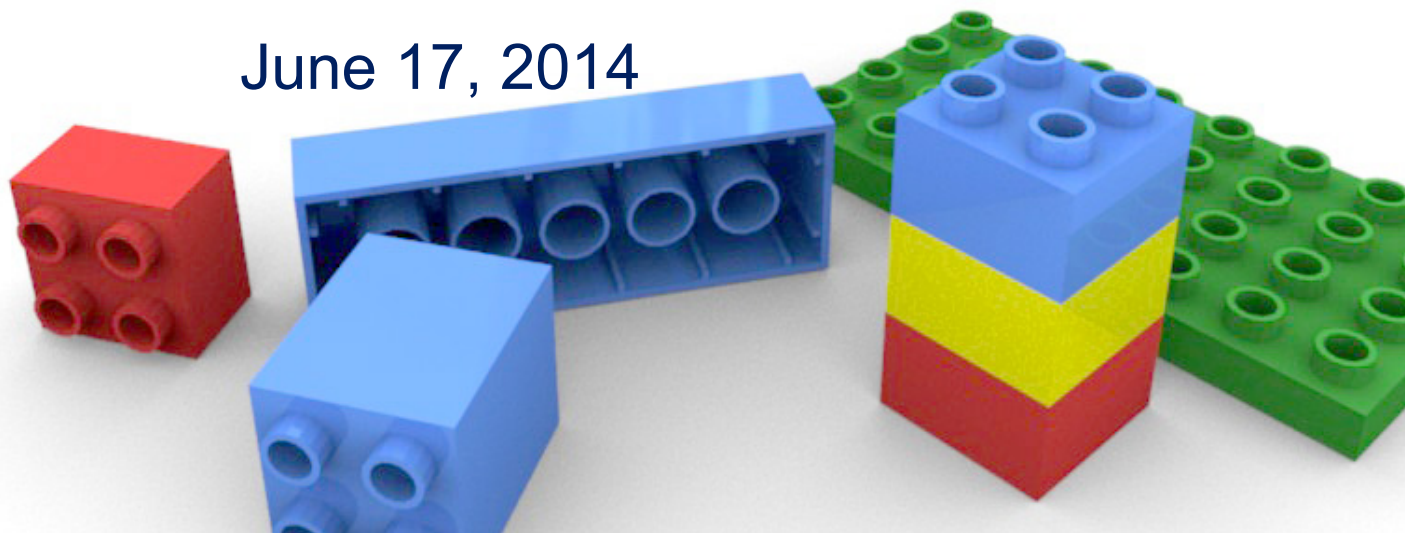


Identification and Diagnosis of Autism Spectrum Disorder: 12 to 36 Months

Anne Heintzelman, MS, CCC-SLP
Corey E. Ray-Subramanian, PhD

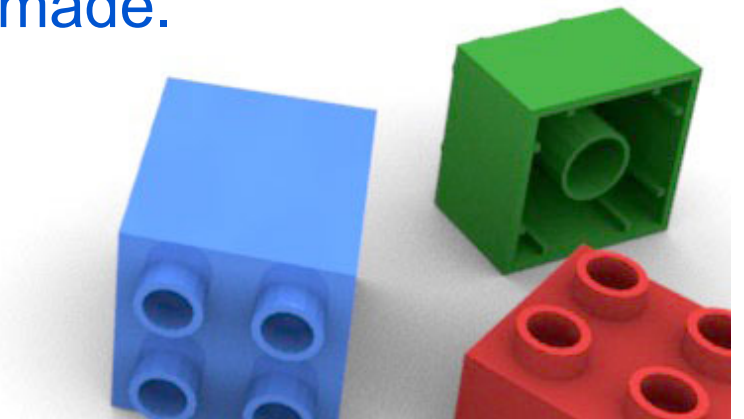
Wisconsin Infant and Early Childhood
Mental Health Conference

June 17, 2014



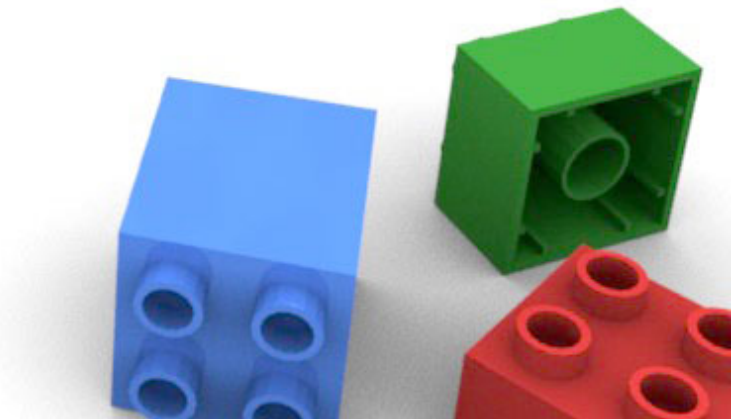
Learning Objectives

- Understanding of Autism Spectrum Disorder and how this diagnosis is made in very young children.
- Knowledge of early social, communication and behavioral indicators of an autism spectrum disorder to use to help identify children who may need further evaluation for an autism spectrum disorder.
- Reflect on and discuss special considerations related to infant, child and family mental health in the context of how the diagnosis of autism is made.



