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Early signs of autism in young children in interaction with their parents

Wczesne zwiastuny autyzmu u małych dzieci w interakcji z rodzicami

Abstract

Aim. Behavioural symptoms of autism spectrum disorder develop over time and they change their clinical appearance with the development of the child. The main symptoms for early diagnosis of autism spectrum disorders is considered to be deficits in social communication and social interaction. During the early development of the child the greatest anxiety among parents/close caregivers of these children is caused by disorders in social and emotional development, difficulties in communicating, and an unusual way of playing. Disturbances in social development are revealed earliest; they are observable in the individual development of the child and they are considered the primary symptoms of autism. Parents/close caregivers usually become the first observers of a child's disturbing behaviour, but also the first initiators of building close relationships with their offspring. Information obtained from parents is an important indicator for the early detection of au-

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tism spectrum disorders. The essence of the undertaken problem of early detection of autism spectrum disorders in young children at risk and with autism is to show the role of parents/close caregivers as the first observers of disturbing behaviour of their children. The first symptoms of autism risk in emotional and social development, play, and communication in young children in interaction with parents were analysed in particular.

Methods and materials. The article is of a review nature. It presents a theoretical approach based on the analysis of source materials from Polish and foreign publications.

Results and conclusion. Disorders in the emotional, social, and communication spheres are central to the clinical picture of autism spectrum disorders, with the manifestation of symptoms changing with the age and development of the child. Delays in acquiring social skills, speech development, and communication in young children at risk are thought to be strong predictors of receiving an autism diagnosis. Disturbing observations of parents regarding the development and behaviour of the child accelerate the detection of disorders in their child and contribute to the accurate diagnosis.

Keywords: Autism, child, parents, early symptoms of autism, interaction with parents.

Abstrakt

Cel. Symptomy zaburzeń ze spektrum autyzmu widoczne w zachowaniu rozwijają się w czasie i zmieniają swój obraz kliniczny wraz z rozwojem dziecka. Za główne wczesne objawy tych zaburzeń uznaje się deficyty w społecznym komunikowaniu się oraz w interakcjach społecznych. We wczesnym rozwoju dziecka największy niepokój wśród rodziców/bliskich opiekunów tych dzieci budzą zaburzenia w rozwoju społecznym, emocjonalnym, trudności w komunikowaniu się oraz nietypowy sposób bawienia się. Zakłócenia w rozwoju społecznym ujawniają się najwcześniej, są obserwowalne w rozwoju indywidualnym dziecka i uznaje się je za pierwotne objawy autyzmu. Rodzice/bliscy opiekunowie stają się zwykle pierwszymi obserwatorami niepokojących zachowań dziecka, ale są też pierwszymi inicjatorami budowania bliskich relacji ze swoim potomstwem. Informacje uzyskiwane od rodziców są istotnymi wskaźnikami dla wczesnego wykrywania zaburzeń ze spektrum autyzmu. Istotą podjętej problematyki wczesnego wykrywania zaburzeń ze spektrum autyzmu u małych dzieci z grupy ryzyka i z autyzmem jest ukazanie roli rodziców/bliskich opiekunów jako pierwszych obserwatorów niepokojących zachowań swoich dzieci. Szczegółnej analizie zostały poddane pierwsze symptomy ryzyka autyzmu w rozwoju emocjonalnym, społecznym, zabawie i komunikacji u małych dzieci w interakcji z rodzicami.

Metody i materiały. Artykuł ma charakter przeglądowy. Przedstawia podejście teoretyczne oparte na analizie materiałów źródłowych z polskich i zagranicznych publikacji.

