

TRI-STATE WEBINAR SERIES

Autism and the Young Child (B-5)

Presented by:

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Tri State Webinar Series 2015-2016

Tri-State Autism Spectrum Disorder Webinar Series

This presentation is a collaborative effort between the following:

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Presenter Information

Speaker Bio: Teri McGill, M.Ed., BCBA, Teri taught Early Childhood Special Education for 18 years and during this time worked with children with a variety of disabilities, including Autism Spectrum Disorders (ASD). Currently Teri is in her 11th year of being a Regional Coordinator for the Nebraska ASD Network and is a Board Certified Behavior Analyst (BCBA). As a Regional Coordinator, Teri offers training on a variety of topics related to ASD and provides consultation for students with autism & related disorders for 37 school districts in and outside the Omaha Metro area.

Speaker Bio: Cara Woundy, M.S., OTR/L, M.Ed., is an autism specialist with the Colorado Department of Education. She is an occupational therapist and school psychologist who has worked in Massachusetts and Colorado supporting students with autism spectrum disorder. In some of her most recent work, she provided in-home services for young children and their families.

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Learner Objectives

The learner will be able to describe:

- Some possible early red flags of ASD
- Describe how those early red flags affect communication, social and patterns of behaviors in young child with ASD
- What steps families and caregivers of young children can take if they are concerned their child might be displaying some characteristics of Autism



Presentation Summary

This webinar will focus on the unique characteristics of young children with Autism Spectrum Disorder (ASD). This webinar will discuss some of the early red flags of an Autism Spectrum Disorder in very young children, and how the areas of communication, social and behavior are impacted. Information will be shared on what steps families and caregivers can take if they suspect an Autism Spectrum Disorder.



Definition from IDEA 2004

- "Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences."

34 CFR Section 300.8 (c)(1)(i-iii)

<http://www.ideapartnership.org/component/content/article.html?id=1493>



Onset of Autism

- When do parents first notice differences?
- What are the most common concerns?
- What about stereotyped behaviors?

Terry Katz, Ph.D. - Screening and Assessment for Children and Youth with Autism and other Developmental Disabilities October 2, 2012

Nature of Autism Spectrum Disorders

- Scientists are currently describing the conditions associated with ASD as “connectedness syndromes” because they are characterized by “disconnects” in the nervous system, resulting in inefficient or disrupted processes in various parts of the brain (Geschwind & Levitt, 2010).
- Some children:
 - Will not develop useful speech or develop self help skills without significant support
 - Others will have disruptions in “higher” cognitive processing affecting social and emotional reasoning
- All children will experience disconnects but each will experience it differently

8

Onset Patterns

- Most common is early signs of developmental differences (before 12-18 months) without regression
(Lord, Shulman, & DiLavore, 2004)
- For approximately 30% onset of symptoms occurs between 14 and 24 months after a developmental regression
(Ozonoff, Williams, & Landa, 2005)

Onset Patterns

- Late onset without skill loss (developmental plateau) – a period when simple behaviors do not continue to develop into more complex behaviors (Ozonoff et al., 2005)
- Early onset with later skill loss (Werner & Dawson, 2005)
- Probably other patterns of onset

Some New Research....

- Dr. Ami Klin- Eye Tracking: Attention to eyes is present but in decline in 2-6-month-old infants later diagnosed with autism
- Eye tracking study suggests window when some infants who appear to be headed toward Autism alter course.... Could very early intervention be the key?

Nature Volume: 504, Pages:427-431 Date published:(19 December 2013) DOI: [10.1038/nature12715](https://doi.org/10.1038/nature12715)



Attention to eyes is present but in decline in 2-6-month-old infants later diagnosed with autism

- 12 babies (sibling with Autism)
- Between 2-6 months levels of eye contact were decreasing just like the babies who would go on to develop Autism
- But by 18 months they had undergone a “course correction” with levels of eye-contact clearly increasing
- By 36 months (3 babies) social behaviors were indistinguishable from 3 year olds unaffected with Autism
- Other 9 babies had some behaviors of Autism but too few to warrant an Autism diagnosis



Attention to eyes is present but in decline in 2-6-month-old infants later diagnosed with autism

- Study revealed subtle beginnings of course correction at 9 months
- These results (although preliminary) suggest a period of malleability...and this early period of plasticity might be capitalized upon for early treatment and intervention to foster a course correction for a larger number of children at risk for Autism.

□ For more information go to Ami Klin's Ted Talk http://www.ted.com/talks/ami_klin_a_new_way_to_diagnose_autism



**EARLY RED FLAGS:
CHARACTERISTICS OF VERY
YOUNG CHILDREN**

0-3 year olds- - What Should We Look For?



