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# 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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Authors: Naima Bond, M.Ed., Erica Chapman, Ed.D., and Sally Fuhrmeister, M.S. CCC-SLP

# 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.

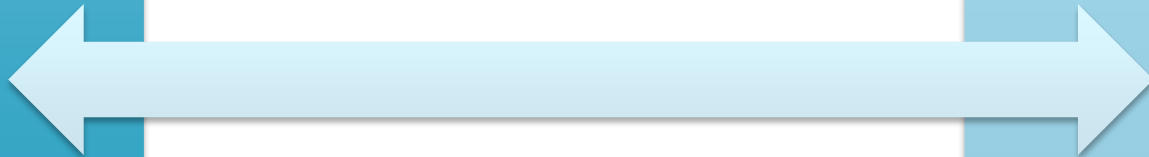
# Frontline of Early Detection



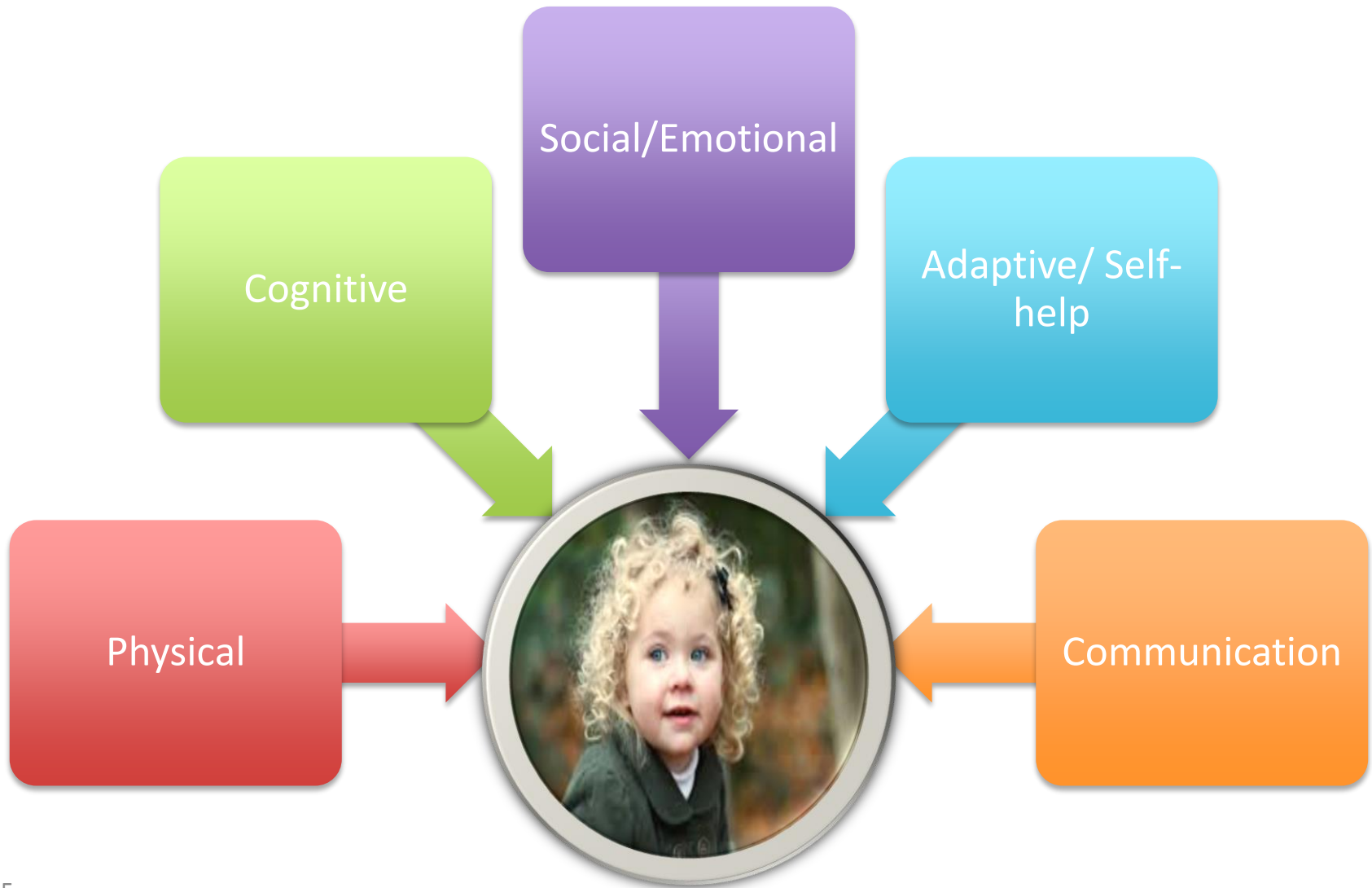
Parents



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.





