



The Newsletter of
**The Indiana Association for Infant and Toddler
Mental Health**

From The Chair

REFLECTIONS

Interest in autism diagnosis and treatment is perhaps higher than it has ever been. Families and providers are motivated to identify children with autism spectrum behavior quickly, with the hope of providing appropriate early intervention. Although our present diagnostic system was developed to identify autistic behaviors in individuals 3 years and older, providers are being pressed to make diagnoses at earlier and earlier ages. Add to this the fact that as many as 50% of parents may have concerns about their child's behavior before the first birthday, with 80 to 90% reporting concerns before age 2 years (Chawarska, et al. 2008), and providers' need for updated training becomes clear.

Over the last 10 years, researchers have found that the "red flag" behaviors that suggest possible autism diagnoses in infants and toddlers may be different than those for older children. For example, many of us think of repeated behaviors or language delays when considering a diagnosis of autism. Newer research reveals that early deficits in social interaction behaviors are the best predictors of later autism diagnoses. Examples of these important behaviors include eye contact, showing events and objects of interest to others with pointing and reciprocal gaze, and taking turns in "talking" as early as 6 months. For more, see our full issue and related resources for independent study.

Angela M. Tomlin, Ph.D., Chair, IAITMH

**Autism and Pediatric Surveillance and
Screening Practices**

Once considered extremely rare, autism and autism spectrum disorders are now viewed as prevalent disorders. The current estimate is that 1 in about 160 children is affected by an autism spectrum disorder. Physicians, once told that it would be unusual to have a child with autism in their practice, are now taught that most medical practices will serve several children with this diagnosis. The American Academy of Pediatrics (AAP) recommends surveillance and screening for developmental problems at each well child visit with an autism specific screen between 18 and 24 months. Positive results on screening tests should result in referral for further diagnostic evaluation and intervention services as needed.

Public awareness campaigns such as "Learn the Signs. Act Early" and A.L.A.R.M. (Autism is prevalent, Listen to the parents, Act early, Refer, and Monitor) have been promoted by the Centers for Disease Control. As a result of these awareness efforts, parents have many questions about possible symptoms of autism and turn to their child's health care provider for answers. It is helpful if mental health, early intervention, and child care providers are aware of new expectations for pediatric practice, in order to best work with physicians in providing good care for children with autism spectrum patterns, especially as more and more children are identified with behaviors on this spectrum.

The AAP is a leader in providing materials to aid physicians in diagnosis and to help with intervention planning. For example, in October the AAP published an autism tool kit for physicians in order to aid identification of children exhibiting symptoms of this disorder. The tool kit contains a booklet for parents titled "Understanding Autism Spectrum Disorders". A pamphlet entitled

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“Is Your One-Year-Old Communicating With You?” informs families about typical language and social-emotional development. A height chart which also lists milestones for communication and social emotional development is available for display in the office or to provide for families to take with them.

Several surveillance and screening tools are also included for the physician to use. Recommended autism screening tools are described below. Screening tests for older children and tests for Asperger’s disorder are also part of the toolkit. The AAP guidelines advise physicians to refer children who evidence problems on screening for additional evaluation with providers who have expertise in autism. Multidisciplinary evaluations are recommended, but alternatives are suggested for communities that lack providers. Physicians and other health care providers may also access several fact sheets about common difficult areas such as eating and nutrition, toilet training, sleep disorders, behavior management, medications and others. Handouts for parents cover a variety of topics such as those mentioned above as well as early intervention, school services, support programs, transition to adulthood and others.

The AAP website offers a wealth of information about autism diagnosis and treatment (aap.org). Other recommended national websites include: polyxo.com (Teaching Children with Autism), The Autism Society of America (autism-society.org) and Developmental Behavioral Pediatrics (dbpeds.org). Indiana sites include: The Indiana Resource Center for Autism (<http://www.iidc.indiana.edu/irca/>) and Hands in Autism (<http://www.handsinautism.org/>).