Early Signs/Characteristics

- The Symptoms of ASD can be present from 6 months to the first year of life in most children.
- The average age of diagnosis of ASD in the U.S. is 3-4 years of age
- It has been found that intervention has the greatest impact if it begins before 3 years of age.



Birth to 12 months: Infancy

- Delayed joint attention (Core Deficit of Autism)
- Poor social orienting
- No babbling or fewer vocalizations with a limited range of sounds
- No pointing or gesturing
- “Out of sync” with caregiver
- Lack of social smile

Baranek (1999); Rogers (2005)



Birth to 12 months: Infancy

- No response to name by 12 months
- Social/communication delays
- Difficulty with imitation
- Poor integration of verbal and or non verbal communication
- Visual fixations, odd manipulation of objects - such as their bottle

Baranek (1999); Rogers (2005)



12 to 36 months: Toddlerhood

- No single words by 16 months
- No spontaneous 2-word phrases by 24 months
- Continued lack of response to name
- Poor coordination of eye gaze with other communicative behaviors (such as gestures)
- Avoids eye contact
- Repetition of words or phrases



12 to 36 months: Toddlerhood

- Lack of spontaneous imitation
- No early functional play (e.g. feeding a doll) by 18 months
- Lack of shared enjoyment
- Limited repertoire of play activities
- Obsessive interests (e.g., lining up toys repeatedly)
- Hand flapping, rocking, spinning in circles excessively
- Any loss of language or social skills at any age



Best Discriminators of Autism between 18 months and 3 years of age

- Social and communicative impairments
 - Less likely look at others
 - Less likely to show objects
 - Less likely to point to an object
 - Less likely to orient to name
 - Less likely to follow attention

***Overall: lack of social orienting*

(Charman & Baird, 2002; Cox et al, 1999; Osterling & Dawson, 1994; Mundy et al, 1994; Stone, Hoffman, Lewis, & Ousley, 1994; Stone, Ousley & Coonrod, 2005)



Remember how different the picture can look in young children (Dixon et al., 2005)

- Majority of toddlers with autism do NOT display the following characteristics:
 - Impaired conversation
 - Adherence to routine
 - Stereotyped language
 - Restricted interests
 - Preoccupations with parts of objects



Active Student Responding

All toddlers with autism display the following characteristic:

- A. Impaired conversation
- B. Adherence to routine
- C. Delayed/impaired joint attention
- D. Stereotyped language

Active Student Responding

All toddlers with autism display the following characteristic:

- A. Impaired conversation
- B. Adherence to routine
- C. **Delayed/impaired joint attention**
- D. Stereotyped language

Sometimes....

- "Parents of young children report general behavior problems, with few reports of social difficulties" (Charman & Baird, 2002)
- "Parents of young children notice unusual responses to sensation" (Baranek, Foster, & Berkson, 1997)



Developmental Delay or Autism??

- Children with ASD differed significantly from both typical developing and Developmentally Delayed (DD) children in the second year of life in the following areas:
 - Gaze shifts
 - Shared Positive Affect
 - Joint Attention



Developmental Delay or Autism?

Schaffer, Cobb, Vick & Stone, 2001

Possible Characteristic of DD & ASD

- Difficulty separating
- Limited play schemes
- Self-stimulatory behaviors
- Difficulty with structure
- Difficulty with transitions
- Rigidity in routines
- Repetition of video/tv
- Echolalia

Characteristics that may differentiate ASD

- Frequent use of rote speech
- Fleeting eye gaze
- Plays with small # of toys
- Object attachment
- Inconsistent response to speech
- Use of nonspeech sounds
- Lack of point
- Unconventional communication
- Low gesture use

At 36 Months of Age



Active Student Responding

Children who have trouble with transitions, engage in echolalia, and display self-stimulatory behaviors absolutely have Autism?

- A. True
- B. False



Active Student Responding

Children who have trouble with transitions, engage in echolalia, and display self-stimulatory behaviors absolutely have Autism?

- A. True
- B. False



CHARACTERISTICS OF AUTISM SPECTRUM DISORDER

3-5 year olds

Understanding Characteristics of Autism

In order to be eligible for special education services under ASD, there needs to be :

- Impairments in communication
- Impairments in social interaction
- Restricted interests and patterns of behavior

A medical evaluation does not need to be completed before the school completes their evaluation.

What is the difference between a medical evaluation and a school evaluation?

