



# Be Early/ Act Early:

## Your Role in Identifying Children with Disabilities including Autism

December 14, 2012

Sponsored by the **North Carolina Autism Alliance**



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of NORTH CAROLINA  
at CHAPEL HILL



CAROLINA INSTITUTE  
FOR DEVELOPMENTAL  
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# Webinar Objectives

By the end of the Webinar, you will be able to:

1. Recognize the importance of early identification of at-risk children birth to five
2. Identify behaviors that place a child at-risk for developmental delays/disorders
3. Recognize the early warning signs of autism spectrum disorders (ASD)
4. Be aware of resources that can be helpful in early identification of young at-risk children including currently available resources that promote awareness of milestones
5. Understand your role in early identification of at-risk children and the importance of sharing this information with others

# Speakers

- Laura Curtis, MEd
  - Coordinator, NC Interagency Coordinating Council (ICC)  
Early Intervention Branch, Women's & Children's Health Section,  
Division of Public Health, NC Department of Health & Human Services
- Rebecca E. Pretzel, PhD
  - NC Act Early Ambassador
  - Associate Professor and Director of Services,  
Carolina Institute for Developmental Disabilities  
University of North Carolina at Chapel Hill
- Elizabeth Crais, PhD
  - Professor, Speech and Hearing Sciences  
University of North Carolina at Chapel Hill School of Medicine
- Lauren Turner Brown, PhD
  - Research Assistant Professor,  
Carolina Institute for Developmental Disabilities  
University of North Carolina at Chapel Hill

# Who is Here?

- Parent or Family Member of a Child with Special Needs
- Children's Developmental Services Agency
- Local Education Agency Preschool Program
- Department of Social Services
- Health Department
- Mental Health Local Management Entity
- Head Start/Early Head Start
- Governor Morehead Preschool Program
- Early Intervention Program for Children Who are Deaf or Hard of Hearing
- Private Provider
- Family Advocacy/Support Group
- Smart Start
- Child Resource and Referral Agency
- Day Care Association
- Civic Group/Community Leader
- Other

# Why Early Intervention?

Decades of rigorous research show that children's earliest experiences play a critical role in brain development. The Center on the Developing Child at Harvard University has summarized this research:

- Neural circuits, which create the foundation for learning, behavior and health, are most flexible or “plastic” during the **first three years** of life. Over time, they become increasingly difficult to change.
- Persistent “**toxic**” stress, such as extreme poverty, abuse and neglect, or severe maternal depression can damage the developing brain, leading to lifelong problems in learning, behavior, and physical and mental health.

# Why Early Intervention?

- The brain is strengthened by positive **early experiences**, especially **stable relationships** with caring and responsive adults, safe and supportive environments, and appropriate nutrition.
- Early social/ emotional development and physical health provide the foundation upon which **cognitive and language skills** develop.
- High quality early intervention services **can change a child's developmental trajectory** and improve outcomes for children, families, and communities.
- Intervention is likely to be **more effective** and **less costly** when it is provided earlier in life rather than later.

# What Is Child Find?

A continuous process of public awareness activities, screening and evaluation to

- *locate,*
- *Identify*
- *refer as early as possible*

All young children with special needs and their families who are in need of:

- *Early Intervention Program (Part C) or*
  - *Preschool Special Education (Part B/619) services*
- of the Individuals with Disabilities Education Act (IDEA).

# Federally mandated in IDEA for:

## Early Intervention Program    Preschool Special Education

- Part C of IDEA
  - Ages birth through 2 years
  - Infant Toddler Program (ITP)
  - Administered by
    - Early Intervention Branch,
    - Children & Youth Section, Division of Public Health, Department of Health and Human Services in NC
  - Services provided through Children's Developmental Services Agencies (CDSAs)
- Part B, Section 619 of IDEA
  - Ages 3 – 5 years
  - Preschool Exceptional Children,
    - Office of Early Learning
  - Administered by Department of Public Instruction in NC
  - Services provided through Local Education Agency (LEA)/Local School System



# Comprehensive Child Find System

**Seven** major elements of comprehensive Child Find system:

1. Definition of target population
2. Public Awareness
3. Referral and Intake
4. Screening and Identification
5. Eligibility Determination
6. Tracking
7. Interagency Coordination

# Infant Toddler Program: Who is eligible?

A child and family may receive supports and services if the child is:

- **up to three years old and**
- **has certain levels of developmental delay or an established condition.**

# Infant Toddler Program: Who is eligible?

A child with a **developmental delay** is not developing like other children his age.

The delay can be in one or more of the following areas:

- thinking and learning
- moving, seeing, hearing and health
- understanding and using sounds, gestures and words
- responding to and developing relationships
- taking care of one's self when doing things like feeding or dressing

# Infant Toddler Program: Who is eligible?

A child with an **established condition** has a diagnosed health condition that will very likely cause a developmental delay. This includes:

- genetic disorders, such as Down Syndrome or cystic fibrosis
- congenital infections, such as HIV and rubella
- central nervous system disorders, such as cerebral palsy and epilepsy
- hearing loss
- vision problems
- autism

# Infant Toddler Program: How to Make a Referral

- Contact your local CDSA:
  - Phone
  - Email
  - Fax
  - Letter
  - In person
- Find your CDSA :
  - [www.beeearly.nc.gov](http://www.beeearly.nc.gov)
  - 919-707-5520
- Provide:
  - child's name
  - date of birth
  - address
  - telephone number
  - parent's name
  - the reason for the concern

# Preschool Program: Who is eligible?

- The Exceptional Children Preschool Program is responsible:
  - for conducting screenings and evaluations for 3, 4 and 5-year-old children,
  - who are not age eligible for kindergarten in North Carolina.
- Federal and state money is set aside to assure that screenings and evaluations are free to all families.

