NM-ABC

Autism Screening for Behavioral Health Providers

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August 9, 2024

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** or **(505) 272-3459**

Disclosure Statement

The presenter has no financial relationship to this program.

Learning Objectives

- Review the importance of standardized screening procedures

- Learn about the use of different screening measures to assess for Autism Spectrum Disorder

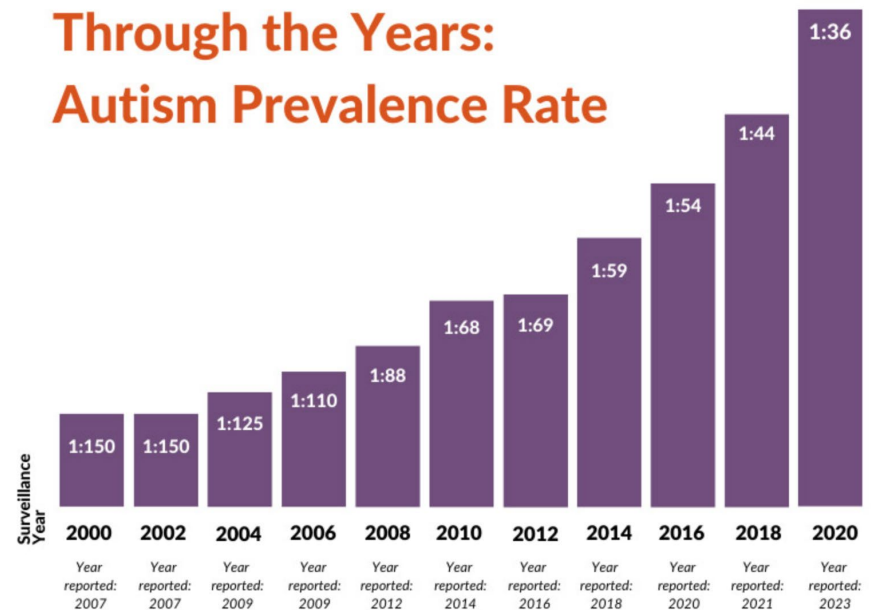- Understand the limitations of common screening measures

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)
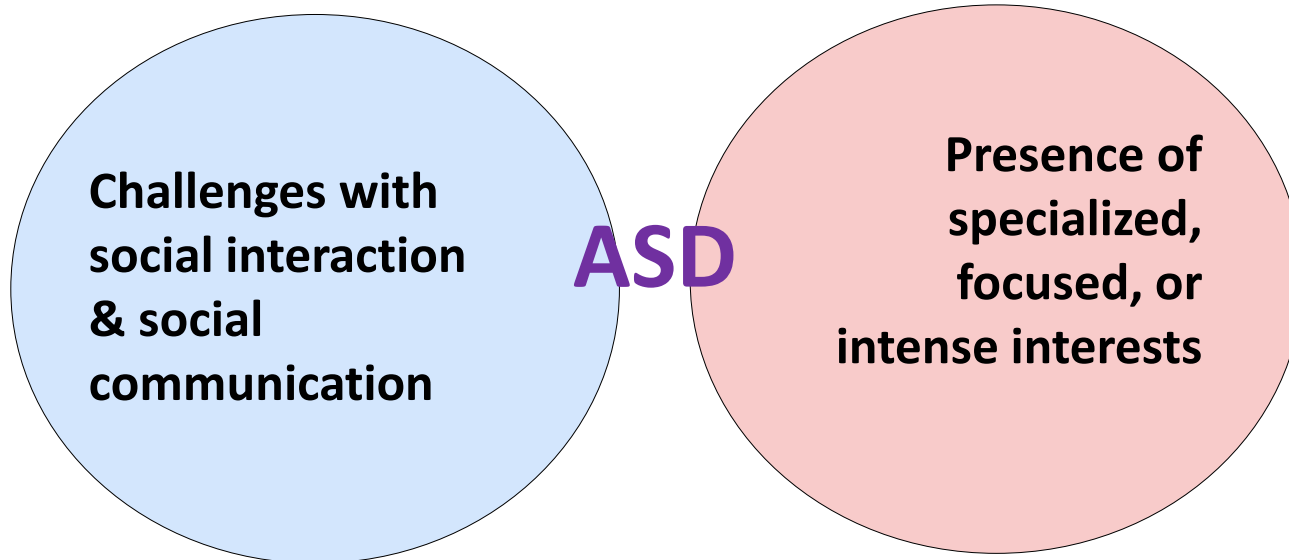
Through the Years: Autism Prevalence Rate

