

# Early Identification and Screening of Infants and Toddlers with Autism and Related Disorders

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# Early Identification and Screening of Infants and Toddlers with Autism and Related Disorders



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# Infant-Toddler Community Outreach Team

- Provide a community viable training and coaching model for Early Childhood and Part C providers
- Provide training in early screening and detection
- Provide training on intervention for infants and toddlers with Red Flags for Autism and other developmental delays
- Provide collaborative coaching to service providers in the community

# Objectives

- Participants will gain knowledge of early signs of autism and other developmental delays.
- Participants will gain knowledge on early identification of developmental delays and screening tools.
- Participants will learn about positive supports and strategies that can be utilized in both the home and childcare setting.
- Participants will learn about current initiatives from Marcus Autism Center to increase early intervention in the community.

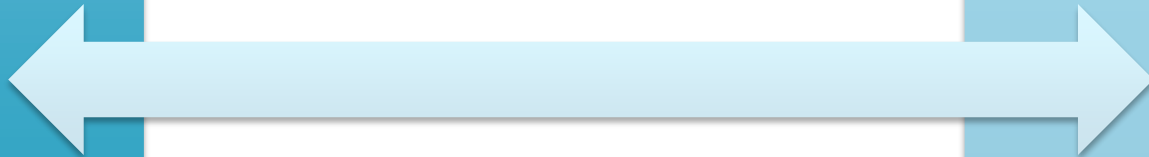
# Frontline of Early Detection



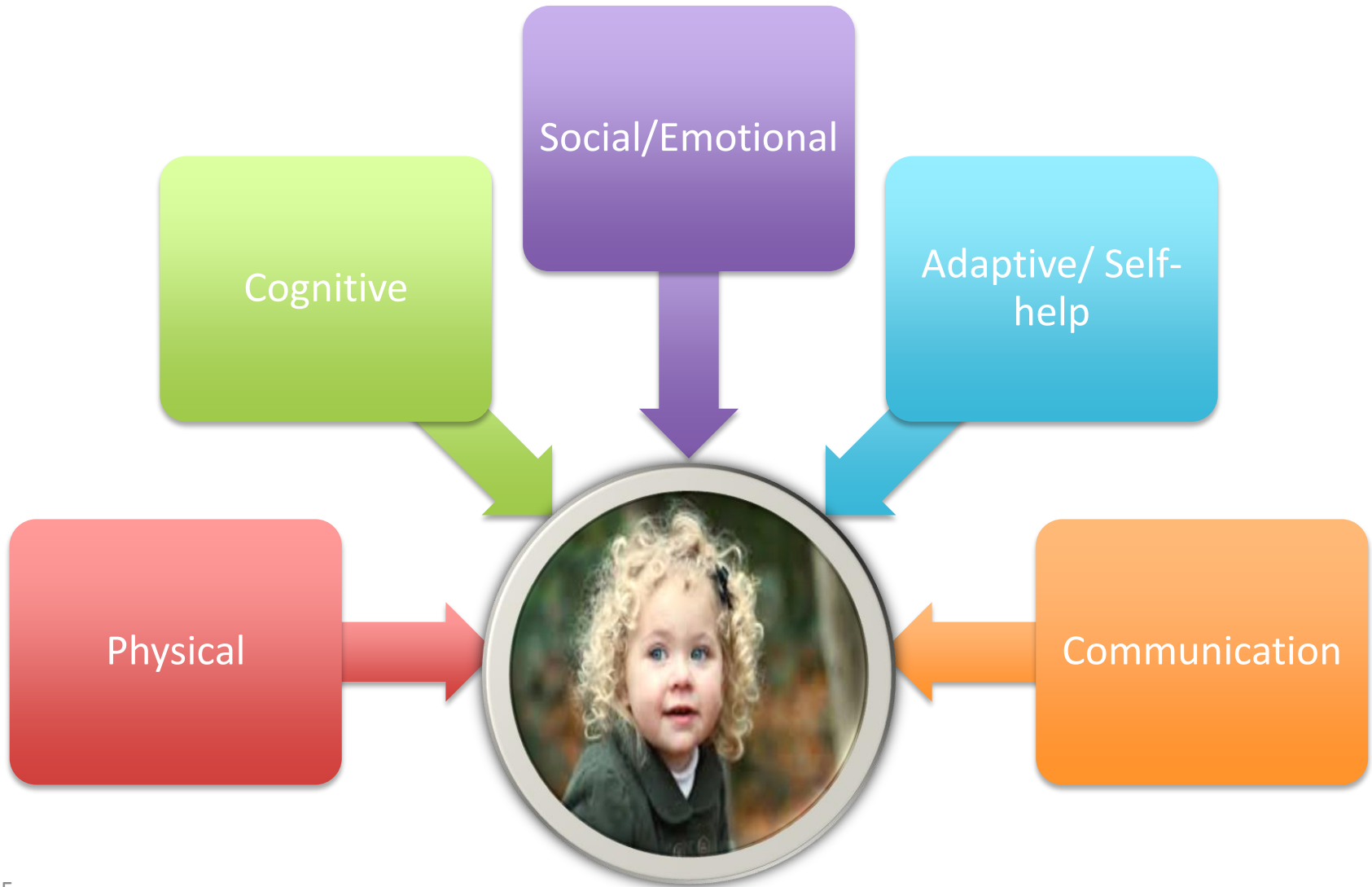
Parents



Early  
Childcare  
Providers



# Developmental Domains



# Developmental Monitoring

Developmental monitoring is when a caregiver and their doctor discuss how a child is progressing. If there is a concern about development, the caregiver and doctor will have a conversation about



# 2 Months

- Begins to smile at people
  - Tries to look at parents
  - Turns head towards sound
  - Begins to follow things with eyes, and recognize people and distance
- Red Flags:
    - Does not respond to sounds
    - Does not watch things move
    - Can't hold head up when pushing up when on tummy



# 2 months- Typical Development



# 4 Months

- Smiles spontaneously, especially at people
  - Likes to play with people and might cry when it stops
  - Begins to babble
  - Reaches for toy with one hand
- Red Flags:
    - Doesn't watch things as they move
    - Can't hold head steady
    - Doesn't bring things to mouth
    - Does not push down with legs when feet are placed on a hard surface

# 4 Months- Typical Development



# 6 months

- Knows familiar faces and begins to know if someone is a stranger
  - Likes to look at self in the mirror
  - Responds to sounds by making sounds