# Preschool Program: Who is eligible?

## Eligibility Categories for Part B (Preschool)

- Developmental Delay
- Autistic Spectrum Disorder
- Deaf-blindness
- Deafness
- Hearing Impairment (Hard of Hearing)
- Multiple Disabilities
- Other Health Impaired
- Orthopedic Impairment
- Speech or Language Impairment
- Traumatic Brain Injury
- Visually Impairment, including blindness

# Preschool Program: Who is eligible?

Eligibility Categories for Part B **Rarely Used** for  
Preschool Children

- Specific Learning Disability
- Intellectual Disability
- Emotional Disability



# Preschool Program: How to Make a Referral

Call the Exceptional Children Preschool Coordinator in your local school district or your school principal to set up an appointment for a developmental screening or a referral.

- In most cases, the parent will need to supply proof that the child is at least three years of age (e.g., birth certificate).
- A **formal** referral is a **written** request for further evaluation.
- The referral information allows the team to make informed decisions about the appropriate follow-up assessments and information needed to determine eligibility for services.

# Preschool Program

After referral, the preschool IEP team will:

- Learn about your concerns and priorities as a family,
- Identify your child's current strengths,
- Discuss areas in which your child needs support,
- Review important information such as:
  - Most recent Well Baby Check Ups (Health Screen)
  - Previous evaluations by other professionals
  - Previous interventions by other service providers
- Document Developmental and Social History of your child



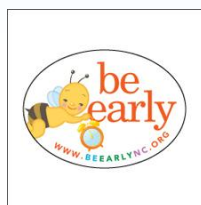
# Public Awareness

Rebecca Edmondson Pretzel, Ph.D.  
Act Early Ambassador for North Carolina

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# Awareness Resources

- **National Program:**
  - Learn the Signs. Act Early.
  - (LTSAE; CDC)
- **State Programs:**
  - Be Early (Part C)
  - Office of Early Learning/Pre-K (Part B)



# Purpose of LTSAE

- To improve early identification of autism and other developmental disabilities so children and their families can get the services and support they need

The poster features a young girl with dark hair smiling. To her left is a checklist of developmental milestones for 18 months, 2 years, and 3 years. To her right is a list of skills and behaviors. Below the girl, the text reads: 'It's time to change how we view a child's growth.' At the bottom, it says: 'It's natural to measure your child's height and weight. But you should measure other ways your child is growing, too. From birth to 5 years, there are milestones your child should reach in terms of how she plays, learns, speaks, and acts. A delay in any of these areas could be a sign of a developmental problem, even autism. The good news is, the earlier it's recognized the more you can do to help your child reach her full potential. Talk with a doctor or nurse about your child's total development.' The CDC logo is in the bottom right corner.

3 years	shows affection for playmates
2 years	uses four- to five-word sentences
18 months	points to object when named
	imitates adults (claps after adult claps)
	points to interesting objects
	plays pretend ('talks' on toy phone)
	uses simple gestures (waves 'bye bye')
	makes sounds (such as 'ma' and 'ba')

**It's time to change how we view a child's growth.**

It's natural to measure your child's height and weight. But you should measure other ways your child is growing, too.

From birth to 5 years, there are milestones your child should reach in terms of how she plays, learns, speaks, and acts. A delay in any of these areas could be a sign of a developmental problem, even autism. The good news is, the earlier it's recognized the more you can do to help your child reach her full potential. Talk with a doctor or nurse about your child's total development.

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

**Learn the Signs. Act Early.**

# LTSAE Program Components



- Act Early Initiative
- Research and Evaluation
- Health Education Campaign



# LTSAE

## **Act Early Initiative**

- Enhancing collaborative efforts to improve screening and referral
- Supporting work of Ambassadors and state teams to promote messages and tools

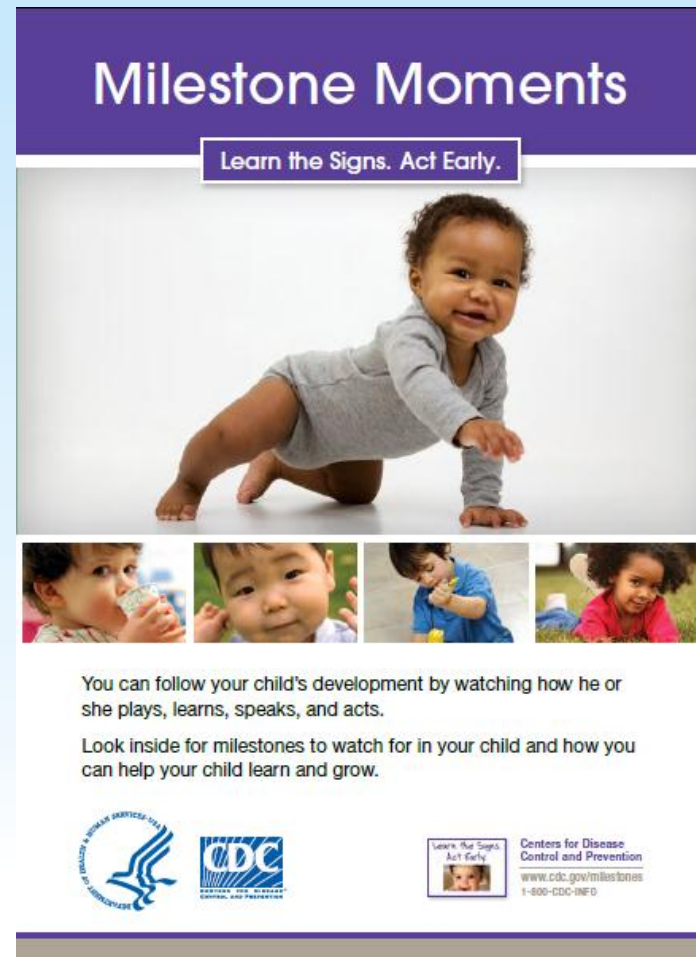
## **Research and Evaluation**

- Improve campaign materials
- Understand factors that influence early identification and referral





