The causes of autism are likely a combination of genetic and environmental factors that may differ from individual to individual. Given the complex interactions between many variables, there is no one risk factor but instead a handful of possible risk factors for children in regards to developing autism. Recent research reveals that there is a category of children with a greater risk of developing autism because of the presence a sibling that has already been diagnosed. Approximately a fifth of newborn children with siblings on the autism spectrum will develop an autism spectrum disorder themselves (Green, Charman, Pickles, et al.), as opposed to the 1 in 68 risk of autism in the general population. Baby brothers have a higher rate of autism than baby sisters, as male at risk siblings were found to have a 25% chance of developing autism (Ozonoff, Young, Carter, et al.).

Research is being conducted to develop early interventions for these at risk siblings. One study used a modification of the Video Interaction for Promoting Positive Parenting (VIPP) programing in which parents receive video-feedback to help them understand and improve their child’s communication style to encourage positive social and communicative development (Green, Charman, Pickles, et al.). This intervention first focuses on interpreting infant’s behavior and recognizing intentions, next on sensitive responding, emotional attunement, and patterns of verbal and non-verbal interaction. The five-month study included 54 infants ages 7-10 months, and the babies who received the intervention showed greater improvement in several social and communication behaviors including attentiveness to caregivers. Although the results are promising, larger and longer studies using this intervention are warranted in order to draw clear conclusions (Green, Charman, Pickles, et al.).

Another intervention is based off the Early Start Denver Model (ESDM), a comprehensive early intervention approach for children with autism ages 12-48months (Dawson, Rogers, Munson, et al.). The researchers of this study conducted a study with infants 6-15 months of age who were highly symptomatic for autism, many of which had a familial risk for autism (Rogers, Vismara, Wagner, et al.). The parents received weekly 1-hour clinic sessions for 12 weeks, which focused on child learning objectives, parental goals, targeting autism symptoms, and parenting techniques to address developmental needs. There were six main symptoms of focus: visual fixation on objects, abnormal repetitive behaviors, lack of intentional acts, lack of coordination of gaze, lack of age-appropriate phonemic development, decrease in social interest and engagement. Intervention procedures were taught and goals were identified for parents regarding these six symptoms. Parents were able to master the techniques (mastery defined as 80% of the total possible score) and maintain the skills after the treatment ended. The intervention group had less overall impairment related to ASD symptoms and less developmental delays at 36 months.

These studies reveal that there are interventions being developed for young at risk siblings. There are a few general tips, however, that may help to encourage social development in children: spending as much time with your infant as possible, breastfeeding to provide necessary nutrients and dedicate bonding time, holding your baby close and in motion to help reinforce neurological development, singing, smiling and responding to your child’s social behaviors (e.g., eye contact, vocalizations and movements) and scheduling regular check-ups for
your child. Landa and colleagues (2012) recommends that clinicians continue to track the development of high-risk infants through at least 36 months, given that the timing and onset of developmental delays is variable in this high-risk group.

Sunfield Center psychologists are available to help children, siblings and families with special needs. To schedule an appointment, please call us at (734) 222-9277.

References