

Early Start Denver Model, “ESDM” for Young Children With Autism

Promoting Language, Learning, and Engagement

Children with autism spectrum disorders (ASD) are often less inclined to initiate interactions with people and tend to focus on a narrow range of activities, exhibit a wide range of behavioral challenges, have very severe to mild language impairments and may or may not have cognitive impairments.

The last several decades have witnessed an explosion of knowledge about how infants and toddlers learn. Given that symptoms of autism spectrum disorders often appear before the first birthday, this new knowledge can be brought to bear in our understanding of how best to intervene with young infants, toddlers who are at risk for autism.

The Early Start Denver Model, “ESDM” is a comprehensive, early intervention approach for toddlers with autism ages 12-36 months and continuing until ages 48-60 months. ESDM uses the knowledge of how the typical baby develops to facilitate a similar developmental trajectory in young infants who are at risk for autism.



ESDM is defined by:

- 1) A specific developmental curriculum that defines the skills to be taught at any given time and,
- 2) a specific set of teaching procedures used to deliver the curriculum. The ESDM begins by addressing the child’s social interaction with others by means of priming, rewarding and increasing children’s initiations and helps parents and other partners interpret the child’s cues and continue in interactions. The immediate effect of these techniques is to increase dramatically the number of social learning opportunities the child is experiencing, hour by hour and day by day.

ESDM differs in several ways from other approaches:

- The ESDM predates other models, in fact the first paper on the Denver Model date from 1980, well before the other approaches first appeared in print.
- There is a body of peer-reviewed, published empirical work supporting the model. At this time, there are eight data-based outcome papers in press or published including a new, large randomized, controlled trail by NIMH.
- The Model is very well articulated. Both the teaching content and the teaching procedures are thoroughly described.
- The Model is data based and stresses the importance of data collection to evaluate teaching efficacy and to adjust and maximize progress.
- the Model is comprehensive, it addresses all the developmental skills of early childhood: Language , play, social interaction and joint attention, but also imitation, motor skills, self care, and behavior.
- The model provides a systematic way of altering the intervention when children are not progressing well-a decision tree for clinician to use when the child is not making progress-and by so doing it allows for the full range of empirically supported practices to be brought into use, in a thoughtful and step-by-step fashion.
- It uses a curriculum that is based on the most current concepts derived from the scientific literature focusing on children's development.
- The strategies and curriculum that rare used to facilitate language development are based on the most current scientific understanding of how language develops.

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