# Health Education Campaign

- Promotes awareness of healthy developmental milestones
- Gives parents, professionals free tools to help track development
- Emphasizes importance of acting early if there are concerns






**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/milestones](http://www.cdc.gov/milestones)  
1-800-CDC-INFO

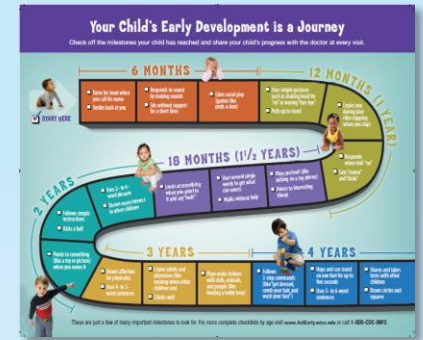


# Campaign Impact

- **Pediatricians aware of the campaign are\***
  - More likely to have resources to educate parents about monitoring their child's development
  - More likely to be aware of resources for referral and treatment
  - More likely to discuss cognitive development with parents
  - Less likely to advocate a wait-and-see approach
- **Campaign helped to change how we view child development**
  - Height, weight, first words and steps no longer sufficient
  - How a child plays, learns, speaks, and acts equally important

# Free Materials

- **Free, customizable materials for state and community programs**
  - Are research-based and parent-friendly
  - Build on gold standard milestone lists from AAP
  - Parents, early educators can use as monitoring tools
  - Encourage parent-health care provider dialogue
  - Available in English and Spanish (and other languages)
- **Useful for**
  - Any program that serves parents of young children and has interest or mandate in child development



# LTSAE Website Tour

[www.cdc.gov/ncbddd/actearly/index.html](http://www.cdc.gov/ncbddd/actearly/index.html)

Free materials:

- Milestone checklists, brochures, booklets
- Flyers
- Fact sheets



# Other LTSAE Resources

**Multimedia (e.g., widgets, buttons)**



**Videos and PSAs**



# LTSAE Milestones Quiz

*Test Your Knowledge - Take the Milestones Quiz!*

**What developmental milestone is this child showing us?**



- a. Plays "mom" or "dad"
- b. Understands concept of "two"
- c. Uses fork and spoon
- d. Interested in new experiences

[Click here to try a different question](#)

National Center on Birth Defects and Environmental Disabilities - Learn the Signs. Act Early. 

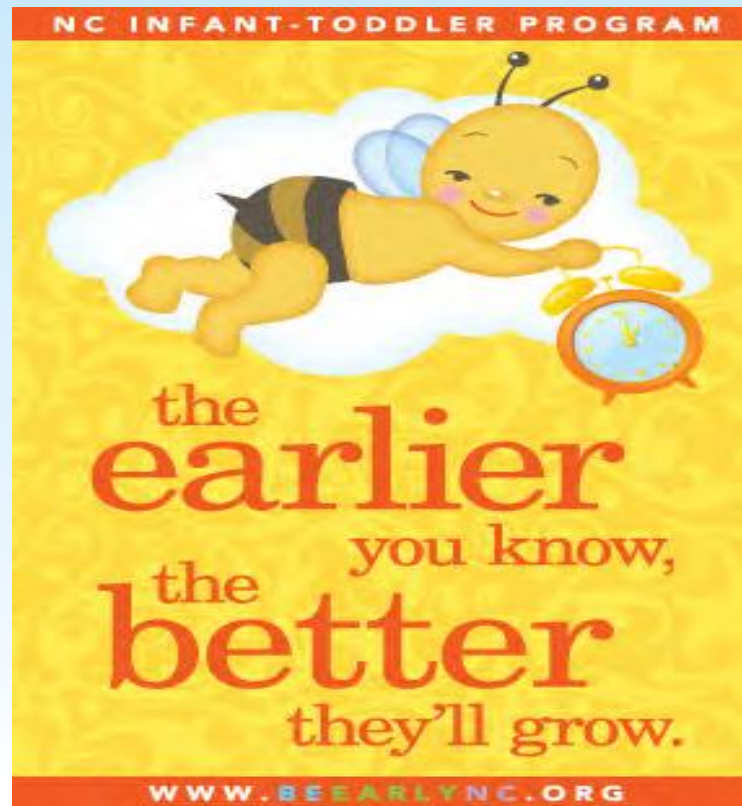
# Autism Case Training



## Individual Modules

- Identifying
- Diagnosing
- Managing
- Online Course Available
- CE credit

# Be Early Campaign (Part C, ITP)



# Office of Early Learning/Pre-K

<http://www.ncpublicschools.org/earlylearning/>



PUBLIC SCHOOLS OF NORTH CAROLINA State Board of Education | Department of Public Instruction

OFFICE OF EARLY LEARNING

K-12 CURRICULUM PUBLICATIONS QUICK LINKS

OFFICE OF EARLY LEARNING HOME

CCSA CONFERENCE

DEVELOPMENT OF PRE-K - GRADE 3 IN NC

PRE-K PROGRAMS

PRIMARY EDUCATION

K-3 EDUCATION

FIRSTSCHOOL

OFFICE OF EARLY LEARNING

DIRECTOR :: [John Pruettle](#)

The Office of Early Learning is a new office that focuses on Pre-K - Grade 3 to support children's success in the early grades. The Office of Early Learning combines the Department's staffs in primary education and prekindergarten and promotes other linkages for reforming early education for North Carolina's children. Through this Office, the Department is partnering with the FirstSchool initiative of the FPG Child Development Institute at the University of North Carolina at Chapel Hill. FirstSchool is a Pre-K - Grade 3 initiative to promote public school efforts to become more responsive to the needs of an increasingly younger, more diverse population. FirstSchool unites the best of early childhood, elementary and special education.



