



# NM-ABC

## Autism Screening for Behavioral Health Providers

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# NM-ABC

## *Supporting Providers Who Support Children's Mental Health*

### ✓ **CASE CONSULTS**

Our team includes child and adolescent psychiatrists, psychologists and social workers. We can support providers and professionals with questions related to medications, treatment recommendations, differential diagnosis and more. Consults are free of charge.

### ✓ **TRAINING**

Trainings for healthcare providers and other professionals working with youth. All trainings are free of charge, with CME/CEUs available. We offer trainings on a wide variety of topics related to youth mental health. Contact us to explore options for your group, agency or organization.

### ✓ **RESOURCES**

Need assistance locating resources for a child or youth with mental health needs? NM-ABC staff can assist you in identifying appropriate resources.

Contact us: [nmabc@salud.unm.edu](mailto:nmabc@salud.unm.edu) or (505) 272-3459

# Disclosure Statement

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The presenter has no financial relationship to this program.

# Learning Objectives

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- Review the importance of standardized screening procedures
- Learn about the use of different screening measures to assess for Autism Spectrum Disorder
- Understand the limitations of common screening measures

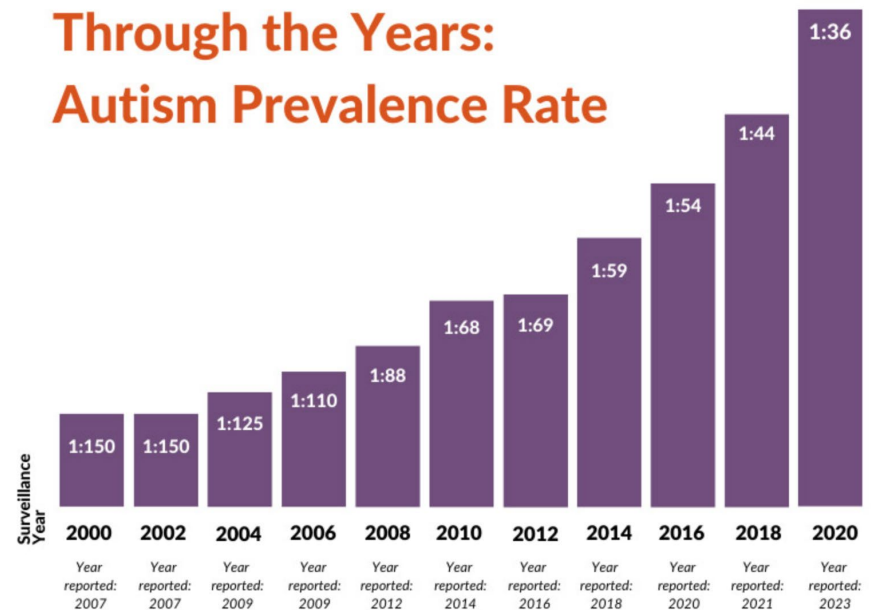
# Increasing Prevalence of ASD Over Time:

1 in 36 in study year (SY) 2020 (boys 4x prevalence of girls)

(Maenner et al., 2023; Shaw, et al., 2023)

- Children born in 2016 were 1.6 times as likely to receive an ASD diagnosis or ASD special education classification by 4 years of age compared to children born in 2012.
- Reported to occur in all racial and ethnic groups
- Approximately 1/3 of children also had intellectual Disability
- Much of the increase in prevalence over time is due to expanded diagnostic criteria and improved detection
- A sibling of a child with ASD has approximately a 20% chance of also having a diagnosis (Ozonoff, et al., 2011)