DIAGNOSIS	ELIGIBILITY
Based on set of criteria: DSM-5	Based on federal law and state law
Used in medical and private settings	Used only in public schools
May be determined by an individual or team	Must be determined by a team

Communication

- Delay or absence of spoken language
- Delay of non-verbal communication and joint attention
- Repetitive or non-functional use of language (echolalia)
- Unusual body orientation or eye contact
- Difficulty initiating with peers
- Very literal understanding of language

Social

- Inconsistent use of non-verbal communication/joint attention (pointing, eye-gaze, arms up etc)
- Difficulty stopping an activity and transitioning to next
- Limited functional object play or very repetitive play
- Delayed Imitation skills
- Easily frustrated or melts down quickly
- Difficulty sharing and playing with others. (unusual attachment to objects)
- Lack of turn-taking and social reciprocity

Restrictive Interests and Patterns of Behavior

- Use of objects, in stereotypic, and/or preservative ways. (May include unusual intensity or focus)
- Awareness of and need for sequence of events
- Inflexible adherence to specific non-functional routines or rituals
- Repetitive movements of limbs or the entire body
- Preoccupation with certain sounds, words, phrases, ideas, or items
- Difficulty switching the focus of attention

Active Student Responding

The three areas where deficits must be assessed for a child to be verified with Autism are Social, Restricted Interests and Patters of Behavior and...

- A. Communication
- B. Cognition
- C. Motor Skills

Active Student Responding

The three areas where deficits must be assessed for a child to be verified with Autism Spectrum Disorder are Social, Restricted Interests and Patters of Behavior and...

- A. **Communication**
- B. Cognition
- C. Motor Skills

I am a provider/teacher and I suspect ASD, what do I do?

- Talk to the parents
- No need to bring up labels
- Share information about the strengths of the child and then specific concerns
- Give specific examples based on developmental areas
- (Cognitive, Speech and Language, Social and Play, Motor and Daily living)
- Invite parents to observe or offer to video tape a few activities during the day

37

I am a parent and I suspect ASD , what do I do?

Ages 0-3

- In Nebraska, the Early Development Network will connect parents to an Early Childhood Planning Region Team for assessment and services <http://edn.ne.gov/cms/>
- In Colorado, Colorado Early Intervention will assess and provide services through the local community center board. <http://www.eicolorado.org/index.cfm?fuseaction=ContactUs.Main&content=state>
- In Kansas, Kansas Infant-Toddler Services have local networks that will evaluate and provide services to those that qualify. http://www.ksits.org/download/network_brochure.pdf

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I am a parent and I suspect ASD , what do I do?

Ages 3-5

- In Nebraska, Colorado and Kansas, contact your local school district for an evaluation.
- Your child not need a medical diagnosis to qualify for special education even if your concern is related to ASD.
- School districts across NE, CO and KS do educational verifications for Autism and other disability categories for children Birth-21 (B-3 process begins through Early Development Network)

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Active Student Responding

My child must have a medical diagnosis of Autism Spectrum Disorder before the school can determine if he/she is eligible for special education.

- A. True
- B. False

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Active Student Responding

My child must have a medical diagnosis of Autism Spectrum Disorder before the school can determine if he/she is eligible for special education.

- A. True
- B. **False**

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Early Identification Resources

- Autism Speaks Video Library has videos of children of different ages with and without ASD. <http://www.autismspeaks.org/what-autism/video-glossary>.
- Autism Internet Modules has a module on Assessment for Identification. <http://www.autisminternetmodules.org/>.
- The Center for Disease Control (CDC) has modules on early signs of ASD. <https://www.cdc.gov/ncbddd/actearly/>.
- First Words Project provides resources for developing social communication skills in young children. <http://firstwordsproject.com/>.
- Positive Beginnings offers free modules around supporting young children with challenging behavior. <http://pbs.fsu.edu/altSite/modules.html>
- Autism Navigator is a collection of web-based tools and courses to increase the understanding of ASD. <http://www.autismnavigator.com/>.
- www.firstsigns.org
- Ohio Center for Autism and Low Incidence (OCALI) provides an abundant amount of resources for families and school personnel in the area of ASD. <http://www.ocali.org/>.

42

State's Resources

- Colorado Department of Education
<https://www.cde.state.co.us/cdesped/SD-Autism>
- Kansas Technical Assistance Network (TASN) Autism and Tertiary Behavior Supports
<http://www.kansasasd.com/>
- Nebraska Autism Spectrum Disorder Network:
www.unl.edu/asdnetwork

Questions??



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THANK YOU!

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