

Speech delay and basics of autism care

MADE SIMPLE FOR PARENTS
QUESTIONS AT THE END OF
SESSION
INFORMATION IS BASED ON REAL
LIFE EXPERIENCES BY DOCTOR IN
1000s OF AUTISM KIDS

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**AUTISM CONCEPT
CHANGED AFTER 2013, SO
OLD TIMERS STILL FEEL IT
ONLY AS A NON MODIFIABLE
DISABILITY.
ACCEPT AUTISM
DON'T ACCEPT
DISABILITY**

www.neuropediatrician.com to see concepts, videos, goal directed care and cure,
Fortnightly symptom diary and free autism helpline

for a booklet on home based therapies whatsapp 91-9869495747

This is part 2 of the previous talk In autism by dr kondekar

- First talk is available at www.neuropediatrician.com as a video link
- Current talk boosts further understandings and makes black and white suggestions to help parents get queries solved.
- List your questions, ask at the end of the talk.

Free whatsapp answers to queries 9869405747

What are we going to learn?

- Speech Language and Communication
- Delay, Deficit, Disorder All are one time insults
- Stages of Speech
- Why the child could not learn speech like others
- Speech regression
- Autism as a social communication deficit Plus
- Why and what of autism basics : DSM V
- Why there always is some hope...
- Therapies , curators, Pundits and Parent support groups
- NEED FOR SPEED
- Medications? Myths about them

Accept autism, don't accept a speech deficit

- **Don't accept a speech delay, work on it. It's not just "mic receiver recorder and speaker each time"; there is a main switch too.**

**Work hard turning a child from screen learner to
auditory learner,
Ears help you learn how to speak
Eyes teach you how to do.**

To make life simpler for parents, I classify speech delays in toddlers into four main types

1. Speech delays without any of the following
2. Speech delay with social communication deficit with or without behavioral and activity issues
3. Speech delay with obvious neurological damage or handicap or milestone delay
4. Speech delay with hearing deficit with proven BERA test abnormal

Though speech therapy may be useful in all four types:

1. Needs detailed assessment for hidden issues by ped neuro
2. Needs assessment for autism by ped neuro with specific medicine and sensory integration therapy as early as possible
3. Needs detailed neurological evaluation by ped neuro. Imaging studies and more complex multidisciplinary management
4. Needs hearing aids of different types. To save time and speed up development.

Dr Kondekar's 21 Stages of speech: each 1-3 mths

- 1. Getting ready to listen – arousal
- 2. Understanding speech –initiation
- 3. Following speech – regulation
- 4. Obeying commands- Converting to nonverbal communication
- 5. Non verbal communication expertise
- 6. Vocalisation
- 7. Meaningless sounds
- 8. Meaningful sounds
- 9 Vowels - phonemes
- 10. Meaningless words then meaningful word