SELECTED LINKS

- [Pre-K Programs](#)
- [K-3 Education](#)
- [FirstSchool](#)
- [Foundations: NC's Early Learning Standards](#)

> Printer Friendly Version

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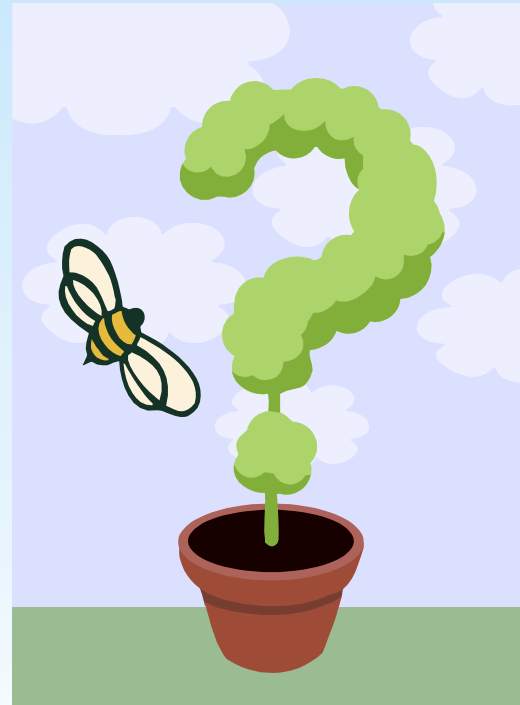


# What Strategies Should **WE** Consider?

- **Integrate LTSAE materials into other national programs that**
  - Serve parents of young children
  - Serve low-income, disadvantaged populations
  - Have interest or mandate in child development
  - Lack tools/resources for helping parents track milestones
- **Target high priority programs**
  - WIC
  - Head Start/Early Head Start
  - Home visiting (Affordable Care Act)

# What Strategies Will **YOU** Consider?

- What is your role?
- Think locally!
- Who can you reach?





# How Do We “Find” Children Who May Be at Risk?

Elizabeth Crais, PhD  
Professor, Speech and Hearing Sciences

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# Ways to Detect Developmental Concerns and Issues

- Listen to parents and other caregivers
- Use developmental milestones
- Identify key behaviors or “red flags”
- Use knowledge of development of other children
- Use screening tools
- Take “data” to support your concerns

# Attend to Parent Concerns

- 75% of time parents express concern about child's development, they are correct (Glascoe, 2000).
- Accurate regardless of level of education or parenting experience (Squires & Bricker, 1999).
- By time parent shares concerns, they've already tried "wait and see".

# CDC Milestones

Browser address bar: <http://www.cdc.gov/ncbddd/actearly/milestones/>

MSN.com | CDC - Learn the Sig... x

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CDC Home  
**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Learn the Signs. Act Early.

**Learn the Signs Home**

- Milestones**
  - 2 months
  - 4 months
  - 6 months
  - 9 months
  - 1 year
  - 18 months
  - 2 years
  - 3 years
  - 4 years
  - 5 years
- If You're Concerned
- Facts
- Free Materials
- Multimedia & Tools
- Info For Families
- Info For Healthcare Providers
- Info For Early Childhood Educators
- Info For Partners
- Get Involved

[National Center Homepage](#) > [Learn the Signs Home](#)

## Developmental Milestones

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (crawling, walking, etc.).

Click on the age of your child to see the milestones:

- [2 months](#)
- [4 months](#)
- [6 months](#)
- [9 months](#)
- [1 year](#)
- [18 months](#)
- [2 years](#)
- [3 years](#)
- [4 years](#)
- [5 years](#)
- [Download the milestone checklists](#)



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**Keep Your Kids Healthy.**  
cdc.gov/parents

"Learn the signs. Act early." materials are not a substitute for standardized, validated [developmental screening tools](#).

# CDC Milestone Checklist

← → http://www.cdc.gov/NCBDDD/actearly/pdf/checklists/All\_Checklists.pdf

MSN.com cdc.gov

File Edit Go to Favorites Help

## Your Baby at 2 Months

Child's Name	Child's Age	Today's Date
--------------	-------------	--------------

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

### What most babies do at this age:

#### Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself  
(may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

#### Act early by talking to your child's doctor if your child:

- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people

# Speech-Language, Motor, and Cognitive Development Mnemonic

## 1/2 Year

- **Parts** of words (babbling)
- Rolling over back & forth
- Brings things to mouth

## ● 1 Year

- **1** word
- Follows **1**-step direction
- **One** index finger pointing
- Crawls to get **one thing**
- Stands holding on to **one thing**

## ● 1 1/2 Years

- “**Between** words and sentences”
- Jargon with words included
- Lots of gestural communication
- Walks alone
- Drinks from cup
- Eats with spoon
- Knows what to do with common objects (e.g., spoon, brush)



# Mnemonic (Continued)

## 2 Years

- 2-word sentences
- Follows 2-step directions
- ~ **200** words
- Speech 2/4 words intelligible (understand 50% of time)
- Runs “**2**” things
- Walks up **2** stairs
- Names **2** items in picture book

## 3 Years

- 3- to 5-word sentences
- Follows 3-step directions
- Speech 3/4 words intelligible
- Knows these 3 pieces of information:
  - – First name
  - – Age
  - – Sex
- Peddles **3 wheel** bike
- Climbs & runs well
- Can do puzzles with **3** pieces

# Mnemonic (Continued)

## 4 Years

- Converses
- Speech fully intelligible 4/4 words (although my still say “wabbit/rabbit”)
- Proficient in the 4 Ps:
  - – Pronouns, all (e.g., he, she, they)
  - – Prepositions (e.g., in, on, under)
  - – Plurals (e.g., dog vs dogs)
  - – Past tense, regular (e.g., talked, walked)
- Names 4 colors
- Hops & stands on one foot **4 seconds**