Wyniki i wnioski. Zaburzenia w sferze emocjonalnej, społecznej i komunikacji mają centralne znaczenie dla obrazu klinicznego zaburzeń ze spektrum autyzmu, przy czym mani-

festacja symptomów zmienia się wraz z wiekiem i rozwojem dziecka. Przyjmuje się, że opóźnienia w zakresie umiejętności społecznych, rozwoju mowy i komunikacji u małych dzieci z grupy ryzyka są silnymi predyktorami otrzymania diagnozy autyzmu. Niepokojące spostrzeżenia rodziców dotyczące rozwoju i zachowania dziecka przyspieszają wykrywanie tych zaburzeń oraz przyczyniają się do postawienia trafnej diagnozy.

Słowa kluczowe: autyzm, małe dziecko, rodzice, wczesne objawy autyzmu, interakcja z rodzicami.

Introduction

The most significant symptoms for the early diagnosis of autism spectrum disorders are deficits in social communication and social interaction. Relationship impairments can range from mild functional limitations to an almost complete lack of interaction (Morrison, 2016). They are considered to be the primary symptoms of autism (Baron-Cohen, 1995) and the first symptoms to be observed in individual development (Baranek, 1999; Osterling, Dawson, & Munson, 2002). In the early stages of a child's development, the greatest concern among parents is caused by disorders in social and emotional development, difficulties in communication and unusual play behaviour (Pisula, 2010; Skórczyńska, 2009). Early ontogeny of autism, studied through retrospective analyses of home videos, has shown the existence of early disorders of social and emotional contact in infants (Clifford, Dissanayake, 2008). Social development disorders can manifest themselves at a very early stage of a child's life and significantly limit access to information (Pisula, 2011). Early assessment of disorders in young children aged 1 and 2 years is usually retrospective and is most often based on information obtained from the children's parents/close caregivers (Pisula, 2005). They are the first to observe worrying behaviour in their child, but they are also the first to build a close relationship with their child. Their observations are important indicators for the early detection of autism spectrum disorders.

Symptoms of autism risk in the emotional, social, play and communication development of a young child in relationships with relatives

The social impairments in children with autism spectrum disorders are multifaceted and include qualitative differences in the regulation of emotional and social reciprocity and the spontaneous sharing of joy, interests and achievements with others (Ameri-

can Psychiatric Association, 2013). Problems in the social and emotional development of a child are noticed relatively early by parents, as it causes particular difficulties in close contact and communication (Pisula, 2005). A child's first social bonds are formed in contact with the mother, which is why disturbances in this relationship are considered a very important warning sign for the development of autism (Jaklewicz, 2000). Difficulties in expressing emotions, lack of social contact or disorders in young children are treated as a warning sign and one of the first indicators of disorders in expressing and understanding emotions and building proper social relationships with other people (Pisula, 2005).

Numerous observations made by parents show that already in the first months of a child's life, the lack of showing that the child wants to have contact with the mother or a close caregiver is worrying. They have poor eye contact, no facial expressions, and a typical inability to adopt a body posture expressing readiness and desire to be picked up (Wing, 2005). They usually prefer to be alone, are not interested in physical contact with another person, and express indifference or even aversion to such contact. They behave as if close family members are not important to them (Pisula, 2011). They do not react to the sight of their mother with emotional liveliness, and do not smile back or give hugs. When held in their arms, they may stiffen or become limp, they may also defend themselves against being hugged, and when carried, they do not interact with their parent/close caregiver (Morrison, 2016). In general, they do not like play involving rough and tumble or tickling, which is based on close contact. The child may not even react with joy at the sight of their mother approaching or may remain indifferent when she moves away from them. They may give the impression that they do not need the presence and attention of loved ones, and are often excessively calm or agitated. Most children with autism do not show separation anxiety in the early stages of their lives, which is associated with separation from significant others, most often the mother. They show clear satisfaction when left alone and behave as if there were no people around them (Jagielska, 2009). Although some of the children demonstrate their emotional attachment to their parents and close caregivers, they rarely respond to the love and affection they are shown in the way that these people expect.

