



The Importance of Early Screening for Autism Spectrum Disorder

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“There is no debate or doubt: early intervention is your child’s best hope for the future. Early attention to improving the core behavioral symptoms of autism will give your child – and the rest of the family – several important benefits that you will not gain if you take a wait-and-see approach until your child enters school at age four or five.” (Does My Child Have Autism? by Wendy L. Stone, PhD, with Theresa Foy DiGeromino, MEd, 2006)

Early Intervention will improve outcomes!

Early identification ⇒ early intervention
Fully understanding presentation ⇒ right kind of early intervention
The right kind of early intervention ⇒ best possible outcomes

Quality early intervention improves:

- * Communication skills
- * Cognitive functions
- * Interpersonal skills
- * Motor Skills
- * Responsibility
- * School placement
- * Play skills

It reduces:

- * Autism symptoms
- * Problem Behaviors

(National Autism Project & Professional Development Center on ASD, 2009 & 2010)

Developmental screening and monitoring is the best pathway to early identification of children with Autism Spectrum Disorder (ASD).

The American Academy of Pediatrics recommends that all infants receive seven well-child visits. A specific screening for ASD should be conducted at age 18 and 24 months. Screening alone is not enough. In order to achieve the best outcome, multiple screenings and continuous monitoring throughout a child’s early development is important, particularly if a developmental disability is suspected.

What are the signs that a child is at risk for an Autism Spectrum Disorder?

While all children grow and develop at different rates, it is important to know what the developmental milestones are for each age and stage of a child’s development and to talk to the child’s doctor if he is not reaching those milestones. Learn the early signs or “red flags” for ASD in young children and talk to the child’s doctor about an evaluation if there are concerns.



Here are some important milestones:

- **By 6 months:** No big smiles or other warm, joyful expressions.
- **By 9 months:** No back-and-forth sharing of sounds, smiles, or other facial expressions.
- **By 12 months:** Lack of response to name.
- **By 12 months:** No babbling or “baby talk.”
- **By 12 months:** No back-and-forth gestures, such as pointing, showing, reaching, or waving.
- **By 16 months:** No spoken words.
- **By 24 months:** No meaningful two-word phrases that don’t involve imitating or repeating.

Red Flags for ASD in Young Children

- Doesn't make eye contact (e.g. look at you when being fed)
- Doesn't smile when smiled at.
- Doesn't respond to his or her name or to the sound of a familiar voice.
- Doesn't follow objects visually.
- Doesn't point or wave goodbye or use other gestures to communicate.
- Doesn't follow the gesture when you point things out.
- Doesn't make noises to get your attention.
- Doesn't initiate or respond to cuddling.
- Doesn't imitate your movements and facial expressions.
- Doesn't reach out to be picked up.
- Doesn't play with other people or share interest and enjoyment.
- Doesn't ask for help or make other basic requests.



- *An average of 1 in 36 children have been identified with an Autism Spectrum Disorder according to the Centers for Disease Control*
- *ASD is 4-5 times more likely to occur in*

- *Families who have a child with ASD are more likely to have another child with ASD*
- *Occurs in all racial, ethnic and income levels*



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Are children at greater risk of having a disability if there is already a child with ASD in the family?

Current research shows that infants born into families that have one child with autism have an 18.7% increased risk of being diagnosed with an Autism Spectrum Disorder. In families where two siblings have an ASD, the risk is higher, at 32.2%. If you notice a child is not acquiring new skills, or appears to be losing skills she once had, talk with a doctor.

Getting a child evaluated for an Autism Spectrum Disorder

It is best to start with the child's primary care doctor. The doctor should conduct a general developmental screening, at each well-child visit and an autism specific screening at ages 18 and 24 months. Based on observation during the visit, concerns expressed, and the outcomes, a family may be referred to a clinic, early intervention agency or child find program for further evaluation.

What happens during an evaluation?

