality, as well as dangerous or out-of-control behavior. Fighting frequently, using weapons and expressing a desire to badly hurt others also are warning signs. Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school. A sudden loss of appetite, frequent vomiting or use of laxatives might indicate an eating disorder. Compared with adults, children with a mental health condition might develop headaches and stomachaches rather than sadness or anxiety. Sometimes a mental health condition leads to self-injury, also called self-harm. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also might develop suicidal thoughts or attempt suicide. Some kids use drugs or alcohol to try to cope with their feelings. What should I do if I suspect my child has a mental health condition? Describe the behavior that concerns you. How do health care providers diagnose mental illness in children? There are no simple tests to determine if something is wrong. Diagnosing mental illness in children can be difficult because young children often have trouble expressing their feelings, and normal development varies from child to

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child. Despite these challenges, a proper diagnosis is an essential part of guiding treatment. How is mental illness in children treated? Common treatment options for children who have mental health conditions include: Psychotherapy, also known as talk therapy or behavior therapy, is a way to address mental health concerns by talking with a psychologist or other mental health provider. During psychotherapy, a child might learn about his or her condition, moods, feelings, thoughts and behaviors. Psychotherapy can help a child learn how to respond to challenging situations with healthy coping skills. Some children benefit from a combination of approaches. How can I help my child cope with mental illness? Your child needs your support now more than ever. Before a child is diagnosed with a mental health condition, parents and children commonly experience feelings of helplessness, anger and frustration. Seek ways to relax and have fun with your child. Praise his or her strengths and abilities. Explore new stress management techniques, which might help you understand how to calmly respond to stressful situations. Consider seeking family counseling or the help of support groups, too. With appropriate support, you can find out whether your child has a mental health condition and explore treatment options to help him or her thrive.

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Chapter 3 : Signs of Autism | National Autism Association

Developmental delays can be an early sign of a learning or attention issue. Early detection and intervention is important to help your child develop skills. About the Author.

Developmental Delay What is developmental delay? Developmental Delay is when your child does not reach their developmental milestones at the expected times. It is an ongoing major or minor delay in the process of development. If your child is temporarily lagging behind, that is not called developmental delay. Delay can occur in one or many areas—for example, gross or fine motor, language, social, or thinking skills. Developmental Delay is most often a diagnosis made by a doctor based on strict guidelines. Usually, though, the parent is the first to notice that their child is not progressing at the same rate as other children the same age. In some cases, your pediatrician might pick up a delay during an office visit. It will probably take several visits and possibly a referral to a developmental specialist to be sure that the delay is not just a temporary lag. The sooner a delayed child gets early intervention, the better their progress will be. So, if you have concerns, act early. What causes developmental delay? Developmental delay can have many different causes, such as genetic causes like Down syndrome, or complications of pregnancy and birth like prematurity or infections. Often, however, the specific cause is unknown. Some causes can be easily reversed if caught early enough, such as hearing loss from chronic ear infections, or lead poisoning. What should I do if I suspect my child has developmental delay? If you think your child may be delayed, you should take them to their primary care provider, or to a developmental and behavioral pediatrician or pediatric neurologist. An alternative to seeing a specialist is to work through your local school system see below. If your child seems to be losing ground—in other words, starts to not be able to do things they could do in the past—you should have them seen right away. If you have concerns, act early. What can the school system do for my child? Ask your school system in writing for an evaluation of your child, even if your child is a baby, toddler or preschooler. They are required to provide it, at no cost to you. The purpose of an evaluation is to find out why your child is not meeting their developmental milestones or not doing well in school. A team of professionals will work with you to evaluate your child. There are strict rules about this, so you may not get it. You can also have your child tested again privately, and pay for it yourself. But check with your school district first to make sure they will accept the private test results. By law, the school system must consider the results of the second evaluation when deciding if your child can get special services. It will help you prepare for an evaluation, and know what to expect. What is early intervention? Every state has an early intervention program that you will want to get your child into right away. If you live in Michigan, your doctor may refer you to the Early On Program in your local school district. Find out all about finding help for babies, toddlers, and preschoolers. You can get this information in plain text, PDF, or in Spanish. It is most important to start a care plan as soon as you can, and make sure it includes lots of one-on-one interaction with your child. What is special education? If your school-aged child qualifies for special education, they will have an Individualized Education Plan IEP designed just for them. Find out all about the process on this comprehensive page from the US Department of Education. You can also download the information in Word or PDF format. Find out how to help create a useful IEP for your child.