  - Rolls over in both directions ( back to front)
- Red Flags:
- Does not try to get things that are in reach
  - Does not roll over in either direction
  - Seems very stiff with tight muscles

# 6 Months



# 9 months

- May be clingy with familiar adults
- Understands “No”
- Uses fingers to point to things
- Plays peek-a-boo
- Picks up things like cereal between thumb and index fingers
- Crawls

## ➤ Red Flags:

- Does not sit up
- Does not respond to own name
- Does not look where you point

# 9 months- Typical Development



# 12 months

- Cries when mom or dad leaves
  - Has favorite things and people
  - Responds to simple spoken requests
  - Says “mama” and “dada” and exclamations like “uh-oh”
- Red Flags:
- Does not crawl
  - Does not point
  - Does not learn gestures like waving or shaking head



# 12 months- Typical Development



# 18 months

- Likes to hand things to others in play
- Points and shows others something interesting
- Says several simple words
- Eats with a spoon
- Does not point to show others things
- Does not gain words
- Does not have at least six words
- Does not copy others
- Loses skills once had

# 18 months- Typical Development



# 24 months

- Gets excited with other children
  - Shows more and more independence
  - Knows name and familiar people and body parts
  - Finds things even when hidden
- Red Flags:
- Does not use two word phrases (drink milk)
  - Does not know what to do with common things ( brush, fork, phone)
  - Loses skills once had

# 24 months- Typical Development



# What is Autism?



## **DSM-5: Autism Spectrum Disorder**

*Delays and deviance in the development of social communication skills, with the presence of restricted and/or repetitive behaviors, present in the early developmental period.*

# Impairments in Socialization

- Most children who develop ASD have difficulty with the back-and-forth in everyday interactions
- By 8-10 months of age:
  - Failure to respond to name, reduced interest in people, and delayed babbling
- By toddlerhood:
  - Difficulty playing social games, limited imitation of others, and preference to play alone

# Impairments in Communication & Language

- Young children with ASD tend to be delayed in babbling and speaking as well as learning to use gestures.





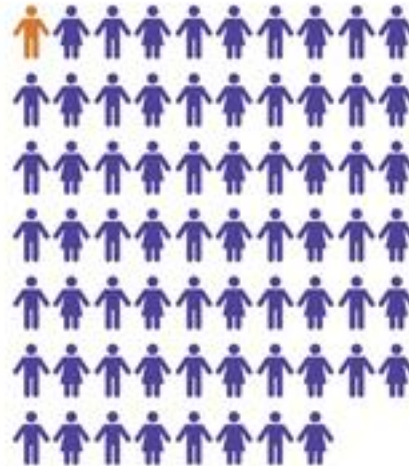
# Repetitive Behaviors and Restricted Interests

- Unusual repetitive behaviors as well as a tendency to engage in only certain (restricted) activities is a core feature of ASD.