# Mnemonic (Continued)

## 5 Years

- Extended narrative
- Future tense (e.g., will, what if)
- Knows these 5 pieces of information:
  - – Some letters
  - – Some numbers
  - – Shapes
  - – Full name
  - – Address
- Can do 5 daily routines (e.g., brush teeth, comb hair, wash & dry hands, toilet, get undressed)

# Milestones

## Pros

- Provides rough guidelines
  - Helps set expectations
  - Are easily available
  - Can be given to parents and other professionals
  - Good awareness raising
- 
- Best used with disorder specific behaviors or “red flags”
  - Best used with other tools/data keeping

## Cons

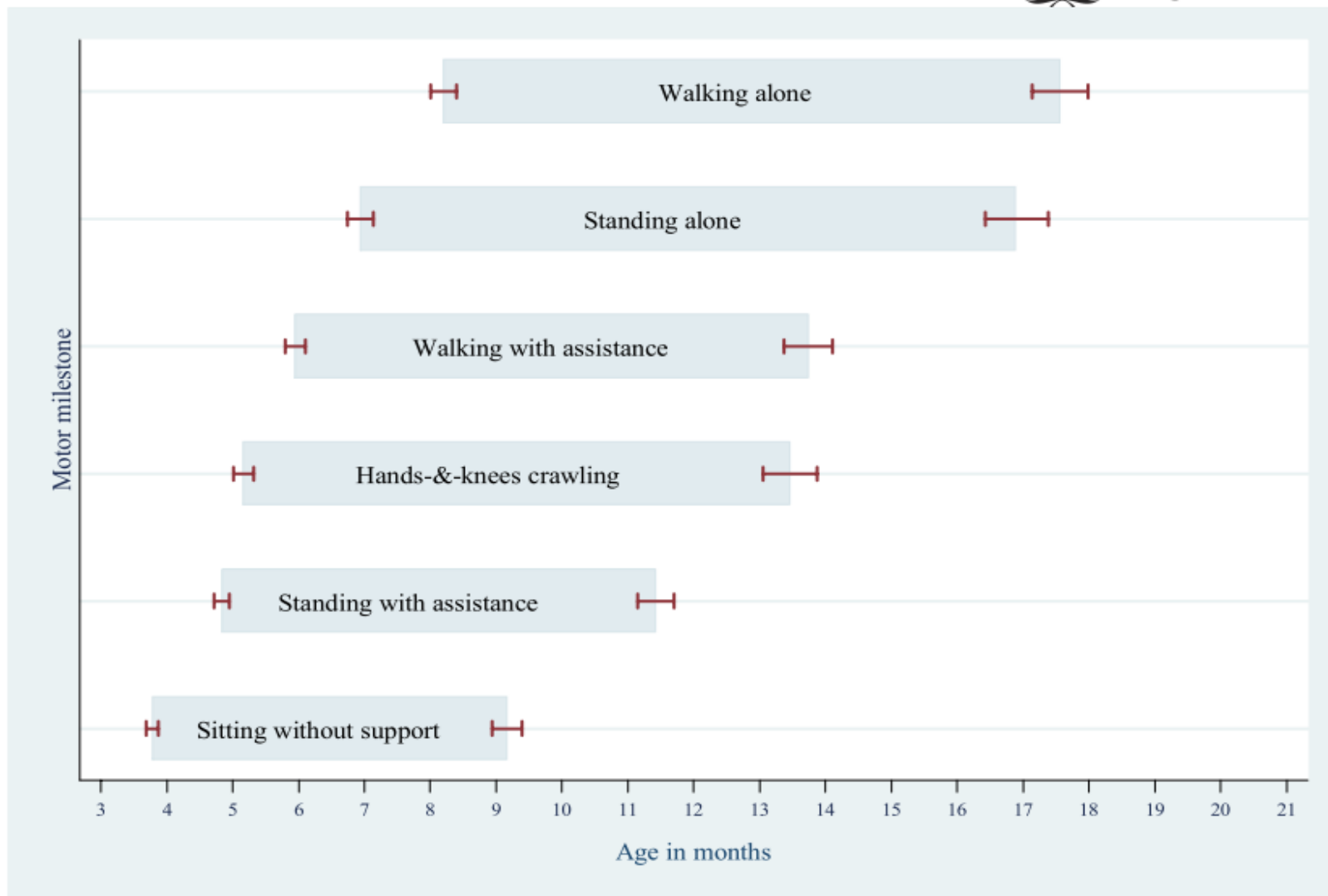
- Wide variation in timing of milestones across children
- Milestones alone may lead to missed opportunities for EI (unnecessary “wait & see” recommendations)

# Just the Average

## Windows of achievement for six gross motor milestones



World Health  
Organization



Reference: WHO Multicentre Growth Reference Study Group. WHO Motor Development Study: Windows of achievement for six gross motor development milestones. Acta Paediatrica Supplement 2006;450:86-95.



# Warning Signs (Red Flags)

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# Red Flags

- Does not babble or coo by 10 month.
- Does not gesture (e.g., point, wave, reach) by 12 months.
- Does not crawl by 12 months.
- No words by 15 months (girls), 18 months (boys).
- No walking by 18 months.
- No pointing to show things by 18 months.
- Doesn't follow simple directions by 24 months.

# Red Flags (Continued)

- No two-word phrases at 2 years **and** there are other concerns (e.g., comprehension, speech, gestures).
- Language or play skills far below those of typically developing children.
- Any loss of any language or social skills at any age.
- Drools or has very unclear speech by 3 years.
- Can't speak in sentences by 3 years.
- Children who omit the first sound in words (“aw” for “ball”, “at” for “cat”).





