

IDENTIFYING AUTISM SPECTRUM DISORDER IN YOUNG CHILDREN



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GOALS OF TODAY'S WORKSHOP



- ✓ Typical versus atypical development in preschoolers
- ✓ Signs/symptoms indicative of ASD
- ✓ Commonly used assessment tools when identifying ASD in young children
- ✓ “Next Steps” for parents who suspect that their child may be on the autism spectrum

**LET'S START WITH THE PREMISE THAT
"KIDS ARE WEIRD!"**



**THREE VARIABLES TO KEEP IN
MIND WHEN DECIDING IF A
CHILD'S BEHAVIOR MAY
REFLECT ASD...**

- Cultural influences
- Gender differences
- Age

Let's look at each variable separately...

VARIATIONS DUE TO CULTURAL DIFFERENCES

BEHAVIOR	CULTURAL DIFFERENCES
Eye contact	Avoiding eye contact may be seen as a sign of respect when children are interacting with adults
Physical contact	Some cultures are very physically demonstrative (e.g., hugging, touching), while others are not
Taking initiative	Some cultures teach children to always wait for adult direction
Different languages across settings	If one language is spoken in the home while another is spoken at school, this can impact the child's social/interpersonal behaviors, ability to comply to instructions, etc.

GENDER DIFFERENCES

- Research shows that...
 - The differences between boys and girls have become less over the past 20-30 years
 - i.e., environment *does* influence gender differences
 - The similarities between boys and girls far outweigh the differences
 - That said...



GENDER DIFFERENCES



BOYS

- Higher activity level
- More prone to playing full body play/roughhousing
- Tend to explore via touch
- Show more physical aggression towards others, although this difference is decreasing in adolescents
- More assertive when sticking up for themselves



GIRLS

- Better at tasks requiring flexibility
- Earlier use of language
- Better at fine motor tasks
- Tend to explore via looking at new objects/places
- Ask for help more often
- Uses verbal persuasion rather than physical means

DIFFERENCES ACROSS THE AGES

- **Young Children:**

It is not uncommon for young children to...

- Show repetitive behaviors to obtain sensory input
- Tantrum (especially when told “no”)
- Be constantly “on the move”
- Head bang/head hit
- Hit/kick/bite
- Test the limits



QUESTIONS TO ASK:
WHAT IS THE *DURATION* OF THE
BEHAVIORAL CONCERN?

- How long has the child been demonstrating the unusual behavior?



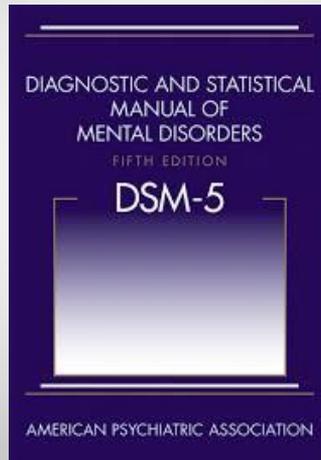
- Is it new? Long standing? Frequent? Infrequent?
- Are there clear environmental factors which are influencing the child? (e.g., imitating older siblings, watching certain TV shows/movies/video games, traumatic experiences?)

QUESTIONS TO ASK:
WHAT IS THE *INTENSITY* OF THE
BEHAVIORAL CONCERN?

- How dangerous are the behaviors?
 - e.g., Self injurious behaviors, physical aggression against others, property destruction
- Is the intensity outside what would be typical for the child's age/gender?



CURRENT DIAGNOSTIC CRITERIA FOR AUTISM SPECTRUM DISORDER (DSM-5)



AUTISM SPECTRUM DISORDER

- Used to include 5 subcategories: Autism, Asperger's, Childhood Disintegrative Disorder, Rett's Disorder and PDD-NOS.
 - Now collapsed into one disorder
- Symptoms can be apparent as early as age 2, although usually not diagnosed until age 4
- Gender difference: 4:1 ratio (male:female)

Must demonstrate both "A", "B", "C" and "D" as follows...

**DSM-5 DIAGNOSTIC CRITERIA FOR
AUTISM SPECTRUM DISORDER:**

MUST MEET A, B, C and D

A. *Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:*

1. ***Deficits in social-emotional reciprocity***; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction

2. ***Deficits in nonverbal communicative behaviors used for social interaction***; ranging from poorly integrated- verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

3. ***Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers)***; ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people

B. *Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:*

- 1. *Stereotyped or repetitive speech, motor movements, or use of objects;*** (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).
- 2. *Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change;*** (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).