Chapter 4 : Common Signs and Symptoms of Abuse, Neglect, and Exploitation | Zero Tolerance

Your profile includes information about your child's issues and your interests. Your complete profile allows Understood to give you a personalized site experience. The more you tell us, the better we can help you.

Unnecessary or excessive use of restraints Ignoring dietary restrictions Toileting abuse leaving someone on the toilet too long or not taking them to the bathroom when they need to use it Bathing in water that is too hot or too cold Frightening Physical Actions Using frightening physical actions that stop short of causing serious physical harm is another form of physical abuse that is too often used by abusive caregivers of people with developmental disabilities. Consider how these actions might affect a person with developmental disabilities: Grabbing persons with visual impairments from behind Jumping in front of persons with visual impairments, or trying to trip them Abruptly moving persons with mobility impairments Forcing persons with physical disabilities to move from one position to another when they are exhausted or in pain Physical Signs of Abuse: Questionable Bruises Bruises are among the most common injuries found in children and adults with developmental disabilities who have been abused. It is important to remember that occasional bruising is also common in people who are not abused, and that people with some disabilities may be prone to bruising for other reasons. Here are some of the more common bruises that may indicate signs of abuse: Facial Frequent, unexplained, or inadequately explained In unlikely places In various stages of healing On several different surface areas Patterned, reflecting shapes Bilateral: Bruises would appear on both upper arms, for example, may indicate where the abuser applied pressure while forcefully shaking the person. Bruises on both sides of the body rarely result from accidental causes. Regularly evident after an absence, home visit, or vacation The following are some other physical indicators of abuse or neglect of persons with developmental disabilities. In each case, other indicators such as behavior and circumstances must be considered. Questionable cuts and scrapes Consider: Frequent, repetitive, unexplained, or inadequately explained scrapes Atypical locations such as mouth, lips, gums, eyes, external genitalia e. Human bite marks are easily distinguished from those of animals by their size and shape, and whether flesh is torn. Ligation marks and welts which could have come from being tied up or gagged Could be the result of whipping Welts often follow clearly defined stroke patterns, especially if the person was immobile during the whipping Chafing and bruising, sometimes accompanied by swelling, on the wrists, ankles, throat, or penis can be the result of being tied up or choked Even when choking is severe or fatal, bruising may be faint or entirely absent Eye and ear injuries Sudden or unexplained hearing loss Cauliflower ears i. Repeated or multiple fractures in the absence of a known disease process or clear explanation may indicate abuse Old, untreated fractures can indicate chronic abuse Spiral fractures that result from twisting limbs may be related to abuse in non-ambulatory children and adults with developmental disabilities Coma: Shaking and other forms of abuse can result in coma of undetermined origin without external injuries. Comas not associated with known accidental causes or clearly identified disease processes should also be suspected. Accidents happen with everyone, including people with developmental disabilities. The following is a guide to help you tell the difference between accidental and non-accidental injuries. When observing an injury that might be the result of abuse, consider these factors: Location of the injury: Certain locations on the body are more likely to sustain accidental injury. These include the knees, elbows, shins, and forehead. Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of legs, or face, are less likely to accidentally come into contact with objects that could cause injury. Number and frequency of injuries: The greater the number of injuries, the greater the cause for concern. Multiple injuries in different stages of healing are also a strong indicator of chronic abuse. Size and shape of the injury: Many non-accidental injuries are inflicted with familiar objects: The marks which result bear a strong resemblance to the objects used. Accidental marks resulting from bumps and falls usually have no defined shape. Description of how the injury occurred: If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the

