Learn the Signs. Act Early. The Importance of Developmental Screening.

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Featured Speakers

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Conflict of Interest Statement

The speakers and their viewpoints represent no conflicts of interest.

Evaluations

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Learn the Signs. Act Early
Importance of Developmental Screening

Judith Lucas, MD
Developmental Pediatrician
Albany Medical Center

Learning Objectives
- Review important developmental milestones in early childhood
- Discuss the importance of developmental screening at well-child visits
- Highlight national recommendations for screening, including standardized tests
- Provide information about steps to take if a concern is identified

Developmental Milestones

Some signs of development are obvious:
- Height, weight, head size
- Crawling, walking
- Fine motor skills
- Talking

Others are not as obvious.

By 15 months, most toddlers:
- Make eye contact when spoken to
- Reach to anticipate being picked up
- Show shared attention in object/activity
- Display social imitation, such as return a smile
- Respond consistently to spoken name
- Respond to simple spoken request
- Say “mama” or “dada”

By 18 months, most toddlers:
- Point to body parts
- Speak some words
- Pretend play, like feeding a doll
- Point out objects
- Respond when a person points

Act early if:
- Doesn’t point to show things to others
- Doesn’t copy others
- Doesn’t gain new words
- Doesn’t notice when a caregiver leaves or returns
### By 24 months, most toddlers:
- Use two-word phrases
- Show interest in other children
- Imitate adults or other kids
- Point to things or pictures when they are named

**Act early if:**
- Doesn’t use two-word phrases
- Doesn’t know what to do with common things
- Doesn’t copy actions and words

### What is Autism?
- Autism Spectrum Disorder (ASD)
  - Autistic Disorder
  - Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)
  - Asperger’s syndrome

### DSM-IV Diagnostic Criteria: Autism

#### 1. Qualitative Impairment in Social Interaction
- A. Marked impairment in nonverbal behaviors, such as eye contact, facial expression, body postures, gestures
- B. Failure to develop peer relationships appropriate to developmental level
- C. Lack of spontaneous seeking to share enjoyment, interests, achievement
- D. Lack of social or emotional reciprocity

### DSM-IV Criteria: Autism

#### 2. Qualitative Impairments in Communication
- A. Delay in or total lack of the development of spoken language (not accompanied by attempt to use alternative modes of communication)
- B. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
- C. Stereotyped and repetitive use of language or idiosyncratic language
- D. Lack of make-believe or social imitative play appropriate to developmental level

### DSM-IV Criteria: Autism

#### 3. Restricted, repetitive and stereotyped patterns of behavior, interests and activities
- A. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- B. Apparently inflexible adherence to specific nonfunctional routines and rituals
- C. Stereotyped and repetitive motor mannerisms
- D. Persistent preoccupation with the parts of objects

### To Diagnose an ASD:
- A total of six (or more) items from (1), (2) and (3) with at least two from (1) and one each from (2) and (3) = AUTISTIC DISORDER (AD)
- At least two from (1) and at least one from (3) with a significant functional impairment = ASPERGER’S SYNDROME (AS)
- Significant social or behavioral impairment and above criteria are not met, onset after 3 years, atypical or sub-threshold symptomatology = PDD-NOS
### Prevalence of Autism

- 1 in 88 children by age 8
- Almost 5 times more likely in boys
- 23% increase since 2009, 78% increase since 2007
  - Changes in diagnosis, increased awareness
  - Standardized screening tools, effective intervention
  - Other reasons?
- Most children not diagnosed until 4 years old, even though early intervention can help a child

### American Academy of Pediatrics

**Recommendation:**
- Surveillance at every well-child visit
  - Screen with standardized tool if concerned
- Developmental Screening at 9, 18, & 24-30 months
- Autism-specific Screening at 18 & 24-30 months

### Developmental Surveillance

- Listen
- Look
- Think about risk
- Talk to parents about their concerns
  - Most parents will tell you early on if there is a concern.
- Record, monitor, refer

### Developmental Screening Tools:

At 9, 18, and 24-30 month well-child visits:
- Extensive list available in the journal *Pediatrics* *
- Ages and Stages Questionnaire
- Parents’ Evaluation of Developmental Status
- CPT code 96110
- Cost associated with these tests


