Features of Autism in Young Children

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Autism Facts

- The prevalence of autism is 1 in 88 children
- It is more common in boys than girls (5 boys diagnosed: 1 girl diagnosed)
- Autism is a spectrum – IQ, language, behaviors, play, adaptive skills
- If you know one person with autism, you know one person with autism
- Currently includes Autistic disorder, Asperger’s and Pervasive Developmental Disorder NOS (PDD-NOS)

Autism Facts

- Autism has a neurological basis (present from birth)
  - Not caused by parenting
  - Not caused by an attachment disorder
- There is no single blood test or imaging test (MRI) to diagnose autism
- Research suggests that there is a large genetic component to autism

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Objectives

- Review facts about autism
- What does autism look like?
- Sharing concerns with families
- Screening and diagnosis
- Supports for classroom routines
**Definitions**

A group of behaviorally defined disorders in which individuals show impairment/deficit in three areas:

- Social interaction
- Communication
- Restricted interests / repetitive behavior

**What does social interaction look like?**

Good: wide range of facial expressions, can easily tell likes and dislikes
Poor: few facial expressions or gestures used in social interactions

Good: shows preference for a few peers in class, plays alongside them easily
Poor: interacts with peers only if an adult is involved to help

Good: drawing a picture, bringing it over to teacher, explaining what is in the picture
Poor: not showing a toy/picture or airplane flying overhead

Good: comforts a peer or adult when they are sad
Poor: does not notice emotions in the classroom; has difficulty matching the emotions of children or teachers

**What does communication look like?**

Good: lots of gestures before words (i.e. pointing)
Poor: language delay without finding other ways to communicate

Good: asking a peer, “What’s your favorite color?”
Poor: talking only about Thomas the Tank Engine

Good: setting up a car race track and having a race with other children
Poor: lining up cars without playing with them

**Discussion**

What have been red flags for identifying children with autism spectrum disorders within your setting or facility?

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What do restricted interests & repetitive behaviors look like?

- Numbers/letters/shapes
- Special interests
- Routines that are the same every time – e.g. going down the slide and turning one somersault before naptime

What do restricted interests & repetitive behaviors look like?

- Hand-flapping, finger-twisting, body rocking
- Staring closely at the wheels of cars, tops spinning
- Unusual sensory interests (smelling, licking things that aren’t food)

What do restricted interests & repetitive behaviors look like?

- How do you bring up concerns with a family?
  - Establish rapport with the family
  - Describe what you see (use specific examples from the MCHAT and classroom observations)
  - Remember – your job is to observe, not to diagnose!

Screening Tools

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Information about Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASQ (Ages &amp; Stages Questionnaire)</td>
<td>Developmental screening</td>
</tr>
<tr>
<td>M-CHAT (Modified Checklist for Autism in Toddlers)</td>
<td>Most reliable test for 18 and 24/30 months</td>
</tr>
<tr>
<td>SRS (Social Responsiveness Scale)</td>
<td>Best tool for children 4 years and older</td>
</tr>
</tbody>
</table>

M-CHAT

- Good for ages 16-36 months
- Free, easy to download
- 23 yes/no questions parent completes, 6 are critical items
- Child is “at risk” if they fail any 2 critical items or any 3 items total
- Failed screen needs follow-up interview by healthcare provider

M-CHAT Critical Items

2. Does your child take an interest in other children?
7. Does your child every use his/her index finger to point, to indicate an interest in something?
9. Does your child ever bring objects over to you to show you something?
13. Does your child imitate you? (e.g. if you make a face will your child imitate it?)
14. Does your child respond to his/her name when called?
15. If you point at a toy across the room, does your child look at it?
### Screening tests are not diagnostic

A child who is at risk by a screening test needs to be referred for an evaluation.

A teacher would recommend that the parents see their primary care provider who would then:
- Refer for an autism evaluation
- Refer to Early Intervention Colorado (age birth to 3) or Child Find (age 3-5)
- Refer for a hearing test

### Why diagnose ASD early?

- Once a child is diagnosed s/he can receive intervention
- Early intervention improves outcomes
- Early diagnosis helps a family and caregivers understand the child and his/her behaviors better

### Diagnostic Evaluations

- **ADOS-2** (Autism Diagnostic Observation Schedule-2) (Lord et al., 2012). G
  - Gold standard for autism diagnosis
  - Structured interactions for children of different language abilities to allow for observation of autism symptoms

- **ADI-R** (Autism Diagnostic Interview Revised) (Rutter et al., 2003)
  - Semi-structured interview with the parent about history of autism symptoms

### Priorities for Early Intervention

- Develop:
  - Functional communication
  - Predictable daily routines
  - Self-help skills

### Treatment for Autism

- Intervention is often 1:1 (therapist and child and family)
- Current thinking is that the more natural the setting the better (i.e. typical preschool classroom)
- New skills may need to be taught 1:1 then generalized
Strategies for Classroom Routines

• Visual supports
  – Visual Schedules
  – First-Then Cards
  – Transition Objects
  – Visual Stories
  – Classroom Modifications

Strategies for Classroom Routines

Visual Supports Continued:
• Capitalize on children’s visual abilities
• Can be used in a variety of environments
• Help children understand boundaries and parameters

Strategies for Classroom Routines

What are visual supports?

They are pictures, objects, or environmental modifications that help individuals understand:
– what they need to do
– how to do it
– when they are finished

Strategies for Classroom Routines

Examples of visual supports:
• Checklists
• Schedules
• Photographs
• Transition Objects
• Choice Boards
• Timers
• Color-coded bins for different activities
• Rugs or floor mats that denote different areas of a room

Strategies for Classroom Routines

Visual Supports Continued:
• Increase predictability and reduce anxiety
• Assist with transitions so children know what is coming next
• Reduce language demands for children who have a hard time speaking or understanding

Strategies for Classroom Routines

Visual Schedules:
• Can be used to represent the entire day or just a single activity
• Should be in a place that is easily accessible to the child
• If the child has an individual schedule, remember to teach him/her to check it (this becomes part of the routine)
Strategies for Classroom Routines

First-Then Cards:

- Tidy up → Outside

Transition objects:
- It is something the child holds while transitioning that is related to or represents the upcoming task

Strategies for Classroom Routines

Visual Stories:
- Used to teach problem solving strategies

- Used to teach problem solving strategies

Classroom Modifications:
- Help the child understand that different areas of the room are for specific tasks

Strategies for Classroom Routines

Transition objects:
- It is something the child holds while transitioning that is related to or represents the upcoming task

Points to Remember

- Try not to overwhelm yourself (or the child)
- Pick visual supports that you feel confident you can use consistently with the child
- Keep your language simple – long instructions can defeat the purpose of using visual supports
Points to Remember

• One-Up Rule:
  • If a child is using no words on their own, use 1 word
  • If a child is using 1 word, use 2 words

• Directions: state what you want the child to do

Save the Date

April 17, 2013

Behavior Management and Sensory Intervention Strategies

Wendy Colgan, MS, OTR
Lindsay Washington, Ph.D.

Points to Remember

• Try to match visual supports to the individual child
  • Consider where they are developmentally
  • Partner with families
  • Share successful strategies with each other

Resources

• http://www.cdc.gov/ncbddd/autism/signs.html
• http://blog.autismspeaks.org/2013/11/21/11-myths-about-autism/
• www.mchatscreen.com
• Bayley Scales (Pearson, 2005)
• Mullen Scales (Pearson, 1995)