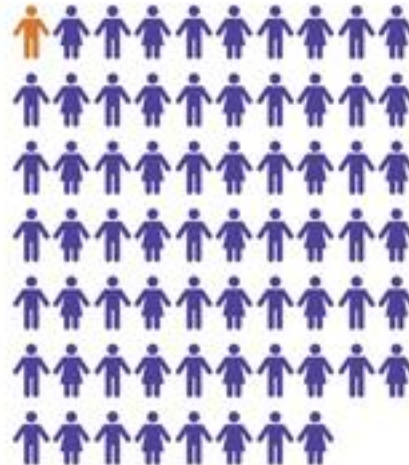
# Repetitive Behaviors and Restricted Interests

- 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!

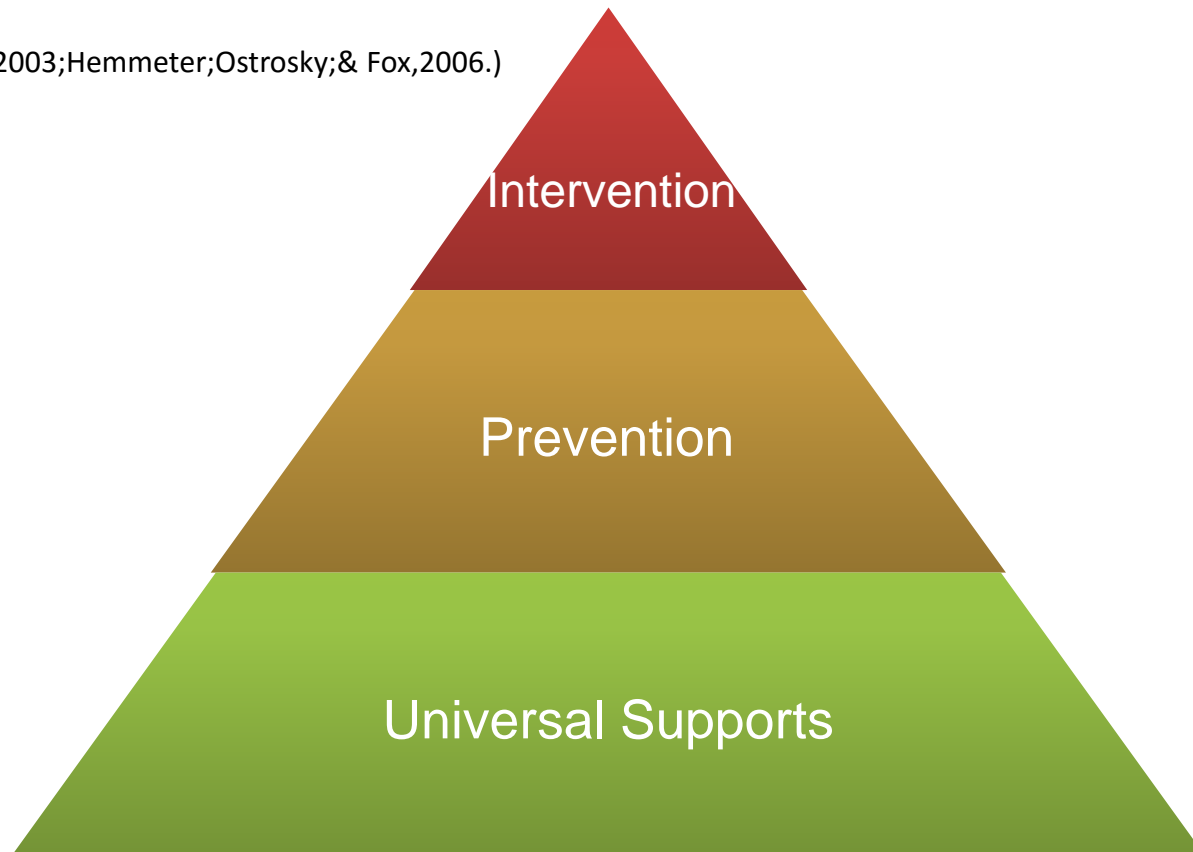
- Get a 2<sup>nd</sup> opinion
- Ask to be referred to a specialist (i.e., Developmental Pediatrician)
- Contact Babies Can't Wait for children 0-3 years of age
- Contact the local Elementary School or school board for children over the age of 3 years old

