

TRI-STATE WEBINAR SERIES

Early Identification of Autism Spectrum Disorder: Part II

Presented by: Susan Hepburn, Ph.D.



Tri-State Autism Spectrum Disorder Webinar Series



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Colorado
State
University



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Learner Objectives

1. Describe 5 key elements of an evaluation for ASD in young children
2. Identify strengths and weaknesses of 3 evidence-based assessment tools for evaluating young children for ASD
3. Recognize how family culture and language can affect the evaluation process
4. Explain things to consider when differentiating between ASD, lack of social experience, trauma and attachment problems



PREVIOUSLY ON

Early Identification of Autism Spectrum Disorder – Part I

What to Look For

- Early emerging social behaviors
- Early emerging communication behaviors
- Range of play interests/flexible & spontaneous play
- Motor/body use
- Responses to the environment



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5 ELEMENTS OF AN EVALUATION FOR ASD IN YOUNG CHILDREN



5 Elements of an Early Childhood Evaluation for ASD

1. Parent Interview for developmental history and current concerns
2. Reports from multiple people using well-validated ASD screening tools (e.g., primary caregiver, family members, child care providers, preschool teachers, interventionists, etc.)
3. Direct observation of child in unstructured social interactions (e.g., play with parents, caregivers, siblings, cousins, peers in preschool)
4. Direct observation of child in daily routines (e.g., meals, dressing, etc.)
5. Direct interaction through playful activities that elicit communication & reciprocity



1. Parent Interview for Developmental History & Current Concerns


Developmental History Questionnaire

Child's Name: _____ Today's Date: _____
Date of Birth: _____ Age _____
School: _____ Grade: _____
Parents/Guardian Name(s): _____
Person completing questionnaire: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Dear Parent or Guardian:

This questionnaire has been developed to help us better understand your child's background, special health needs, and developmental progress.

- You have the right to leave any question blank.
- This information shall be considered confidential and shall not be forwarded outside the school district without the written consent of the parent or guardian.
- We will use this information in addition to other assessment material in planning educational programming or services for your child.

 have any questions please contact one of the following individuals:

Public Domain tools are available

Several ASD assessment tools include a developmental history section

- CARS-2 (Childhood Autism Rating Scales, Second Edition)
- CSBS (Communication & Symbolic Behavior Scales)
- ADI-R (Autism Diagnostic Interview – Revised)

III. INFANT/TODDLER DEVELOPMENT

Rolled over by what age? _____

Sit alone by what age? _____

Crawl by what age? _____

Walk alone by what age? _____

Babbled by what age? _____

Said "mama" "dada" with meaning by what age? _____

Said other single words by what age? _____

Put two words together by what age? _____

Used longer phrases and sentences by what age? _____

Were there any losses of skills at any time? ____ Yes ____ No If yes, please describe: _____

Did your child experience any health problems during infancy? If so what type? _____

Describe your current concerns about your child's development: _____



Excerpts from Developmental History

HEALTH HISTORY

Date of last physical exam: _____

Parent and/or physician's concerns: _____

Has your child had any of the following? Check all that apply.	Describe the condition and the age of onset.
<input type="checkbox"/> Frequent ear infections	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Hearing Loss/hearing aids	
<input type="checkbox"/> Vision Problems	
<input type="checkbox"/> Head Injury	
<input type="checkbox"/> Neglect/Abuse	
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Sleeping Problems	
<input type="checkbox"/> Limited diet/food sensitivities	



Has your child been diagnosed by a health professional with any disability? If yes, please describe and list diagnosing doctor: _____

Is your child currently taking any medications? ____ Yes ____ No

If yes, please list: _____

Does your child require any special medical care or procedures at home or school? ____ Yes ____ No

If yes, please explain (i.e.: G-Tube, nebulizer treatment, catheterization, tracheostomy care, oxygen, Epi-pen)

SOCIAL AND PLAY SURVEY			
	RARELY	SOMETIMES	FREQUENTLY
At home my child usually follows our rules and requests.			
My child enjoys physical activity such as swinging, climbing, jumping and hanging upside-down.			
My child can play independently for short periods of time.			
My child avoids messy activities such as play-dough and finger-paints.			
My child is overly alert or disturbed by minor noise and/or movement.			
My child has difficulty with hitting, kicking, or biting other children.			



What kind of games and activities (i.e.: books, dolls, blocks, art activities, balls, puzzles) does your child enjoy?