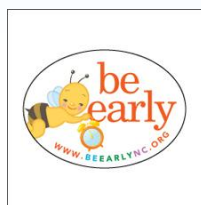
# Screening Tools:

Screenings recommended at 9, 18, 24 or 30 months

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# *Ages & Stages Questionnaire—Third Edition (ASQ-3)*

- Widely used.
- Domains covered (communication, gross & fine motor, problem solving, & personal social).
- Age range = 2 to 60 months.
- Developmental parent-completed screener.
- Series of 21 forms every 2-3 months.
- Available in English, Spanish, French, Somali, Hmong.

# ***Ages & Stages Questionnaire–Third Edition (ASQ-3) 16 Months***

		YES	SOMETIMES	NOT YET	
<b>COMMUNICATION</b>	<i>Be sure to try each activity with your child.</i>				
1.	Does your child point to, pat, or try to pick up pictures in a book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	When your child wants something, does he tell you by <i>pointing</i> to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	When you ask her to, does your child go into another room to find a familiar toy or object? You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Does your child point to the correct body part when you ask, "Where is your nose (eyes, hand, etc.)?" (He can point to a part of himself, you, or a doll.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		COMMUNICATION TOTAL			_____

# ***CSBS-DP Infant-Toddler Checklist***

- *Communication and Symbolic Behavior Scales-DP Infant-Toddler Checklist (CSBS-ITC) (Wetherby & Prizant, 2002).*
- Parent-report tool.
- 25 questions across communication & play domains
- Empirically supported for 9-24 month olds.
- Also shown to raise red flags for ASD **although is not an ASD specific screener.**
- Download **free** form & scoring <http://firstwords.fsu>
- Early communication highly correlated with IQ and later skills (e.g., language, literacy).



# CSBS DP™ Infant-Toddler Checklist



## CSBS DP Infant-Toddler Checklist

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date filled out: \_\_\_\_\_

Was birth premature? \_\_\_\_\_ If yes, how many weeks premature? \_\_\_\_\_

Filled out by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Instructions for caregivers:** This Checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This Checklist should be completed by a caregiver when the child is between 6 and 24 months of age to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or another person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. Children at your child's age are not necessarily expected to use all the behaviors listed.

### Emotion and Eye Gaze

- |   |                                  |                                    |                                |
|---|----------------------------------|------------------------------------|--------------------------------|
| 1. Do you know when your child is happy and when your child is upset?                   | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 2. When your child plays with toys, does he/she look at you to see if you are watching? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 3. Does your child smile or laugh while looking at you?                                 | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 4. When you look at and point to a toy across the room, does your child look at it?     | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

### Communication

- |  |                                  |                                    |                                |
|--|----------------------------------|------------------------------------|--------------------------------|
| 5. Does your child let you know that he/she needs help or wants an object out of reach?  | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 6. When you are not paying attention to your child, does he/she try to get your attention?   | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 7. Does your child do things just to get you to laugh?   | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you to do anything with them? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

### Gestures

- |  |                                  |                                    |                                |
|--|----------------------------------|------------------------------------|--------------------------------|
| 9. Does your child pick up objects and give them to you?               | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 10. Does your child show objects to you without giving you the object? | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 11. Does your child wave to greet people?                              | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 12. Does your child point to objects?                                  | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| 13. Does your child nod his/her head to indicate yes?                  | <input type="checkbox"/> Not Yet | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

# CSBS DP™ Infant-Toddler Checklist

## Sounds

14. Does your child use sounds or words to get attention or help? ☐ Not Yet ☐ Sometimes ☐ Often
15. Does your child string sounds together, such as *uh oh, mama, gaga, bye bye, bada*? ☐ Not Yet ☐ Sometimes ☐ Often
16. About how many of the following consonant sounds does your child use:  
*ma, na, ba, da, ga, wa, la, ya, sa, sha*? ☐ None ☐ 1-2 ☐ 3-4 ☐ 5-8 ☐ over 8

## Words

17. About how many different words does your child use meaningfully that you recognize (such as *baba* for bottle; *gaggie* for doggie)? ☐ None ☐ 1-3 ☐ 4-10 ☐ 11-30 ☐ over 30
18. Does your child put two words together (for example, *more cookie, bye bye Daddy*)? ☐ Not Yet ☐ Sometimes ☐ Often

## Understanding

19. When you call your child's name, does he/she respond by looking or turning toward you? ☐ Not Yet ☐ Sometimes ☐ Often
20. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy," "where's Daddy," "give me the ball," or "come here," without showing or pointing, your child will respond appropriately. ☐ None ☐ 1-3 ☐ 4-10 ☐ 11-30 ☐ over 30

## Object Use

21. Does your child show interest in playing with a variety of objects? ☐ Not Yet ☐ Sometimes ☐ Often
22. About how many of the following objects does your child use appropriately:  
cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone? ☐ None ☐ 1-2 ☐ 3-4 ☐ 5-8 ☐ over 8
23. About how many blocks (or rings) does your child stack? **Stacks** ☐ None ☐ 2 blocks ☐ 3-4 blocks ☐ 5 or more
24. Does your child pretend to play with toys (for example, feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle)? ☐ Not Yet ☐ Sometimes ☐ Often

Do you have any concerns about your child's development? ☐ yes ☐ no If yes, please describe on back.





# Spread the Word: For All Professionals

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# For Professionals

- Take notice
- Trust your instincts
- Prepare to act
- Take action



# Take Notice

- While it may (or may not) be your job to diagnosis, it is helpful to get familiar with red flags such as:
- Limited language or social skills
- Child not participating in or enjoying pretend play
- Child not interacting or playing with peers

# Trust Your Instincts

- As a professional you are tuned in to typical preschool aged child behavior.
- When a child acts in an unusual way on a consistent basis or is not meeting developmental milestones, document your observations of things that seem out of the ordinary.
- Trust what you know about other children this age.