# 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

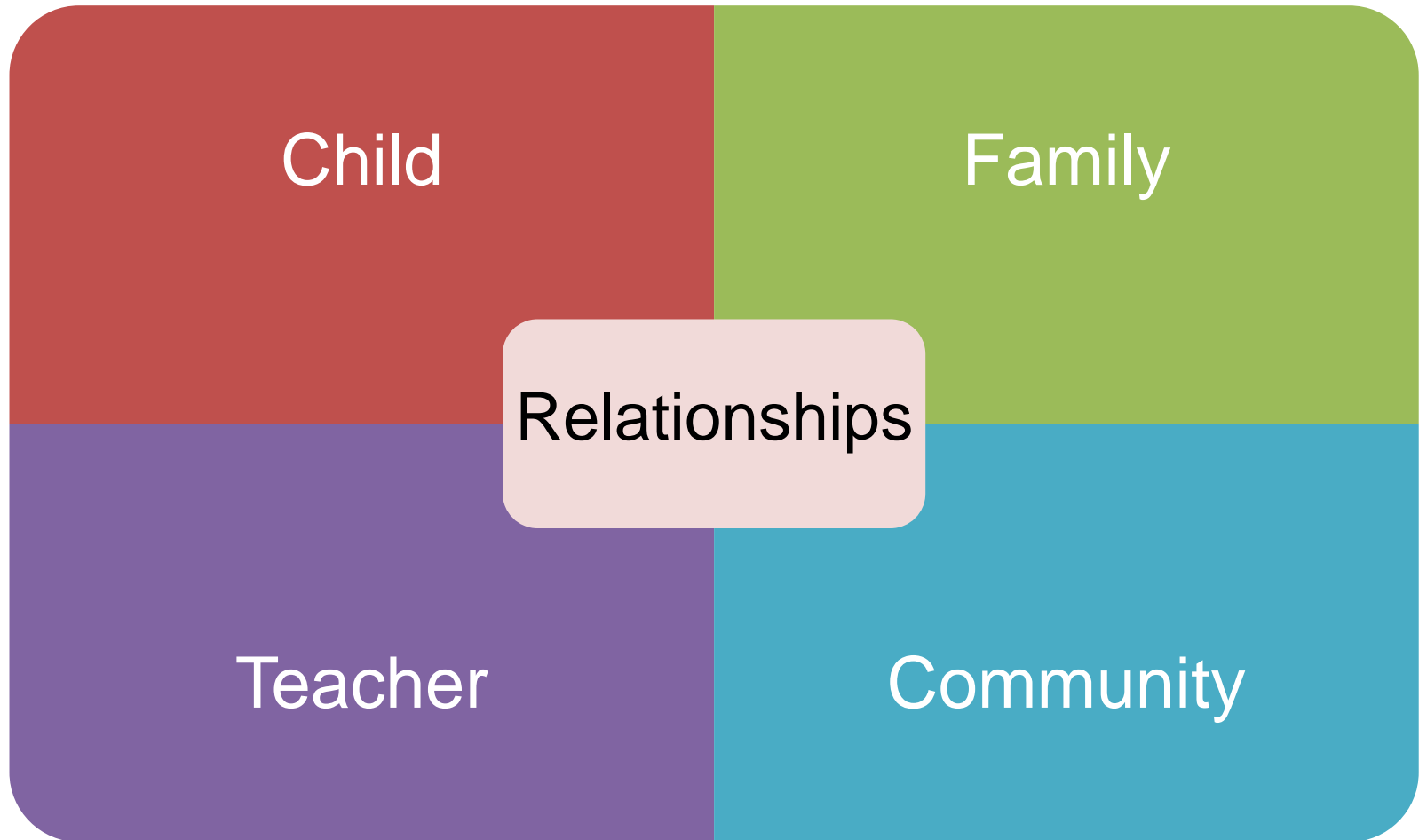


Positive Behavior Supports are based on research and humanistic values



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