### Autism Screening Tools:

At 18 & 24-30 month well-child visits
- Modified Checklist of Autism in Toddlers (MCHAT) with follow-up interview
- Infant-Toddler Checklist (ITC)
- CPT code 96110
- Free to download, print and score
  - MCHAT: www2.gsu.edu/~psydlr/DianaRobins/Official_MCHAT_Website.html

### Red Flags

- Delay or absence of speaking words
- Loss of words that were spoken
- Lack of nonverbal communication
- Looks through people or not aware of people
- Lack of taking turns or imitation
- Does not point to an object to “tell” another person to look at it
- Limited or no joint attention
- Unusual or repetitive hand and finger gestures
Physicians: If You are Concerned:

- Schedule a follow-up visit to discuss concern, develop a plan
- Refer for an evaluation (developmental pediatrician, psychologist, or neurologist)
- Refer to Early Intervention or local school

Parents: If You are Concerned:

Parents:
- Schedule a doctor’s visit to discuss concerns
- Contact Early Intervention Program, if under 3
  – Toll Free 1-800-522-5006, or 311 in NYC
  – Physician referral is not required
- Contact local school district, if 3 or older
- Reach out to other parents, advocacy groups
  – Parent to Parent of NYS
  – Early Childhood Direction Centers

Wait and See?

- Parent concerned at 18 months
- Physician says “wait and see”, “boys develop language later”
- Parent calls early intervention at 28 months, receives speech therapy two times/week
- Child begins preschool, does poorly
- Diagnosis at 4 years old, intensive behavioral intervention begins

If you are concerned, act early!

NYS Efforts to Promote Early Developmental and Autism Screening

Donna M. Noyes, Ph.D.
Bureau of Early Intervention
New York State Department of Health

Early Intervention

- Federal Individuals with Disabilities Education Act (IDEA), Part C
- Serve 70,000 infants and toddlers birth to 3
- 5,000 with an autism spectrum disorder
- Therapeutic and Support Services
- No Cost to families
Federal & Private Grants

Health Resources and Services Administration:
• State Implementation Grant to Improve Services for Children with ASD & their families (2009–2012)
• Maternal & Child Health Autism Research Grant (2010–2013)

FAR Fund Grants:
• Physician Training & Support (2012)
• Update Clinical Practice Guidelines (2012–2013)

Goals of HRSA State Implementation Grant
1. Promote AAP guidelines for developmental and ASD screening of young children at well-child visits
2. Engage and support pediatricians and family physicians to screen and refer children & stay involved
3. Increase awareness among parents and early childhood professionals about the importance of screening & NYS and national resources

Physician Training & Support

Two-part evening training sessions with CME credits
• Part 1: Early Identification & Screening
  • Incorporating universal screening for ASDs and other developmental concerns into MDs’ practices
  • Developmental surveillance and screening
  • Early signs of ASDs
  • Resources & introduction to physician portal

• Part 2: Early Intervention & Ongoing Medical Management
  • Evidence-based Interventions
  • Medical Management and Complimentary Alternative Medicine (CAM)
  • Communicating with Parents

Online Resource
Portal for Physicians on Autism Spectrum Disorders
• Developed an on-line “ASD portal” for NYS physicians hosted on the DOH Health Commerce System
• Offer access to information on ASDs to assist physicians
• Collaborate with University Centers for Excellance on Developmental Disabilities and Hunter College to serve as “on-line” faculty for physicians
Other Training Approaches

- Abbreviated training sessions during statewide physicians’ meetings
- Grand rounds in hospitals
- NYC training with Hunter College and Weill Cornell Medical College

NYS Early Intervention Program

- Growing Up Healthy Hotline: 1-800-522-5006, in NYC call 311
Additional NYS Resources

- www.nyacts.com
- www.opwdd.ny.gov
- www.nysed.gov
- healthytransitionsny.org

Free Milestone Checklist

CDC Materials
- Brochures
- Posters
- Booklets
- Free
- Order online

More Information

- Local Early Intervention Contacts:
  - 1-800-522-5006, TTY 1-800-655-1789
  - In NYC, 311
- NYS Early Intervention Program:
  - www.health.ny.gov
  - bei@health.state.ny.us

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