Submitted by:

Darlene Kardatzke, M.D., IAITMH Board Member and Developmental Pediatrician, Riley Hospital for Children



MODIFIED CHECKLIST FOR AUTISM IN TODDLERS (MCHAT)

The MCHAT is a screening tool for detecting autistic characteristics in young children. It consists of 23 yes/no items, all of which have an expected direction. Further evaluation is recommended if a child fails two or more critical items or any three items. The tool is designed for age 18 months and older, but can be used as young as 12 months. *The MCHAT and MCHAT in Spanish are free online at firstsigns.org.*

COMMUNICATION AND SYMBOLIC BEHAVIOR SCALES DEVELOPMENTAL PROFILE

This is a three part screening tool given by speech therapists, psychologist, and other early intervention providers for young children with language skills in the 6 to 24 month range (chronological ages 6 months to 6 years). The three components include the Infant Toddler Checklist, Caregiver Questionnaire, and the Behavior Sample. All three components assess 7 important language predictors: Emotion and Eye Gaze, Communication, Gestures, Sounds, Words, Understanding, and Object Use. (Brookes Publishing)

PERVASIVE DEVELOPMENTAL DISORDERS SCREENING TOOL-2

The PDDST-2 is designed to screen for several autism spectrum disorders in children ages 18 to 48 months, including autistic disorder, PDDNOS, and Asperger's disorder. This is a parent report questionnaire with items divided by ages at which concerns are usually first evident. The revised version includes Stage 1 for use in primary care and Stage 2 for use in a developmental clinic. (Psychological Corporation/Harcourt)

CHILDHOOD ASPERGER SYNDROME CHECKLIST (CAST)

39 yes/no items completed by parent or caregiver. Ratings above the cut-off score indicate need for additional evaluation. For school-aged children. *The CAST is free at autismresearchcentre.com*

AUSTRALIAN SCALES FOR ASPERGER’S SYNDROME

Caregiver rates child aged 5 or older on 24 behaviors that can occur with AS using a 6 point Likert scale. Referral for additional assessment is suggested if the majority of items are rated higher than 2. Developed by Tony Attwood. *ASAS is free online at: <http://www.udel.edu/bkirby/asperger/index.html>*

Is Autism Increasing?

Autism diagnoses have increased 50 fold since the early 1980s, fueling concerns about an autism epidemic. Various “culprits” have been identified, and rejected, including vaccines and environmental toxins. Although research suggests that the most likely causes of autism spectrum disorders (ASD) are genetic, concerns persist about the increase in diagnoses.

The increase in ASD diagnoses is likely due to several factors. A short history lesson helps us understand the first factor, changes in our diagnostic criteria. Autism first appeared in the DSM system in 1980, with the addition of the term infantile autism. Subsequent editions of the DSM included the addition of related diagnoses Pervasive Developmental Disorder, NOS in 1987 and Asperger’s Syndrome in 1994. These changes mean that many individuals who would have received diagnoses such as mental retardation, personality disorders, or even childhood schizophrenia are now eligible for ASD diagnosis as currently understood.

A second factor is changes in practice. Physicians have increased their awareness and willingness to diagnose ASD. In addition, in 1990 IDEA added autism as an eligibility area for public school special education services, opening more roads to diagnosis for some. More people looking for autism means more autism found. A third factor in increasing ASD diagnosis may be public awareness. For example, with the advent of Internet, families have access to much more medical information than in the past and are able to share their experiences with others. The most compelling example may be celebrity disclosures in popular magazines and on television. So, is autism increasing? Maybe. However, changes in diagnostic criteria, practice, and awareness are contributing factors.

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TRAINING CALENDAR

Motivational Interviewing,
March 14, 2008, Indpls., IN

Social Emotional Screening
in Early Intervention, April
24, 2008, Indpls., IN

Mental Health Association in
Indiana Annual Meeting, May
16, Indpls., IN

Cultural Competence, June 5,
Indpls., IN

10th Annual Conference on
IMH, August 20-21, 2008,
Indpls., IN

FURTHER READING

Chawarska, K., Klin, A., & Volkmar, F. (2008). *Autism spectrum disorders in infants and toddlers: Diagnosis, Assessment, & Treatments*.

Charman, T. & Stone, W. (2006). *Social & communication development in autism spectrum disorders*. New York: Guilford.

Grinker, R. R. (2007). *Unstrange minds: Remapping the world of autism*. New York: Basic Books.

Koegel, R. L. & Koegel, L. K. (2006). *Pivotal response treatments for autism*. Baltimore: Brookes.

Kranowitz, C. S. (1998). *The out-of-sync child*. New York: Perigee.

Maurice, C, Green, G., & Luce, S. C. (1996). *Behavioral interventions for young children with autism*. Austin, TX: Pro-Ed

What is IAITMH?

The Indiana Association for Infant and Toddler Mental Health is an inclusive group of individuals, family members, caregivers, professionals and agencies who collectively use their knowledge, concern, education and expertise to actively advocate, promote, educate, and influence local, state, national and international mental health issues regarding infants and toddlers.

MEMBERSHIP

Yes, I want to become a member of the Indiana Association for Infant and Toddler Mental Health

Name _____

Address _____

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State, Zip _____

Phone _____

Family \$15 Professional \$30

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