



UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES
EDUCATION, RESEARCH AND SERVICE



Autism Spectrum Disorders:

SUPPORTING FAMILIES & CHILDREN DURING CURRENT TIMES
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Objectives

- 1) Understand new prevalence numbers for ASD
- 2) Identify early indicators of possible ASD
- 3) Identify red flags for ASD in toddlers
- 3) Identify supports for parents of children suspected of or diagnosed with ASD



Autism Spectrum Disorders - Poll 1

Poll 1:

Who is here?

(check all that apply)-

Developmental Specialists

Therapists: OT, PT, SLP, Social Work, Psychologist

Parents/Family Members

Administrators



Poll 2

How long have you been in the early intervention field:

1-5 years

5-10 years

10-15 years

15 years +



What is Autism?

Autism is a developmental disorder, appearing in early childhood that is characterized by difficulties in social communication and restricted or repetitive behaviors

Complex disorder and affects social interaction, communication and self regulation

The set of behaviors affects individual to varying degrees over a "spectrum"



New Prevalence Numbers

- One in 54 children had a diagnosis of ASD by age 8 in 2016, a 10 percent increase over 2014 when the estimate was 1 in 59.
- 1 in 34 boys; 1 in 144 girls
- No difference in prevalence rates between black and white children among this group of 8 year olds
- Gap remains in prevalence among Hispanic children, indicating a need to expand screening and intervention among this group
- Black and Hispanic children identified with autism consistently received evaluations at older ages than similar white children



New Prevalence Numbers

- The number of children who had a developmental screening by age 3 increased from 74 percent to 84 percent
- Boys are four times as likely to be diagnosed as girls
- Significant differences remain in autism diagnosis between the CDC's monitoring sites. These range from a low of 1 in 76 in Colorado to a high of 1 in 32 in New Jersey. This may be due to how autism is diagnosed and documented in different communities.



ASD Facts & Statistics

- 1/3 of individuals with ASD are non-verbal
- 31% have an intellectual disability
- 69% have average to above average intellectual functioning



ASD - Causes

- Genetics thought to be contributing factor in majority of children
- Parents with one child with ASD have a 2-18% chance of having second
- Identical twins – if one child has ASD, 36 – 95% will also receive diagnosis
- Non-identical twins – if one child diagnosed with ASD, 31% likelihood that second child will receive diagnosis

Autism Speaks, Autism Statistics and Facts



Early Detection of ASD

Why Important?

- Children with ASD experience social communication deficits along with restrictive and repetitive behaviors
- These deficits often impair the child's abilities in areas such as the ability to share enjoyment with others, to use gestures, to imitate and others
- These impact development and tend to have a cumulative effect on a child's ability to learn and later school readiness



Poll 3

At what age can you detect behaviors that may later present as autism spectrum disorder?

- Birth – 9 months
- 9-16 months
- 16-24 months
- 24 months+



Development of Behaviors Associated with ASD?

Autism spectrum disorders can be reliably diagnosed by age 24 months, however most children are still diagnosed after the age of 3.

Early signs of language delay and/or autism spectrum disorders may be identified as early as 9 months

First Words Project has developed a checklist of 16 early signs

<https://www.cdc.gov/ncbddd/actearly/autism/observational1.html>



How Early Can ASD Be Detected?

Wetherby, A., Woods, Juliann, et al developed 16 by 16



16 Signs by 16 Months

- Baby Navigator Project <http://www.babynavigator.com>
- Baby Navigator is a part of the First Words Project at Florida State University Autism Institute
- Website has a variety of resources for families beginning with early, typical development



Baby Navigator Project

Resources for families and professionals

Lookbook is an illustration of the 16 early markers of ASD in babies



Checklist of 16 Early Markers

- Hard to get baby to look at you
- Rarely shares enjoyment with you
- Rarely shares their interests with you
- Rarely responds to their name or other social bids
- Limited use of gestures such as showing and pointing
- Hard to look at you and use a gesture and a sound
- Little or no imitation of other people or pretending



Checklist of 16 Early Markers

- Uses your hand as a tool
- More interested in objects than people
- Unusual ways of moving their fingers, hands, or body
- Repeats unusual movements with objects such as spinning, lining up.
- Develops rituals & may get upset over change
- Excessive interest in particular objects or activities
- Very focused on or attached to unusual objects
- Unusual reactions to sounds, sights or textures
- Strong interest in unusual sensory experiences



Poll 4

How many of you have seen some of these markers in the very young children you have seen?

- Yes
- No



Baby Navigator



Resources for families and professionals:

- www.AutismNavigator.com
- www.Babynavigator.com <http://www.AutismNavigator.com>
- <http://www.babynavigator.com>

- Checklist instructions for families – 8 or more should trigger a referral for a comprehensive evaluation; 4 or more should trigger an screening



Questions?