Overview

- Defining Autism Spectrum Disorder
- Early Indicators
- Screening
- Diagnostic Evaluations
- Special Considerations



Autism Spectrum Disorder (ASD)

- An umbrella term that includes older terms [e.g., Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)].
- Considered a neurodevelopmental disorder, but does not have a biological marker and is defined and diagnosed by behavioral features.
- Can be reliably diagnosed in children by 2 years of age.

(Bishop et al., 2008; Lord & Luyster, 2005)

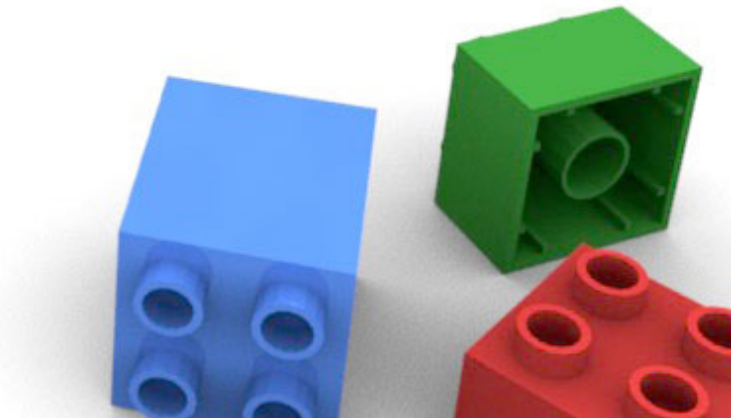


DSM-5 Criteria

Autism Spectrum Disorder (must meet criteria 1, 2, & 3)

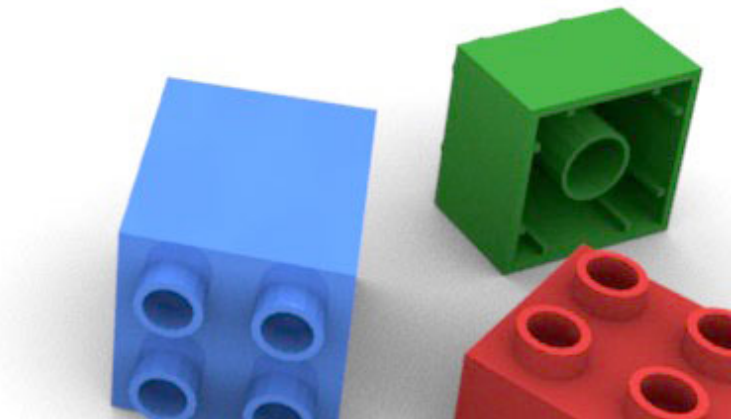
A. Clinically significant, persistent deficits in social communication and interactions, as manifest by ALL of the following:

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



Social-Emotional Reciprocity

- Ranging From:
 - Abnormal social approach
 - Failure of normal back and forth conversation
 - Reduced sharing of emotions or affect
 - failure to initiate or respond to social interactions.



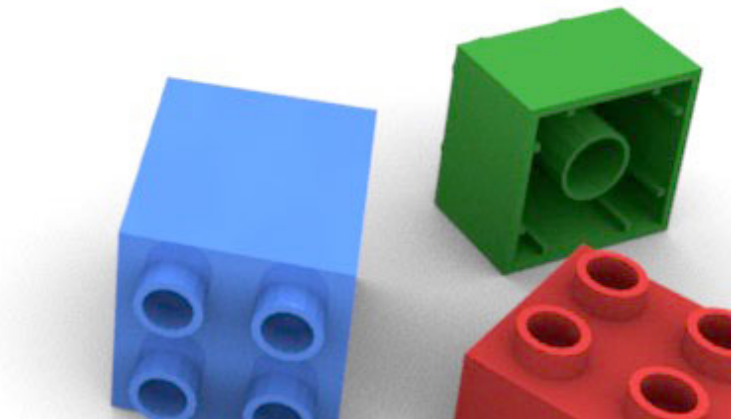
Nonverbal Communication

- Ranging From:
 - Poorly integrated verbal and non-verbal communication
 - Abnormalities in eye contact and body language
 - Deficits in understanding and use of gestures
 - Lack of facial expressions and non-verbal communication.



Relationships

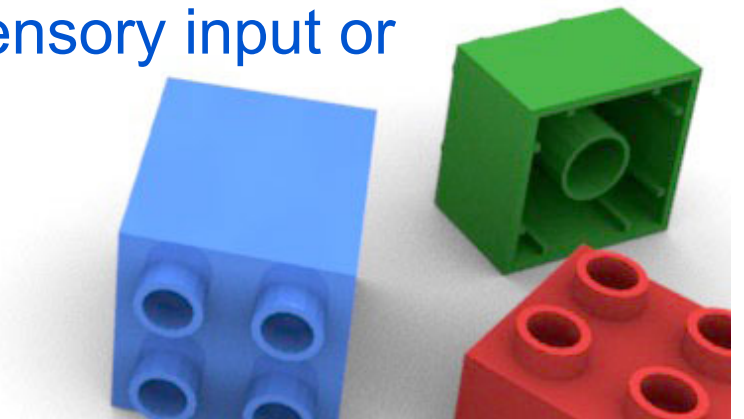
- Ranging From:
 - Difficulty adjusting behavior to various social contexts
 - Difficulty sharing imaginative play or making friends
 - Absence of interest in peers



DSM-5 Criteria (cont'd)

