AUTISM BASICS THE EARLY YEARS

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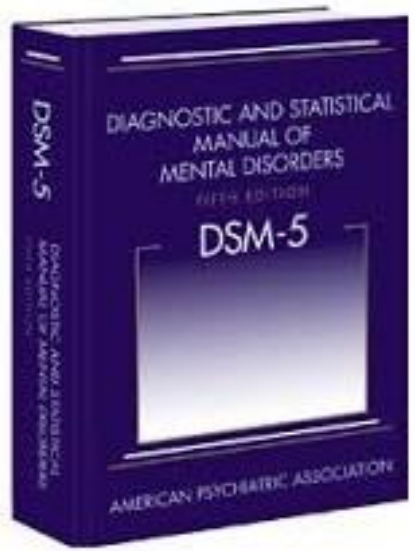
DSM 5 CRITERIA FOR ASD DIAGNOSIS

Social Interaction & Communication Difficulties

- Deficits or delays ***3 out of 3*** of the following:
  1. Social-emotional reciprocity
  2. Nonverbal communication
  3. Relationships with others



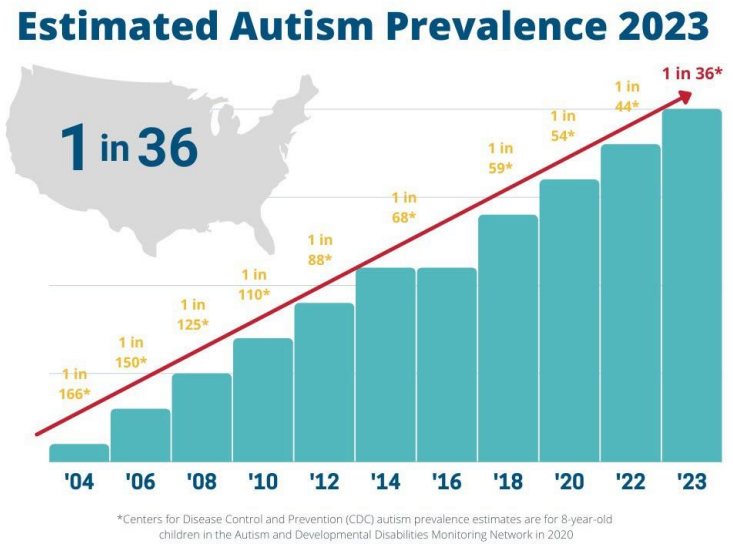
**Symptoms can be present by history*

Restricted Interests & Repetitive Behaviors

- Must exhibit ***at least 2 out of 4*** of the following:
  1. Repetitive motor movements, speech, or use of objects
  2. Need for sameness / routine
  3. Fixated interests or obsessions
  4. Hyper / hypo – reactivity to sensory input, or interest in sensory exploration

AUTISM FACTS

- 1 in 36 people have Autism Spectrum Disorder
- Autism is more likely to occur in boys than girls although we are understanding that girls more likely to be underdiagnosed
- Autism occurs across all races/ethnicities
- There is no medical test for autism
- There are over 100 autism risk genes identified
- Intervention yields best outcomes