# Level 1

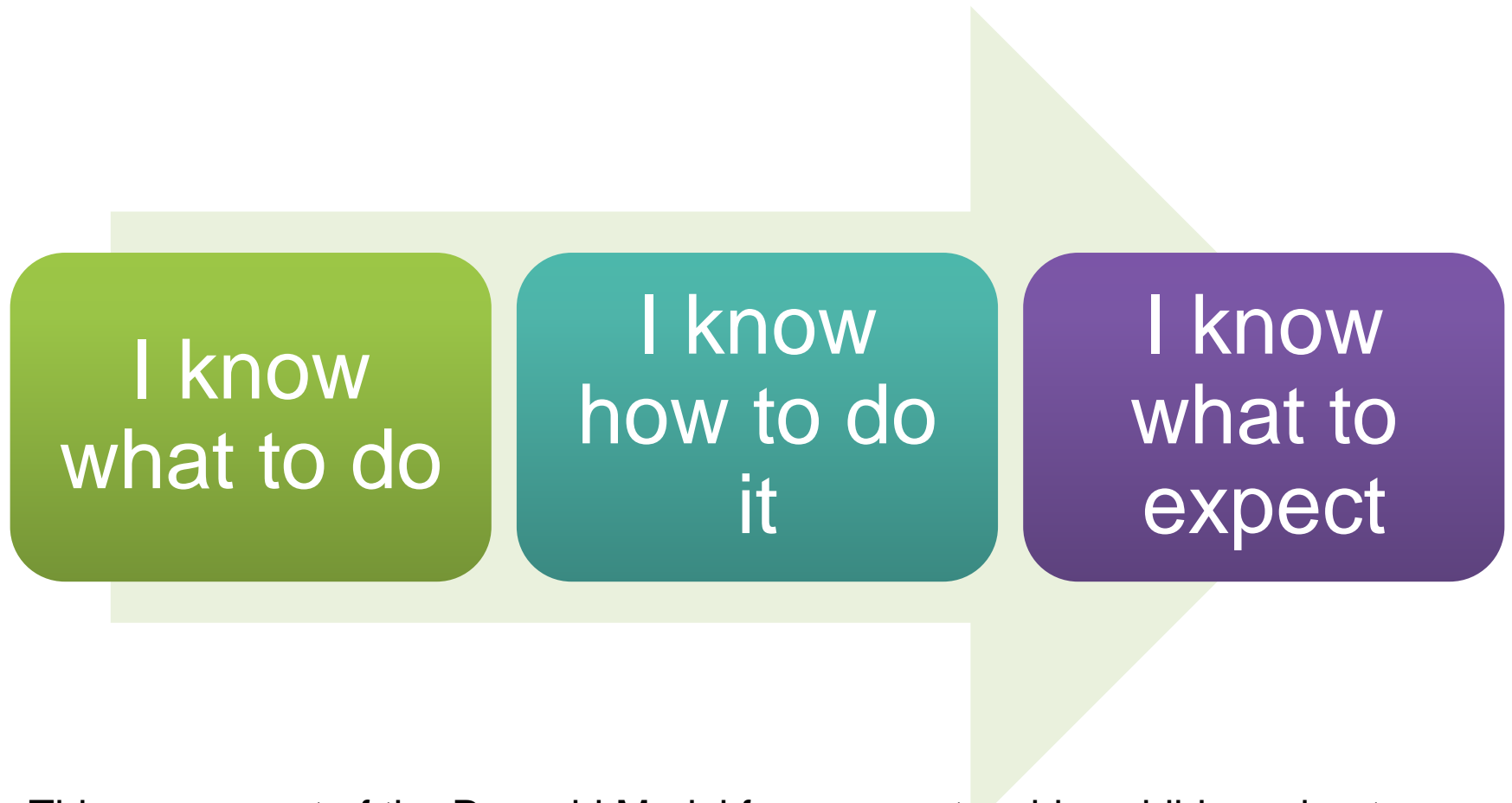


Relationships with children, families and colleagues are critical to effectively supporting young children's social-emotional development (Christenson, 1995)