Receptive speech

Expressive speech

Speech : Form, Content and Use

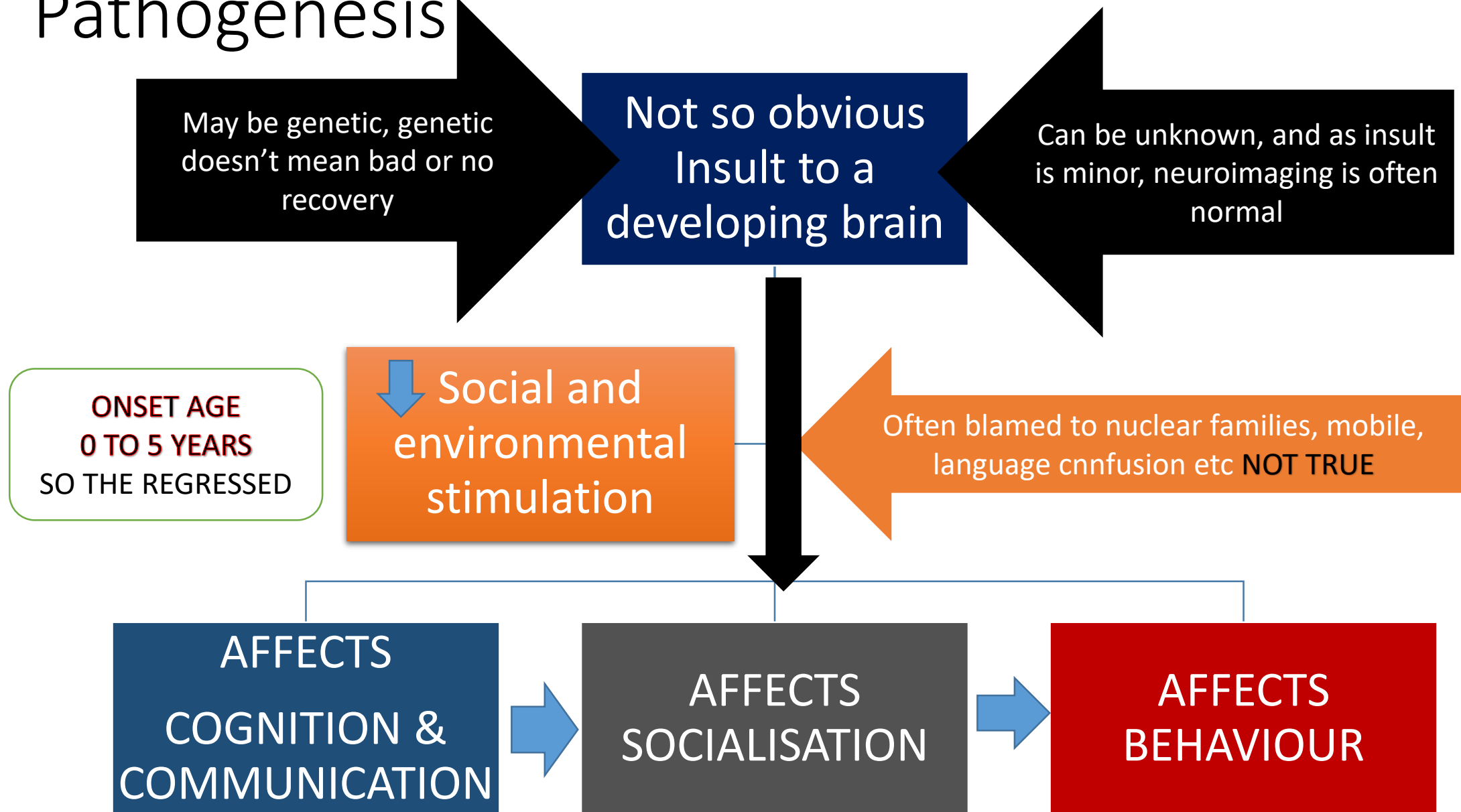
- 11. Echolalia – repetitions, copying, meaningless copy, meaningful copy
- 12. Prosody – rhythmic humming trying to understand sounds
- 13. Jargon
- 14. Meaningless joining words then meaningful joining words
- 15. Learning verbs
- 16. Understanding and copying actions in words
- 17. Joining two words to make a sentence.
- 18. Many sentences
- 19. Poems and rhymes
- 20. Stories and speech fluency
- 21. Imaginative stories*

**Verbal expressive
speech**

Language developments

- Phonetics / phonology : all sounds, system sounds
- Morphology : forms and words
- Syntax: clauses and sentences
- Semantics: Meanings of various kinds
- Pragmatics: use of language in tone, rhythm