Any particular or unusual habits that you are concerned about (i.e.: aggression towards others, head banging, poor impulsive control, or harming themselves in anyway)? ___Yes ___No

If yes, please describe the areas of concern: _____

Does the child have any out of the ordinary fears? ___Yes ___No

If yes, please describe the type of fear: _____

Are there any traumatic or significant events in your child's history that you would like to share?



Has any other professional completed an evaluation on your child (pediatrician, speech and language evaluation)? Yes No

If yes, would you be willing to share their reports and/or findings with this evaluation team?
 Yes No

In the event further evaluation is recommended is there anyone else you would like to include or would like this staff to collaborate with such as grandparents, daycare providers, etc.: Yes No
If yes, please name: _____

List all past/current treatment intervention (speech-language, psychology, occupational therapy, physical therapy, etc). _____

Thank You! We look forward to working with your family.



2. Reports from Multiple People

- Choose evidence-based screening tools for ASD in young children
 - Brief
 - Reliable and valid for use
 - By parents
 - By interventionists/educators
- Provides a scoring method that assesses risk effectively

There are many tools that meet the criteria listed above.

We'll highlight a few.

(See *Resources* at the end of this presentation for more information on available tools.)

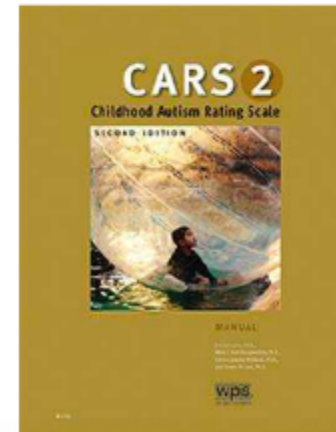


Childhood Autism Rating Scale, 2nd Edition (CARS-2)

Age: 2+

Description: helps identify children with autism providing quantifiable ratings based on direct behavioral observations.

- 2 Versions
 - High functioning (IQ > 80, green)
 - Standard version (blue)
- Creates an overall score assigned to a severity rating
- Multiple team members can complete it



Autism Spectrum Rating Scales

Age: 2-18

Description: rating scale completed by parents and teachers to evaluate how often specific behaviors were observed.

- Areas include:
 - Socialization
 - Communication
 - Unusual behaviors
 - Behavioral rigidity
 - Sensory sensitivity
 - Self-regulation
 - A short and long form are available
- Multiple options for parent/caregiver
- Computer software available



Social Responsiveness Scale-2nd Edition

(can also be used as an ASD screener)

Age: 2.5 to adult

Description: Identifies the presence and severity of social impairment within the autism spectrum and differentiates it from that which occurs in other disorders.

- Intended to quantify characteristics of ASD and provides subscale scores that correspond to Social Communication and Restricted Interests/Repetitive Behaviors
- Can be challenging for students who are completely non verbal
- Parent and Teacher forms
- Male and female norms

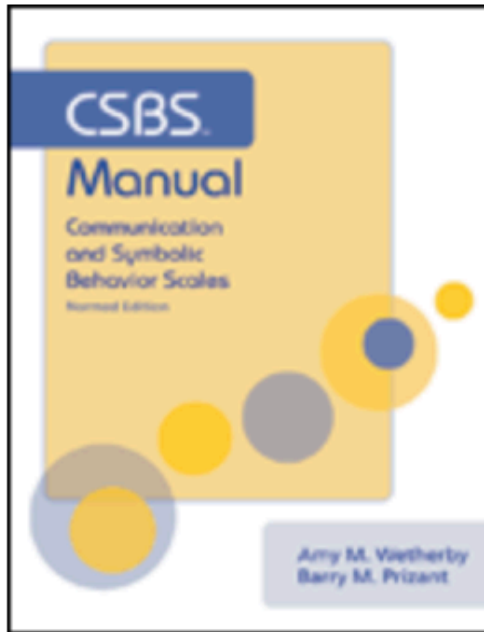


M-CHAT Revised with Follow-Up

- 20 items, caregiver completes
- Developed for use in well-child visits
- Studied internationally and available in multiple languages
- Very strong in identifying any developmental disorder within general population
- New version improves differentiation of ASD from other conditions
- Provides a scoring algorithm with 3 risk ranges
 - Low risk: <3 items endorsed, requires no follow-up
 - Medium risk: 3-7 items endorsed, requires follow-up interview; if 2 or more items are endorsed by interviewer → refer for full evaluation
 - High risk: >8 items endorsed → refer for evaluation immediately



Infant Toddler Checklist (ITC) from the Communication & Symbolic Behavior Scales (CSBS)



Amy M. Wetherby, Ph.D., CCC-SLP, Barry M. Prizant,
Ph.D., CCC-SLP

Early Childhood, Communication and Language

This user-friendly manual guides professionals through the process of administering, scoring, and interpreting the **Communication and Symbolic Behavior Scales (CSBS™)**, one of the best measures of early communication in children 8–24 months (or up to 72 months if developmental delays are present).