Parents report that their children are reluctant to open their arms to hug in times of pain, anxiety or danger and seek comfort from them, and even seem unaware that this is even possible. Parents are concerned that they do not differentiate between themselves and the objects they are fascinated by and that they prefer contact with their favourite toy to physical, close contact with their parent (Randall, Parker, 2010). Usually, a child seeks contact with objects and mechanisms and rejects human closeness because inanimate objects do not arouse the most important and strongest feelings: the joy of emotional contact, a sense of security, and closeness. As a result of hypersensitivity to external stimuli and emotional overload, the child selectively withdraws

from contact with loved ones, preferring inanimate, “emotionally indifferent” objects, which are predictable and safe for them. One of the most important mechanisms of this type is the lack of intentional seeking of people and striving for contact with them. This symptom gradually increases and constitutes the essence of autism and is its axial feature (Piszczek, 2014).

Due to the dynamics and multidimensionality of autism, it is emphasised that in the population of young children with autism, there is a wide variety of emotional reactions expressed in contact with loved ones. From states of indifference, “strangeness,” panic fear reactions in situations where the child is separated from the mother to strong emotions showing the child’s attachment to people close to them (Markiewicz, 2007). The ability to experience strong emotions can be expressed by a feeling of longing for parents and home in a situation of temporary separation (Rynkiewicz, 2009). Close family members find it difficult to recognise and understand these emotional states, especially when the child is non-verbal and also has impaired facial expressions, gestures, eye contact, and body posture. He or she is unable to accurately inform loved ones about his or her experiences and needs. In addition, he or she has significantly limited ability to express emotions. They use a kind of special communication code. They do this in an idiosyncratic, non-universal way, often based on irrelevant associations, formed as a result of a single random event and then schematically perpetuated (Wing, 2005). Sometimes, autistic children use different, even specific, ways to establish contact with their relatives, especially with the person who spends the most time with the child, takes care of them, plays with them or fulfils their needs and desires. This is justified as long as other family members, such as older siblings, do not make the child feel as close or secure when they feel threatened or need something (Greenspan, Wieder, 2014). It has been observed that some children express the need for contact by turning their backs or even their fronts to the person addressing them. Sometimes they use objects that are meaningful to them, such as a piece of string, a crayon or a block, to express their feelings or achieve their goal (Rybka, Garncarz, 2009). Some of them pull, tug and tap their favourite object on a loved one, let them get closer to them, and sometimes even shake hands or hug. Usually, the emotional expression of a child in such contacts with loved ones is unreadable, lacking precision, subtlety, a whole range of gestures, facial expressions, and body postures. The child sends many contradictory signals, unreadable to parents (Schaffer, 2008).

The difficulties in expressing emotions through facial expressions, tone of voice, intonation, body posture and gestures are also characteristic. The facial expressions and gestures of a child with autism are usually described as poor, flat and inadequate to the content of the information being conveyed. One can notice a kind of facial rigidity and masklike appearance. The child’s face usually does not reflect the range and depth of emotions, and the facial expressions are inadequate to the situation (Jagielska, 2009).

The experience of parents of children at risk of autism indicates that some of them are extremely sensitive to the emotional states of the adults they come into contact with, although they do not show it directly. Despite their low level of cognitive development, they can sense the moods and emotions of their loved ones. They not only recognise when their loved ones are happy or annoyed, but are also sensitive to non-verbal signals (e.g., they are afraid of someone who touches their body too carefully, or feel tense when they do not feel certain movements of their carer) (Piszczek, 2014). This indicates sensitivity to even subtle cues in the behaviour of caregivers and to small changes in body posture, tone of voice or daily activities (Rybka, Garncarz, 2009).

Many researchers agree that people with autism have a specific inability to regulate or modulate their reactions, which reduces their emotional expression and self-regulation. Deficits in emotional expression in young children are considered a warning sign and one of the first indicators of difficulties in expressing and understanding emotions in the future (Frith, 2008). Geraldine Dawson, Sara J. Webb, Leslie Carver, Heracles Panagiotides, and James McPartland (2004) emphasise that one of the causes of these difficulties may be deficits in the processing of information about human faces. These children are unable to correctly read facial expressions, which makes it difficult for them to attribute certain mental and emotional states to people to predict their behaviour (Baron-Cohen, 1995). Children with autism pay significantly less attention to human faces and the emotions they express than their peers at every stage of development.