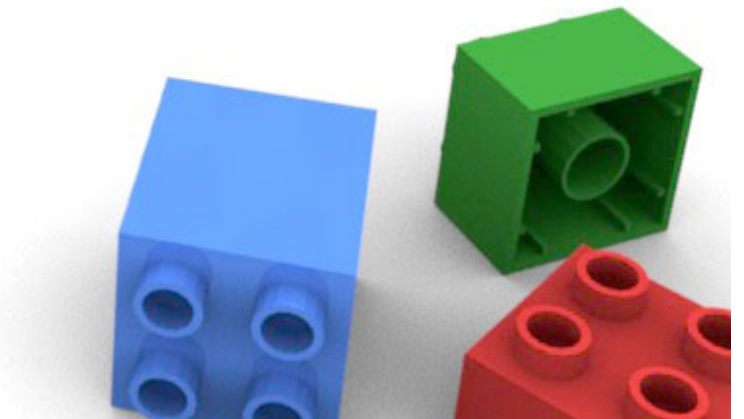
B. Restricted, repetitive patterns of behavior, interests, and activities, as manifested by at least TWO of the following (currently or by history):

1. Stereotyped motor movements, use of objects, or speech
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or non-verbal 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 the environment



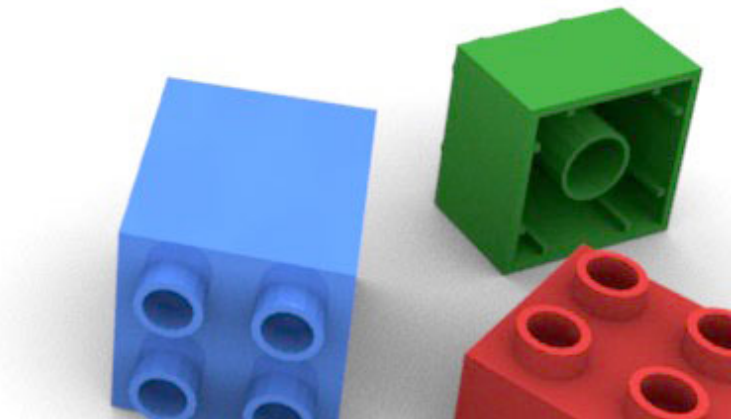
Repetitive Behaviors

- Simple motor stereotypies
- Lining up toys or flipping objects
- Echolalia
- Idiosyncratic phrases



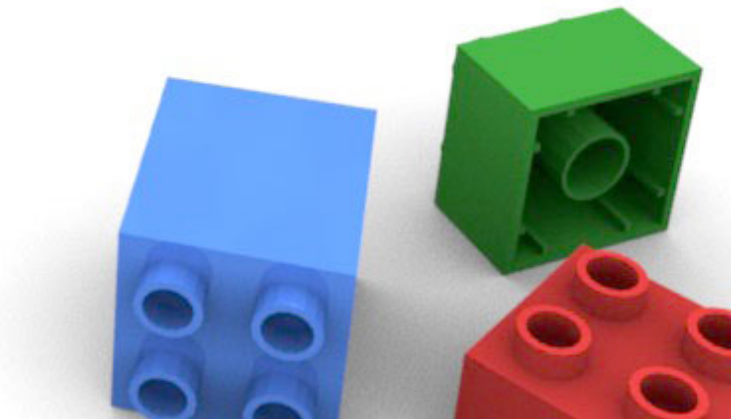
Insistence on Sameness

- Extreme distress at small changes
- Difficulties with transitions
- Rigid thinking patterns
- Greeting rituals
- Need to take same route or eat same food every day



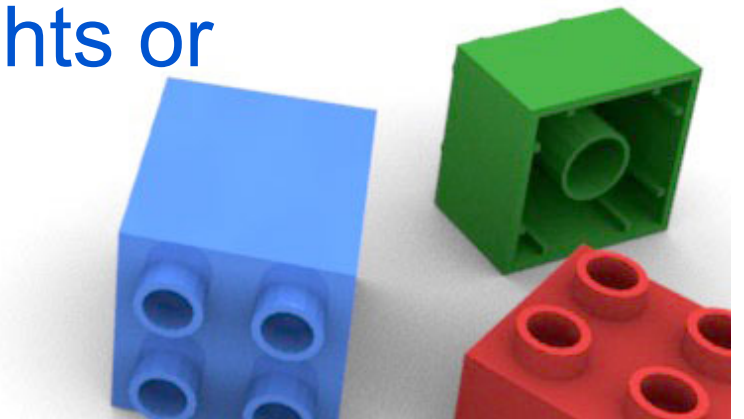
Restricted Interests

- Strong attachment to or pre-occupation with unusual objects
- Excessively circumscribed or perseverative interests



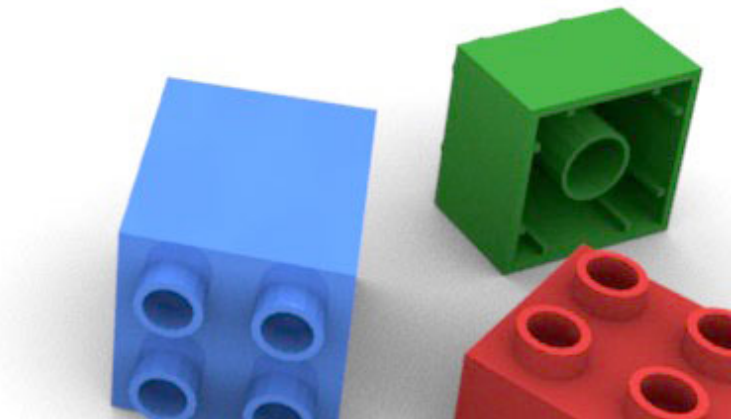
Sensory Differences

- Apparent indifference to pain/temperature
- Adverse response to specific sounds or textures
- Excessive smelling or touching of objects
- Visual fascination with lights or movement