In a clinical setting, screening includes; completion of rating scales specific to autism, a detailed observation of, and semi-structured interaction with the child, and a discussion/interview about family history and the child's development. A written report and a family follow-up meeting to discuss results and next steps are included when the evaluation is completed.

An evaluation for ASD includes observations, interviews and/or assessments of:

- ◆ Language and development
- ◆ Social communication and play
- ◆ Motor development
- ◆ Presence of restricted, repetitive behaviors
- ◆ The way a child responds to sensory input
- ◆ Adaptive behaviors (ability to perform common tasks such as dressing, feeding, etc.)
- ◆ Full medical and developmental history
- ◆ Vision and hearing



HANS: HELP AUTISM NOW SOCIETY

The following are some of the screening tools used during doctor/clinic vis-

- Ages and Stages Questionnaire –Third Edition (ASQ-3) *Squires & Bricker, 2009*
- Parents' Evaluation of Developmental Status (PEDS) *Glascoc, 2003*
- Infant/Toddler Checklist (ITC) *Wetherby and Prizant, 2002*
- Modified Checklist for Autism in Toddlers, Revised with Follow-up (MCHAT-R/F) *Robins, Fein, Barton, 2009*
- Childhood *Autism Rating Scale – Second Edition (CARS-2)* *Schopler, van Bourgondien, Wellman and Love, 2010*
- Gilliam *Autism Rating Scale – Second Edition (GARS-2)* *Gilliam, 2006*
- Social Communication Questionnaire (SCQ) *Rutter, Bailey and Lord, 2003*
- Screening *Tool for Autism in Toddlers (STAT)* *Stone, Coonrod and Ousley, 2000*

What you can do for your child and encourage for others!

1. **Get regular well-child check-ups:** It is important for a child to get regular check-ups with a primary care doctor to monitor development . Be sure to bring up any concerns about a child's progress, and don't hesitate to ask questions.
2. **Know what to look for:** Know the developmental milestones for each stage of a child's development and talk to the doctor if the child is not reaching those milestones. Learn the early signs or "red flags" for ASD in young children and request an evaluation if there are concerns.
3. **Don't take the "wait and see" approach:** There is no time for the "wait and see" approach when there are concerns about a child's development, and there is no harm done in screening or seeking a referral. Remember, early identification leads to early intervention. The age that intervention begins does matter!

Resources:

1. Autism Video Glossary
<https://autismnavigator.com/asd-video-glossary/>
2. Centers for Disease Control and Prevention, Learn the Signs, Act Early
<http://www.cdc.gov/ncbddd/actearly/index.html>
3. Childfind—Contact your local school district for more information about public school services for young children with disabilities
4. Early Childhood Evaluation Program (ECEP): Age 0-3 years
Center for Development and Disability, University of New Mexico
<http://www.cdd.unm.edu/ecep/index.html> or e-mail: ECEP@salud.unm.edu
(505) 272-9846 or Toll Free at 1-800-337-6076
5. Family Infant Toddler Program—New Mexico Department of Health
<http://nmhealth.org/about/ddsd/cpb/fit/>
6. Family and Provider Resources at the CDD: A state-wide information line for families, Individuals with ASD, and providers seeking autism specific resources
505-272-1852 or Toll Free at 1-800-270-1861 HSC-AutismPrograms@salud.unm.edu
7. Modified Checklist for Autism in Toddlers, Revised with Follow-up (MCHAT-R/F)
Paper version: <https://mchatscreen.com/>
Families may print out the checklist and take it to a medical appointment or evaluation
8. Neurodevelopmental Evaluation Clinic: Age 3 years and Up
Center for Development and Disability, University of New Mexico
<http://www.cdd.unm.edu/autism/index.html>
(505) 272-9337 or Toll Free at 1-800-270-1861

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For more information about this resource or to inquire about the Autism Programs call
(505) 272-1852 or **1-800-270-1861** <https://cdd.health.unm.edu/autismportal/>