Research by Julie Osterling and G. Dawson (1994) suggests that children at risk of autism can be distinguished from healthy children by analysing videos of their first birthday. In the group studied, over 90% of children with suspected autism at the age of 12 months differed in their behaviour from 10-month-old infants developing normally and from 12-month-old children with developmental delays. This was expressed by a lack of looking at other people, a lack of responding to their names, a lack of pointing, and a lack of showing or giving objects. These children spent less time looking at other people, reacted less when their relatives tried to get their attention (e.g., by calling their names) and did not make early gestures (such as pointing). The lack of looking at other people's faces was considered the most obvious single indicator of autism. A careful analysis of these recordings showed that the initially subtle symptoms become obvious in retrospect, much more clearly towards the end of the first year of life (Frith, 2008). Similar results were obtained in studies by Grace T. Baranek (1999) with even younger children. The most worrying symptoms of autism in infants between 9 and 12 months of age in terms of social interaction are poor visual orientation (also of non-social stimuli), delayed reaction to their name, and avoidance of being touched by another person. The child's lack of reaction to his or her name is considered a particularly significant symptom.

The avoidance of eye contact by the child draws a lot of attention from those around them. Parents indicate that the child actively avoids eye contact or is unable to maintain it. The child may cover their eyes, turn away when called, look at objects out of the corner of their eye, look absent-mindedly as if into space, or look “through” a person (Senju, Johnson, 2009; Jagielska, 2009). The child is not very interested in the human face, the sight and the voice of the mother. The child does not fixate on the mother’s face, does not follow her gaze, and does not react with emotional liveliness when seeing her, especially when seeing her gaze, smile or gestures (Jaklewicz, 2000). A social smile is rare and sometimes looks artificial, rigid and as if it has been added on. In addition, people are observed to look at each other for a very short time (Randall, Parker, 2010). Most children who are later diagnosed with autism spectrum disorders still make relatively normal eye contact and show a social smile in the sixth month of life, but the frequency and quality of this behaviour decreases between the sixth and twelfth month of life (Steiner, Goldsmith, Snow, & Chawarska, 2012). Limited eye contact is likely the result of a child’s lack of the primary ability to fixate their gaze on a human face and the inability to stare at a human face to read valuable information from it for understanding other people’s behaviour (Kliś, 1994). During this period, young children also show other symptoms, such as lack of a proper reaction to their name, lack of emotional interaction with other people, failure to show affection, and impoverished vocalisation. There may also be developmental arrest or regression, with varying degrees of severity of the disturbing symptoms (Rynkiewicz, Kulik, 2013).

Some studies compare the interaction with parents in children with suspected autism and their peers with typical development and behaviour (Stone et al., 1999). In this study, the following were considered early indicators of autism: limited ability to imitate, lack of or minimal eye contact, ignoring other people or reacting poorly to their presence, lack of interest in social play, preference for solitude, little interest in physical contact with another person, lack of smiling in social situations, and impoverished facial expressions. Sally M. Clifford and Cheryl Dissanayake (2008) studied the development of infants at risk of autism during their first two years of life. Using retrospective interviews with parents and analysis of home recordings, they showed that abnormalities in dyadic behaviour, such as poor quality eye contact, impaired use of social smiling, and inappropriate affect, can be detected in recordings even before the child’s first year of life. Victoria Shea and Gary B. Mesibov (2017), meanwhile, who analysed the behaviour of children in their first year of life, observed specific social disorders that can be strongly linked to the later diagnosis of autism. These were: reduced social responsiveness (e.g., weaker response to name, looking at people, behaviours related to creating a common field of attention) and atypical behaviours related to sensory regulation (e.g., frequent putting objects in the mouth, unusual patterns of visual attention, increased irritability to stimuli). Marian Sigman, Angeline Dijamco, Maya Gratier,

and Agata Rozga (2004) identified the following as the main warning signs in the social development of children under 18 months who are at risk of autism: lack of ability to participate in social interactions, lack of shared attention (pointing, following gaze), limited ability to imitate, impaired recognition of emotions and emotional synchrony, limitations in showing attachment. They considered these to be the main indicators for the early detection of autism in terms of social functioning.