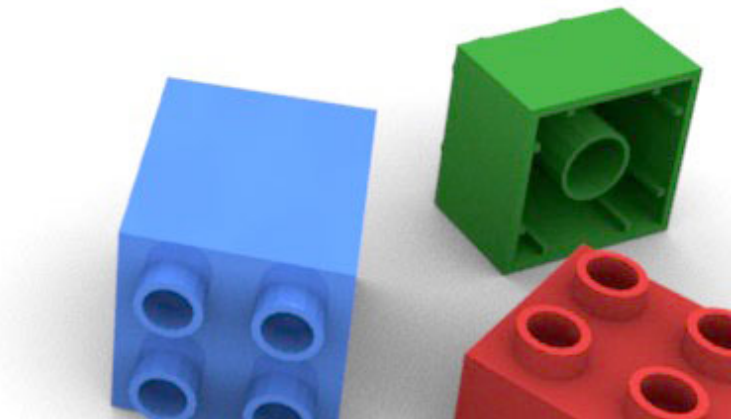
DSM-5 Criteria (cont'd)

- 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).



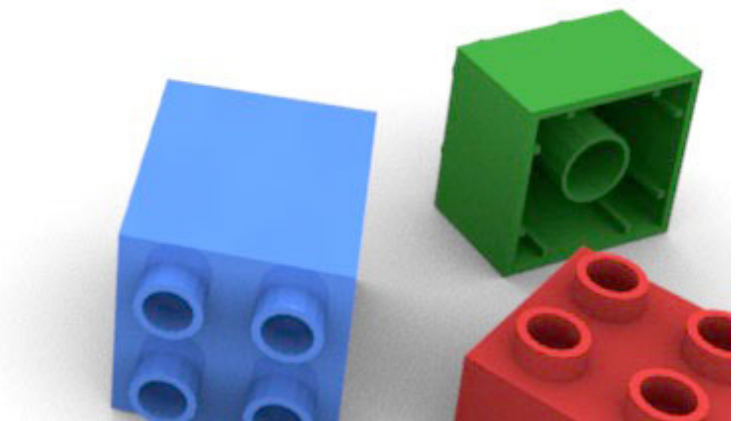
DSM-5 Criteria

D. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning.



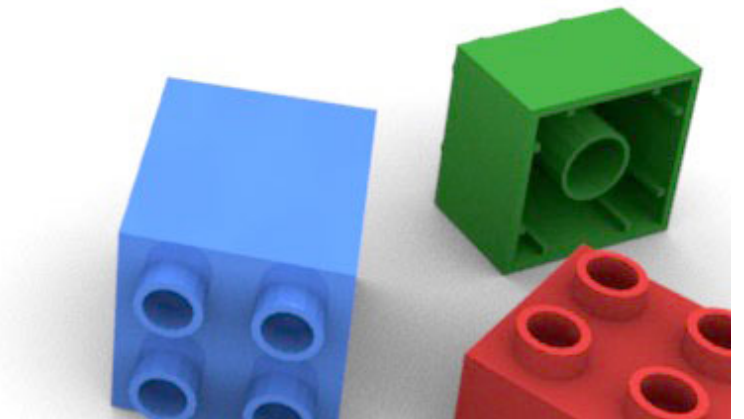
DSM-5 Criteria (cont'd)

E. Disturbances not better explained by intellectual disability or global developmental delay.....social communication should be below that expected for general developmental level



Severity Levels

- Level 1: Requiring Support
- Level 2: Requiring Substantial Support
- Level 3: Requiring Very Substantial Support
- Current severity is specified for both social communication and restricted repetitive behaviors

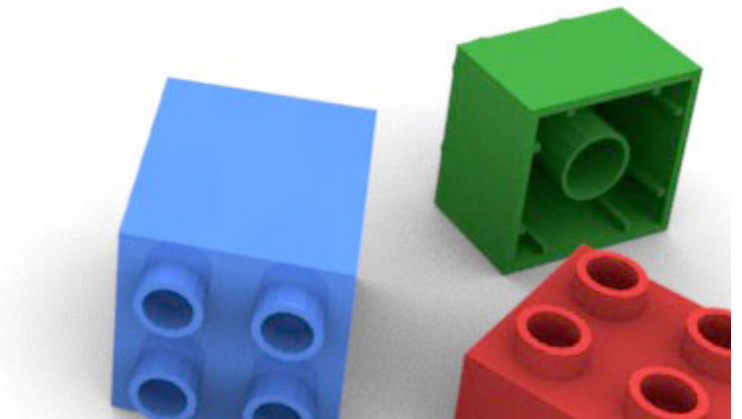


Early Indicators of ASD

- Lack of appropriate eye gaze
- Lack of warm, joyful expressions with gaze
- Lack of sharing enjoyment or interest
- Lack of response to name
- Lack of showing
- Lack of coordination of nonverbal communication
- Unusual prosody
- Repetitive movements with objects
- Repetitive movements or posturing of body, arms, hands, or fingers