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description of how the injury occurred and the appearance of the injury are inconsistent, there is cause for concern. As children grow and gain new skills, their ability to engage in activities that can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head. Toddlers are less likely to suffer a broken arm than an eight-year-old who has discovered the joy of climbing trees. Behavioral Signs of Abuse Behavioral signs can be extremely important in detecting abuse and neglect, especially in people who have communication challenges and are unable to tell anyone about what happened to them. In many cases, physical signs of abuse may not yet be present or noticed so behavioral signs are often the first indicators. Usually it is a combination of physical and behavioral changes that are seen in people that have been abused. Here are some of the behavioral signs of possible abuse: Aggressive behavior Is widespread among victims of abuse May imitate the aggression committed against the abused person e. Children who have been abused often appear insecure with strangers, and compulsively seek the presence and attention of their primary caregivers, yet may express little affection towards them A preschooler may cling to his mother and cry excessively both when she leaves him and when she returns The person who has been abused may be uncomfortable with physical contact with anyone Disclosure Direct disclosures of abuse, neglect, or exploitation are powerful evidence, even when some details are incorrect. Complaining of soreness or pain when unrelated to disability or illness. All disclosures should be given attention and referred to the appropriate authorities for full evaluation. Fearfulness Victims of abuse often appear fearful of others: Fear can be specific to the abuser, but may generalize to other people or places Fear may be age or gender-specific e. This leaves little energy for learning or other typical childhood activities. Psychotherapy, or other appropriate treatments, can lead to improvement for those whose learning disabilities resulted from their psychological response to abuse. Noncompliance People who are abused often become noncompliant. May be a generalized response to frustration, or an effort to gain personal control May be aimed at avoidance of the abuser or the abusive situation Can take the form of chronically running away adolescents Regression Often children who are abused behave like younger children. This form of regression: May reflect their inability to move through normal stages of development in the face of intense anxiety Could reflect a mechanism of escape Can be limited to affective and interpersonal behavior Can extend to developmental skills such as toileting e. For example, an abused child may keep to himself and avoid other children, but become aggressive when unable to avoid interaction 4. Signs and Symptoms of Exploitation Taking advantage of individuals with a developmental disability can rob them of their independence and the ability to afford the basic necessities of life, such as food, rent payments and medicine. In particular, financial exploitation often goes unreported or is reported long after the damage is done. When that happens, the suspect is far more likely to get away with the crime and move on to other victims. Here are a few signs to watch for: Sudden decrease in bank account balances Sudden change in banking practices such as making several large withdrawals from a bank account or ATM over a period of several days instead of one small withdrawal each week Sudden problems paying bills or buying food or other necessities Sudden changes in wills or other financial documents The person begins to act very secretly. Telephone con artists often try to isolate their victims to avoid detection by telling the victim not to let anybody know about their calls. Unexplained disappearance of money or valuable possessions Substandard care being provided or bills which are late or unpaid despite the availability of adequate financial resources Concerns expressed by a person with a developmental disability that he or she is being exploited Lack of money early in the month when disability or other types of government benefits are paid If you notice any of these signs or suspect that a person with a developmental disability might be a victim of exploitation, please contact the Florida Abuse Hotline immediately. Factors That Make it Hard to Recognize Abuse, Neglect, and Exploitation A number of factors can make it difficult to identify abuse, neglect, and exploitation of persons with developmental disabilities. Person does not recognize abuse, neglect, or exploitation. In order to let someone know they are being maltreated, victims of abuse must: I thought it was normal to be tossed around in my chair. To have a comb dragged through my hair so it comes out. To be left on a toilet for an hour. People with developmental disabilities may view only the most severe acts against

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them to be worthy of attention and possible reporting. The victim may consider an incident "unimportant" unless it involves serious physical harm. Greater personal assistance needs Some people with physical disabilities require help with personal care routines such as dressing and bathing throughout their lives. Fear of not having needs met People with developmental disabilities who are dependent on others for their day-to-day care may be fearful that if they let anyone know they are being mistreated, they will no longer receive the care they need. They may also fear reprisals from their caregivers if they tell anyone. Communication challenges Some people with developmental disabilities are limited in their ability to communicate verbally about an abusive incident. Adaptations may be required to insure adequate communications. Behavioral and circumstantial indicators become more important in identifying abuse, neglect, and exploitation in these cases. Self-abusive behaviors Some people with developmental disabilities resulting in behavioral or cognitive impairments engage in self-abusive behaviors, or are prone to accidental injury. This makes it more difficult to identify abuse, neglect, or exploitation when it occurs for these persons. Signs of abuse may be interpreted as behavioral problems The best rule of thumb for recognizing the behavioral signs of abuse, neglect, or exploitation is to know what is normal behavior for the particular person. Orâ€¦position you in a little rougher way. It makes you question yourself a lot. Below are examples of what can be termed "subtle" abuse: Here are some of the most common: Injuries due to falls Skin breakdown from appliances or orthopedic equipment Self-injurious behavior SIB Poor growth and failure to thrive Fractures Sensory integration problems: Some people with different kinds of disabilities may be overly sensitive to touch, textures, taste, or temperature. This can also look like failure to thrive or significant behavioral problems. Mongolian spots which are bluish or bruised-appearing areas that are usually seen on the lower back or buttocks. These spots are harmless and occur more commonly in persons of color. They may remain for months or years. For each scenario below, choose the best answer from the selections below. Answers appear at the end of this activity.