A detailed analysis of videos recorded during and shortly after the first year of a child's life and interviews with parents/close caregivers helped to determine not only the worrying symptoms, but also the relative time at which the disorders manifest themselves in interaction with the child. The symptoms are: poor eye contact (the disorder appears around the age of 6 months), lack of interest in and ignoring of people, short periods of looking at people (around the age of 1 year), inability to participate in interactions in turn, and limited ability to initiate and maintain interactions (before the age of 6 months), no response to parent's communication with the child (before 6 months), no smile in social situations and other forms of showing joy (before 6 months), no emotional attunement, emotional synchrony, no adaptation of facial expressions to the situation (before 6 months), no reaction to own name (between 8 and 10 months), no pointing (between 8 and 12 months), no demand for being held and cuddled (after 6 months), no understanding of social gestures (e.g., "bye-bye") (at the turn of the first and second year of life) (Baranek, 1999; Clifford, Dissanayake, 2008; Lösche, 1990; Maestro et al., 2006; Osterling, Dawson, 1994; Pisula, 2012; Volkmar, Chawarska, & Klin, 2005).

A large proportion of studies of children in their first and second years of life who were later diagnosed with autism have shown the existence of early social contact disorders, which were considered risk signs indicating a risk of autism. Disturbances in establishing and maintaining social eye contact, a reduced response to their name, as well as an unwillingness to engage in social contact have been adopted as the basic diagnostic criteria for autism spectrum disorders in young children at risk (Allison et al., 2008; American Psychiatric Association, 2013).

In the second half of their first year of life, children at risk of autism spectrum disorder show difficulties in establishing joint attention. This manifests itself in the child's limited ability to perceive social stimuli, a lack of interest in people and a lack of response when someone calls their name (Pisula, 2010). Infants at risk of autism spectrum disorders do not follow the parent's index finger with their eyes, even if the child is physically prompted to help them locate the direction of gaze (Skórczyńska, 2009). They are unable to direct another person's attention to specific objects or events, monitor the other person's attention, or pay attention to what the other person wants to demonstrate. They cannot see the connection between looking at something and wanting to possess or manipulate it out of curiosity (Pisula, 2005). They find it difficult to read

the direction of another person's gaze (Markiewicz, 2007). The inability to share attention in people with autism is closely related to the inability to read minds, to distinguish what they are thinking from what someone else is thinking, and are linked to an inability to participate in alternating social interactions and to impairments in intentional communication (Frith, 2008). The correct understanding of shared attention develops decisively as a result of numerous interactions with close people and requires awareness of the scope of orientation in the environment of social interaction partners (Talarowska, Florkowski, Gałeczki, & Zboralski, 2010; Leekam & Ramsden, 2006). It is also known that irregularities in the creation of a shared focus of attention are a good predictor of language development (Pisula, 2007, 2008). A disorder in the ability to jointly search for attention can be an early symptom of autism spectrum disorders, even before the appearance of speech problems (Kutscher, Attwood, & Wolff, 2007).