SIGNS OF AUTISM

SIGNS OF ASD: SOCIAL-EMOTIONAL & COMMUNICATION

Impairment in Social Interaction

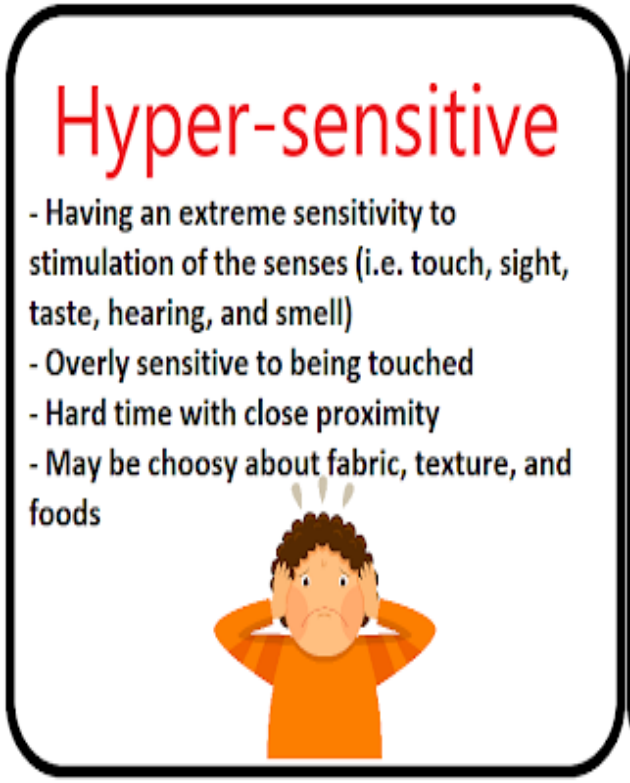
- Decreased / poorly coordinated eye contact
- Decreased social smile
- Lack of warm, joyful expressions
- Lack of sharing interests
- Lack of response to contextual cues
- Lack of response to name
- Lack of coordination of nonverbal communication

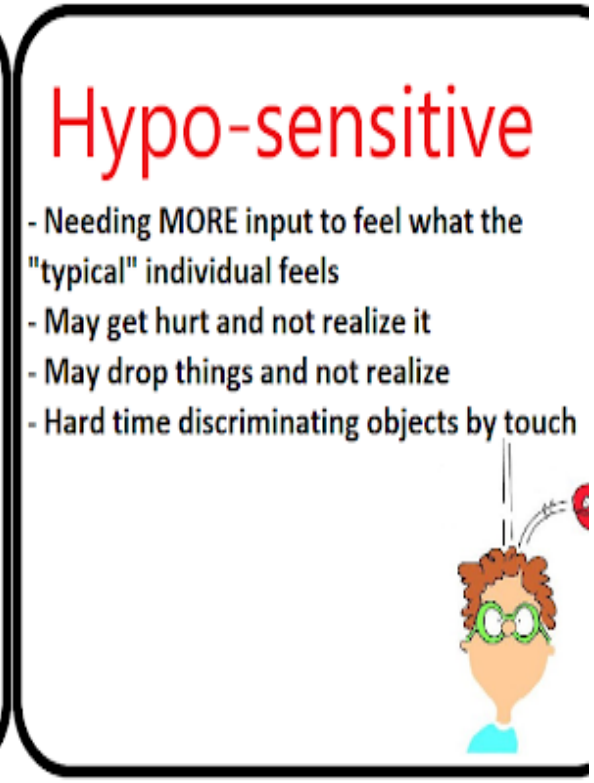
Impairment in Communication

- Lack of showing
- Lack of pointing
  - Using an index finger vs. an open hand reach
- Unusual prosody and speech rhythm
- Lack of communicative consonants
- Using a person's hand as a tool

EXAMPLES REPETITIVE BEHAVIORS & RESTRICTED INTERESTS & SENSORY DIFFERENCES

- Repetitive movements with objects
- Repetitive body movements (for example, hand flapping) or posturing of body (for example, finge wiggling)
- Lack of playing with a variety of toys
- Excessive interest in particular toys, themes, videos etc