--Blurb from the Publisher (Brookes)

“a promising tool for 9-24 months, not recommended <9 months”- Zwaigenbaum et al., 2015)





CSBS DP Infant-Toddler Checklist

Child's name: _____ Date of birth: _____ Date filled out: _____

Was birth premature? _____ If yes, how many weeks premature? _____

Filled out by: _____ Relationship to child: _____

Instructions for caregivers: This Checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This Checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to use all the behaviors listed.**

Emotion and Eye Gaze

- | | | | |
|---|----------------------------------|------------------------------------|--------------------------------|
| 1. Do you know when your child is happy and when your child is upset? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 2. When your child plays with toys, does he/she look at you to see if you are watching? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 3. Does your child smile or laugh while looking at you? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 4. When you look at and point to a toy across the room, does your child look at it? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

Communication

- | | | | |
|--|----------------------------------|------------------------------------|--------------------------------|
| 5. Does your child let you know that he/she needs help or wants an object out of reach? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 6. When you are not paying attention to your child, does he/she try to get your attention? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 7. Does your child do things just to get you to laugh? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

Gestures

Sensitivity = 88.9-94.4

Specificity = 88.9



SUMMARY OF RESULTS FROM SCREENING FOR ASD

Student's name: _____ Date of Birth: _____ Age: _____ Grade: _____

Screening Summary completed by: _____

Date of Summary: _____

SCREENING TOOL USED	REPORTER (WHO COMPLETED IT? PARENT? TEACHER?)	BEHAVIORS CONSISTENT WITH A POSSIBLE ASD	BEHAVIORS NOT CONSISTENT WITH A POSSIBLE ASD	DOES CHILD OBTAIN A SCORE INDICATING RISK FOR AN ASD?



3. Direct Observation of Child in Unstructured Social Interactions

- Informal behavioral observations of child with parent, sibling, other child
- Can use a tool to guide your observations, such as:
 - Childhood Autism Rating Scale – 2
 - Communication & Symbolic Behavior Scales
 - Functions & Forms Checklist
 - https://www.cde.state.co.us/cdesped/ed_id_part02



Functions & Forms Checklists

Age: any

Description: captures how a child communicates & why the child communicates

Allows team to set goals on next steps for more conventional forms or expanding current functions

Communicative Functions

Communicative Functions	Means of Communication						Level of Support		Level of Use		
	Vocalizations	Speech	Behavioral	Body language	Gestures	Sign language	MAC	Independent	Supported	Conventional	Nonconventional
Request											
Request a topic/activity											
Help											
A break											
More											
Permission											
To stop											
Comfort											
Protest											
Comments											
Ask questions											
Answers questions											
Names people											
Describes action											
Uses please and thank you											
Says hello or goodbye											
Apologizes											
Gains attention											
Plays											
Expresses empathy											
Request clarification											
Responds to request for clarification											
Repeats communication knowledge											
Tells secrets											
Shows off											
Uses humor											
Uses sarcasm											
Talks about future events											
Talks about past events											
Expresses feelings and opinions											
Initiates a conversation											
Maintains a conversation											
Terminates a conversation											

CHECKLIST OF COMMUNICATIVE FUNCTIONS AND MEANS Winters, 1981


Date's Name: _____ Date of Sample: _____
(month/year)

Child's Name: _____

COMMUNICATIVE MEANS

Communicative Functions	Means of Communication												
	Hand Movements	Other	Imitation	Repetition	Single Words	Phrases	Short Sentences	Full Sentences	Writing	Signs	Other	Other	Other
Relationships/Playability													
Request Object													
Request Action													
Protest													
Special Interactions													
Request Social Routine													
Request Contact													
Imitation													
Calling													
Request Termination													
Idiosyncratic													
Other Functions													

This checklist was developed with assistance from a grant from the California Department of Education.