Towards the end of the first year of life, the child may no longer engage in imitation play, and later on, pretend play and the symbolic use of objects. The child's play is usually solitary, without human contact, and of a sensorimotor and/or ritual nature, devoid of imagination. A common form of play is arranging many objects in a row, preferably in the same order. Children prefer to arrange objects according to different details, e.g., colour or shape. They are unable to play with a toy as a whole. Very often, a toy car is not a "real car" for them, but only an attractive object with rotating wheels. This type of play only has a motor stimulation effect (De Clercq, 2007). These children are unable to pretend that an object is something other than what it is and use it in play as if it had some other imagined properties. They usually play in a stereotypical and uncreative way (Baron-Cohen et al., 1996). The most frequently reported observations of parents/close caregivers about a child's play are:

- cannot initiate play with toys, can play with simple objects or toy parts when instructed by a parent, but rarely does so spontaneously in interaction with parents or siblings (Greenspan, Wieder, 2014),
- does not express willingness to play with parents or siblings, is not interested in social play (Cotugno, 2011),
- does not observe what others are doing, does not imitate the behaviour of others, does not share their interests, needs or desires with loved ones (Rogers, Dawson, & Vismara, 2015),
- rarely shows objects to other people, for example, brings and gives a toy to someone to arouse the interest of a parent or sibling,
- has limited imitation skills and does not participate in pretend play, lack of alternation in play is dominant, routine behaviour patterns, and rigidity are observed (Pisula, 2011),

- rarely exchanges messages with their partner during joint play, combining gaze, facial expressions, tone of voice, and gestures (Jaklewicz, 2000; Skórczyńska, 2009),
- does not look at the faces of their parents/close caregivers, especially mothers, when playing together, and rarely looks from the object (toy) to the person's face (Charman et al., 1997),
- cannot share their interests or favourite toys with other people, cannot form age-appropriate relationships with parents and siblings (Baron-Cohen, 1995),
- usually plays alone, and prefers to be in a world of objects rather than people (Randall, Parker, 2010).

Most children with autism do not develop pretend play. When playing, these children have difficulty creating, understanding and using symbols (Baron-Cohen, 1991). Symbolic thinking rarely appears in play. They have problems with assigning meanings, imagining that something can represent something other than it is, e.g., that a cardboard box can be used as a bathtub for a doll, or a block as a feeding cup for a doll. They do not distinguish between impressions, appearances, illusions and fictions and reality, nor do they separate reality from imagination (Kołodziejczyk, 2003). A toy that does not play, move or light up is often not an object of interest. It is rare for teddy bears or dolls to be spontaneously used in make-believe play as living creatures (Kutscher et al., 2007). For this reason, the play of children with autism is very repetitive, based on stereotypical behaviour, unimaginative and devoid of symbols, and their spontaneous play is severely limited (Seach, Lloyd, & Preston, 2006). One of the obstacles to the development of this type of play is probably the rigidity of many children's thinking and behaviour and their stereotypical, schematic use of toys (Pisula, 2005). The inability to play make-believe, use symbols, or imagine that an object can symbolise something else also has far-reaching consequences for the child's social development and communication. Social and thematic play does not develop. Pretend play is a diagnostic criterion for the development of theory of mind and occupies a central place on the diagnostic checklist for autism spectrum disorders (Szatmari, 2007). When playing with an autistic child or observing their spontaneous play, we learn about their cognitive and social development. The disorders that are visible in a child's play are therefore an important diagnostic indicator of developmental problems (Pisula, 2005).

As the child develops, around the age of two, the problems most frequently reported by parents or carers of children who are later diagnosed with autism include: Lack of close relationships in the family, the child does not greet or spontaneously react to a parent/close caregiver when they see them, they express emotions poorly or not at all, sometimes they do so in an atypical way, they do not use gestures to establish social contact, they do not know how to initiate play with toys, can play with objects

when instructed by an adult, but rarely does so spontaneously, does not respond to verbal and non-verbal attempts to establish contact with him/her, does not participate in make-believe games (Pisula, 2011), does not express willingness to play with children, they are not interested in social play, attachment to loved ones takes an atypical form, mainly as attachment to a routine that is associated with a particular person, rather than as a symptom of typical emotional attachment (Cotugno, 2011).

Emotional and social impairments are central to the clinical profile of autism spectrum disorders, with symptom manifestation changing as the child ages and develops. It is assumed that delays in social skills are stronger predictors of an autism diagnosis than delays in speech and communication development in children at risk of autism spectrum disorder (Gamliel, Yirmiya, 2017).