## Through the Years: Autism Prevalence Rate

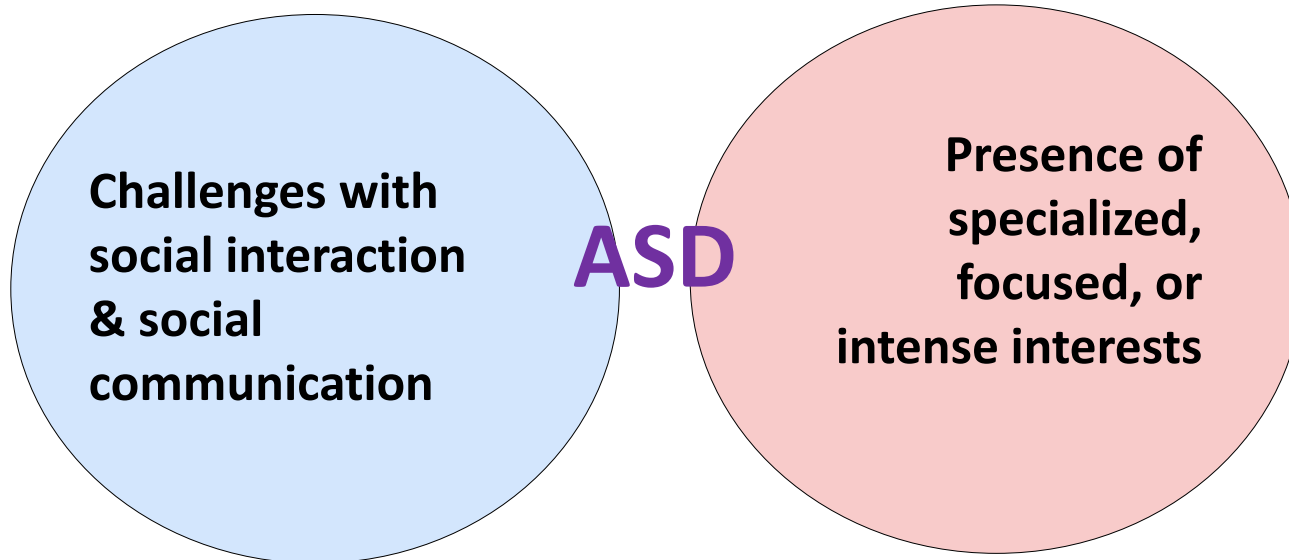


<https://autismcenter.org/autismprevalence/>

# Clinical Features of Autism

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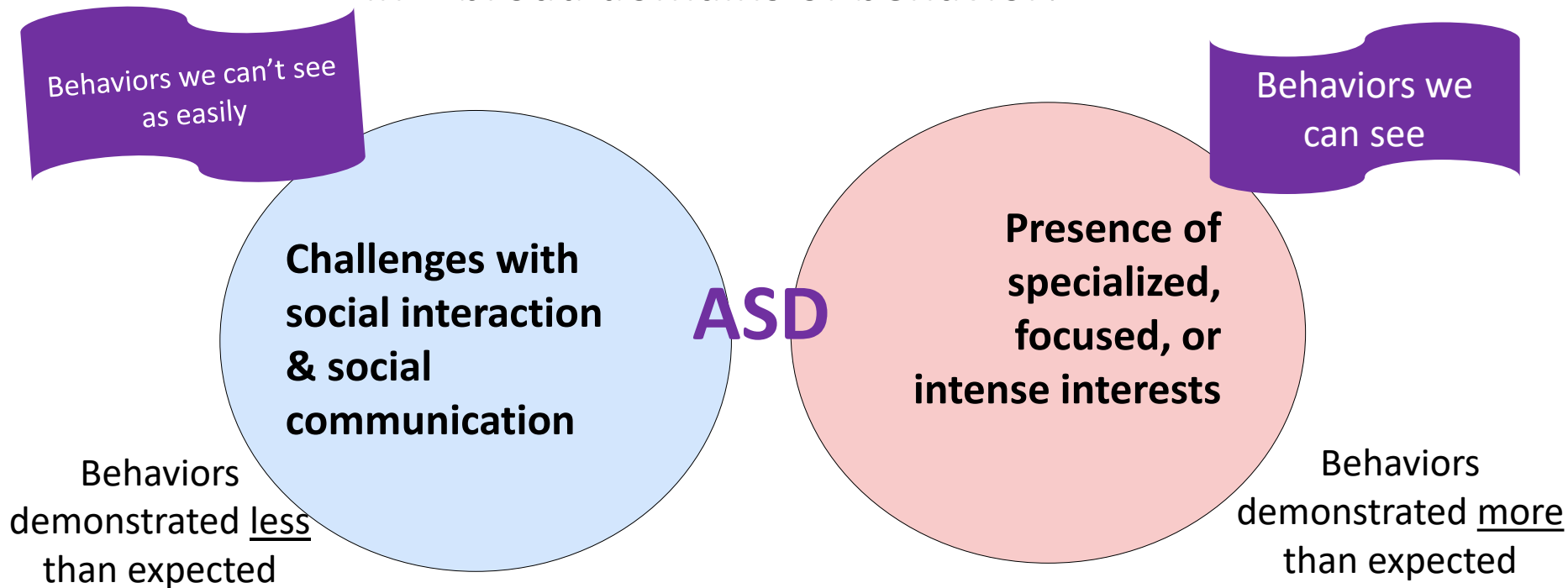
Diagnosis is based on differences  
in 2 broad domains of behavior:



The specific behaviors vary from individual to individual, across different contexts, and also change over time and across development

# Clinical Features of Autism

Diagnosis is based on differences  
in 2 broad domains of behavior:



The specific behaviors vary greatly between individuals, across different contexts, and also change over time and across development