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Chapter 5 : Fetal Alcohol Syndrome

It's helpful, though, to know the signs that your child might not have the skills most other kids have at his age. Doctors call those problems developmental delays.

Or they need help when problems affect how well they do, feel, or act. Sometimes, entire families need support while trying to communicate, learn, and create boundaries. **How Does Therapy Work?** In therapy, kids learn by doing. With younger kids, this means working with the whole family, drawing, playing, and talking. For older kids and teens, therapists share activities and ideas that focus on learning the skills they need. They talk through feelings and solve problems. Therapists give praise and support as kids learn. They help kids believe in themselves and find their strengths. Therapy builds helpful thinking patterns and healthy behavioral habits. A therapist might meet with the child and parent together or meet with the child alone. A therapist might also meet with a parent to give tips and ideas for how to help their child at home. **What Happens in Therapy?** At first, the therapist will meet with you and your child to talk. They will ask questions and listen. This helps them learn more about your child and about the problem. The therapist will tell you how they can help. After that, your child will go to more therapy visits. At these visits, your child might: Talking is a healthy way to express feelings. When kids put feelings into words instead of actions, they can act their best. When someone listens and knows how they feel, kids are more ready to learn. Therapists use activities to teach about feelings and coping skills. They may have kids draw or play as a way to learn. They may teach mindfulness and calm breathing as a way to lower stress. Therapists help kids practice what they learn. They might play games where kids need to wait their turn, use self-control, be patient, follow directions, listen, share, try again, or deal with losing. With older kids and teens, therapists ask how problems affect them at home, at school. They talk over how to solve these problems. Most of the time, a therapist will want to meet with your child once a week for a few months. **How Can Parents Help?** You can do things to help your child get the most from therapy. Here are some of them: Find a therapist you and your child feel comfortable with. Take your child to all the appointments. It takes many therapy visits for your child to learn new skills and keep them up. Ask what to do when your child shows problems at home. Ask how to help your child do well. Spend time with your child. Play, cook, read, or laugh together. Parent with patience and warmth. Use kind words, even when you need to correct your child. Give praise when your child is doing well or trying hard.

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Chapter 6 : Developmental Screening | Child Development | NCBDDD | CDC

Developmental monitoring observes how your child grows and changes over time and whether your child meets the typical developmental milestones in playing, learning, speaking, behaving, and moving. Parents, grandparents, early childhood providers, and other caregivers can participate in developmental monitoring.