4. Direct Observation of Child in Daily Routines



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5. Direct Interaction Through Playful Activities That Elicit Communication & Reciprocity

- Can create your own play activities or seek training in an interactive assessment that allows for observations of
 - Social orientation, initiation, responses
 - Intentional communication to request, reject etc.
 - Social communication to share affect, attention, & to communicate for purely social purposes
 - Functional and imaginative play – both spontaneous & suggested
 - Imitation
 - Flexibility (i.e., using toys in unexpected ways, switching activities, interrupting routines)





Stone & Ousley, 2002

Developed specifically for Child Find Evaluation Teams and for use in 2-year olds

Evidence-based, 20-minute interactive tool that provides opportunities for play, imitation, and communication

Requires training, which is available through the TRIAD program at Vanderbilt University: <https://vkc.vumc.org/vkc/triad/stat/>



Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)

Age: 12 months

Description: a semi-structured, standardized assessment of communication, social interaction, play, and restricted and repetitive behaviors.

- Recommend at least 2 evaluators



5 MODULES

- **Toddler Module:** 12-30 months of age who do not consistently use phrase speech
- **Module 1:** 31 months and older who do not consistently use phrase speech
- **Module 2:** children of any age who use phrase speech but are not verbally fluent
- **Module 3:** verbally fluent children and young adolescents
- **Module 4:** verbally fluent older adolescents and adults



CULTURAL CONSIDERATIONS IN AUTISM ASSESSMENT



Cultural Considerations

- Understanding the culture of the child's family is important for thinking about
 - What parents value & expect about child behavior/functioning
 - Attitudes towards unexpected behavior or development
 - Role of developmental experts in child-rearing
 - Social conventions
- Its best if the examiners share a common culture with the families they serve
- Many tools have been developed with items derived from studies of primarily caucasian, middle class males
- Many tools do not provide norms that reflect a variety of cultures, languages
 - Check publisher manuals & websites for updated norms tables



Resources for Culturally Sensitive Practices



Identifying Autism in Young Children


A Collection of Recommended Resources from Autism CARES Grantees



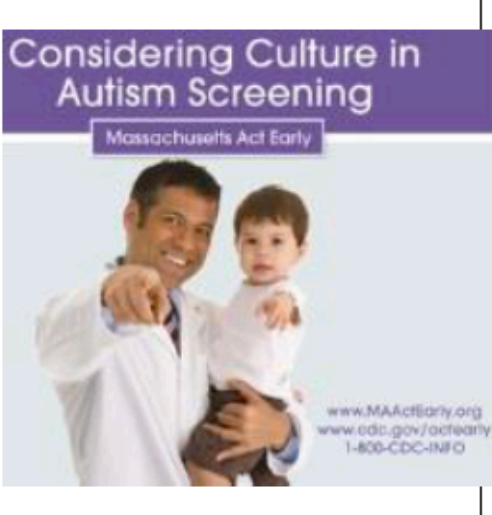
Created with support from the Association of Maternal and Child Health Programs (AMCHP) and a Cooperative Agreement (Grant # UA5MC11068) with HRSA's Maternal and Child Health Bureau



Resources for Culturally Sensitive Practices

Title	“Learn the Signs. Act Early.” Website	
Description	<p>The Centers for Disease Control and Prevention’s (CDC) “Learn the Signs. Act Early.” program aims to improve early identification of children with autism and other developmental disabilities so children and families can get the services and support they need. Through this program, the CDC and designated state ambassadors promote awareness of healthy development during early childhood, the importance of tracking each child’s development, and the importance of acting early if there are concerns. They have created free materials (in multiple languages) to help programs address the need for child development resources; programs can customize CDC materials with their own contact information and distribute them to the populations they serve.</p>	
How to Access	<p>http://www.cdc.gov/ncbddd/actearly/index.html</p> <ul style="list-style-type: none"> All free materials can be accessed at: http://www.cdc.gov/ncbddd/actearly/downloads.html 	
Grantee Contact(s)	<p>Dan Crimmins (dcrimmins@gsu.edu) Lillie Huddleston (lhuddleston@gsu.edu)</p>	

Resources for Culturally Sensitive Practices

Title	“Considering Culture in Autism Screening” Kit	
Description	The Massachusetts Act Early team developed materials (available online for free download) for pediatric clinicians and community health center providers to use when screening children from families whose primary language is not English. It is designed to strengthen provider knowledge and confidence when working with families from diverse backgrounds, and to increase the likelihood that all children, regardless of cultural or linguistic barriers, can access high-quality autism screening.	
How to Access	http://www.maactearly.org/uploads/9/2/2/3/9223642/4_considering_culture_asd_screening.pdf or http://bit.ly/ASD_ID2	
Grantee Contact(s)	Alison Schonwald (alison.schonwald@childrens.harvard.edu)	

Toolkits for Spanish speaking families:

<https://www.autismspeaks.org/family-services/non-english-resources/spanish>

Autism CARES, 2015



CONSIDERATIONS FOR DIFFERENTIAL IDENTIFICATION OF ASD, LACK OF SOCIAL EXPERIENCE & TRAUMA

**We will offer a webinar on this topic in April of 2022.



Sometimes, a child faces multiple challenges.