# Prevalence of ASD

NUMBER OF CHILDREN  
IDENTIFIED WITH ASD



**1** in **68**



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Overview of Red Flags of ASD



- ***Social Interaction:***
  - Lack of response to name by 12 months
  - Lack of appropriate eye gaze
  - Lack of sharing interest or enjoyment
  - Lack of warm, joyful expressions
  - Difficult to elicit a social smile
- ***Communication: & Language***
  - Lack of showing gestures or meaningful gestures by 12 months
  - Lack of pretend play by 18 months
  - Lack of coordination of nonverbal communication
  - Unusual prosody (little variation in pitch, odd intonation, irregular rhythm, unusual voice quality)
- ***Repetitive Behaviors & Restricted Interests:***
  - Repetitive movements with objects
  - Repetitive movements or posturing of body, arms, hands, or fingers



# What is a Developmental Delay?

- A developmental delay is an ongoing major or minor delay in one or more areas of development (physical, communication, cognitive, social, adaptive)
- About 1 in 6 children in the U.S. has a developmental delay

# Some Challenges of ASD and Developmental Delays

- Many children with ASD and developmental delays are not identified as early as possible.
- Research shows that intervention has the greatest impact if it begins before 3 years of age.
- 80% of children who needs early intervention are missed.

# Early Identification

Earlier identification leads to early intervention and improved outcomes for children with ASD and developmental delays.



# Parents As Advocates

If you suspect that your child may have developmental issues:

- ✓ Talk with your child's doctor
- ✓ Use a developmental milestones checklist  
[www.cdc.gov/milestones](http://www.cdc.gov/milestones)
- ✓ Ask the doctor about developmental screenings

**No More Wait and See!!**



# Screening for ASD and DD

- American Academy of Pediatrics: recommends screening at **18 and 24 months**
- Studies have shown that 1/3 to 1/2 of parents of children with ASD notice a developmental problem before their child's first birthday
- 80% of parents express concerns by 24 months of age
- There is a 1 out of 5 chance that a child with ASD can have a sibling with ASD



<http://www.cdc.gov/ncbddd/autism/data.html>



# Developmental Screenings

- Increase early identification of developmental issues
- Often required by Head Start and other federally funded programs
- Should assess how a child learns, speaks, plays, moves, and behaves



# How Developmental Information is Gathered

- Parent/Caregiver Report
  - Questionnaires
  - Behavior ratings
- Observations
- Structured Tasks
  - Simple commands
  - Play with developmentally appropriate items



# Common Developmental Screeners Used in Childcare Settings

- **Communication and Symbolic Behavior Scales  
Developmental Profile Infant-Toddler Checklist**  
(CSBS-DP; Wetherby & Prizant, 2002)
- **Ages and Stages Questionnaires, 3rd edition**  
(ASQ-3; Bricker, Squires, Mounts, Potter, Nickel, & Raffell, 2009)
- **The Modified Checklist for Autism in Toddlers**  
(M-CHAT R/F; Robins, Fein & Barton, 2009)

# Infant-Toddler Checklist for Language & Communication

- Designed for infants and toddlers between the ages of 6 and 24 months
- Completed by the caregiver
- Takes about 5-10 minutes
- Can be downloaded for free online

(Wetherby & Prizant, 2002)

# Ages and Stages Questionnaire (ASQ-3)

- Can be completed by caregivers, early childcare providers, & early intervention providers.
- The tool looks at five areas of development: Physical, Personal Social, Fine Motor, Gross Motor and Communication.
- Takes about 15 minutes to complete
- Generates a pass/fail score in four developmental domains

( Squires, J.,& Bricker, D. (2009). Ages and Stages Questionnaires, Third Edition (ASQ-3). Baltimore,MD:Brookes Publishing .)

# M-CHAT-R/F

- Designed for children age 16-30 months
- Screening Tool to assess risk for Autism Spectrum Disorder (ASD)
- 2 Stage Parent Report
- Screening will indicate need for more in-depth evaluation

(Barton, M., Fein, D. & Robins. (2009) M-CHAT-R/F.)