(Wetherby et al., 2004)

[video_glossary.link](#)



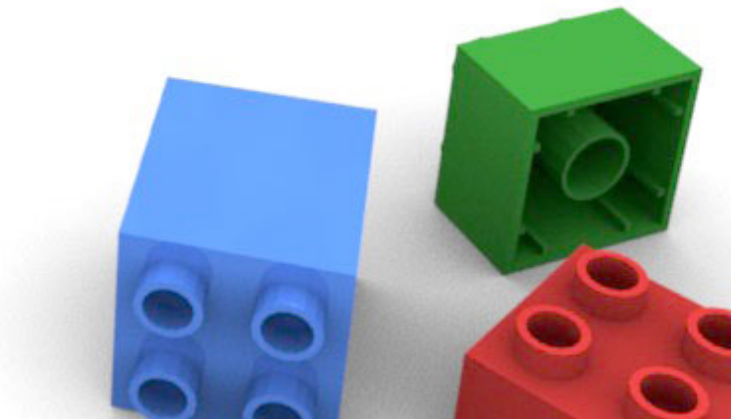
Social Interaction

Nonverbal behaviors 1ab (12 & 18 m)

Engaging in interaction 2ab (12 & 19)

Sharing attention 2ab (15 & 20 m)

Social Reciprocity 3ab (27 & 28 m)



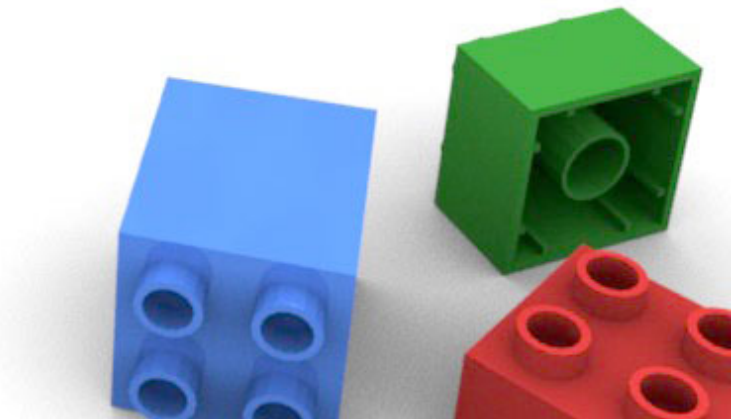
Communication

Expressive Language: delay vs difference
3ab (28 & 36m)

Receptive Language 6ab (15 & 16m)
(restricted and repetitive patterns of behavior)

Repetitive Language 1a (19m)

Make believe/social imitative play 2ab (18
& 21 m)



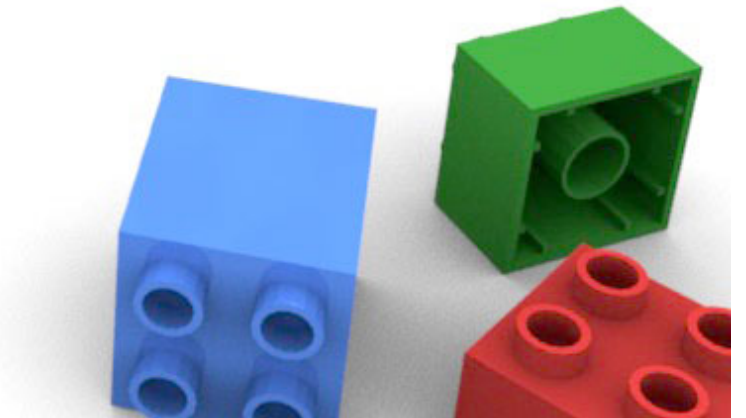
Restricted and Repetitive Behaviors

Repetitive motor mannerisms 4a (12m)

Insistence on sameness at 19 m in play (1a) and at 36 m with language(3a)

Preoccupation with parts 1a (20m)

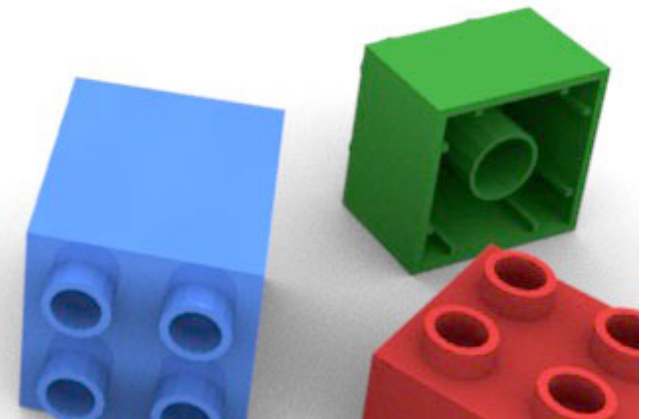
Unusual sensory interest 1a (22m)