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- Your job is to identify those challenges, narrate them, and choose interventions that are appropriate for those challenges.
- Sometimes, you start with one conceptualization, and with experience with the child, it becomes important to alter that conceptualization.
- If the child has experienced trauma, ongoing assessment is necessary. Interventions will blend developmental and trauma-informed care.



ASD vs. Lack of Social Experience

- Gather information on child's social experiences with other children and describe
- Plan to conduct on-going assessments of social and communicative behaviors as child gains social experience
- Report on integration of verbal and nonverbal communication behaviors, sharing affect, sharing attention, imitation, range of play skills in interactions with parents
- Highlight behaviors that are thought to reflect ASD-specific features in young children:
 - Manipulates hand without eye contact
 - Delays in response to joint attention
 - Lack of functional imitation
 - Restricted attempts to share affect with a caregiver
 - Repetitive/unusual body movements
 - Sensitivities to the environment (over- and under-responsiveness)



ASD VS. Trauma

- Focus on developmental history and try to understand when trauma occurred and when concerns about the child's social and communication development first emerged
- ASD is characterized by consistent, persistent problems in social, communication and adaptation to environments; - a child with rich, reciprocal, well-integrated social, emotional and communication behaviors in one setting but not in another is less likely to have ASD
- Co-occurrence is possible, so don't rule anything out; instead consider which conceptualization is most helpful for understanding the child and selecting interventions
- This differentiation often involves a comprehensive, multi-disciplinary evaluation.



ASD vs. Trauma (cont.)

- Sometimes a child presents as “autism-like” but social withdrawal has roots in trauma history; if so, developmentally sensitive interventions that target core social relatedness and parent-child interactions are recommended; progress may be faster/different than if child has neurobiologically-based autism
- Even with a trauma history, if the child is showing qualitative differences in social reciprocity, nonverbal communication, and behavioral flexibility, identifying ASD is appropriate
- Remember – your job is to identify current developmental concerns – you don’t need to know how these concerns came to be --- if the child is presenting in a manner that is reflected in the educational definition of ASD, it should be included as either primary or secondary eligibility category



Conclusion

- We have many tools that can help identify young children at risk for Autism Spectrum Disorder.
- It's important to:
 - collect information on developmental history
 - gather reports from multiple people who know the child well, using tools that are reliable and valid
 - Observe the child in unstructured and structured contexts
 - Directly interact with the child to learn about reciprocity, pragmatics and flexibility



Resources

Autism Navigator: <https://autismnavigator.com/asd-video-glossary/>

Autism CARES:

Learn the Signs/Act Early: <https://www.cdc.gov/ncbddd/actearly/index.html>

First Words Project (where the Infant Toddler Checklist and CSBS were developed by Dr. Amy Wetherby & colleagues): <https://med.fsu.edu/autisminstitute/first-wordsr-project>

Kennedy Krieger Video on Early Signs of Autism by Rebecca Landa, Ph.D.:

<https://youtu.be/YtvP5A50HpU>

M-CHAT in several languages:

http://www2.gsu.edu/~psydir/Site/Official_M-CHAT_Website.html



Resources

STAT Training and Materials: TRIAD program at Vanderbilt University:

<https://vkc.vumc.org/vkc/triad/stat/>

Guidelines for Early Intervention (EI) providers to introduce STAT, a Stage 2 autism screener

How to Access: http://bit.ly/ASD_ID10

Check out the professional development opportunities and library of archived webinars for the Tri-State Autism Network:

Colorado: <http://www.cde.state.co.us/cdesped/sd-autism>

Kansas: <https://www.ksdetasn.org/atbs/general-information>

Nebraska: <https://www.unl.edu/asdnetwork/about.shtml>



Resources

Publishers of Tools in this Webinar

- Childhood Autism Rating Scales – 2 (CARS-2): Western Psychological Services
- Autism Rating Scales – Pearson Assessments
- Social Responsiveness Scale – 2 (SRS-2): Western Psychological Services
- M-CHAT with Follow-Up Interview: <https://mchatscreen.com/>
- Infant Toddler Checklist/Communication & Symbolic Behavior Scales: Brookes Publishing
- Screening Tool for Autism in Toddlers & Young Children (STAT): Vanderbilt University
- Autism Diagnostic Observation Schedule -2 (ADOS): Western Psychological Services



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THANK YOU FOR YOUR TIME AND ATTENTION

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