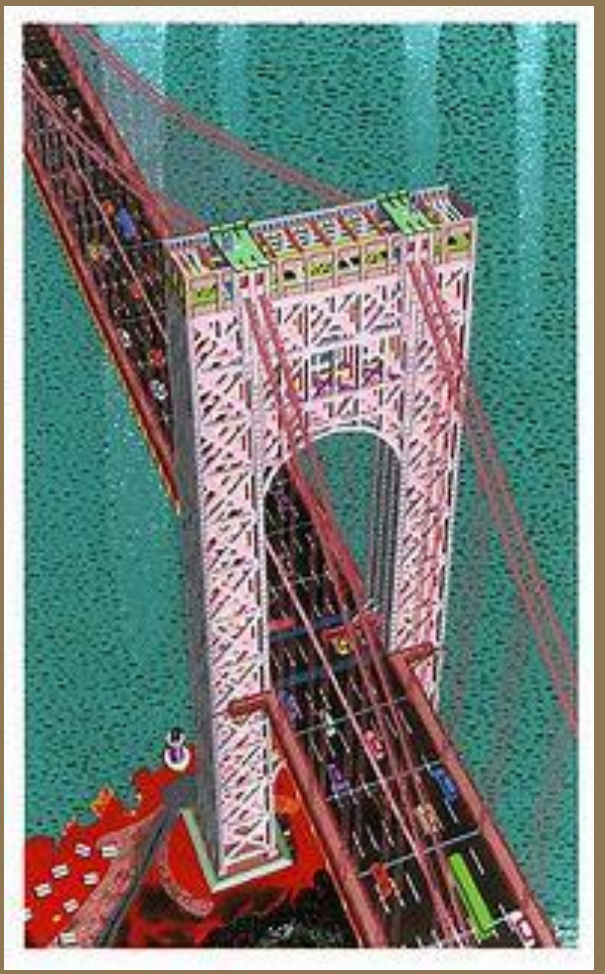




SIGNS OF ASD: ***EMOTIONAL REGULATION***

- Always consider developmental age
- Distress over removing objects
- Difficulty calming when distressed
- Abrupt shifts in emotional states
- Unresponsive to interactions
- Difficulties with transitions

SO HOW DO WE START?



SCREENING

Early identification of ASD and appropriate referral for subsequent specialized developmental services greatly improves long-term outcomes for children with ASD

The American Academy of Pediatrics (AAP) recommends ongoing developmental surveillance at every visit

Developmental screening at 9, 18, and 24 or 30 months

Autism-specific screening at 18 and 24 months (MCHAT)

AUTISM SCREENING: MODIFIED CHECKLIST FOR AUTISM IN TODDLERS, REVISED WITH FOLLOW-UP: M-CHAT-R/F

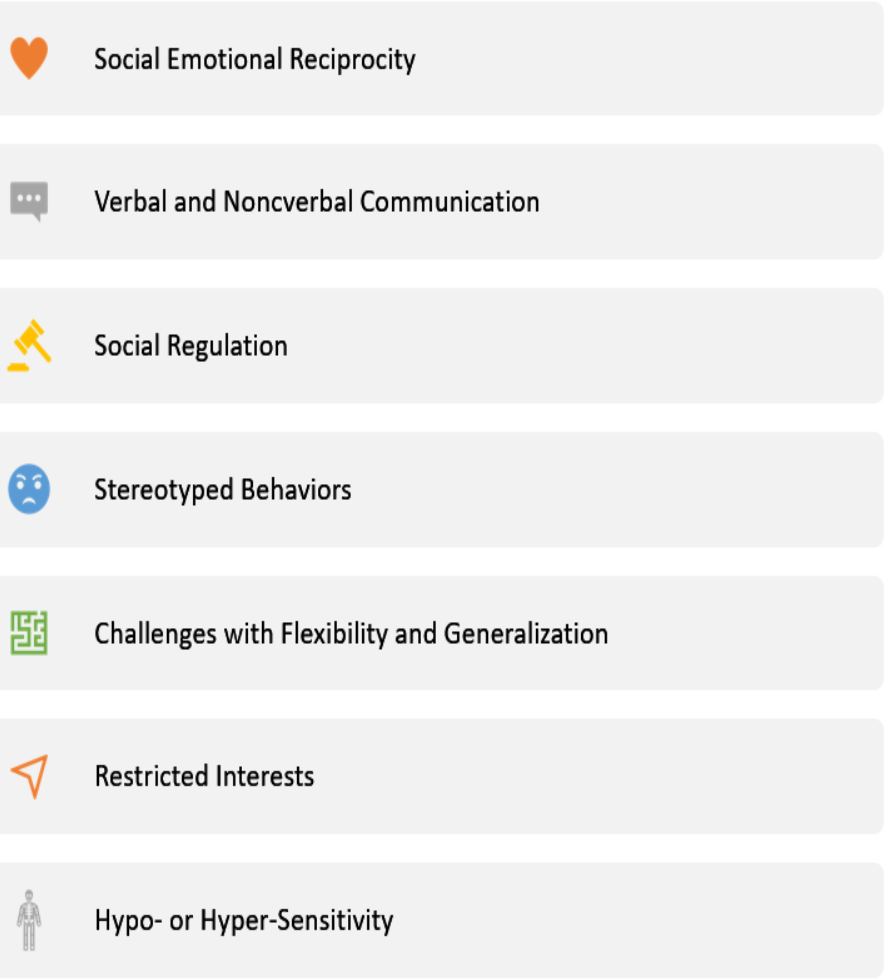
- Purpose: screen for risk of ASD
- Validated developmental screening tool for toddlers between 16-30 months
- Designed to identify children who may benefit from a more thorough developmental and autism evaluation