# DSM-5-TR: Autism Spectrum Disorder

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**A. Persistent deficits in social communication and social interaction across contexts**, as manifested by all of the following currently OR BY HISTORY,

1. Deficits in social-emotional reciprocity
2. Deficits in nonverbal communicative behaviors used for social interaction
3. Deficits in developing, maintaining, and understanding relationships

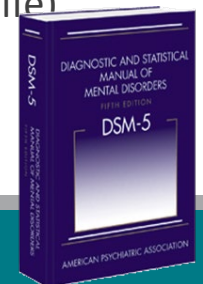
**B. Restricted, repetitive patterns of behavior, interests, or activities** as manifested by at least two of the following currently OR BY HISTORY,

1. Stereotyped or repetitive speech, motor movements, or use of objects
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
3. Highly restricted, fixated interests that are abnormal in intensity or focus
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment;

**C. Symptoms must be present in early developmental period** (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life)

**D. Symptoms cause clinically significant impairment in current functioning**

**E. Disturbances not better explained by ID, DD**





# ASD is a Developmental Disorder

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## DSM-5: difficulties must be present during the early developmental period

- Even with later referral, it is important to establish history of early difficulties in social-communication
- Diagnoses can be made reliably by 18 months of age in some case
- Some parents report differences in the first year of life
- Parents generally report a concern about their child's development or behavior before the child's second birthday
  - 17 months – Average age that parents first report a concern to their pediatrician.

# ASD is a Developmental Disorder

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Even within the individual, symptoms and behaviors change with development

- IQ and language are important factors that influence how ASD symptoms manifest and change over time

Development is affected by having ASD

- Importance of ongoing evaluation: Needs change over time

# 1 in 6 children has a developmental delay

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# Why Screen?

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- Takes the guesswork out of it
- Early detection → early intervention → better developmental outcome and reduced cost of care
- ASDs can be diagnosed in children as young as 12 months
- Move child and family forward

# Observe child's development through standardized instruments

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## Three step screening process

- Developmental Surveillance (all well child checks)
- Structured developmental screenings at 9-, 18-, 30-\* months
- ASD specific screening at 18- and 24- months

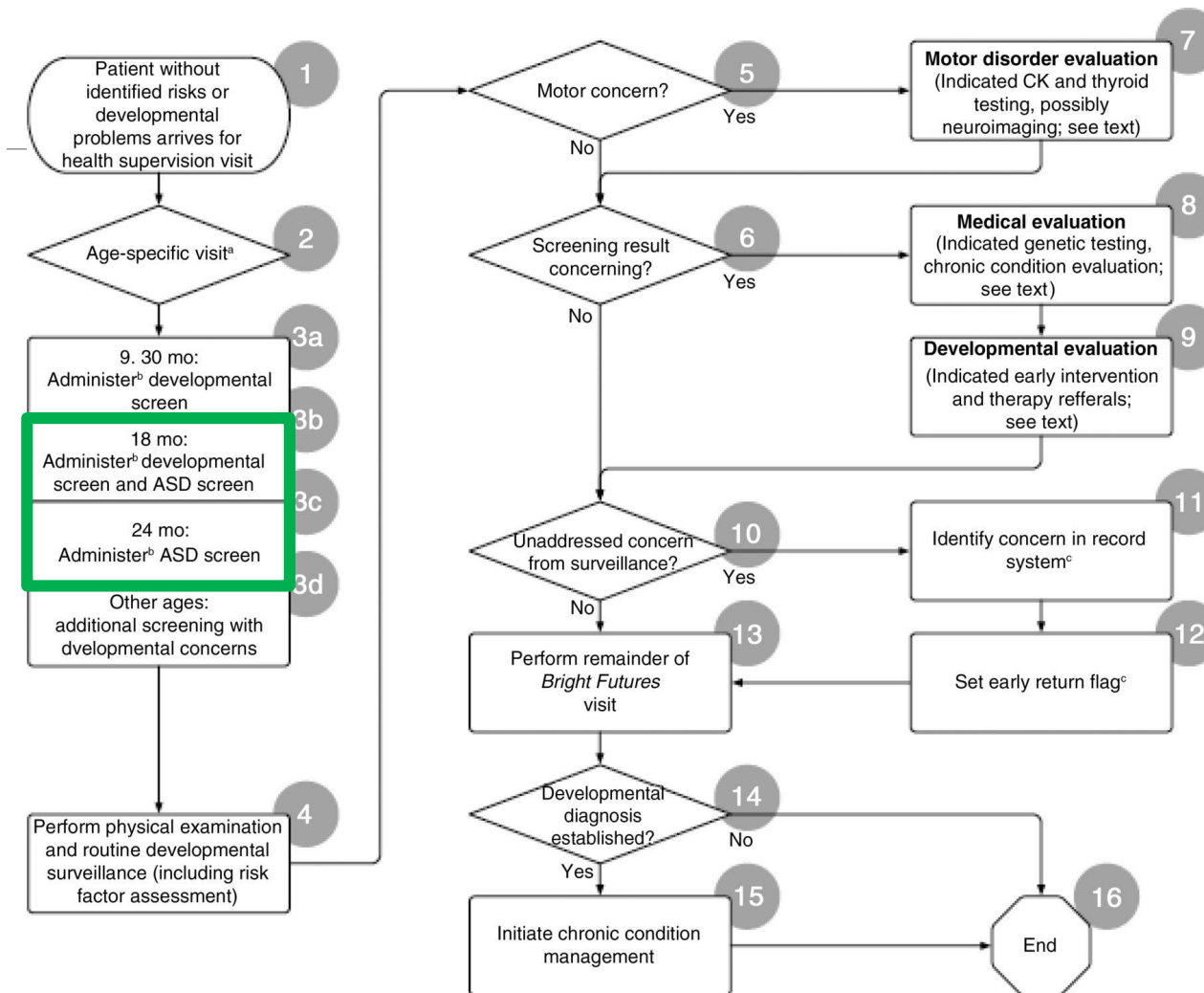
## Examples of general developmental screenings