Pathogenesis



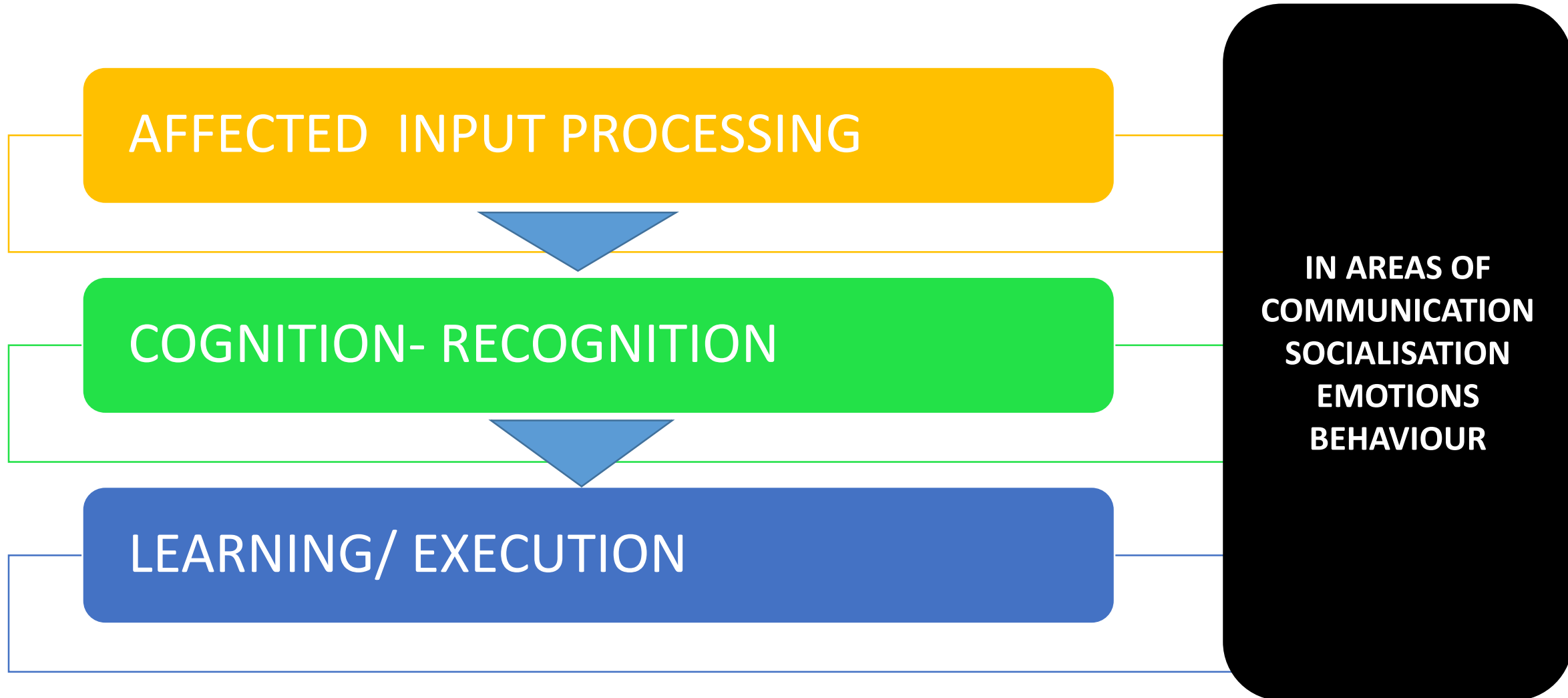
So where in the brain?

IT HAS TO BE THAT AREA OF BRAIN
THAT DOESNOT INVOLVE MOVEMENTS, WALKING AND MAJOR
MILESTONES. [MOTOR CORTEX, AS IN CEREBRAL PALSY]

BUT LIKELY INVOLVING
SENSORY NETWORK.. FROM
INPUT **PROCESSING TO COGNITION**
TO LEARNED/ **EXECUTIVE FUNCTION**

ADVANCED CONNECTIONS
TO UNDEVELOPED BRAIN IN
SEARCH OF REPAIRING
CONNECTIONS MAKES
AUTISM BRAIN LOOK
LARGER

DEFICITS /DISORDER IN ANY OR ALL



Diagnostic Criteria for 299.00 Autism Spectrum

A1 A2 A3 PLUS TWO OF B WILL MAKE DIAGNOSIS

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Deficits in **social-emotional reciprocity**
 2. Deficits in nonverbal communicative behaviors
 3. Deficits in **developing, maintaining, and understanding relationships.**

- B. **Restricted, repetitive patterns of behavior, interests, activities, ANY 2**
1. **Stereotyped or repetitive motor movements, use of objects, or speech**
 2. Insistence on **sameness, inflexible** adherence to routines, or ritualized patterns of verbal or nonverbal behavior
 3. Highly **restricted, fixated interests** that are abnormal in intensity or focus
 4. **Hyper- or hyporeactivity to sensory input** or unusual sensory

