Autism Screening and Resources for the Practitioner

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Keynote Presented for the Greater Texas Chapter National Association of Pediatric Nurse Practitioners August 2, 2008

Starting Points

- Autism spectrum disorders (ASDs) are not rare. They are more prevalent in children “than cancer, diabetes, spina bifida, and Down syndrome” (Filipek, et al., 1999, p.440.

The Importance of Screening

- Early screening prevents delays in identification and results in:
  - Provision of early services
  - Delivery of appropriate medical care and treatment
  - Earlier educational planning
  - Improved outcomes

Parents are Accurate Reporters of Early Signs

- Signs are seen within the first two years of life (Short & Schopler, 1988; Wimpory, Hobson, Williams, & Nash, 2000).
- Speech and language delays are the first concerns reported (Chawarska, Red, et al., 2007)
- Concerns are initially expressed to the pediatrician by the time the child is 18 months (Howlin & Moore, 1997; Siegel, Pliner, Eschler, & Elliot, 1988)

Survey of 1,300 Parents: The Diagnostic Process

Symptoms Evident by 18 months

At 2 years:
- Fewer than 10% diagnosed at initial consultation
- 10% told to return if concerns persisted or that their child would, “Grow out of it”
- Remaining were referred to another professional (at mean age of 40 months)

Of those referred:
- 40% diagnosed
- 25% told, “Not to worry”
- 25% referred to a third or fourth professional


Additional Benefits of Early Identification

- Most parents experience grief after diagnosis
- Early diagnosis leads to early provision for family support and education

“We don’t fix things that aren’t broken, we remove obstacles for kids with infinite potential”
- Eric Blackwell

I’m in the obstacle removal business

Typical Age of Identification

- Autistic Disorder
  - 5.5 years
- Asperger’s Disorder
  - 11 years

“The consequences of a missed or late diagnosis include social isolation, peer rejection, lowered grades, and a greater risk for mental health and behavioral distress such as anxiety and depression during adolescence and adulthood.”

(Wilkinson, 2008, p.3)

Characteristics of Autism Spectrum Disorders (ASD)

- Characterized by severe and pervasive impairments in several areas of development
- Reciprocal social interaction skills
- Communication skills
- Presence of stereotyped behavior, interests, and activities

Pervasive Developmental Disorders
Prevalence of ASD

- 1 in 150 (US estimate)
- Boys more often than girls, typical ratio is 4 or 5:1
- Rise in prevalence is accounted for by the increase in diagnosis of males

“One reason why the prevalence in girls and women is so low in comparison to boys and men may be the fundamental lack of awareness of what Asperger’s Syndrome looks like in females”
-Fattig 2007

Did You Know?

- 18-23% of Adolescent girls with Anorexia also have signs of AS (Gillberg & Billstedt, 2000)

“When you have seen one person with ASD, you have seen one person with ASD”

Stephen Shore
an adult on the spectrum and author of Ask and Tell

Comorbidity: Catatonia in ASD

1. Increased slowness effecting movement and verbal response
2. Difficulty initiating and completing action
3. Reliance on physical or verbal prompting
4. Increased passivity and lack of motivation


Comorbidity: Catatonia in ASD

“Stereotypy and abnormal motor features are so prominent in identifying autism that an assessment for catatonia is essential in every examination of a child or adolescent for developmental disorder”

Outcome

- Of adults 22 and older, 73% lived with their parents
- 90% could not gain or keep employment
- 95% had difficulty making and keeping friends

Brain Research

Growth of Dendrites and Neural Circuitry: Arborization

Brain Overgrowth

Gray Matter Abnormalities in ASD

Head Circumference in ASD
Brain Volume

- MRI studies have supported the finding of increased brain volume in children with ASDs
- 90% of toddlers with ASDs having larger-than-normal brain volumes in 1 study

Early Intervention

“Very early intervention may be viewed as a mechanism to prevent the full unfolding of symptoms of ASD by minimizing the associated secondary abnormalities in brain development.”

- Wetherby & Woods, 2008, p. 173

Surveillance and Screening for ASDs

American Academy of Pediatrics Guidelines

Myth of “Medical Diagnosis”

“There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual’s communication, behavior, and developmental levels”

(Autism Society of America, n.d.)

American Academy of Pediatrics - Autism Toolkit

Contains:
- Screening and surveillance tools
- Forms, tables, and parent handouts

http://www.aap.org/publiced/autismtoolkit.cfm

American Academy of Pediatrics Guidelines

Let’s Just Wait and See
**Surveillance**

“The ongoing process of identifying children who may be at risk of developmental delays”

(Johnson, et al., 2007, p.1195)

- Recommendation: Surveillance of ASDs at every well-child visit

**Early Red Flags**

- No babbling or pointing (or other gestures) by 12 months
- No single words by 16 months
- No 2-word spontaneous (non-echolalic) phrases by 24 months
- Loss of language or social skills at any age

(Filipek, et al., 2000, p.3)

**Later Red Flags**

- Difficulties with social interaction
- Difficulty with pragmatic Language
- Difficulty with perspective taking
- Obsession with facts/unusual interests

**Screening**

- The use of standardized tools at specific intervals to support and refine the risk.

(Johnson, et al., 2007, p.1195)

- Recommendation: Formal screening at 18 & 24 months or any point in which a parent raises concern

**Screening for ASDs in Toddlers**

- CHAT
- MCHAT
- STAT

**Screening for ASDs Children and Adolescents**

- Autism Spectrum Quotient (AQ-Child) 4-11 years
- Autism Spectrum Quotient (AQ-Adoles) 10-15 years
- Childhood Asperger Syndrome Test (CAST) 4-11 years
Referrals

- When further evaluation is needed, Nurse Practitioners should refer children to a provider experienced in the diagnosis of ASD.

- The American Academy of Pediatrics emphasizes the importance of team assessment conducted by specialists in ASDs.

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