- Ages and Stages Questionnaire – Third Edition (ASQ-3)
- PEDS DM

## ASD specific screening

- M-CHAT

# Algorithm for screening a patient without identified risks for developmental problems at a health supervision visit.



# Modified Checklist for Autism in Toddlers – Revised with Follow-up (MCHAT-R/F)

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## M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No

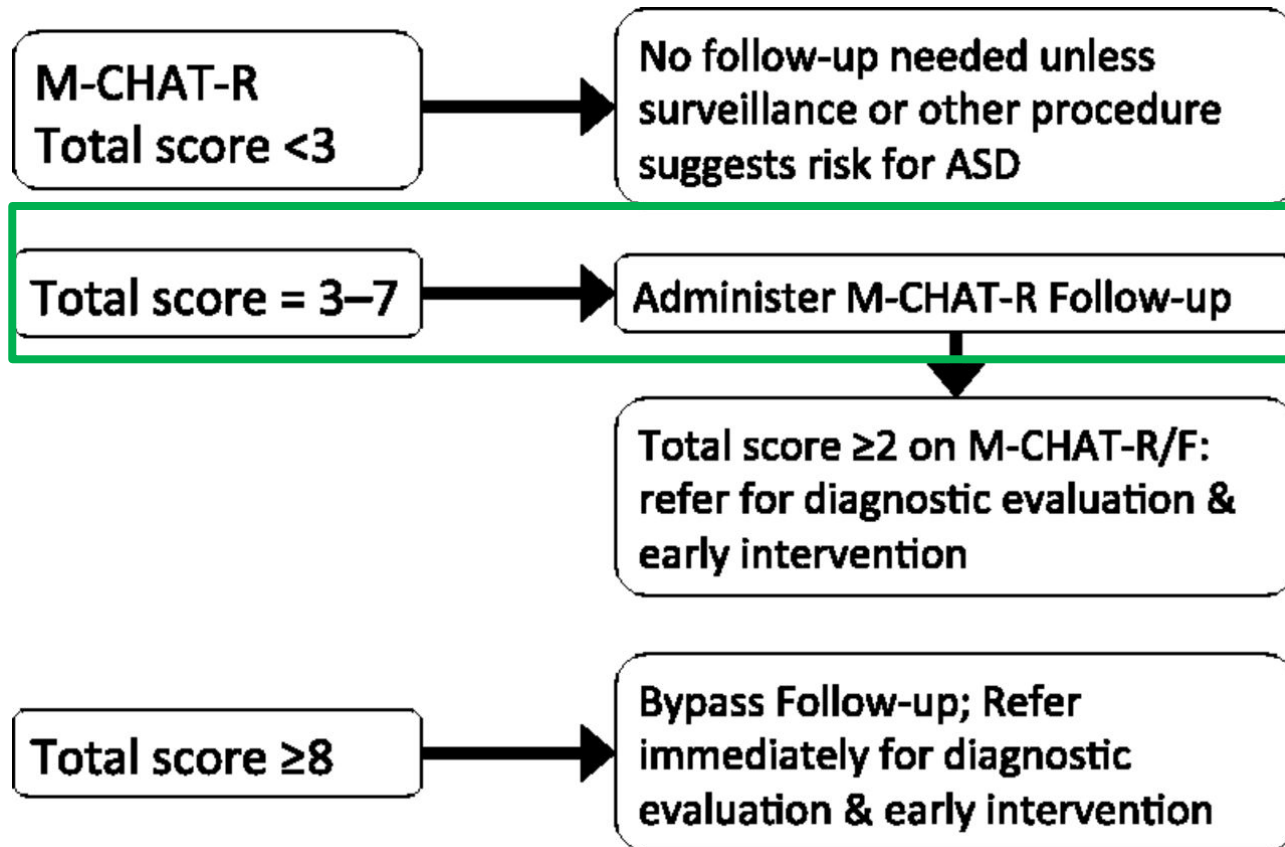


## Modified Checklist for Autism in Toddlers – Revised with Follow-up (MCHAT-R/F)

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- 20 Yes/No questions
- Use between 16 months- 30 months
- Standard is 18 months and 24 (or 30) month well child checks
  - Repeat because of risk of regression
- Step 1– Parent completes MCHAT-R
- Step 2 – Providers scores MCHAT-R
  - 2 minutes
- If positive, Step 3 select follow-up items based on the failed MCHAT-R items

# MCHAT-R Scoring



# MCHAT-R Follow-Up

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Complete the Follow-Up Questions for the “failed” items only