- 20 yes/no questions administered to parents or guardians
- M-CHAT-R/F: Follow-up questions available, as needed (esp. if medium risk)
- Available online for FREE at: https://mchatscreen.com/
- Is available in 38 other languages and in pictures

Next slide: Available in numerous languages at https://mchatscreen.com/mchat-rf/translations/

DIAGNOSTIC AUTISM SPECTRUM DISORDER EVALUATION: CONSIDERATIONS

- Typical behaviors that have not developed
- Atypical behaviors that are not usually present
- No single behavior that is always indicative of autism, nor is there any one specific behavior that would exclude children from an ASD diagnosis
- Symptom severity varies and can change over time
- Some symptoms manifest themselves more strongly as a child ages and social expectations increases
- Child, family, cultural, and linguistic considerations



KEEP IN MIND….

If parents are not concerned and you still are concerned, even with a negative screen they should still be referred- screens are not perfect

If parents are concerned and you are not concerned child should likely be referred for further assessment – parents know their children well

WITH POSITIVE ASD SCREEN OR STRONG SUSPICION ASD

- Discuss concerns with family
- Referral to Child Development Services
- Referral to clinician who can diagnose autism simultaneously – ? Can PCP diagnose?
- If significant speech and language delay referral simultaneously for clinic based speech and occupational therapy evaluations (especially if less than 36 months as CDS will not be doing separate evaluations for these areas)
- Audiological evaluation
- If regression significant refer to neurology
- If dysmorphic features or other possible signs genetic disorder refer to genetics

A NOTE ABOUT REGRESSION OF DEVELOPMENT OR BEHAVIOR

- Developmental or behavioral regression should always be taken seriously
- Describes a significant loss of previously acquired milestones or skills
- When regression occurs in association with ASD, motor skills generally preserved
- Occurs in minority of children with ASD
- Mean age of parental report is 20 months
- Most frequently report is **loss of language**, followed by loss of social-emotional connectedness
- If regression is significant (beyond just losing a few words) referral to neurology and genetics should be considered

CHILD DEVELOPMENT SERVICES PART C

- Part C (think C for crib) covers children birth up to 36 months
- CDS set up regionally
- Child typically assessed in the home using the Batelle Developmental Inventory
- If qualifies for CDS services then Individual Family Service Plan (IFSP) written
- Uses primary service provider model- so services tend to be limited- focus on training the parent to assist the child's development
- If an autism spectrum disorder is suspected then they should be referring for further evaluation, we are finding this is not happening consistently
- If autism spectrum disorder diagnosed should change intensity of focus of therapy but again we are not finding that this is consistently the case – services often have to be augmented with medical model
- If receiving services at 33 months with IFSP then should be starting transition process to Part B of CDS