Specify current severity: BASED ON DEPENDENT / PARTLY DEPENDENT / INDEPENDENT

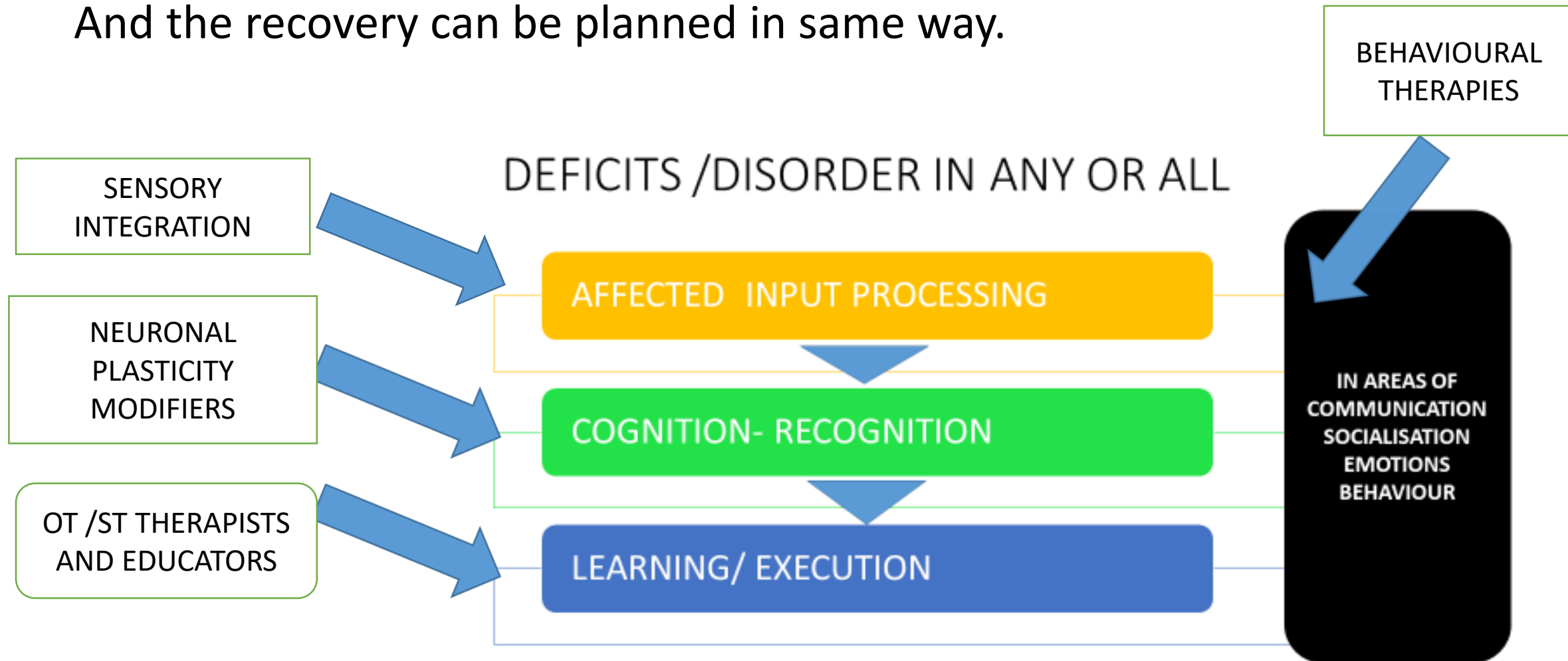
C. Symptoms **must be present in the early developmental PERIOD**

D. Symptoms cause **clinically significant impairment in social, occupational, or other important**

E. These disturbances are **not better explained by intellectual disability (intellectual developmental disorder) or GDD**

AND THAT IS WHAT IS DSM 5 DEFINITION

And the recovery can be planned in same way.



Many specialists feel that its only their job alone

Holistic multidisciplinary approach is needed and no specialist can functionally optimally modify these kids excluding others.

Combined therapies responf faster, but the role and weightage of each one needs to be discussed with developmental paediatrician in monthly assessments.

9869405747

Technically autism is a **sensory** issue..