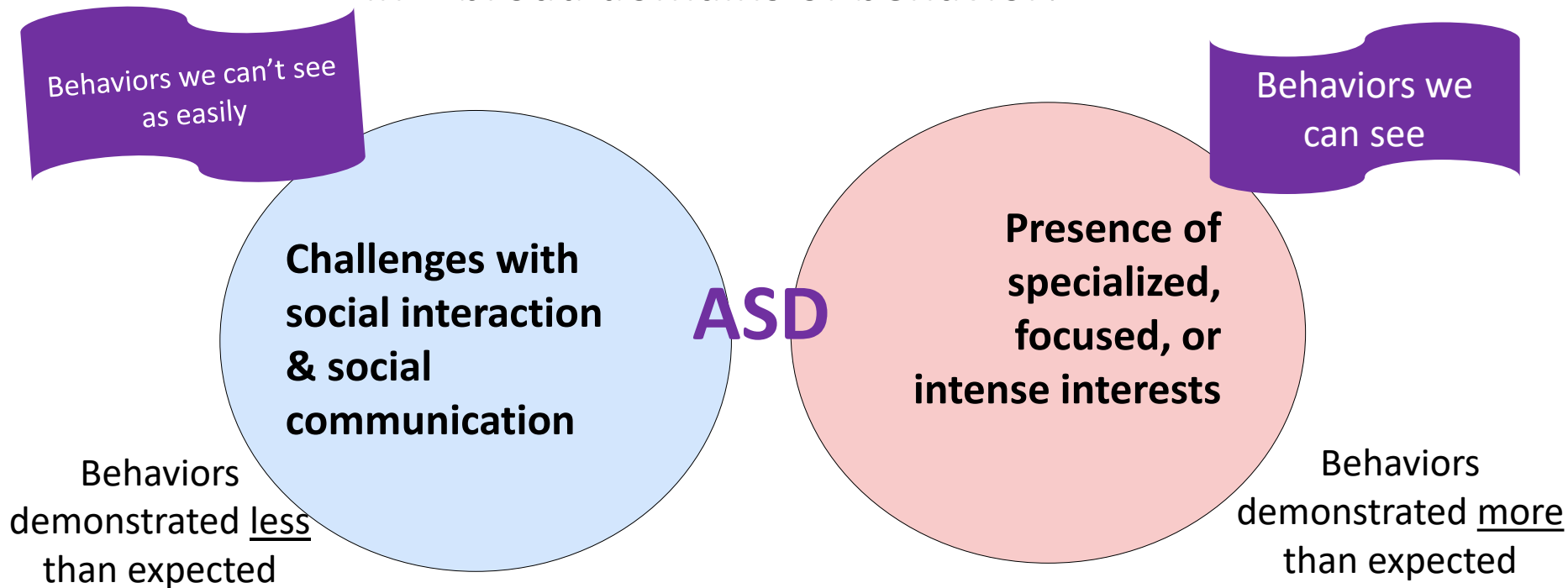| Surveillance Year	2000	2002	2004	2006	2008	2010	2012	2014	2016	2018	2020
Rate	1:150	1:150	1:125	1:110	1:88	1:68	1:69	1:59	1:54	1:44	1:36
Year reported:	2007	2007	2009	2009	2012	2014	2016	2018	2020	2021	2023

https://autismcenter.org/autismprevalence/

Clinical Features of Autism

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

Challenges with social interaction & social communication

ASD

Presence of specialized, focused, or intense interests

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:

Behaviors we can't see as easily

Behaviors we can see

Challenges with social interaction & social communication

ASD

Presence of specialized, focused, or intense interests

Behaviors demonstrated <u>less</u> than expected

Behaviors demonstrated <u>more</u> than expected

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

DSM-5-TR:
Autism Spectrum Disorder

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
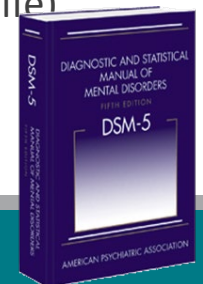
ASD is a Developmental Disorder

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.