# Tips for Communicating with Parents

- Communicate child's strengths first
- Be a good listener
- Confirm that families understand the message
- Describe behaviors/concerns rather than uses labels or diagnoses
- Allow time for families to think, process, and respond
- Be sensitive to the family's needs
- Share resource information



# Babies Can't Wait

- Georgia's statewide early intervention program
- Serve infants/toddlers ages birth to three and their families
- Federally funded under IDEA, part C
- Provide free early identification and screening of children with developmental delays and chronic health conditions
- Services are provided in the natural environment (i.e., the home setting)



# You Know Your Child Best!

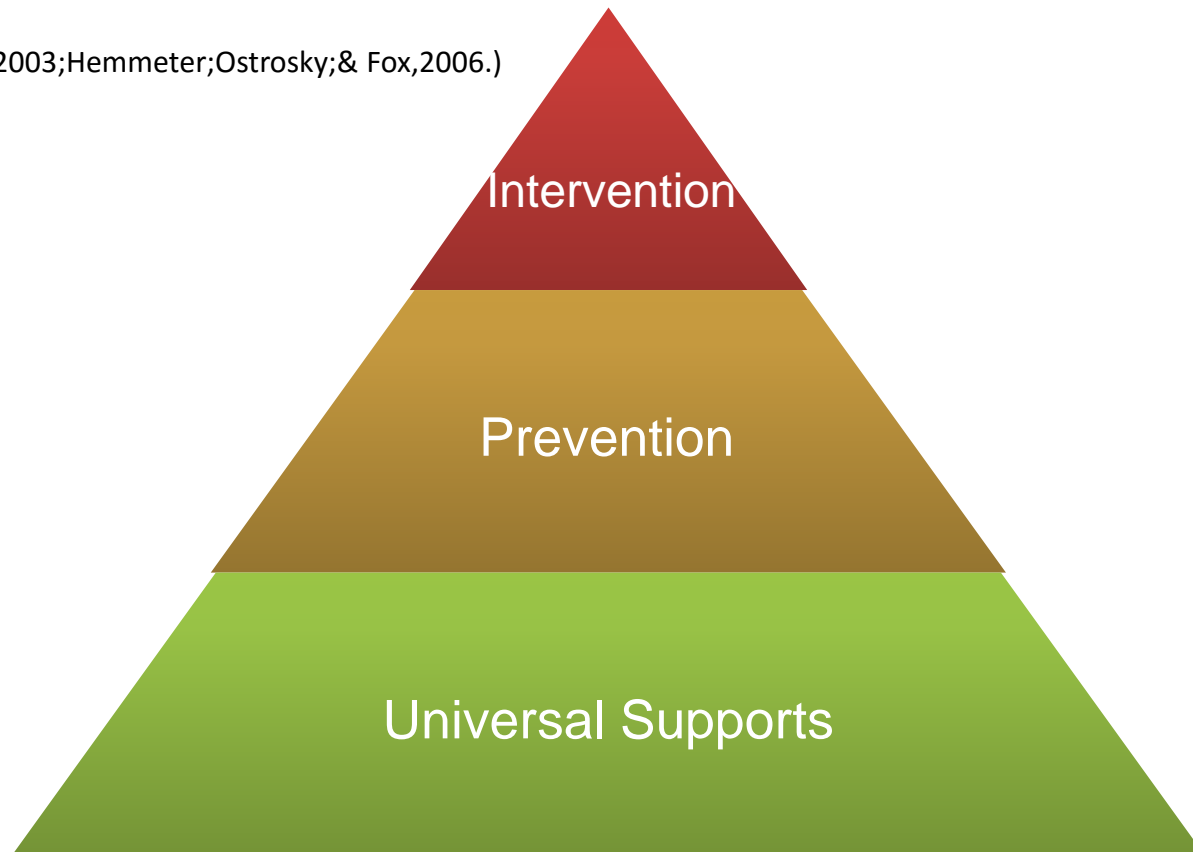
- Get a 2<sup>nd</sup> opinion
- Ask to be referred to a specialist (i.e., Developmental Pediatrician)
- Contact Babies Can't Wait for children 0-3 years of age
- Contact the local Elementary School or school board for children over the age of 3 years old

# Understanding the Pyramid Model as a Support for Young Children's Social Emotional Development

# Pyramid Model

- The pyramid model was developed to support social emotional competence in young children. It provides a tiered approach to intervention.

(Fox, et.al., 2003; Hemmeter; Ostrosky; & Fox, 2006.)