Each question has it’s own page

- Go straight to those pages and ask follow-up questions for the specific question

17. Does \_\_\_\_\_ try to get you to watch him/her?

ENTER FOR  
DEVELOPMENT  
& DISABILITY

Yes

No

Please give me an example of how he/she would try to get you to watch him/her. (If parent does not give a PASS example below, ask each individually.)

**Does he/she...**

Say "Look!" or "Watch me!"?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Babble or make a noise to get you to watch what he/ she is doing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Look at you to get praise or comment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Keep looking to see if you are looking?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other (describe):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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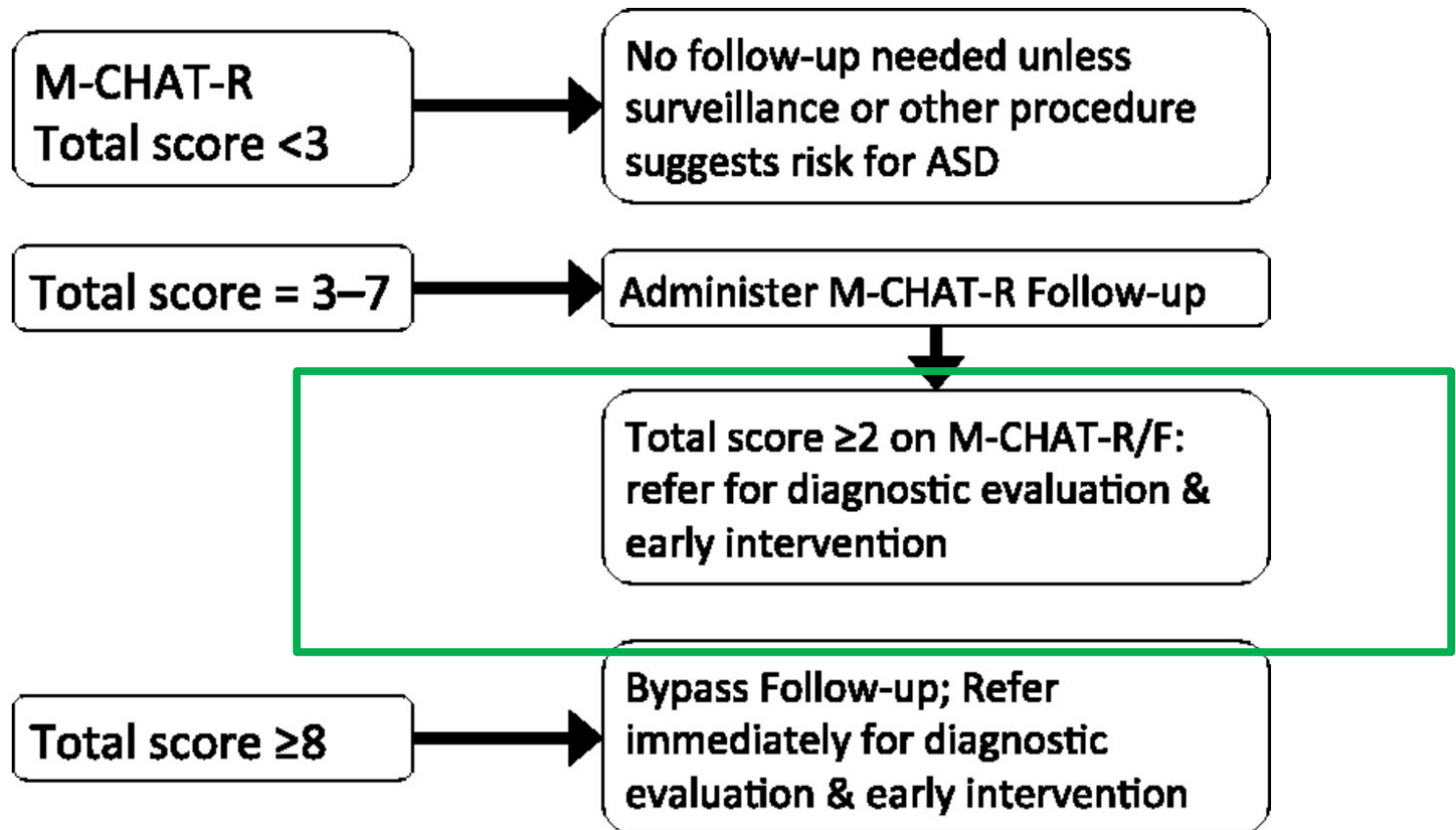
Yes to any