Kleinman, J. M., et al. (2008); Mandell, D. S., Novak, M. M., & Zubritsky, C. D. (2005)

ASD is a Developmental Disorder

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

Growth Tracking

Why Screen?

- 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

<u>Observe</u> child's development through standardized instruments

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

Hagan JF, Shaw JS, Duncan PM. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017)

Algorithm for screening a patient without identified risks for developmental problems at a health supervision visit.
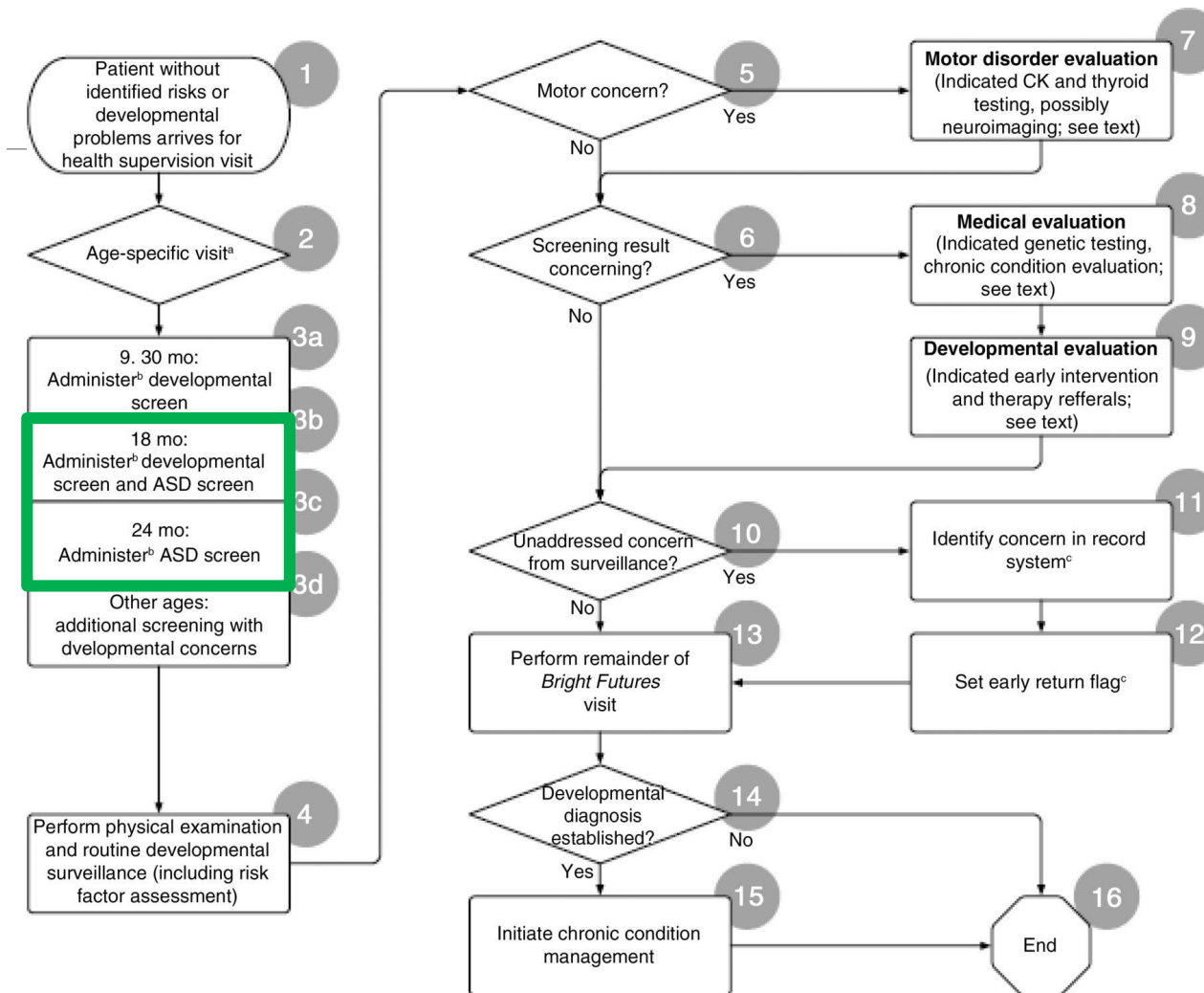
Modified Checklist for Autism in Toddlers – Revised with Follow-up (MCHAT-R/F)