Inability to **sense** the **senses**

And make **sense** of it

And use it **sensibly**

without **sensory behaviours**

Assessment tools are only for documentation and monitoring

TABLE I SOME DIAGNOSTIC TOOLS FOR AUTISM

<i>Name of the tool</i>	<i>Time taken (approx)</i>	<i>Age-group</i>	<i>Cost</i>	<i>Languages</i>
INCLIN tool (INDT-ASD)	45-60 minutes	2-9 years (as per the validation study)	Free	Hindi, English, multiple regional languages
ISAA	20-30 minutes	3-9 years	Free	
ADI	120 minutes	2 years and above	\$ 261 *	English
ADOS	40-60 minutes	12 months and above	\$2095 *	Hindi, Bengali, English

**Last accessed in January 2017.*

Use Dr Kondekars autism monitoring chart for both assessment and fortnightly monitoring to adjust or titrate
therapies and medicines.
Its for free and is available at neuropediatrician.com

External versus internal sensory integration

To tackle sensory issues your occupational therapists will give multisensory inputs... External Sensory Integration

Same way, the sensory centers in brain need to communicate with each other to generate integrated cognition of the inputs. .. Internal Sensory Integration

To develop new neuronal connections... both chemical and physical / synaptic, Occupational Therapies and neuronal nutrition is of equal help.

Auditory intervention therapies

- Speech therapist role is more important to develop speech when cognition develops
- To some extent every expert including parent uses some degree of auditory commands.
- But its not enough.

Make every child an auditory learner first

- A non verbal child will attempt to speak early only when the child does maximum learning by ears and not by eyes.
- **Passive auditory therapy.**
- I recommend **daily six hours of radio on wall**, six days a week for six months, for auditory multi frequency modulation.

How does radio work?

- The music trains the auditory pathways by focusing on the frequency envelope of human speech.
- As child learns to process these speech-related frequencies, they improve the functioning of two cranial nerves that are important for promoting overall social behavior.
- Cranial Nerve VII (Facial Nerve) helps clients focus on human voice and tune out irrelevant frequencies.
- Cranial Nerve X (Vagus Nerve) enables self-soothing and autonomic regulation.

Passive AIT: Radio rules

- Keep in mind its not forced, its passive
- No head phones: child should hear other sounds too
- Not too loud or soft, optimal speech frequency
- Adjust to sound sensitivity of child
- Daily morning 6 hours, from 30 min before sleep till lunch
- Six days a week for six months
- Single radio channel preferably vocal like All India radio /Vividh Bharti
- Any channel is ok, at least one family member should be able to understand language in family
- **Titration for Sensory overload**

If a child doesn't sit for therapy

It's **the job of neurodevelopmental paediatrician** to help make a child

1. Sit for therapy
2. Establish eye contact
3. Listen to commands
4. **No attention means no cognition,**
5. **no cognition means poor therapy results**

Settling hyperactivity.. Its not ADHD here

- So actually no ADHD meds, but meds are recommended for autism
- Hyperactivity, hitting, meltdowns etc are actually like volcanoes disrupting the learning process.
- It needs to be tackled on war footing instead of wasting time keeping hands crossed doing .
- Hyperactivity actually is a chaos of senses in brain due to increased curiosity that goes unfruitful due to cognitive block, and this child behaves socially unacceptable.

Behavioural issues

There will often be any 2 of the following behavioural issues in most of the autism cases and it's management may change

from **OT-Si Medicines-Behavioural tricks-Conditioning-Diverting-Deviating:**

1. ***Repetitive** movements /objects/sounds
2. ***Restricted:*** Objects/interests/areas
3. ***fixed:*** concepts, acts, behaviour (stubbornness)
4. ***Harmful:*** hitting,biting,pushing,pressing, at times as a part of miscommunication/frustration/sensory issues
5. ***Sensory issues:*** hypo or hyper response to any known or unknown sense that makes the child to seek or avoid specific sense environment act or object

[#makingsense](#)

Diet

As circulated by many. **Diet is not the root cause of autism.**

Dietary issues. Indigestion and constipation are a part of sensory issues of gut being misinterpreted by brain.

This does result in restlessness and hampers learning and milestones

Its important to keep gut clear when hyperactivity is noted.