Screening

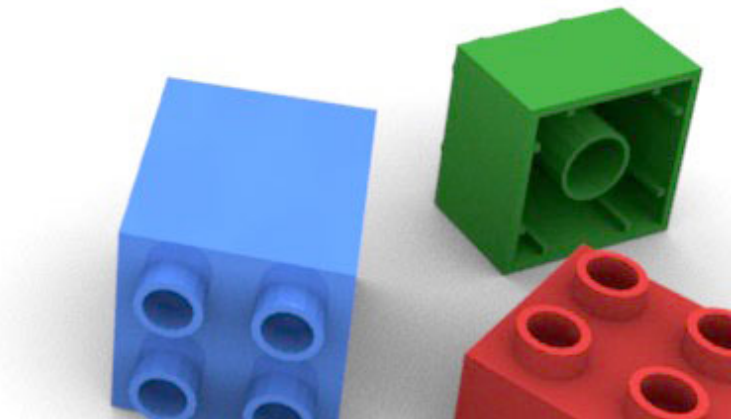
- AAP recommends that all children be screened at 18 and 24 months for ASD.
- The Modified Checklist for Autism in Toddlers (M-CHAT) is a widely used and well-validated Level 1 screener for children ages 16 to 30 months.
- The most recent version (M-CHAT-R/F) includes a parent-completed checklist and brief, structured follow-up interview.
- Available for free at www.m-chat.org

(Johnson & Myers, 2007; Robins et al., 2013)



Screening (cont'd)

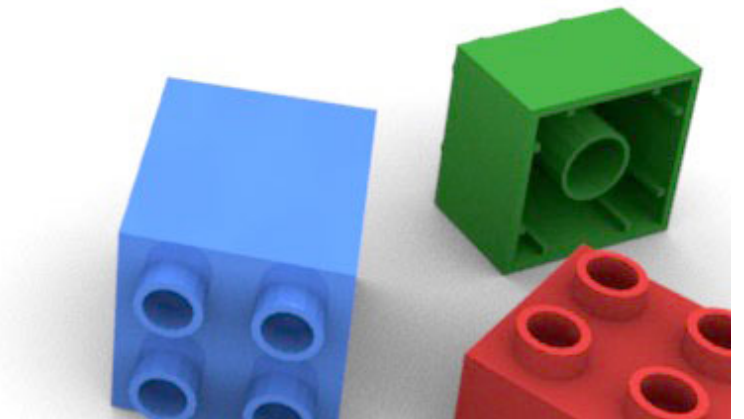
- Level 2 screeners for toddlers include:
 - Screening Test for Autism in Toddlers & Young Children (STAT)
 - Pervasive Developmental Disorders Screening Test, 2nd ed (PDDST-II Stage 2)
 - Childhood Autism Rating Scale, 2nd ed (CARS2)
- These instruments are intended for children who are already suspected of having ASD or another developmental disorder.



Diagnostic Evaluations

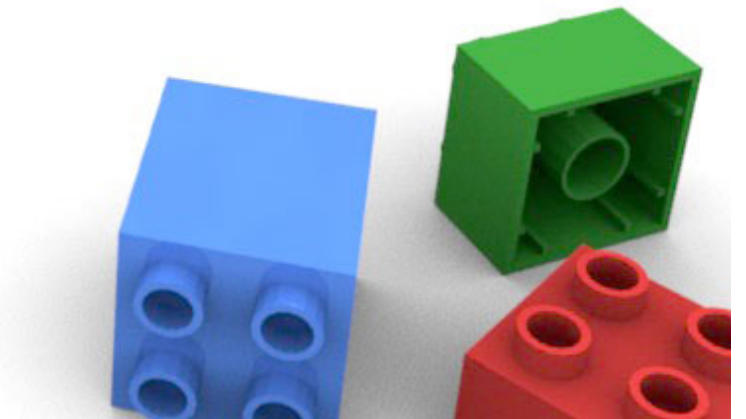
- In addition to ASD-specific measures, a comprehensive diagnostic evaluation for ASD should include assessments of:
 - Developmental history
 - Cognitive ability
 - Expressive and receptive language skills
 - Adaptive behavior

(Bishop et al., 2008)



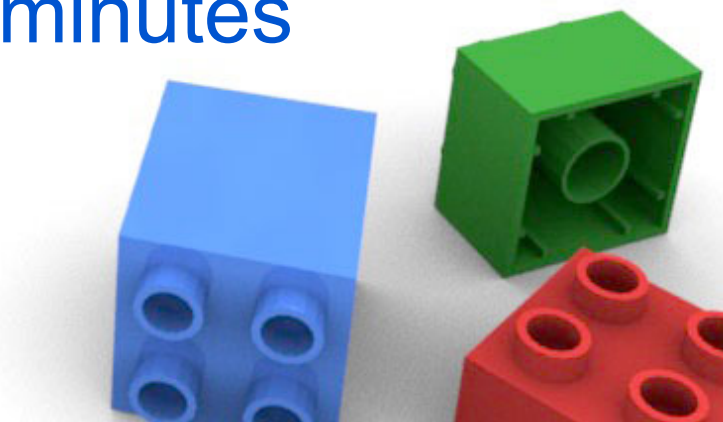
Diagnostic Instruments for ASD

- Autism Diagnostic Observation Schedule (ADOS-2)
- Autism Diagnostic Interview-Revised (ADI-R)