Yes to none

PASS

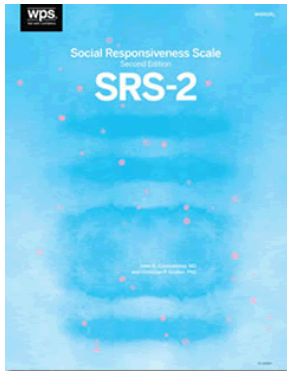
FAIL

# Scoring MCHAT-R Follow-Up



# Additional Screening Measures: Social Responsiveness Scale – Second Edition

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The **SRS-2** offers four forms, each with 65 items, and each for a specific age group:

- **Preschool Form:** For ages 2½ to 4½, completed by parent or teacher
  - **School-Age Form:** For ages 4 through 18, completed by parent or teacher (composed of the same items that appeared on the original SRS)
  - **Adult Form:** For ages 19 and up, completed by relative or friend
  - **Adult Self-Report Form:** Self-report option for ages 19 and up
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- ✓ Rating 1-4: Not True, Sometimes True, Often True, Almost Always True
  - ✓ Spanish forms available
  - ✓ 15-20 minutes to complete
  - ✓ 2 DSM-5 Compatible Subscales

<https://www.wpspublish.com/srs-2-social-responsiveness-scale-second-edition>

# Additional Screening Measures: Social Communication Questionnaire (SCQ)

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The **SCQ** offers two forms, each with 40 items (yes/no), each for a specific purpose:

- **Lifetime** (supporting diagnosis)
  - **Current** (current difficulties in past three months for treatment information)
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- ✓ 10 minutes to complete, 5 minutes to score.
  - ✓ Designed as a questionnaire version of the Autism Diagnostic Interview – Revised (ADI-R), the gold standard developmental history measure
  - ✓ Completed by the principal caregiver who is familiar with both the developmental history and current behavior of the individual.
  - ✓ Over 4.0 years, with a mental age over 2.0 years
  - ✓ Available in many languages
- (<https://www.wpspublish.com/scq-social-communication-questionnaire.html>)

# Screening Tool for Autism in Toddlers (STAT)

Stone et al., 2000; 2004; 2008



- Consists of 12 play-based items administered by a clinician
- Items assess key social-communicative behaviors
- Takes 20 minutes to administer by clinician
- Developed for children 24-36 months (with provisional scoring down to 14 months and up to 48 months)
- Training and Reliability process



*Requesting*



*Directing attention*



*Functional play  
& Turn-taking*



*Motor  
imitation*



# Positive Screen → Take Action

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## Multipronged approach

- Review screening results with the parents
- Referral to audiologist (speech delay)
- Referral to qualified autism diagnostician
- Referral to community resources
  - First Steps (birth to 3)
  - Early Childhood Special Education (3-5 year olds)
  - IEP process (5+)
  - Clinic based speech and occupational therapy



# Important elements of an ASD diagnostic assessment

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## Interview with parents/caregivers

- Developmental history
- Pervasiveness of behaviors
- History of restricted and repetitive behaviors

## Child/individual assessment

- Direct observation of current ASD-related symptoms and behaviors (e.g., ADOS-2)
- IQ and language testing