# Positive Behavior Supports



An approach for addressing challenging behaviors

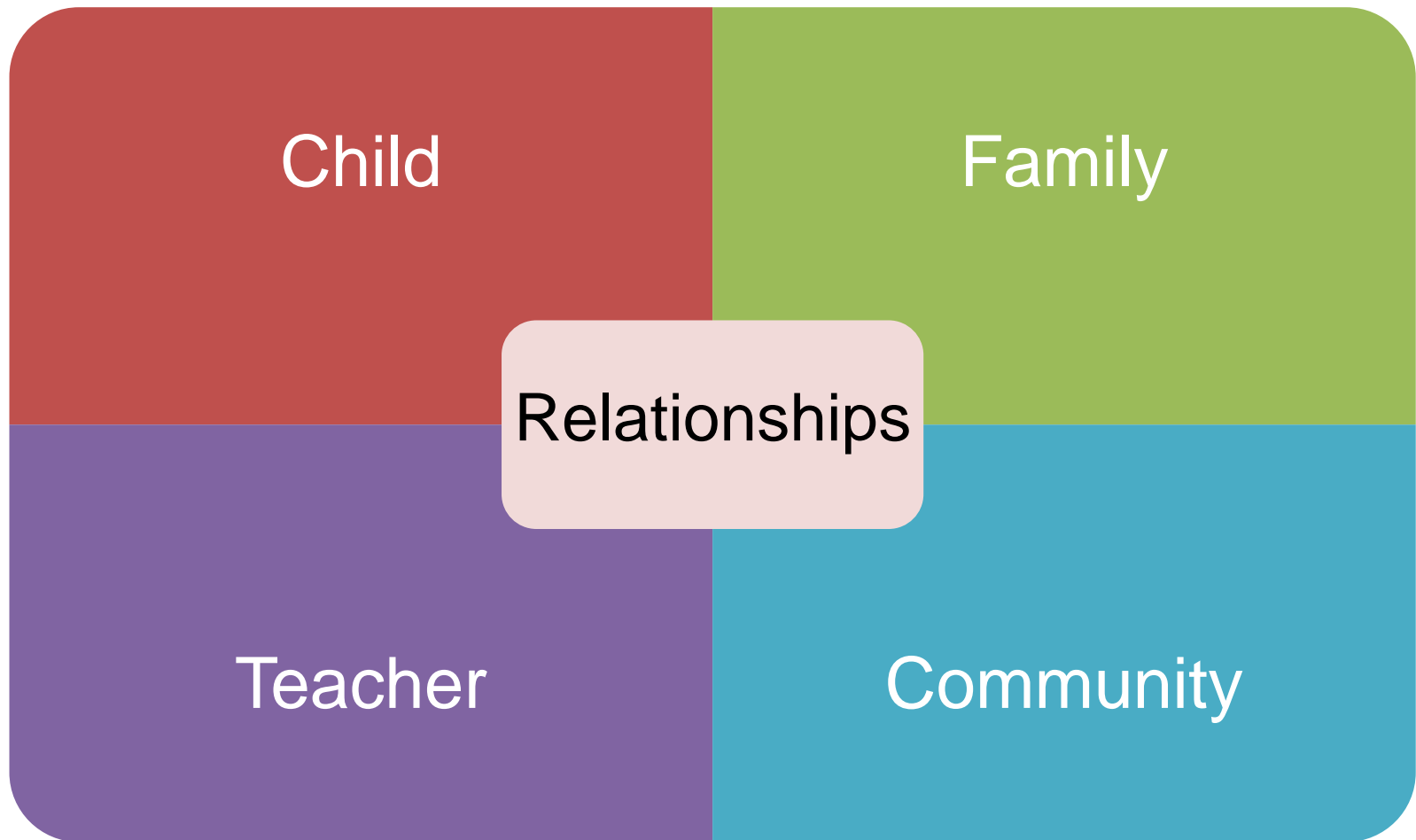


Positive Behavior Supports are based on research and humanistic values



A method for identifying the purpose of problem behavior and the development of support strategies for preventing behavior and teaching new skills

# Level 1



Relationships with children, families and colleagues are critical to effectively supporting young children's social-emotional development (Christenson, 1995)

