Diagnosis of Autism Spectrum Disorders in Very Young Children
by Brian Lopez

Over the past decade, there has been a substantial increase in the number of children diagnosed with Autism Spectrum Disorders (ASD). Improvements in early identification have allowed clinicians to diagnose children with ASD earlier than previously thought possible. The early identification of children raises questions about the stability of the diagnosis and the critical behaviors that help us derive a differential diagnosis.

As early interventionists, it does not surprise us to hear that research has shown early symptoms of ASD can be detected as early as 18 months, but the diagnosis becomes most reliable around the third year of life (this is when the restrictive, repetitive behaviors are most evident). Research also indicates that the diagnosis becomes more reliable when experienced clinicians take information from a variety of sources as opposed to the sole use of standardized assessment instruments. In addition to the clinician’s experience, the source of the referral has a dramatic influence on the stability of the diagnosis. In other words, after a child has been seen by several generalist practitioners and then referred to a specialist, the diagnosis is considerably more stable than when a child is referred to a single clinician who then makes the diagnosis after several interactions with the child across a couple of settings. Thus, the diagnosis becomes more reliable as the child ages, as the diagnosing clinician’s experience with the disorder increases, and as the child is referred from a generalist practitioner to a professional that specializes in ASD.

Based on research, we know that a clinician who specializes in the treatment and diagnosis of ASD can detect subtle developmental differences between children with ASD and children with other developmental delays as early as 18 months. Some subtle differences are that children with ASD are less likely to look at others, to orient to their name, and to show or point to objects (Werner, Dawson, Osterling, and Dinno, 2000). In addition, many children with ASD show an aversion to touch and decreased response to name, which can frequently be detected as early as 9 months of age (Baranek, 1999). Although these studies have some limitations, they provide us with some critical developmental milestone to monitor. In a similar vein, the paucity of other social-communication behaviors can be highly indicative of ASD. For example, if a child 18 months of age is not engaging in joint attention, pointing to express interests, and engaging in simple pretend play (Baird et al., 2000; Baron-Cohen et al, 2000), I become suspicious. However, if this same child is not engaging in these skills by 24 months, I become extremely concerned.

The development of language in children with ASD is also considerably different from typically developing children, and it to, can help us differentiate children with ASD from typically developing children. Frequently, children referred for the possibility of ASD are making fewer attempts to communicate (verbally and nonverbally) than children with language delays. Their language delays can provide some indication of the severity of the disorder (Lord & Risi, 1998). When children with ASD are communicating, they most frequently communicate to request an object or action versus using communication to direct another’s attention to something that interests them (Stone et al., 1997).
communication attempts frequently lack the involvement of eye gaze and a combination of eye gaze with the use of gestures (Lord & Pickles, 1996). There are other critical communication deficits observed in young children with ASD; however, these are some of the earliest communication delays typically observed in ASD.

In this article, my main goal was to provide you with a few key behaviors we look for in very young children to help us differentiate between typical and atypical development; however, the absence of any one of these behaviors does not indicate the presence of ASD. In contrast, if a professional is even slightly concerned about a child’s abnormal development following 18 months of age, then the child’s development needs to be more closely monitored. The child should be referred for a comprehensive evaluation by a multidisciplinary team.

References obtained from LINC, the Resource Center at the CDD - http://cdd.unm.edu/Iu/resctr


Got Ideas?
Please let us know what topics you might be interested seeing in Updates.
Contact Brian Lopez, (505) 272-2586 or brilopez@salud.unm.edu

Our New Name!

Formerly the Early Childhood Division, we are now known as the Division for Early Childhood and Specialized Personnel Development at the CDD. In addition to our work with Early Childhood, other programs will focus on addressing professional development needs with the Navajo Nation and the Bureau of Indian Affairs in BIA-funded schools on the Navajo Nation, in Arizona, New Mexico, and Utah.

Early Intervention Training: Developing Communication, Speech & Language Skills in Infants and Toddlers

HamptonCares is sponsoring a workshop on developing communication skills in infants and toddlers, titled “Early Intervention Training - Developing Communication, Speech & Language Skills in Infants and Toddlers.” For more details, see this website: http://www.hamptoncares.com/pcsld.htm or contact HamptonCares toll-free at (877) 439-9700.

DATE: September 20-21, 2003
LOCATION: Phoenix, AZ - Holiday Inn
Phoenix Midtown
COST: $379.00
INSTRUCTOR: Eugenia Rogers, MA, CCC-SLP

This two-day course will challenge practitioners to look beyond their current approaches to evaluation and treatment in early intervention for communication disorders. The seminar was designed for speech-language pathologists and special education teachers serving infants and children in homes or centers whose current level of language development is at or below a normally developing three-year old. Participants will be guided through the
course with handouts and videotapes of sessions with infants and toddlers. The cognitive and social bases of first language acquisition will be emphasized. A decision-making process for initial and ongoing evaluation and discharge will be discussed. Course format will include lecture, videotapes, lab sessions, and assessment/treatment demonstrations performed by the instructor.