# Level 1 Universal Supports

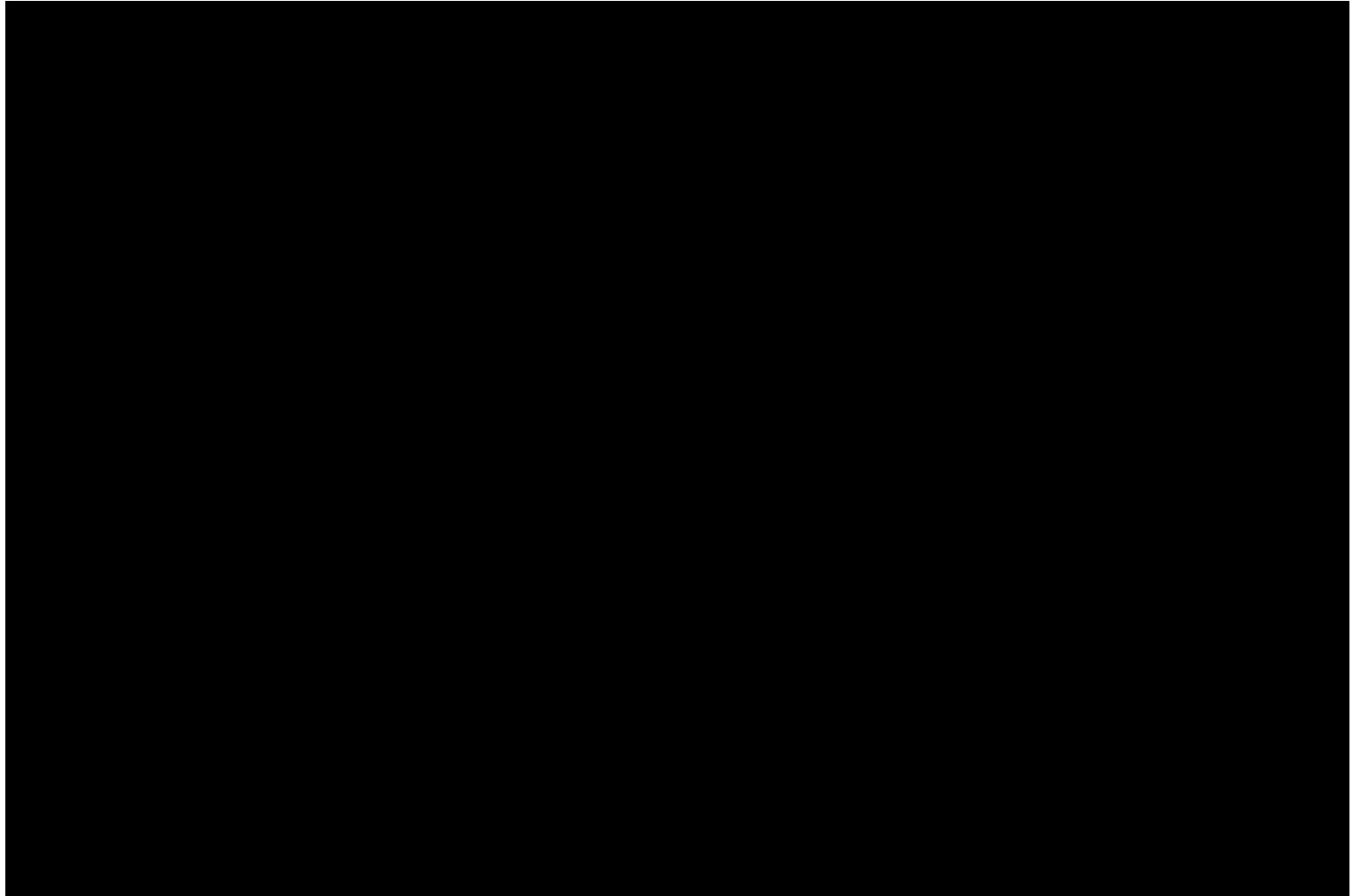


## Level 2



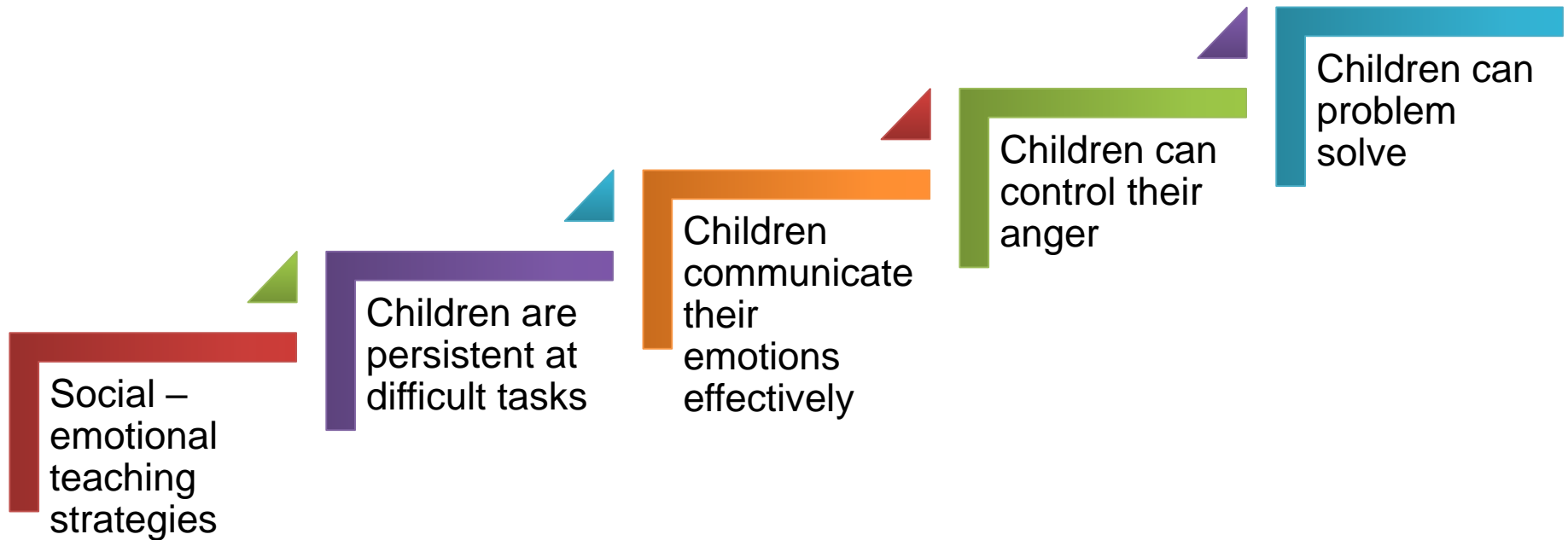
This component of the Pyramid Model focuses on teaching children about routines, giving clear directions, and arranging the environment to support engagement and appropriate behavior (Strain & Hemmeter, 1999).