# Prepare to Act (Take “data”)

- Noticing warning signs of DD or ASD indicates that provider needs to talk with family.
- It's helpful to take notes to show the parents what child is or is not doing.
- Keep “data” on the child in different situations (e.g., playtime, snack).
- Use descriptive words of what child did/did not do rather than interpretations (e.g. preschool: “child left play area when others came there” rather than “child didn't want to play with others”).

# Take Action: Approaching Families about Concerns

- First talk about strengths & things child can do.
- Remind the family that you are familiar with the child (and many others), and you've closely observed the child's behaviors.
- Remain objective "this is what I have observed", but show warmth and caring.
- Describe behaviors observed when talking to parents and highlight any they have mentioned.
- Focus on social skills not speech/language ("Einstein issue").

# Take Action: Approaching Families about Concerns

- You can say, “I understand you may not see some of these types of behaviors at home because it is a different setting, here’s what I see at office/ preschool”.
- Try not to pass judgment or use “highly charged words” (e.g., “antisocial”, “behavior problem”).
- Do a lot of listening.
- Consider cultural differences & sensitivities.

# Next Steps with Families

- Encourage caregivers to observe the child in setting/s with other children (preschool).
- Ask if they have talked with child's PCP and if he/she has noticed any concerns.
- Recommend a developmental screening.
- Be aware of local resources and share information about early intervention or referrals for screening or evaluation.
- Maintain ongoing communication.



# For Parents Approaching Providers about Concerns

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# For Families with Concerns

- Observe other children of the same age (e.g., childcare, preschool).
- Talk with your child's PCP, early care provider, and family members and see if they have any concerns.
- Use your “data” from observing your child.
- Give examples of concerning behaviors.
- Trust your instincts.
- Request a developmental screening.
- Be persistent if others doubt your concerns.



# Family Members as Advocates

- Talk with your child's PCP, early care providers, and family members and share your knowledge and experiences.
- Share your story with other parents, educators, and students.
- Consider serving on your local LICC.
- Helpful ideas in Autism Speaks' Advocacy section (e.g., IEP development, rights).
- We need YOU!



# Identification of ASD: Birth to 5

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# Overview

- Benefits of early identification of ASD
- Clinical characteristics
- Screening and Diagnosis

# Parents are Concerned Early

- Parents are concerned when their children are very young!
- Average age of first concern = 14 – 15 months (Chawarska et al., 2007)
- First concerns are usually about language or social skills
- Even though they are concerned, they may not always share their concerns initially

# Parents are Concerned Early

SO, Making a diagnosis can...

- Validate their concerns
- Prevent frustration related to, “why didn’t you tell me?”
- Prevent guilt many parents report feeling about “missing” the window for early autism intervention

# Diagnosis is Reliable

- Trained clinicians agree about early autism diagnosis (Stone et al., 1999)
- There are good assessment tools to use to help with diagnosis
  - Autism Diagnostic Observation Schedule - Toddler Module and Modules 1 – 3 for young children
- We can no longer honestly tell a family that autism diagnosis must wait until a child is 3 or older.

# Diagnosis is Stable

- Diagnosis of autism generally stable from age **2 years – 9 years**
- Possibility for improved prognosis with earlier start in intervention programs

# Early Intervention Helps

- Improved outcomes for children who begin intervention at young ages (Dawson et al., 2010, for example)
- Amount of intervention associated with more optimal outcomes (Turner et al., 2006)



# Family Planning

- Siblings of children with ASD at higher risk for developing ASD
  - Up to 20% of siblings develop ASD
- No genetic test for autism
- Information about diagnosis of first child could affect decisions about whether and/or when to have more children

# Advocacy

- Parents are their child's best advocates
  - Knowledge comes before action!
- How can they advocate when they don't have the full picture?

# Early is Best...so what happens in the real world?

- Most children diagnosed at 3 – 5 ½ years
  - 2 – 4 year wait between concern and diagnosis for many families
- Higher socioeconomic status diagnosed younger

# Professional Recommendations

- American Academy of Pediatrics recommends direct surveillance and screening **twice** for autism prior to the second birthday



# Diagnostic Criteria for Autism

- Qualitative impairment in social interactions
- Qualitative impairment in communication
- Restricted, repetitive, & stereotyped patterns of behavior, interests, & activities

# Impairment in Social Interactions

*In toddlers and preschoolers, this means:*

- Less responsive to social overtures
- Less participation in back-and-forth play
- Less “showing off” for attention
- Less interest in other children
- Less imitation of the actions of others

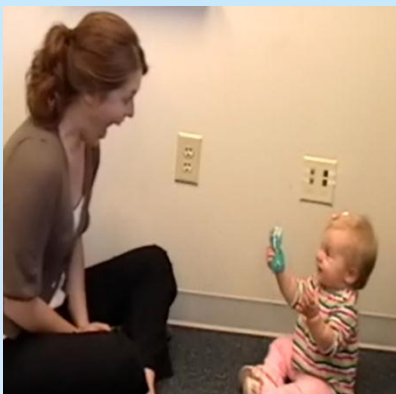


# Impairment in Social Interactions

## *What do parents describe?*

- May describe child as affectionate- this does not rule out autism
- Often hear child described as “in his own world”
- Parents may consider child is hearing impaired
- Differences between “shy” children and autism

# Impairment in Communication



***In toddlers and preschoolers this means problems in nonverbal communication:***

- Less use of eye contact to communicate
- Less use of gestures to communicate
- Less communication to direct another person's attention
- Use of other's hand as a tool





# Impairment in Communication

*In toddlers and preschoolers this means problems in the development of verbal communication:*