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 unusual 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

Partial view 10 of 20 questions; 2009 Diana Robins, Deborah Fein, & Marianne Barton

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

- 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

M-CHAT-R
Total score <3 → No follow-up needed unless surveillance or other procedure suggests risk for ASD

Total score = 3–7 → Administer M-CHAT-R Follow-up

Total score ≥2 on M-CHAT-R/F: refer for diagnostic evaluation & early intervention

Total score ≥8 → Bypass Follow-up; Refer immediately for diagnostic evaluation & early intervention
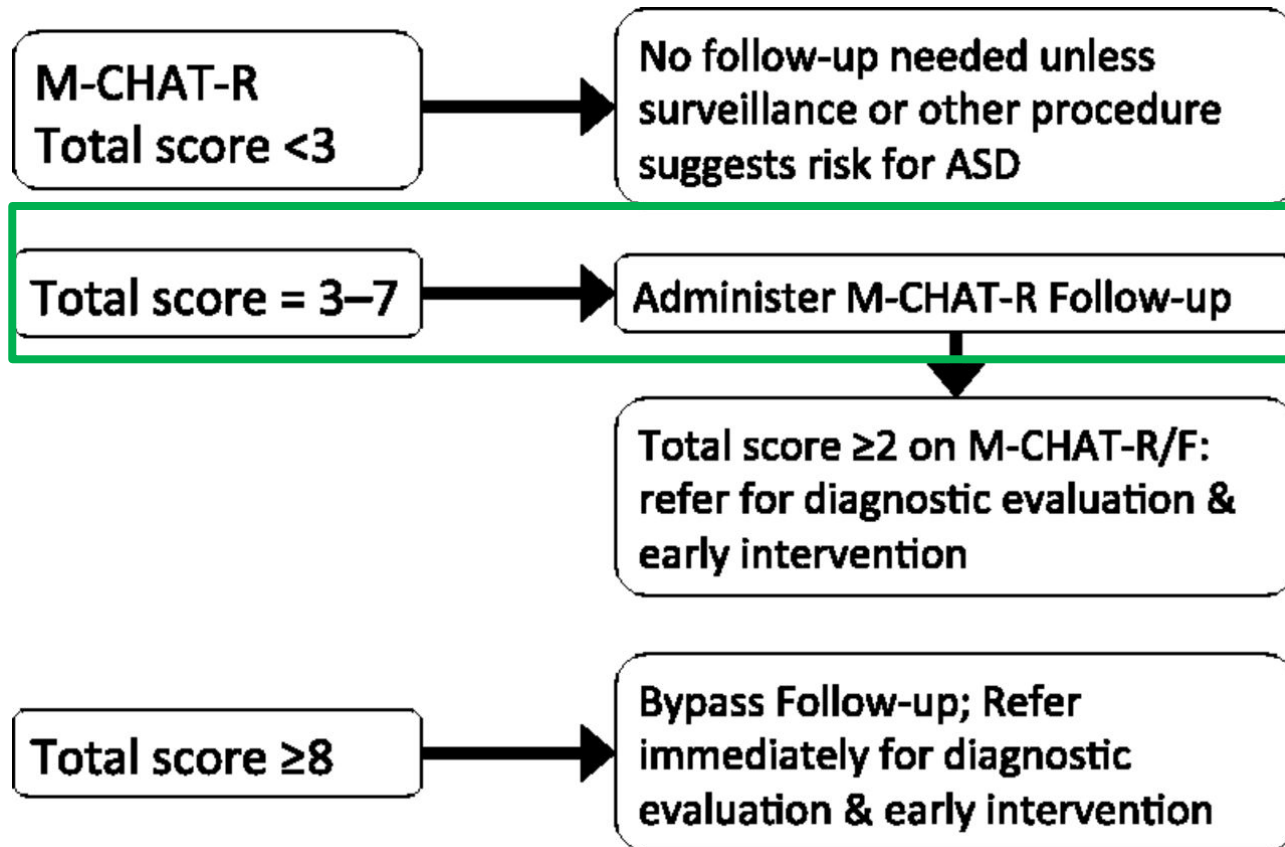
MCHAT-R Follow-Up