# Level 1 Universal Supports



## Level 2



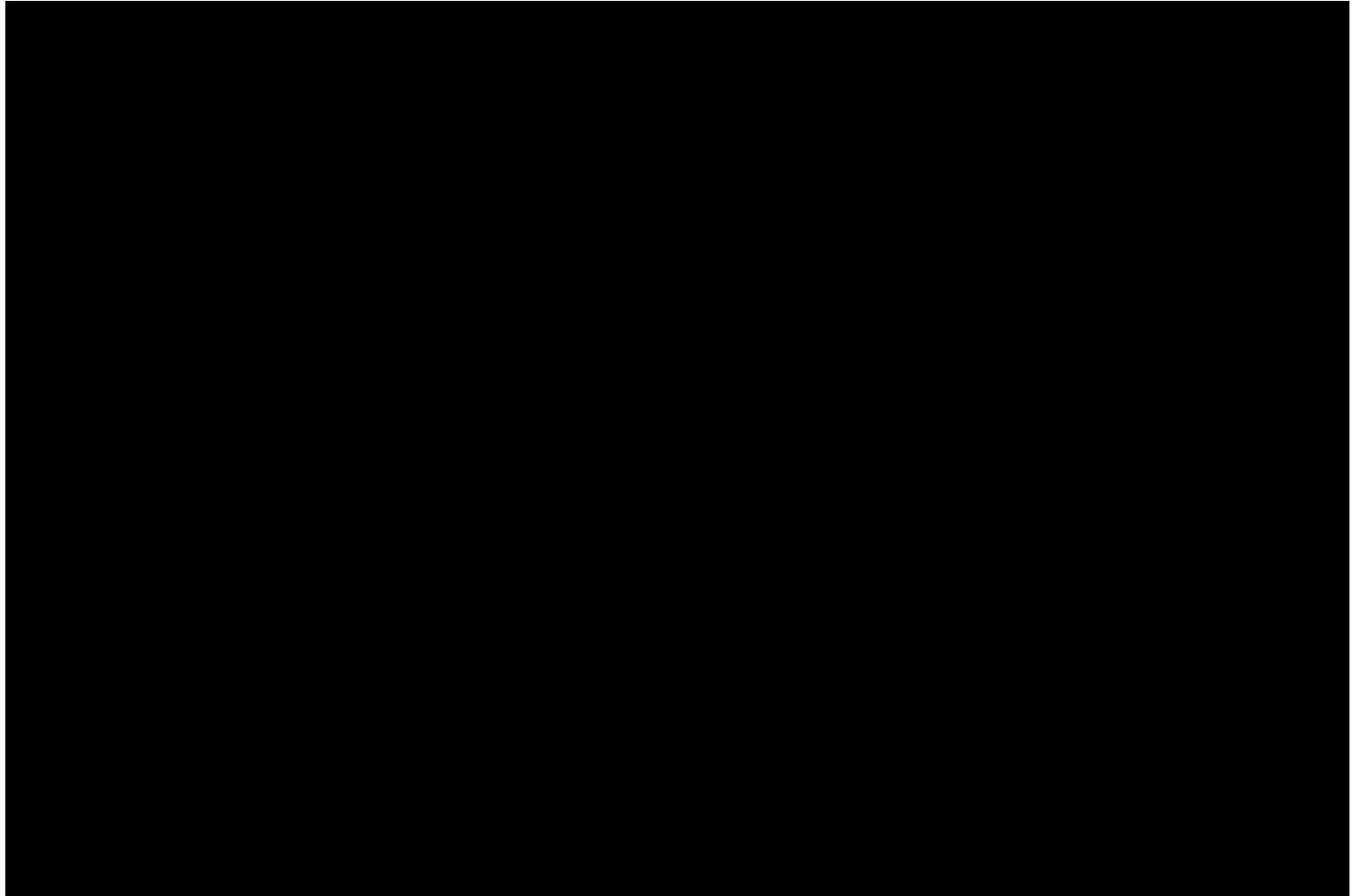
I know  
what to do

I know  
how to do  
it

I know  
what to  
expect

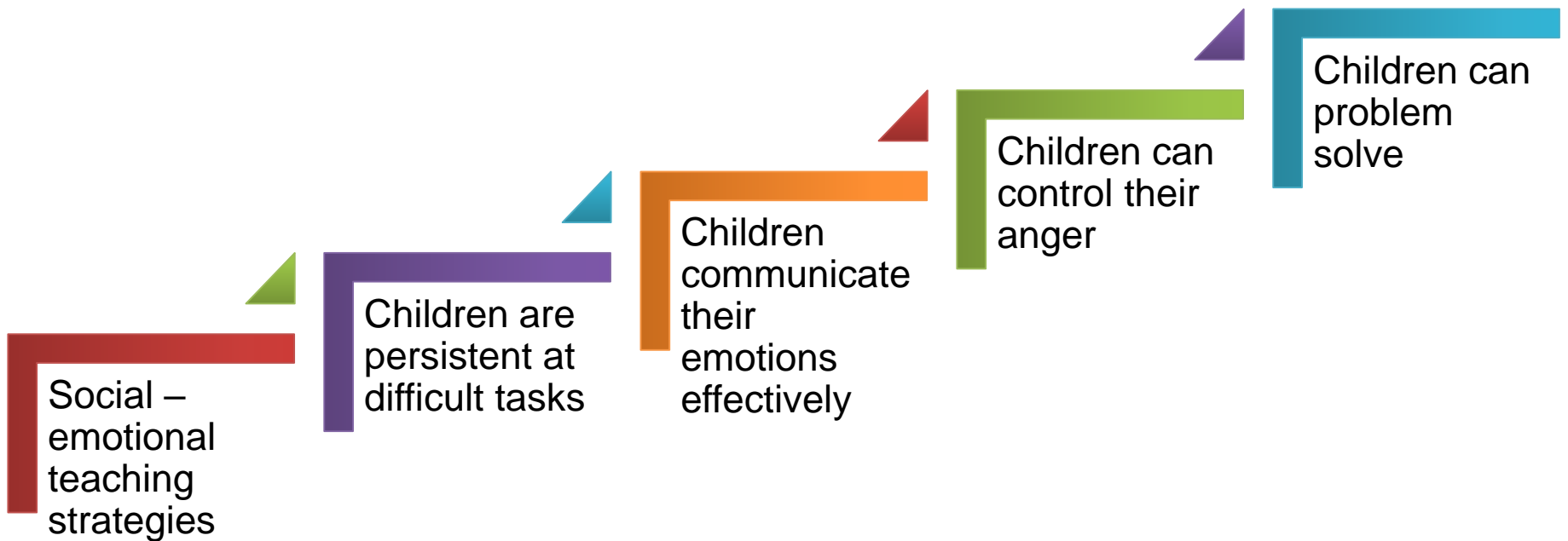
This component of the Pyramid Model focuses on teaching children about routines, giving clear directions, and arranging the environment to support engagement and appropriate behavior (Strain & Hemmeter, 1999).

# Level 2 Example: Transition Sequence





# Level 3



Teaching social-emotional skills is taught on a daily basis, use a systematic, Intentional approach for teaching critical skills, and acknowledge the skill in context (Joseph& Strain, 2003).

# Level 3 : Helping Children to Problem Solve



# Level 4



When teachers implement the universal and secondary strategies of the Pyramid Model, only a very small percentage of the children are likely to need more intensive support (Sugai et al., 2000).

# Strategies for implementation in the home

- Focus on the family's strengths
- Children learn through the day
- Learning happens during natural daily routines

# How do we continue bridging the gap between science and community practice?

## Connecting Clinical Care to the Community



# Collaborative Coaching

Goal: To support early intervention providers in furthering their development in the areas of autism and effective caregiver coaching in natural environments by utilizing evidence-based teaming strategies in a community-viable manner.



# Collaborative Coaching



- Coaching is a method of transferring skills and expertise from a more experienced and knowledgeable practitioner to a less experienced one.
- Adult Learning and Collaboration
  - Dunst and Trivette (2011) meta-analysis study:
    - Active-learner participation
    - Largest effect sizes found were related to the use of evaluation strategies i.e. thinking about impact of new knowledge, reflection (engaging in self-assessment about the application of their knowledge and practice)
    - Multiple adult-learning strategies result in the greatest effect sizes.
    - Offer information, have multiple opportunities to practice and opportunities to evaluate and reflect on their use of strategies.