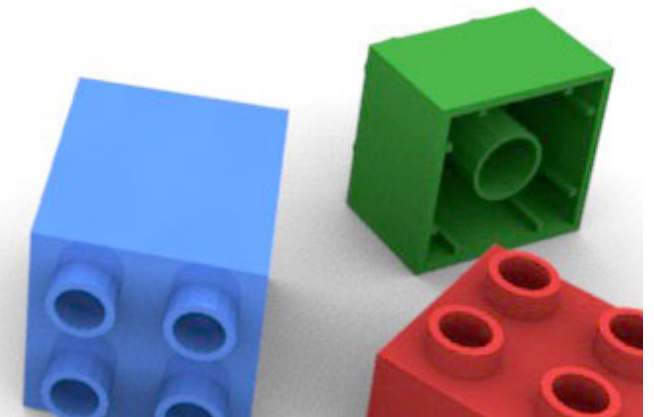


ADOS-2

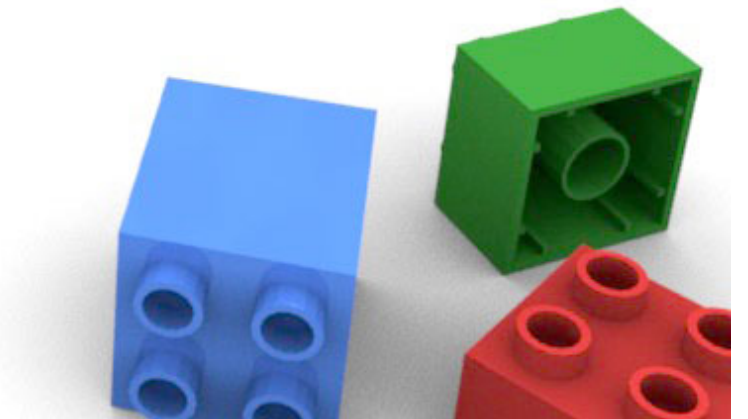
- Semi-structured, standardized assessment of communication, social interaction, and play/imaginative use of objects
- Includes the use of planned social occasions (i.e., “presses”)
- Consists of five modules based on expressive language skills and age
- Can be administered in 45 minutes



ADOS-2 Materials

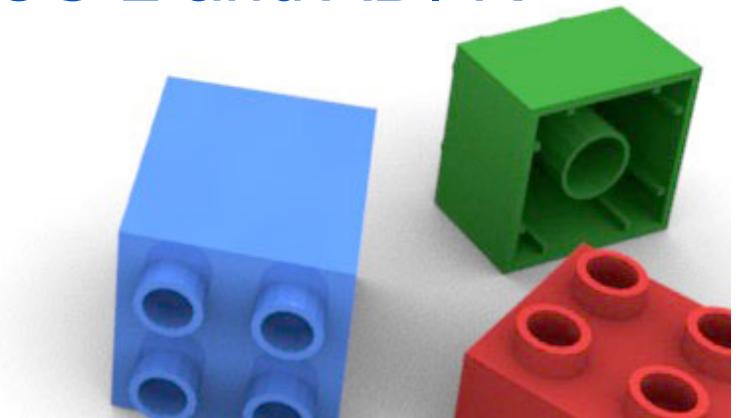


ADOS-2 video



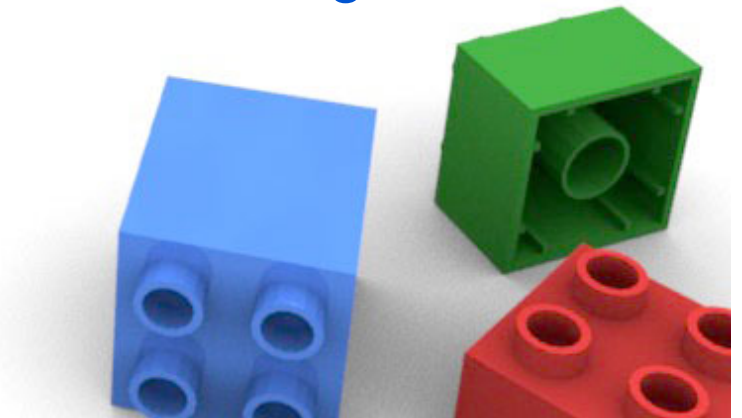
ADI-R

- Semi-structured, standardized parent/caregiver interview focused on:
 - child's early development
 - language acquisition
 - current language and communication functioning
 - social development and play
 - interests and behaviors
- Typically only used in research settings...can take 2+ hours to administer
- ASD classifications on the ADOS-2 and ADI-R are NOT diagnoses!



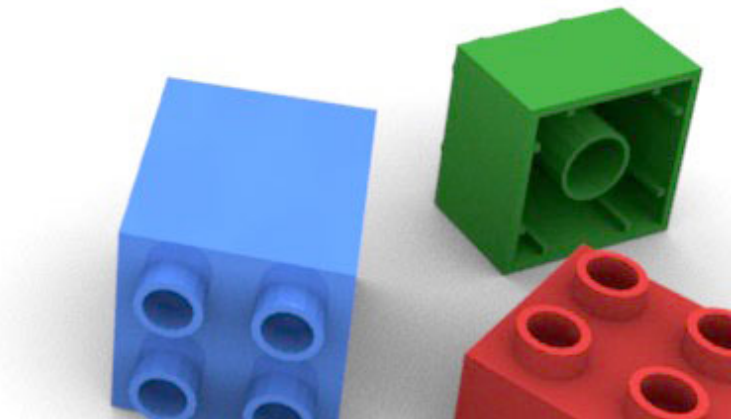
Special Considerations

- Consider the presence of hearing, visual or motor impairments
- Profound impairment in speech production abilities
- In very young children: Global Developmental Delay vs ASD
- Known history of abuse or neglect: what else needs to be addressed
- Exceeding an ASD “cutoff” score on a screening or diagnostic instrument is not sufficient for a diagnosis