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?

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 ☐ No ☒
Babble or make a noise to get you to watch what he/she is doing?	Yes ☐ No ☒
Look at you to get praise or comment?	Yes ☐ No ☒
Keep looking to see if you are looking?	Yes ☐ No ☒
Other (describe):	Yes ☐ No ☐

_____

_____

Yes to any

Yes to none

PASS

FAIL

Scoring MCHAT-R Follow-Up
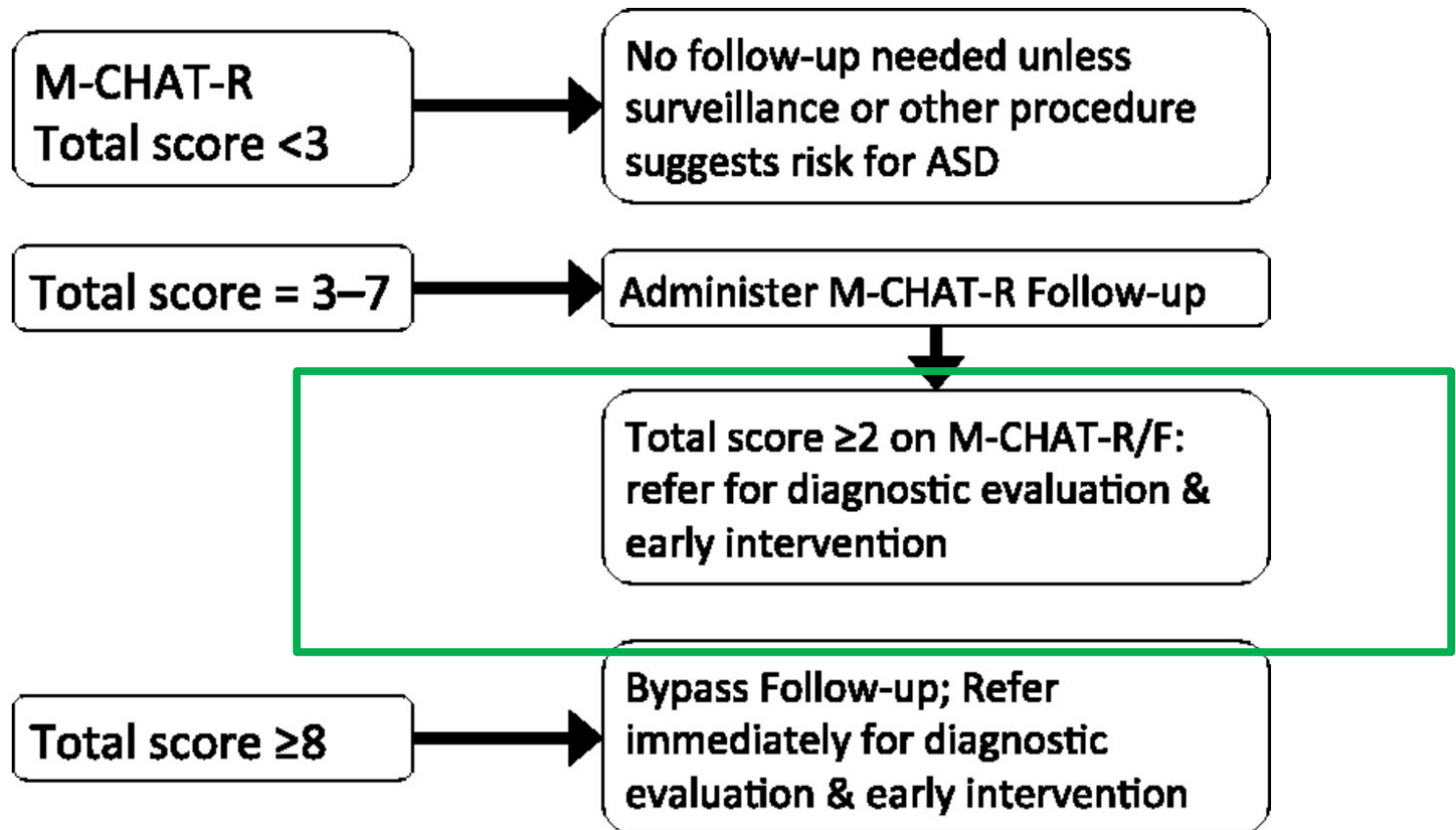
Additional Screening Measures:
Social Responsiveness Scale – Second Edition
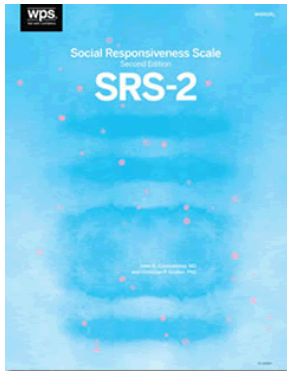
The **SRS-2** offers four forms, each with 65 items, and each for a specific age group:

- **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

- ✓ 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)

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)

✓ 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

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

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:

Less autistic — More autistic

What it can actually look like:

Language
Motor skills
Sensory
Perception
Executive functioning
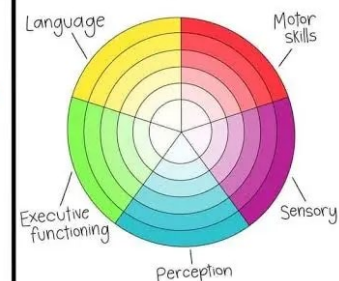
While Waiting...Think Beyond the Delay

Screen for underlying medical issues

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

Treat underlying medical issues

Some questions to ask…

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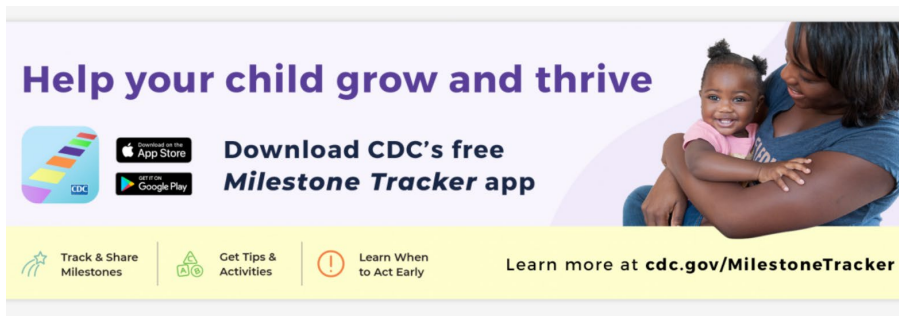
Diet
- What foods does your child eat?
- Do they eat something from every food group?
- What fluid do they drink? How much?

Strong Federal Initiatives

Learn the Signs. Act Early

Birth to Five: Watch Me Thrive!

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

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

Milestone Moments Booklet

Learn the Signs. Act Early.

Milestones Brochure

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

Learn the Signs. Act Early.

Baby Navigator

https://my.babynavigator.com/

Autism Navigator

Resource Agencies

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