Does My Child Have Autism? Recognizing the Early Signs and Symptoms of Autism As a parent, you never want to believe that your precious bundle has a problem. But when it comes to autism, catching it early—ideally by the age of eighteen months—makes a huge difference. Autism is a spectrum of closely related disorders with a shared core of symptoms. The signs and symptoms of autism vary widely, as do its effects. Some children with autism have only mild impairments, while others have more obstacles to overcome. However, every child on the autism spectrum has problems, at least to some degree, in the following three areas: Communicating verbally and non-verbally Relating to others and the world around them Thinking and behaving flexibly There are different opinions among doctors, parents, and experts about what causes autism and how best to treat it. There is one fact, however, that everyone agrees on: For children at risk and children who show early signs, it can make all the difference. In fact, she rarely makes eye contact. Melanie needs to be checked out by a child development specialist right away. You know your child better than anyone and observe behaviors and quirks that a pediatrician, in a quick fifteen-minute visit, might not have the chance to see. Autism involves a variety of developmental delays, so keeping a close eye on when—or if—your child is hitting the key social, emotional, and cognitive milestones is an effective way to spot the problem early on. You risk losing valuable time at an age where your child has the best chance for improvement. In order to develop skills in an area of delay, your child needs extra help and targeted treatment. But sometimes, even well-meaning doctors miss red flags or underestimate problems. Schedule a follow-up appointment with the doctor, seek a second opinion, or ask for a referral to a child development specialist. Regression of any kind is a serious autism warning sign Some children with autism spectrum disorder start to develop communication skills and then regress, usually between 12 and 24 months. Although autism is hard to diagnose before 24 months, symptoms often surface between 12 and 18 months. If signs are detected by 18 months of age, intensive treatment may help to rewire the brain and reverse the symptoms. The earliest signs of autism involve the absence of normal behaviors—not the presence of abnormal ones—so they can be tough to spot. However, you can catch warning signs early if you know what to look for. No big smiles or other warm, joyful expressions By 9 months: No back-and-forth sharing of sounds, smiles, or other facial expressions By 12 months: Lack of response to name By 12 months: No back-and-forth gestures, such as pointing, showing, reaching, or waving By 16 months: No spoken words By 24 months: There are many warning signs and symptoms, but they typically revolve around impaired social skills, speech and language difficulties, non-verbal communication difficulties, and inflexible behavior. Many kids on the autism spectrum seem to prefer to live in their own world, aloof and detached from others. Signs of speech and language difficulties Speaks in an abnormal tone of voice, or with an odd rhythm or pitch e. Often, they start talking late. May be especially sensitive to loud noises. Abnormal posture, clumsiness, or eccentric ways of moving e. This makes the "give-and-take" of social interaction very difficult. Signs of inflexibility Follows a rigid routine e. Obsessively lines things up or arranges them in a certain order. Preoccupation with a narrow topic of interest, often involving numbers or symbols e. Some researchers and clinicians believe that these behaviors may soothe children with autism more than stimulate them. Children with autism spectrum disorder are often restricted, inflexible, and even obsessive in their behaviors, activities, and interests. Common restricted and repetitive behaviors Hand flapping.

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Chapter 7 : Mental illness in children: Know the signs - Mayo Clinic

Your child's pediatrician is your go-to person if you suspect that your child is not developing on schedule; but it is you who is your child's ultimate advocate. If you have a concern, be vigilant in requesting a developmental screening.

In fact, alcohol beer, wine, or hard liquor is the leading cause of preventable birth defects and developmental disabilities in the United States. Babies exposed to alcohol in the womb can develop fetal alcohol spectrum disorders FASDs. These disorders include a wide range of physical, behavioral, and learning problems. It is caused by heavy drinking during pregnancy. There is no known safe amount of alcohol to drink during pregnancy. Any amount of alcohol can harm a developing fetus and increase the risk of miscarriage. Alcohol easily passes through the placenta, the organ that nourishes a baby during pregnancy. Alcohol exposure during the first trimester “ perhaps before a woman even knows she is pregnant ” can cause major birth defects. Later in the pregnancy, drinking alcohol can cause poor growth and brain damage that could lead to learning and behavioral problems. These problems can be prevented by not drinking any alcohol during pregnancy. Do not drink if you are trying to get pregnant or think you may be pregnant. They may not grow or gain weight as well as other children and may be short as adults. Vision problems and hearing loss are common. Babies may be fussy or jittery, and have trouble sleeping. Older children and teens may have: Diagnosis FASDs are diagnosed based on the symptoms facial features, poor growth, and brain involvement , especially if it is known that the mother drank during the pregnancy. In children with milder problems, FASD can be harder to diagnose. Further evaluation and testing might be needed to rule out other conditions. A child who is thought to have an FASD may be referred to a developmental pediatrician, genetic specialist, or another specialist who can help identify the problem and confirm a diagnosis. But many things can be done to help a child reach his or her full potential, especially when the condition is diagnosed early on. Children can benefit from services and therapies such as:

Chapter 8 : 6 Ways to Recognize Developmental Delays in Children - wikiHow

But, if your child seems to be missing important developmental milestones, it's important to seek professional help. Early intervention is key to addressing developmental delays and learning disabilities.

Chapter 9 : How is Developmental Delay Diagnosed? | My Child Without Limits

Autism involves a variety of developmental delays, so keeping a close eye on when “or if” your child is hitting the key social, emotional, and cognitive milestones is an effective way to spot the problem early on.