4 d minus diet works.. No special plan/costs

3 months to show change in constipation related hyperactivity and appetite

Skip from diet for 3 months

D1 – Doodh, Cheese, Paneer

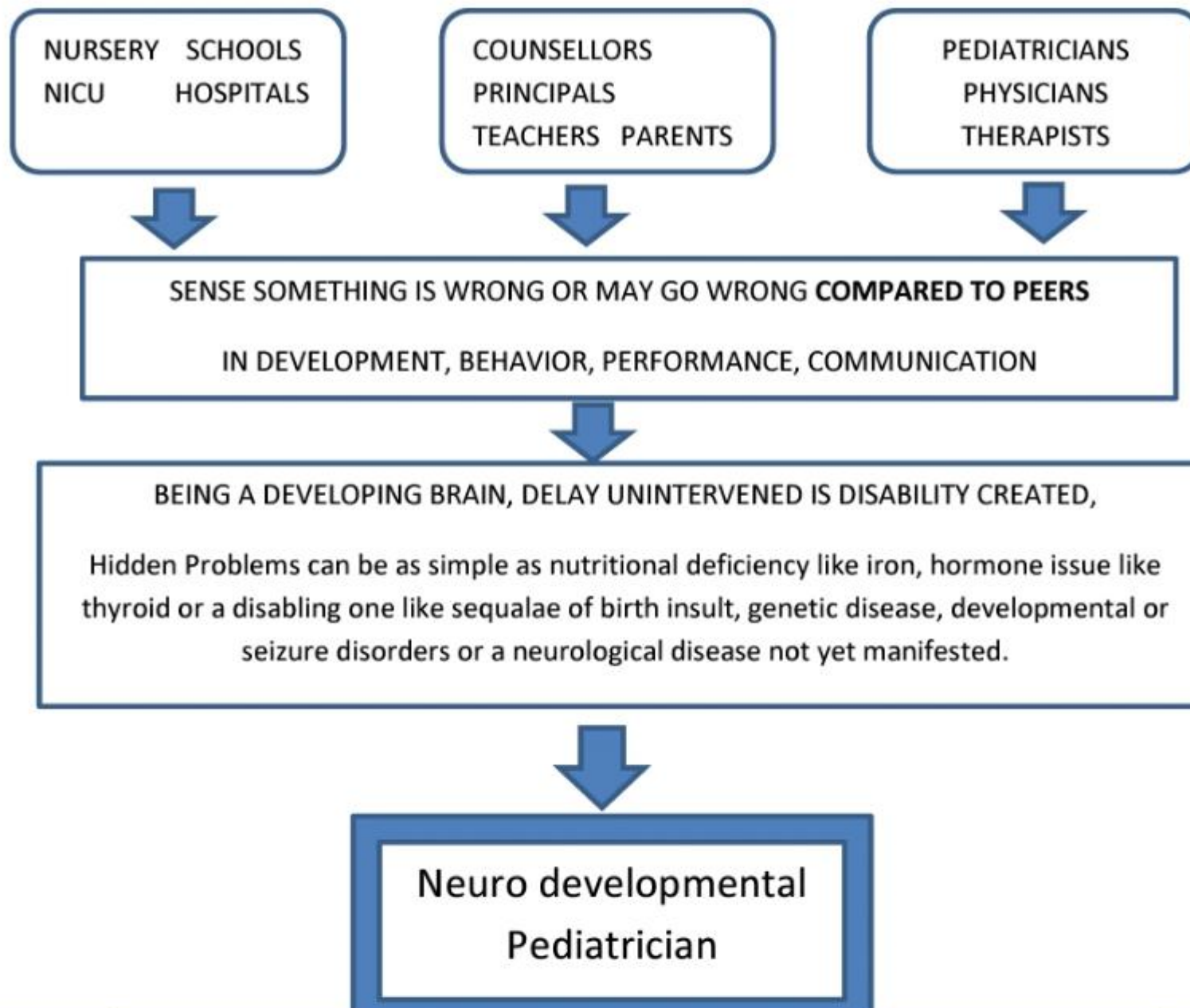
D2 – Dry Fruits of any sort any form

D3 - Small seeded fruits

D4 - Hard Pulses and Daals

Stages of habilitation in autism

- Independence of eating, Activities of Daily living
- Functionality
- Concrete operations
- Learning
- Creativity
- Socialisation . Behaviour and confidence
- Getting close to age appropriateness



Neuro developmental Pediatrician

1. FORMAL HISTORY TAKING AND EXAMINATION IN DETAILS
2. CONFIRMATION AND CLASSIFICATION OF THE PROBLEM
3. SPECIALISED TESTS/INVESTIGATIONS NEEDED IF ANY
4. MULTIDISCIPLINARY REFERRAL PLAN – priority and frequency
5. PHARMACOTHERAPY AND DRUGS
6. CERTIFICATION OF PROBLEMS
7. REASSESSMENT FOR IMPROVEMENTS /WORSENING/ COMPLICATIONS
8. PLAN REVISIONS: MAKE THE CHILD THERAPY-ABLE
9. MEDICOLEGALLY RESPONSIBLE FOR COMPLETE HOLISTIC CARE OF THE CHILD
10. EXPLAINING LAWS, DECLARING CURED; DECIDING DISCHARGE PLAN, COUNSELING CHILD- PARENTS AND PREVENTING /PREDICTING OUTCOMES.