Red Flags For ASD in Toddlers



Social Communication

- Limited use of gestures such as giving, showing, waving, clapping, pointing, or nodding
- Delayed speech or no social babbling/chatting
- Makes odd sounds or has unusual tone of voice
- Difficulty using eye contact, gestures, and sounds or words all at the same time
- Little or no pretending or imitating of other people
- Stopped using words that they use to say
- Uses another person's hand as a tool



Red Flags for ASD in Toddlers

Social Interaction

- Does not look right at people or hard to get them to look at you
- Does not share warm, joyful expressions
- Does not respond when someone calls their name
- Does not draw your attention to things or show you things they're interested in
- Does not share enjoyment or interests with others



Red Flags for ASD in Toddlers

Repetitive Behaviors & Restricted Interests

- Unusual ways of moving their hands, fingers or whole body
- Develops rituals such as lining up objects or repeating things over and over
- Very focused on or attached to unusual kinds of objects such as strips of cloth, wooden spoons, rocks, etc.
- Excessive interest in particular objects, actions, activities that interfere with social interaction
- Unusual sensory interests such as sniffing objects or looking out of the corner of their eye
- Over or under reaction to certain sounds, textures/other sensory input



What to do if you suspect ASD

- Learn about ASD
- Refer for a diagnostic evaluation
- Prepare families for evaluation
- Treat "as if"
- Provide families resources



Learn About ASD

- Learn the Signs Act Early – CDC
 - www.cdc.gov/ncbddd/autism/signs.html
- BabyNavigator
 - <http://www.babynavigator.com>
- First Words Project
 - <https://firstwordsproject.com/resources/>
 - <https://autismnavigator.com/asd-video-glossary/>
- Autism Speaks
 - <https://www.autismspeaks.org/what-autism>



Refer for Evaluation

Center for Development & Disability:

- Early Childhood Evaluation Program (ECEP) Birth – 3 years
- Autism Spectrum Evaluation Clinic: >3 years
- Continuing, as early intervention services are, to provide evaluations and supports for families
- Since April, have moved to telehealth for portions of evaluations: intakes, developmental interviews
- Beginning June 1, parents are invited to bring their children to the CDD with proper COVID precautions



Supporting Parents – What to do While Waiting for an Evaluation

- Encourage family to start any recommended therapies
- Assist family to compile a list of questions & concerns
- Assist family to record video data, if requested
- Good times to record:
 - Mealtimes
 - Playtimes
 - Other Routines



Supporting Parents – What to do While waiting for an Evaluation

- Prepare family for evaluation – what to expect in evaluation
- Histories: medical, education & social history
- Direct observation
- General behavior/cognitive assessment
- ASD specific assessment
- Adaptive skills assessment
- Assessment of speech and language
- Assessment of sensory related issues
- The above may be administered directly or through information obtained through questionnaires that the family completes
- Feedback session for results



Current Changes to CDD evaluations

Evaluations have moved to telehealth, when feasible

- Types of information being obtained through telehealth
- Background information
- Medical histories
- Developmental information, questionnaires
- Parent's concerns, questions regarding their child



In the case of young children, early intervention providers are being contacted to incorporate their questions, concerns and current treatment



Current Changes to CDD evaluations

- As appropriate families are invited to the CDD clinic for direct evaluation
- Time at the clinic is minimized; families are scheduled for feedback at a separate time through telehealth
- All Covid precautions are taken similarly to those taken in physician's or dentist's office
- Families are called pre-evaluation and day before to determine if they or child has been ill
- Child may have one caregiver accompany them to the evaluation
- When families arrive, they are met, temperatures are taken; no waiting in waiting room
- All clinicians are masked; if families do not have mask, we provide
- Children are encouraged to wear mask (not under 2 years)



Treat "AS IF"

Regardless of whether a diagnosis has been made or not, if you see children with early warning signs of ASD, it is a good idea to treat the child "as if" the diagnosis has been made.

If you have noted early warning signs, you likely have concerns about social communication

Recommendations that you would make for any child with social communication challenges would be appropriate



Treat "AS IF"

Common intervention techniques:

- Encourage social engagement through play, reinforcing items
- Encourage imitation – simple motor imitation such as clapping, imitation with toys



Treat "AS IF"

Common intervention techniques:

- Encourage routines
- Encourage communication through requesting, protesting through verbalizations, vocalizations, visuals

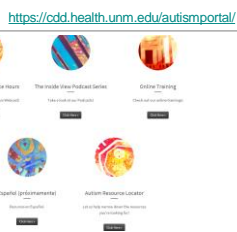


Provide Family Resources

Following evaluation, respond to family questions and provide additional resources



CDD Autism Programs' Support – Autism Portal



Autism Portal

Autism Office Hours

- Practical, information conversations for families



- Recent Examples:
 - Wait, I'm not a therapist: balancing telehealth service & homelife
 - Decreasing stress while living with ASD & social distancing
 - Estres, servicios y rutinas nuevas....como las hago?



Autism Portal

Inside View Podcast Series

- Establishing Healthy Routines
- Communication Tips in the Community

Autism Briefs

- "Teaching First Words"
- Visual Supports
- Tips for Early Intervention Providers in Talking with Parents About ASD



CDD-Autism Programs' Support-Parent to Parent

Family & Provider Resource Team: 505.272.1852
1.800.270.1861
AutismProgram@salud.unm.edu



Questions?

THANK YOU!!!!