Ethnic, Cultural & Linguistic Considerations

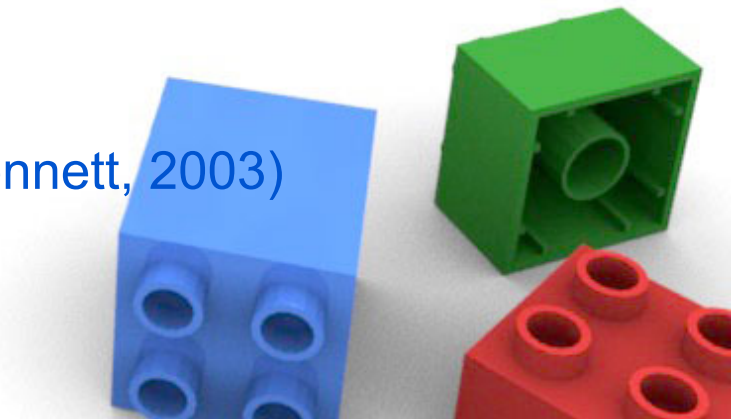
- Disparities in Identification
 - African American and multiracial children tend to receive ASD diagnoses significantly later than Caucasian children (Sansosti et al., 2012).
 - Relatively milder ASD or subtler communication delays are less likely to be diagnosed in racial/ethnic minority children (Jarquin et al., 2011; Tek & Landa, 2012).



Ethnic, Cultural & Linguistic Considerations (cont'd)

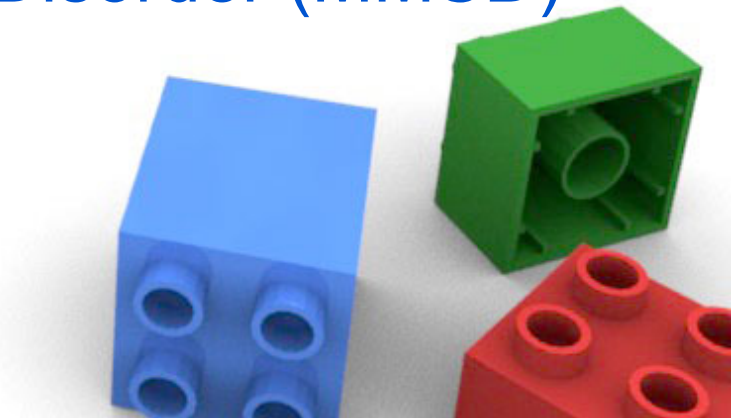
- Possible differences in
 - Perspectives on developmental expectations
 - Views on disability
 - Perspectives on roles of family and professionals in evaluation process
 - Intervention options and goals
 - Communication styles

(Brassard & Boehm, 2007; Zhang & Bennett, 2003)



DC:0-3R diagnoses that overlap with ASD

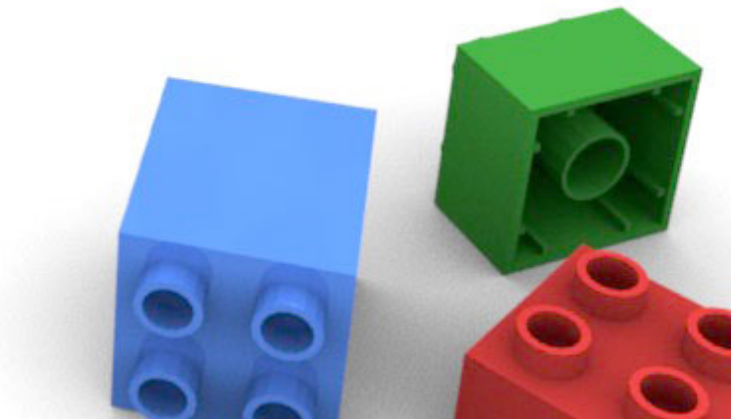
- Mixed Disorder of Emotional Expressiveness
 - Absence of 2 or + affects, reversed affect, affects functioning
- Regulation Disorders of Sensory Processing
 - Sensory processing, motor, behavior pattern
- Multisystem Developmental Disorder (MMSD)



DC:0-3R Considerations

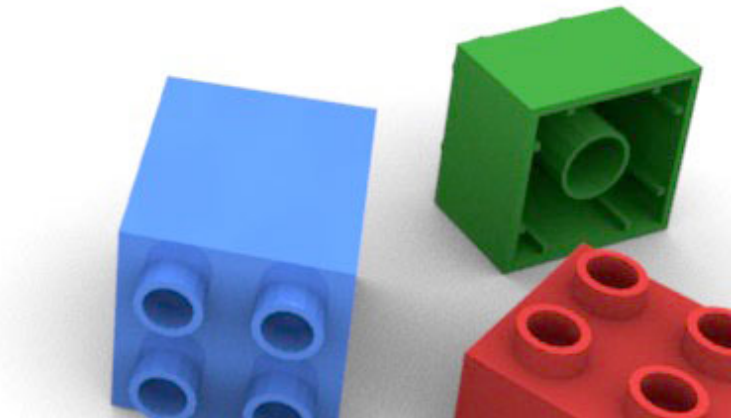
- Posttraumatic Stress Disorder
 - History of deprivation/maltreatment
- Anxiety Disorder of Infancy and Early Childhood
 - Social Anxiety Disorder (fear vs lack of interest)

Does the diagnosis lead to appropriate treatment?



Case Study

- ASD or Communication Delay?
- Or maybe something else?



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