- No babbling, pointing, or other gestures by 12 months
- No single words by 16 months
- No spontaneous two-word phrases by 24 months
- Loss of language skills at any age

# Impairment in Communication

*In toddlers and preschoolers with language, this means:*

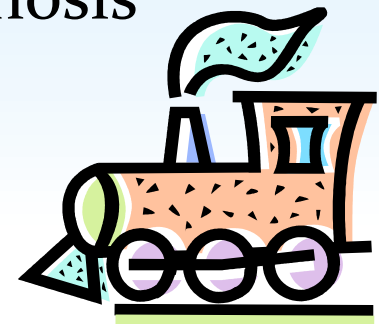
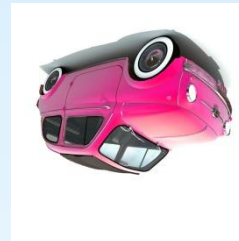
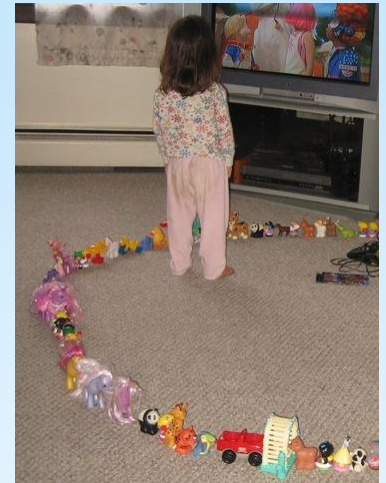
- Echolalia
- Stereotyped language (e.g., scripting, odd intonation, pronoun reversal)
- Repetitive language

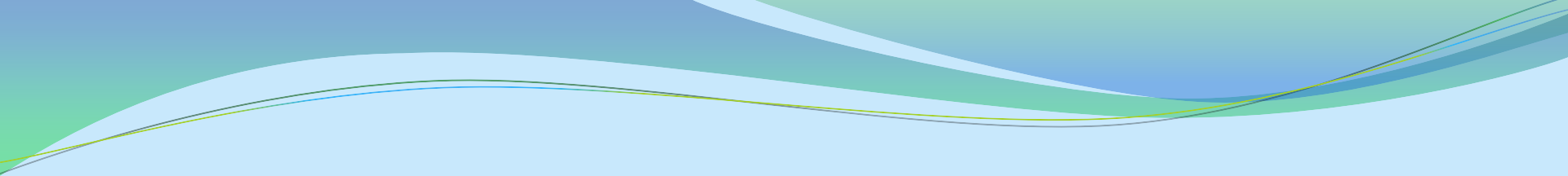
*Example: Child rarely talks to communicate, but repeats full lines from a favorite cartoon*

*Example: child says "you want a cracker?" to ask for a cracker*

# Repetitive Behavior

- Repetitive, stereotyped movement
  - Insistence on sameness
  - Circumscribed interests
  - Interest in parts of objects
- These behaviors are important for prognosis





# Autism Screening and Diagnostic Tools

# Why Autism-Specific Screening?

- Many children with autism are not identified with general developmental screening, such as the *Ages and Stages Questionnaire*

# Examples of Autism Screening Tools

- Modified CHecklist for Autism in Toddlers (M-CHAT)
- Pervasive Developmental Disorders Screening Test
- Childhood Autism Rating Scale (CARS)
- Social Communication Questionnaire (SCQ)
- Screening Tool for Autism in Two-year-olds (STAT)

# M-CHAT

- Parent questionnaire and follow-up interview\*
  - 16 yes-no parent questions
    - Does your child use his/her index finger to point, to indicate interest in something?
  - Follow-up interview for children who screen positive
    - During the appointment, has the child made eye contact with you?
- 18 – 30 months
- Minimal experience needed

# How does the MCHAT work?

- When completed by the physician, identifies children who show early risk for ASD
- May over-identify children as being at risk
- When completed with the follow-up interview is quite accurate
- M-CHAT ONLINE



# What is Your Role?

How can we carefully talk about autism?

1. Listen to parents
2. If a parent or other professional mentions concern, do not rule it out if you are not an experienced clinician
3. Don't be afraid to use the word autism, but first Educate yourself!
4. Explain concerning behaviors/red flags first before saying autism when talking to a parent



# Resources

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# Web Resources

- CDC Learn the Signs/Act Early
  - [www.cdc.gov/ncbddd/actearly/concerned/html](http://www.cdc.gov/ncbddd/actearly/concerned/html)
- American Academy of Pediatrics
  - <http://www.aap.org/healthtopics/autism.cfm>
- Autism Speaks ASD glossary
  - <http://www.autismspeaks.org/>
- CSBS Infant/Toddler Checklist & Scoring, ASD glossary
  - <http://firstwords.fsu>
- 9-12 months: Is Your One-Year Old Communicating with You? (AAP, 2004)
  - [www.aap.org](http://www.aap.org)

# Web Resources

- *Talking to Parents About Autism*
  - an excellent 15 min video via YouTube by Autism Speaks
  - [www.autismspeaks.org/whatisit/talking\\_to\\_parents\\_action\\_kit.php#top](http://www.autismspeaks.org/whatisit/talking_to_parents_action_kit.php#top)
  - also includes an “action kit” with handouts for early care and education providers to talk with parents about developmental screening
- *Caring for children with autism spectrum disorders: a resource toolkit for clinicians*
  - Retrieved September 23, 2012, from American Academy of Pediatrics website:
  - <http://www2.aap.org/publiced/autismtoolkit.cfm#id>
- *Modified Checklist for Autism in Toddlers*
  - Retrieved September 25, 2012, from Autism Speaks and Hearing Association website:
  - <http://www.autismspeaks.org/what-autism/diagnosis/screen-your-child>

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# Questions/Comments