During the development of speech and communication in children with autism spectrum disorders, a high degree of variation can be observed. The most common observations are: significant delay, regression, inhibition or disorder from birth, as well as lack of speech development at both the verbal and non-verbal communication levels (Bobkowitz-Lewartowska, 2000; Słopeń, Wojciechowska, 2015). Speech development in young children at risk of autism is usually significantly delayed. This is accompanied by many deficits, varying in terms of the extent and severity of symptoms (Morrison, 2016). Communication disorders include limited responsiveness to speech, delayed language development and the use of other people's bodies as a tool for interacting with others (Wetherby et al., 2004). The lack of speech development is considered a characteristic of young children at risk of autism, especially when it is associated with a lack of communication attempts, including compensatory gestures (Skórczyńska, 2009; Paul, Wilson, 2017). A child's early language development is closely related to the ability to imitate facial expressions, articulation movements and gestures, to create a shared field of attention, to play with objects while recognising the relationship between the object and to engage in symbolic play (Pisula, 2010). During the developmental analysis of 200 children at risk, it was observed that approximately two-thirds of children who developed autism spectrum disorders had difficulty combining emotions and intentions with motor planning and symbolic functions (Greenspan, Wieder, 2014). Since young children at risk of autism do not fully master these early skills, they consequently fail to acquire basic symbolic and linguistic skills.

Speech development deficits in children with this disorder reach the stage of pre-verbal communication and can be observed as early as the first year of a child's life (Korendo, Sedivy, 2017). Research conducted by Chris P. Johnson and Scott M. Myers (2007) indicates that these are:

- no alternating vocalisation between the infant and the parent,
- no reaction to the voice of the mother, father or close caregiver,
- lack of vocal-emotional expression such as “ooo,” “uu,”

- lack of or delayed babbling repertoire (after the 9th month of life or lack thereof up to the 12th month of life),
- impoverished vocalisation,
- impaired prosody of language,
- negligible or absent repertoire of gestures (e.g., waving “bye-bye,” pointing a finger),
- lack of eye contact with other people,
- lack of coordination between gaze, facial expressions, gestures and sounds made.

Significantly frequent atypical phonation, e.g., squeaking, growling or screaming (Skórczyńska, 2009).

Research results show that parents are very concerned about their child’s speech development, which is much too slow. In a study conducted by Elaine E. Coonrod and Wendy L. Stone (2004) on a group of 44 parents of children aged 24–36 months, including 22 children diagnosed with autism and 22 children diagnosed with *developmental delay* (DD), this problem was reported on a scale of 72–98%. In other studies by the same authors (Coonrod, Stone, 2004), delayed speech development was a cause for concern for 91% of parents of children with autism and 77% of parents of children with developmental delay. Parents also indicate a clear slowdown in the pace of development (e.g., after the babbling stage, the first words do not appear) or the loss of skills previously acquired by the child. In 20–35% of cases, regression in speech development is reported, which includes the loss of words, vocalisations or non-verbal communication skills (e.g., using gestures or eye contact) (Skórczyńska, 2012; Słopień, Wojciechowska, 2015).

It is also important to note that as early as 12 months of age, differences in complex communicative behaviours such as combining babbling and pointing or saying words and pointing can be seen between children at risk of autism and those developing normally (Werner, Dawson, Munson, & Osterling, 2005). Due to the significantly limited communicative function in children with early-onset autism in the pre-verbal phase, they use unusual ways of communicating. They show no interest in the spoken word or any sound and give the impression of having problems with hearing. During this period, there is also a lack of ability to distinguish verbal from non-verbal sounds, and even a dominance of the perception of environmental sounds over linguistic sounds. In extreme cases, these children do not perceive speech at all, or even do not listen to its sound. This deficit leads to a lack of speech or significantly impaired development (Korendo, Sedivy, 2017).