## Medical assessment and hearing screening

## Observation in and/or reports about behavior in relevant environments

- At home, school, daycare, community



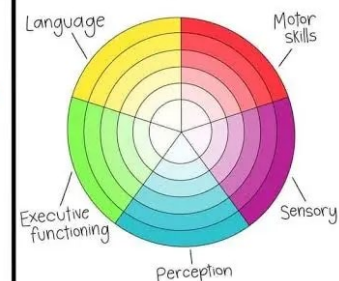
# Limitations of Screening Instruments

- Provides valuable information, but is not the same as a diagnosis!
- Elevations may be due to other reasons than autism
  - language delay, trauma, cognitive/developmental delay, ADHD, anxiety , depression....
- Information always has to be considered in context
- Age, developmental level (e.g., IQ, mental age), expressive language level, sex, culture, and context (e.g., different settings or social circumstances) can significantly affect how behaviors manifest
- Autism is a **SPECTRUM**

WHAT PEOPLE THINK  
the AUTISM SPECTRUM  
LOOKS LIKE:



WHAT it CAN  
ACTUALLY  
LOOK LIKE:



# While Waiting...Think Beyond the Delay

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Screen for underlying medical issues

- Sleep (50-80%)
- Constipation (40-60%)
- Seizures (10-20%)
- Diet

Treat underlying medical issues



# Some questions to ask...

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## Sleep

- How long does it take your child to fall asleep?
- Once they fall asleep, do they stay asleep?
- Do they snore?

## Constipation

- How often do they have a BM?
- Does it hurt?
- Do they hold it? Is their underwear soiled?

## Seizures

- Does your child ever stare off into space and you can't get their attention?

## Diet

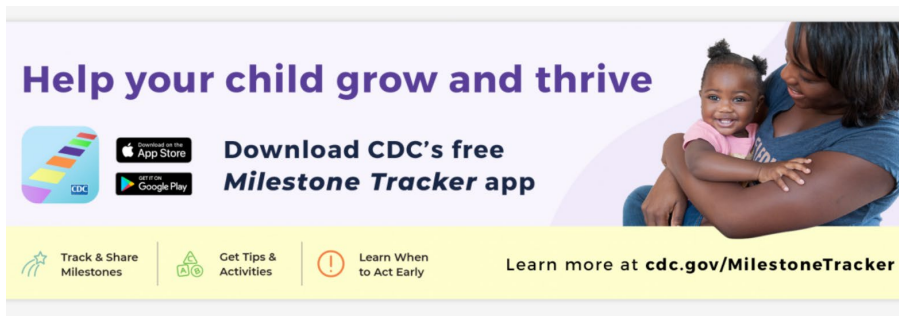
- What foods does your child eat?
- Do they eat something from every food group?
- What fluid do they drink? How much?

# Strong Federal Initiatives

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Learn the Signs. Act Early

Birth to Five: Watch Me Thrive!



**Help your child grow and thrive**

Download CDC's free **Milestone Tracker** app

Track & Share Milestones | Get Tips & Activities | Learn When to Act Early

Learn more at [cdc.gov/MilestoneTracker](https://www.cdc.gov/MilestoneTracker)

The banner features a woman holding a young child. On the left, there are icons for the app's features: a person with a checkmark for 'Track & Share Milestones', a gear for 'Get Tips & Activities', and a warning sign for 'Learn When to Act Early'. The app logo is a colorful staircase with the letters 'LTK'.

<https://www.cdc.gov/ncbddd/actearly/milestones-app.html>



**BIRTH TO 5: WATCH ME THRIVE!**

The banner shows a close-up of a young child's face, looking slightly to the side. The background is a soft, out-of-focus green and blue.

<https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive/families>

# Milestone Moments Booklet

## Milestone Moments

Learn the Signs. Act Early.




You can follow your child's development by watching how he or she plays, learns, speaks, and acts.

Look inside for milestones to watch for in your child and how you can help your child learn and grow.




Centers for Disease Control and Prevention  
www.cdc.gov/actearly  
1-800-352-9553

## Your Child at 18 Months

Talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

### What children do at this age





#### Social/Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

#### Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

#### How you can help your child's development

- Provide a safe, loving environment. It's important to be consistent and predictable.
- Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- Describe her emotions. For example, say, "You are happy when we read this book."
- Encourage pretend play.
- Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- Read books and talk about the pictures using simple words.
- Copy your child's words.
- Use words that describe feelings and emotions.
- Use simple, clear phrases.
- Ask simple questions.

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Learn the Signs. Act Early.

www.cdc.gov/milestones

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Learn the Signs. Act Early.

# Milestones Brochure

Select milestones at a glance for ages 6 months to 4 years

## Your Child's Early Development is a Journey

Check off the milestones your child has reached and share your child's progress with the doctor at every visit.