**Early Intervention Workshop Calendar**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>WORKSHOP</th>
<th>LOCATION</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 15, 2003</td>
<td>FIT Orientation to PART C</td>
<td>Farmington</td>
<td>FIT Consultant: Deb McCue 265-9414</td>
</tr>
<tr>
<td>September 15, 2003</td>
<td>FIT Orientation to PART C</td>
<td>Las Cruces</td>
<td>FIT Consultant: Kathleen Trumbull 525-9673</td>
</tr>
<tr>
<td>September 30, 2003</td>
<td>Service Coordination Module 4</td>
<td>PRO Office</td>
<td>FIT Program: Doreen Sansom 827-2162</td>
</tr>
<tr>
<td>October, 10, 2003</td>
<td>FIT Orientation to PART C</td>
<td>Albuquerque</td>
<td>FIT Consultant: Sherri Davidman 256-1224</td>
</tr>
<tr>
<td>October 28, 2003</td>
<td>Service Coordination Module 1</td>
<td>Ruidoso</td>
<td>FIT Program: Doreen Sansom 827-2162</td>
</tr>
<tr>
<td>December 4, 2003</td>
<td>Service Coordination Module 2 Module 3</td>
<td>Socorro</td>
<td>FIT Program: Doreen Sansom 827-2162</td>
</tr>
<tr>
<td>February 10, 2004</td>
<td>Service Coordination Module 1</td>
<td>Las Cruces</td>
<td>FIT Program: Doreen Sansom 827-2162</td>
</tr>
<tr>
<td>March 23, 2004</td>
<td>Service Coordination Module 2 Module 3</td>
<td>Las Cruces</td>
<td>FIT Program: Doreen Sansom 827-2162</td>
</tr>
<tr>
<td>April 20, 2004</td>
<td>Service Coordination Module 4</td>
<td>Las Cruces</td>
<td>FIT Program: Doreen Sansom 827-2162</td>
</tr>
</tbody>
</table>

SERVICE COORDINATION modules are required for all new Service Coordinators working in Early Intervention programs.

It is highly recommended that these modules be taken in order, if at all possible. These modules fill up quickly, so please sign-up as soon as possible.
Information Age Can’t Beat Human Contact
by Berma Matteson

Through a 2001 research grant from Eastern New Mexico University’s Center for Teaching Excellence, a team of educators and administrators at Hurley Elementary School, in Grant County, began to question the apparent high incidence of young children with special needs who had not had the benefit of early intervention services. In 2002, a three-pronged approach was designed to reach families in Hurley, NM (population 1,200) including:

1. public awareness through radio and print media;
2. community open house with early intervention providers; and
3. a grassroots campaign conducted by “Neighborhood Workers,” four local parents trained to go “door to door” to describe the three early intervention programs targeted by the research project (First Born Program, Life Quest Early Childhood Services, and Cobre School District Early Intervention preschool program).

The public awareness campaign and community open house did not seem to impact the referral rate and early identification of young children. The face-to-face approach of the Neighborhood Workers, however, demonstrated the value of personal contact as a tool for disseminating information to a community.

In April 2003, another community open house was planned where Neighborhood Workers surveyed community members about their increased awareness of early childhood/intervention services following the Neighborhood Worker visits. Of the participants surveyed, there was an increase in the awareness of the three early intervention programs and services provided; the Neighborhood Worker visits were given as the reason why. As Early Care and Education Professionals we know the “special language” of our profession, but we may be overlooking the difficulties of communicating with families thrust into a situation that is completely new to them. Interviews with families revealed significant information that early intervention professionals can learn from. Families expressed confusion about the many, varied programs all with unique titles and requirements for participation. If families knew their child was not developing normally and felt unable to find a program that matched their family’s and child’s needs, then they were only left to think that they were at “the end of the road” until their child was identified as he/she entered Kindergarten.

During the course of this effort, the Life Quest Early Intervention Program more than doubled the number of participants in Hurley. The other two programs reported minimal changes in their enrollment of Hurley children, even though the population declined because of decreased employment. The most certain outcome of this project is the clear
need for a “tour guide” to lead families through the maze of community services in rural areas. Even the best of media campaigns can’t beat the warmth of a neighbor, someone who is at least somewhat familiar and willing to guide the way to “START HERE.”

Berma Matteson teaches Kindergarten at Hurley Elementary in Hurley, New Mexico. She has past experience working in family and community information systems development.

Need A Doctor?
Medical Training and Consultation Available

For the last three years, the Early Childhood Evaluation Program (ECEP) has been offering a traveling lecture series aimed at healthcare providers and designed to improve early identification of young children with developmental problems, to increase awareness of the benefits of early intervention, and describe how to refer to their local FIT program. The talks are given in the local community, and medical continuing education credit is available for physicians. Other topics are available including recognizing autism and monitoring premature babies. If you would like further information, please contact Dr. Elizabeth Matthews at ematthews@salud.unm.edu or (505) 272-0273.

Medical consultation and information is available to FIT programs and the families they serve. ECEP physicians can answer questions about general medical issues, provide training to FIT staff on medical topics, research specific medical conditions and provide family-friendly information and literature, or communicate directly with families who have questions. In some situations, the ECEP physicians can provide a medical component to supplement the assessment performed by the local FIT program. If you need medical information, please contact Dr. Judy Ledman at jledman@salud.unm.edu or (505) 272-5894.

If you don’t see what you need in the way of medical support listed here, call us anyway and we will figure something out.