The level of speech development and communication skills are one of the predictors of the child’s further development. The earlier and the better speech develops the better the developmental prognosis. The diagnosis of communication skills in the first

two years of a child's life is based on the observation of atypical development or the presence of behaviours that, in retrospective studies, are associated with a confirmed diagnosis of autism spectrum disorder at a later stage in early childhood (Winczura, 2019). Research indicates that atypical development of certain communication skills in the early stages of a child's life is strongly correlated with the risk of autism spectrum disorders (Maestro et al., 2006; Osterling et al., 2002; Wetherby et al., 2004).

Conclusion

Many worrying behaviours in a child are a source of stress and anxiety for parents about their child's future development. Atypical behaviours in a child often become a source of negative emotions in parents: anger, fear, and worry. Parents report the following as the most distressing disorders in children with autism: speech and communication problems, behavioural inconsistency, indifference to parental closeness, contradictions at the level of various cognitive functions, lack of expression and communication of needs, and constant anxiety. Parental stress is intensified by specific deficits in the expression of emotions in children with autism, which significantly disrupts the empathy between them and their parents. Only 5% of parents express concern about the stereotypical, ritualistic behaviour of children. They rarely come to the fore. If they are mentioned, it is in the context of outbursts of bad moods, hyperactivity, lack of cooperation, playing with toys, unusual attachment to objects, hypersensitivity to certain stimuli and motor mannerisms (Pisula, 2005).

Although it is accepted that parents' observations regarding the development and behaviour of a child are subjective, burdened with the error of emotional involvement, and sometimes even distorted as a result of the passage of time and knowledge of possible, mistaken opinions, it is precisely their concerns and comments, in most cases precisely described and justified, that significantly accelerate the detection of disorders in a child and contribute to an accurate diagnosis (Jaklewicz, 2000; Pisula, 2005). It is relatively rare for parents to fail to notice problems in a child's development and behaviour at all, although they are visible to others in the immediate environment. In one study, this was the case in 9 out of 95 families (Daley, 2004). In this situation, it should be emphasised that parents are not always aware of the significance of their child's atypical behaviour and do not interpret it as a sign of serious developmental problems. In rare cases, parents even downplay the behaviour and do not see anything wrong with it, even though observation and examination using appropriate diagnostic tools confirm the presence of clear features of autism in the child (Mildenberger, Sitter, Noterdaeme, & Amorosa, 2001). However, the fact that parents are not concerned does not necessarily mean that the child is developing in a normal, age-appropriate manner.

It is usually difficult to say what exactly triggers the first concerns among family members/close caregivers. Usually, concerns only increase when a number of small observations start to accumulate, none of which seems significant on its own. Retrospective studies (interviews with parents, analyses of home videos) reveal that parents' concerns about their child's development are often justified, although careful interpretation of these concerns is needed (Pisula, 2005; Winczura, 2019).

Many reports indicate that parents notice the first worrying symptoms between the 15th and 22nd month of a child's life, or earlier if intellectual disability is present along with autism (Pisula, 2005). On average, parents start to notice developmental problems around the 19th month of a child's life, a small group see various abnormalities before the child's first birthday, and the vast majority only when the child is two years old (Skórczyńska, 2009). At this time, not only problems in social functioning may be visible, but also clear precursors of speech and communication disorders. They turn to specialists for help and diagnosis a little later - on average, when the child is 20–27 months old. However, it is increasingly common for parents of very young children, sometimes even infants, to seek help (Pisula, 2005). Research on the early detection of autism indicates that it takes an average of two years from the time parents notice worrying behavioural signs in their child until an autism diagnosis is made (Gray, Tonge, 2001). Recognising early risk symptoms in young children with autism spectrum disorders is crucial for timely diagnosis. Clinical studies have shown that only systematic observation of a child using appropriate diagnostic tools (even their repeated use at the right time) provides a basis for making a definitive diagnosis of autism and initiating intensive therapy (Skórczyńska, 2009).

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