CHILD DEVELOPMENT SERVICES PART B

- Age 36 months to starting kindergarten
- If received part C then should have been transitioned to Part B- parents need to understand that
- Often have updated evaluation as part of that transition
- If referred after age 36 months then will often need more extensive evaluation, again if autism suspected they should be referring for that evaluation but it is not consistently occurring – evaluation should include at least psychological, speech and language testing and occupational therapy evaluation
- If qualify for services the Individual Education Plan written – hope is for child to receive specially designed instruction (could be in special purpose preschool or mainstream setting), speech and language therapy and occupational therapy if needed.

IDEAL DIAGNOSTIC EVALUATION: MULTI-MODAL ASD ASSESSMENT

- Record Review
- Interviews
- Information from caregivers/therapists outside the home
- Observations (clinic, home, school, social/community/playgrounds)
- Vision and hearing screening/testing
- Speech and language testing and other previous evaluations

- Rating Scales
  - General behavior
  - Autism-specific rating scales
  - Adaptive functioning measures
- Direct Testing
  - Autism Diagnostic Observation Schedule-Second Edition (ADOS-2)
- Telehealth options
  - Tele-ASD-Peds up to 36 mo

Reports of the child's functioning in various contexts (such as home and school)

LOCAL RESOURCES

Child Development Services (CDS)

https://www.maine.gov/doe/learning/cds

Help Me Grow Maine

https://www.maine.gov/dhhs/ocfs/support-for-families/child-development

Dial 211 option 5 for family support specialist

Maine Parent Federation

Family Support Navigator Program

http://mpf.org/

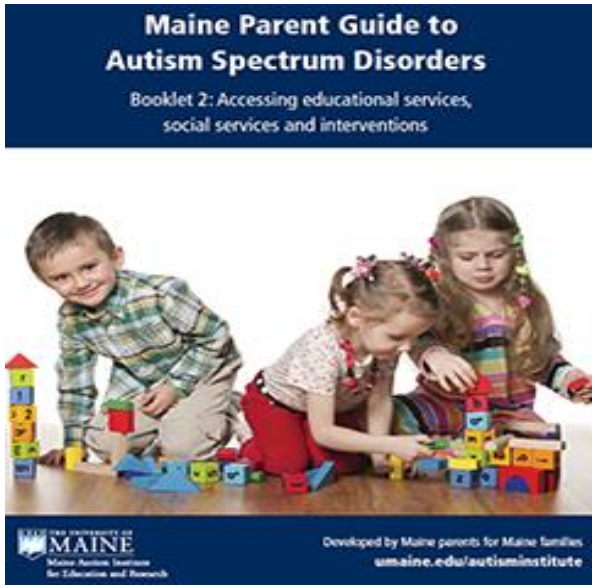
Autism Society of Maine http://www.asmonline.org/

Autism Society's lending library (https://www.asmonline.org/library/)

Maine Autism Institute for Education & Research

https://umaine.edu/autisminstitute/resources/

https://umaine.edu/autisminstitute/wp-content/uploads/sites/150/2018/11/Parent-guide-4-2nd-ed.pdf



NATIONAL RESOURCES

- National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention ASD website: https://www.cdc.gov/ncbddd/autism/index.html
- CDC's Developmental Milestones: https://www.cdc.gov/ncbddd/actearly/milestones/index.html
- Tips to embed concepts in everyday routines available online at: https://www2.ed.gov/about/inits/list/watch-me-thrive/files/child-development-tips-for-ece-providers.pdf
- Autism Speaks: https://www.autismspeaks.org/ 100 day kit
- Association for Science in Autism Treatment (ASAT) (https://asatonline.org/) provides up to date, scientific information about Autism Spectrum Disorder.
- An annotated ASD book list is available at https://www.autismspeaks.org/blog/books-about-autism.
- Positive parenting Resources: https://www.cdc.gov/parents/essentials/videos/index.html

QUESTIONS?