**6 MONTHS**

- Copies sounds
- Begins to sit without support
- Likes to play with others, especially parents
- Responds to own name
- Strings vowels together when babbling ("ah," "eh," "oh")

**12 MONTHS (1 YEAR)**

- Uses simple gestures such as shaking head for "no" or waving "bye bye"
- Copies gestures
- Responds to simple spoken requests

**18 MONTHS (1 1/2 YEARS)**

- Says "mama" and "dada"
- Pulls up to stand
- Knows what ordinary things are for, for example, telephone, brush, spoon
- Plays simple pretend, such as feeding a doll
- Points to show others something interesting
- Says several single words
- Walks alone

**2 YEARS**

- Follows simple instructions
- Kicks a ball
- Says sentences with 2 to 4 words
- Gets excited when with other children
- Points to things or pictures when they're named

**3 YEARS**

- Copies adults and friends (like running when other children run)
- Carries on a conversation using 2 to 3 sentences
- Climbs well
- Plays make-believe with dolls, animals, and people
- Shows affection for friends without prompting
- Hops and stands on one foot for up to 2 seconds

**4 YEARS**

- Would rather play with other children than alone
- Tells stories
- Draws a person with 2 to 4 body parts
- Plays cooperatively

These are just a few of many important milestones to look for. For more complete checklists by age visit [www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) or call 1-800-CDC-INFO.

Learn the Signs. Act Early.

The journey of your child's early years includes many developmental milestones for how he or she plays, learns, speaks, and acts.

Look inside to learn what to look for in your child. Talk with your child's doctor about these milestones.

Not reaching these milestones, or reaching them much later than other children, could be a sign of a developmental delay.

**YOU KNOW YOUR CHILD BEST.**

If you are concerned about your child's development, talk to your child's doctor.

If you or the doctor is still concerned, ask the doctor for a referral to a specialist and call 1-800-CDC-INFO to learn how to get connected with your state's early childhood system to get the help your child might need.

**DON'T WAIT.**

Acting early can make a real difference!




For more information about your child's development and what to do if you have a concern, visit:

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)  
OR CALL:  
**1-800-CDC-INFO**

to request a FREE "Learn the Signs. Act Early," Parent Kit or to get help finding resources in your area.

Developmental milestones adapted from Caring for Your Baby and Young Child: Birth to Age 5 (AAP, 2009) and Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (AAP, 2008).

## Track Your Child's Developmental Milestones



Your child's early development is a journey. Use this map of milestones to know what to look for along the way.

For parents of children from birth to 4 years



Learn the Signs. Act Early.

Learn the Signs. Act Early.



# Baby Navigator

<https://my.babynavigator.com/>

English ▾



Register

Sign In



What gestures do babies learn by 16 months?

FLIP THROUGH OUR 16 BY 16 LOOKBOOKS



How can you help your baby's early learning?

REGISTER FOR BABY NAVIGATOR

# Autism Navigator

<https://autismnavigator.com/family-resources/>



[What is Autism?](#) [Family Resources](#) [Courses](#) [Webinars](#) [Media Center](#) [Provider Directory](#) [About](#)

## For Families of Children With or at Risk for Autism

Learn how to get started right away.

Brought to you by Autism Navigator®



### Autism Navigator® About Autism in Toddlers

Our first online course free to the public is for families, professionals, or anyone interested in learning about autism spectrum disorder (ASD). You will learn about the core diagnostic features and early signs of autism in toddlers, the critical importance of early detection and early intervention, and current information on prevalence and causes of autism. This self-paced course has video clips of over a dozen toddlers with ASD at 18-24 months of age. It takes about 3 hours to go through the slides and videos, or you can spend a few minutes and visit again later.

[Watch Preview](#)

[Learn More](#)

[Get Started](#)



### Autism Navigator® ASD Video Glossary

The ASD Video Glossary is a web-based tool built to help families and professionals learn more about the early signs of autism. This tool was developed by the Florida State University Autism Institute in collaboration with First Signs and Autism Speaks and has been available to the public free of charge since 2007. The Glossary contains more than 100 video clips illustrating the diagnostic features of ASD. Side-by-side video clips show behaviors that are typical in contrast with those that are red flags for autism. The Glossary also contains over 100 video clips to illustrate different common treatments available for children with autism. The ASD Video Glossary has been brought into the Autism Navigator collection and updated both in content based on the new DSM-5 diagnostic framework and in technology for accessibility on mobile devices.

# Resource Agencies

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Accessing Resources can feel overwhelming for families.

Connect parents to resource agencies.

- CDD Autism Family and Provider Resource Team (ASD Specific), 505-272-1852
- CDD Information Network and Library, 505-272-8549
- Families ASAP, 505-272-1852

*Parents will build relationships with the resource agency, and return when over time.*

*It is empowering for parents to know where to find information and make their own decisions for their family*