- 3. *Highly restricted, fixated interests that are abnormal in intensity or focus;*** (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
- 4. *Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment;*** (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

C. Symptoms must be present in **early childhood** (but may not become fully manifest until social demands exceed limited capacities)

D. Symptoms together limit and impair everyday functioning.

Diagnostic Tools

- Generic Developmental Checklists
- Modified Checklist for Autism in Children-Revised (M-CHAT-R)
- Autism Diagnostic Observation Schedule-2 (ADOS-2, Toddler Module)
- Autism Diagnostic Interview-Revised (ADI-R)



– *Let's look at each one individually*



BEHAVIORAL RED FLAGS

www.howkidsdevelop.com/developDevDelay.html#warningSigns

- Does not pay attention or stay focused on an activity for as long a time as other children of the same age
- Focuses on unusual objects for long periods of time; enjoys this more than interacting with others
- Avoids or rarely makes eye contact with others
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do
- Shows aggressive behaviors and acting out and appears to be very stubborn compared with other children of the same age
- Displays violent behaviors on a daily basis
- Stares into space, rocks body, or talks to self more often than other children of the same age
- Does not seek love and approval from a caregiver or parent

M-CHAT-R

- (See Handout)
- Usually administered at age 18 months as a *screening tool*
- 20 items in total
- Interpretation of ratings



ADOS-2 (Toddler Module)



- Comprehensive assessment process
- Ages 12-30 months
- 11 activities
- Sensitivity to young child's typical reactions to strangers
- Parent or familiar caregiver is present
- Takes approximately one hour to administer

ADOS-2 Activities



- To ensure testing integrity, I cannot reveal the exact activities which are administered
- Generally speaking, ADOS-2 is a structured, standardized set of social and communication "presses" which typically prompt certain responses on the part of a young child



TYPES OF BEHAVIORS THAT ARE FOCUSED UPON DURING ADOS-2 ADMINISTRATION

- Spontaneous seeking engagement with caregivers
- How does the child communicate his/her wants?
- Does the child communicate something beyond just wants/needs?
- How does the child direct his/her emotions to others?
- How does the child communicate preferences?



TYPES OF BEHAVIORS THAT ARE FOCUSED UPON DURING ADOS- 2 ADMINISTRATION (*Cont.*)

- How does the child play with toys?
- How does the child respond to an ambiguous social context?
- Does the child respond to his/her name?
- Are the child's nonverbal gestures/facial expressions coordinated with verbalizations?
- Does the child initiate joint attention and reflect shared enjoyment?



TYPES OF BEHAVIORS THAT ARE FOCUSED UPON DURING ADOS-2 ADMINISTRATION (*Cont.*)

- Does the child exhibit any unusual responses to sensory input?
- Does the child exhibit any repetitive motor mannerisms?
- Does the child understand “social teasing” activities?
- Does the child anticipate a social routine?



TYPES OF BEHAVIORS THAT ARE FOCUSED UPON DURING ADOS-2 ADMINISTRATION (*Cont.*)

- Does the child understand and respond to others’ gestures/facial expressions/eye gaze/social smile?
- Does the child demonstrate imaginative/pretend play?
- Does the child demonstrate imitation of others’ actions?
- Does the child demonstrate imitation of “symbolic” imitation?

ADI-R



- Comprehensive, structured interview with parents or familiar caretaker
- Approximately 80 questions
- Reviews developmental history, self-help, health, etc.
- Most of the questions reference behaviors specific to Autism Spectrum Disorder

ADI-R Focus



- Qualitative abnormalities in social interaction
- Qualitative abnormalities in communication
- Restricted, repetitive and stereotyped patterns of behavior

ADI-R Scoring



- For each question, child is rated on a scale ranging from typical to highly atypical behaviors
- Final ratings are compiled and compared to other children his/her age
- Cut offs are provided for each of the three domains as well as age of onset

Putting it all together...

- Rebecca Landau video from Kennedy Krieger's Center for Autism and Related Disorders
- <http://www.youtube.com/watch?v=3pbJnjeTD4M>



MULTICONFIRMING ASSESSMENTS ARE YOUR BEST BET

- Do not make a diagnostic determination based solely upon the results of one assessment tool
- Evidence shows ADOS-2 plus ADI-R in combination leads to the most accurate diagnosis



NEXT STEPS

- If you suspect that your child has Autism Spectrum Disorders
 - Do not take a “wait and see” approach
 - Benefits of early identification and intervention
 - Contact your pediatrician/family practitioner
 - Schedule a comprehensive assessment with an expert in Autism Spectrum Disorders
 - Ages 3 through kindergarten: IU 13’s Early Intervention program can complete the assessment

TO FINISH...



- Keep in mind that “Kids are weird”, cultural differences
gender, duration/intensity of behaviors
- At the same time, do not discount serious behavioral and mood disturbances
- Diagnostic decisions *can* be made at a very young age
- When in doubt, refer to a professional for further assessment