# Benefits of Coaching





# Collaborative Coaching

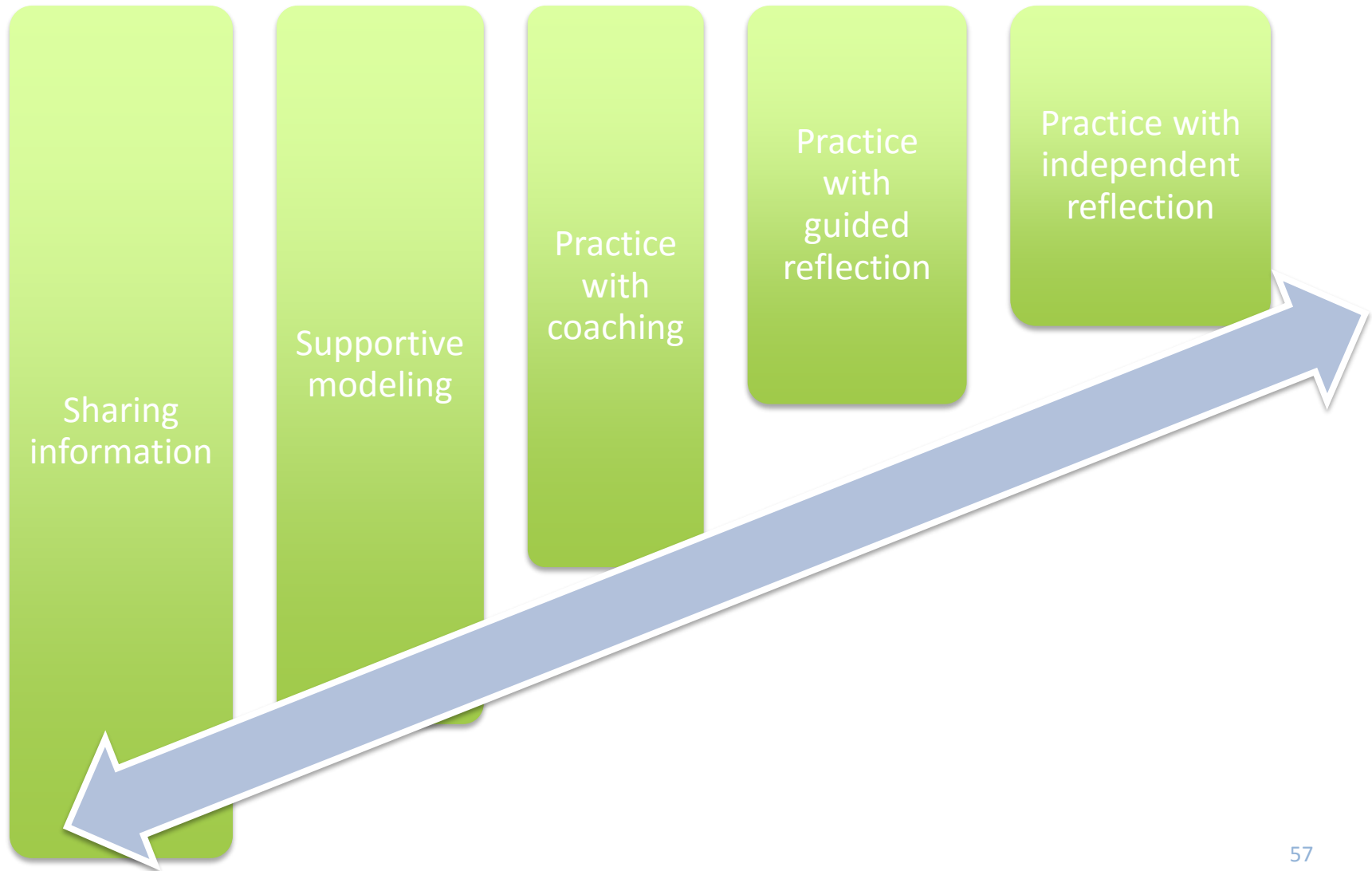
- Combination of in-person and mobile coaching
- Mobile coaching
  - Video review
  - Telecoaching

vSee



Cisco  
webex

# Collaborative Coaching



# Collaborative Coaching



Tele-Coaching  
Device

Wearable

Live Coaching

Cost Effective

Errorless  
Learning

Supports All  
Providers



EMORY  
UNIVERSITY  
SCHOOL OF  
MEDICINE

Marcus  
AUTISM CENTER

Georgia  
Tech



# Collaborative Coaching

The image is a screenshot of a Zoom meeting interface. The main video window displays a woman with glasses and a purple shirt reading a book titled "Feet Loose" to a young child. The child is wearing a black t-shirt with a cartoon monster face. The meeting title bar at the top shows "WARDKA\_09..." and several tabs: "Quick Start", "Meeting Info", "about\_active...", "supports\_bot...", "FINAL Coach...", and "WARDKA\_09...". On the right side, there are icons for "Participants", "Chat", "Recorder", and "Notes". Below these icons is a "Participants" sidebar. The sidebar shows a list of participants, including "Kathryn Ward" and "Sally Fuhrmeister (Host, me)". There are also icons for "Audio" and "Video" at the bottom of the sidebar. The video player at the bottom of the main window shows a progress bar at 04:04 / 13:50.

2/3

## Overall Cost

EI REDUCES the cost of lifelong care by 2/3

\$12k/yr

## Education Cost

Regular Education Classes approximately \$12k/year less than Special Education

60%

## Economic Impact

60% of the lifetime cost of autism is productivity loss for the parent & the child.



## Employer Specific



Ability to gain & retain KEY TALENT



PRODUCTIVITY

Healthier/More Stable Workforce



# Vision: Maximize Potential for Children Today; Change the Nature of Autism for Children Tomorrow

- We are making major scientific advances to detect, diagnose, and intervene earlier.
- The developmental trajectories of children at risk for autism will change appreciably and change the future for these children and their families.
- Therefore, resources must be directed toward early intervention so we reduce the cost for a child with autism by 2/3 over their lifetime.



**To create a world where no one can tell which of these kids has autism.**