Planning to and fro references, periodic follow up and decision to start stop a therapy is a legal responsibility of neuro-developmental pediatrician.



School-ing skills: Remedial and Special Educators, Tutition teachers, psychologists for coping skills

Speech issues:
quality, fluency
paucity, errors
SPPECH
THERAPIST

Functionality Of
Living Schooling
Activities And Senses
OCCUPATIONAL
THERAPISTS

Walking Gait
Locomotion
Devices
PHYSICAL
THERAPIST

Behavioral issues Behavioral Therapist

Other referrals: vision, hearing,
deformities-orthopedic, gut
nutrition, endocrine, etc as per Dr.

Referrals are not a dead end.

No satisfactory change with any system/referral/medicines in 1-3 months, needs plan revisions by Neuro developmental pediatrician.

WWW.AAKAARCLINIC.COM Dr Kondkear 9869405747 MD DNB FAIMER [DDN FELLOW NEURO]

Childhood Autism

**Neuronal
Nutrition**

Therapists

**Neuromodulation in
Autism
Developmental Neuro
Pediatrician**

Educators

Hopes
Determination
Persistence
Positivity

**Parents and
Home based
Therapies/
education**

Care and Cure

WORLD AUTISM DAY APRIL 2: MAKE EVERY CHILD LOOK LISTEN FEEL..... SCHOOLABLE IN TIME!

WHEN A CHILD DOESN'T DO THAT, SCHOOLS ASK FOR CERTIFICATE OR REPORT; SO THAT ONCE THEY KNOW CHILD IS CERTIFIED WITH LOW IQ, THEY CAN SHOW A WAY TO SPECIAL SCHOOL.

DON'T ASK FOR CERTIFICATE. ASK FOR A CHANGE. ASK HOW CHILD CAN BE SCHOOLED IN NORMAL

**THREE COMMON IN 3 YR
OLD AUTISM KID***

3 YR AGE TO NOTE FIRST
AGE INAPPROPRIATENESS
PARENTS DON'T AGREE*

AUTISMDR.WORDPRESS.COM

FREE WHATSAPP HELP

9869405747 INDIA

**NEURODEVELOPMENTAL
PEDIATRICIAN**

**THREE NUTRIENTS FOR
THREE MONTHS FOR:**

**NEURONAL
CONNECTIONS**

**MYELINATION
Maturation**

**THREE TOOLS FOR
DIAGNOSIS**

DSM 5

INCLIN

CARS

THREE TESTS LIKELY

**GENETIC TESTING
CES**

MRI BRAIN

EEG

**THREE THERAPIES
NEEDED**

OT - SI BA

ST- SPEECH

PHARMACOTHERAPY

www.aakaarclinic.com

DSM 5

INCLIN

CARS

CES

MRI BRAIN

EEG

OT - ST BA

ST- SPEECH

PHARMACOTHERAPY

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THREE MAIN ISSUES IN
AUTISM

UNDERSTANDING

COMMUNICATION

SPEECH

THREE ENEMIES FOR
RECOVERY

HYPER/ STEREO ACTIVITY

OBJECT MADDNESS

SENSORY ISSUES

THREE MEDICAL ISSUES

RESPIRATORY-
IMMUNITY

GUT- DIGESTION

PSYCHIATRIC – HITTING
ETC

Dr Kondekar's Triology

THREE GOALS FOR FIRST
THREE MONTHS

EYE CONTACT

OBEY COMMANDS

RECEPTIVE LANGUAGE

THREE GOALS FOR 3
YEARS

SPEECH

READING

WRITING

THREE DIET STOPS

DOODH

DRY FRUITS, SEEDS

DAALS-HARD ONES

For Autism in children

for a booklet on

home based therapies whatsapp 91-9869495747

For more information

Login to **www.neuropediatrician.com**