# 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

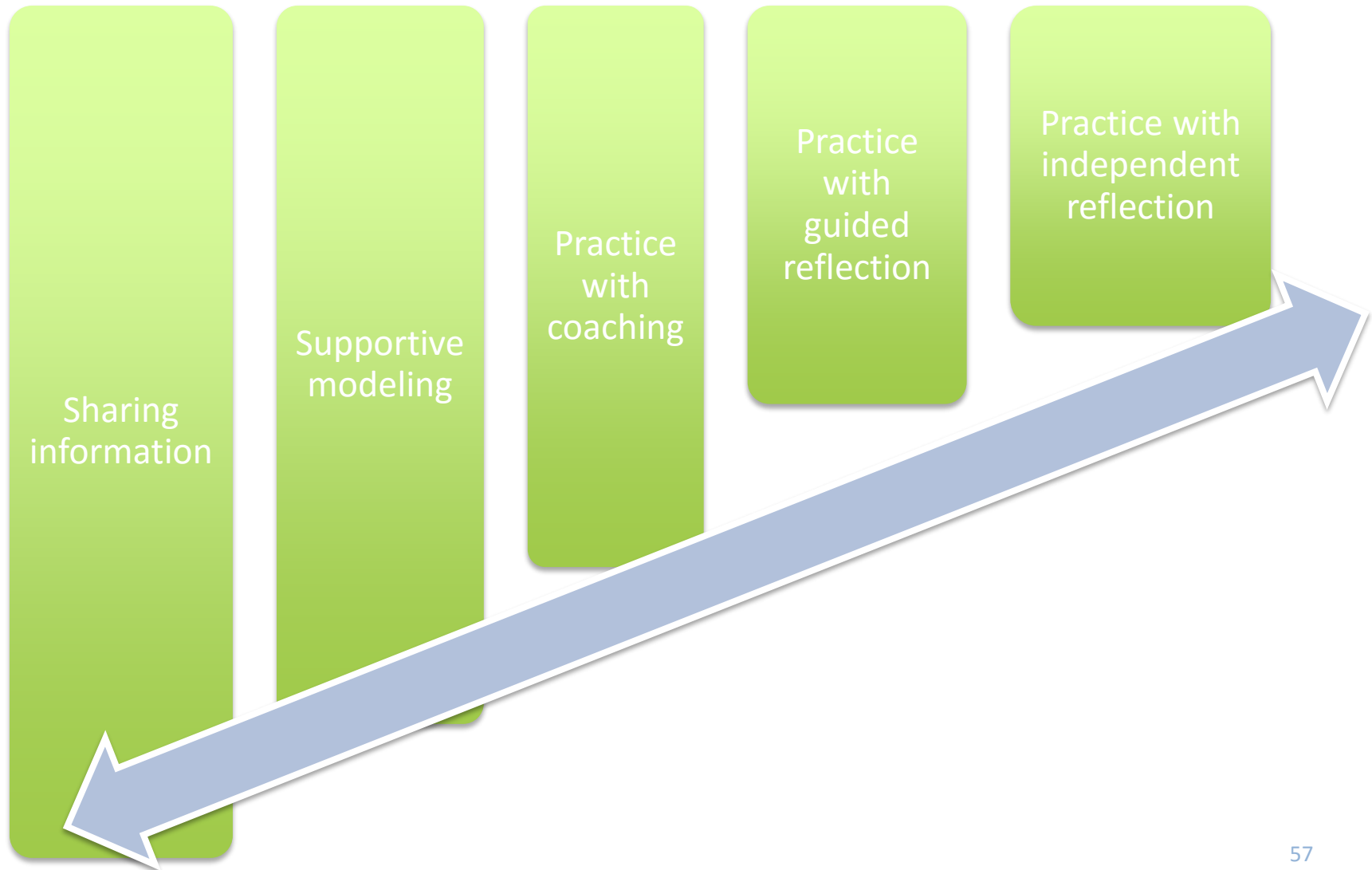
- Combination of in-person and mobile coaching
- Mobile coaching
  - Video review
  - Telecoaching

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 screenshot displays a Zoom meeting window. The top navigation bar includes tabs for 'Quick Start', 'Meeting Info', 'about\_active...', 'supporta\_bot...', 'FINAL Coach...', and 'WARDKA\_09...'. To the right of these tabs are icons for 'Participants', 'Chat', 'Recorder', and 'Notes'. The main video area shows 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 video player at the bottom shows a progress bar at 04:04 / 13:50. On the right side, the 'Participants' panel is open, showing a list of participants. At the top of the list is 'kathryn ward' with a large thumbnail. Below her is 'Sally Fuhrmeister (Host, me)' with a smaller thumbnail. At the bottom of the list is another 'kathryn ward' with a small thumbnail. The 'Audio' section at the bottom right shows a single participant icon.

**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.**