



Focus on Early Detection and Intervention: Identifying Red Flags for Autism Spectrum Disorder in Infants and Toddlers



Webinar 3: Collaborating with Families



Naima Bond, M.Ed., has 22 years of experience in the early childhood field with the last 12 years dedicated to children and families with developmental disabilities. She is a Georgia Approved trainer from the beginning to advanced level with various training topics related to social emotional development and behavior.

Chat in Please!



- What do you find challenging when collaborating with families?

Why do we need to talk to families early?



- “Wait and see” approach is outdated and can delay intervention and diagnosis
- Intervention for social communication deficits in ASD is most effective if it begins before 3 1/2 years of age



Disparities in diagnosis of ASD



- Caucasian children are 30% more likely to get an ASD diagnosis than African American children and 50% more than Hispanic children.
- Latino children receive a diagnosis of ASD from 1 to 2.5 years later than Caucasian non-Latino children.
- When Latino do receive a diagnosis, they are more likely to have severe symptoms than Caucasian non-Latino children
- African American children receive an ASD diagnosis 1.6 years later than Caucasian children and are 2.6 times more likely to be misdiagnosed than Caucasian children

- BURKETT, K ET AL 2015
- ZUCKERMAN, K, ET AL, 2014
- CDC, 2016



Documented causes of delay in diagnosis



- Less access to information about ASD
- Stigma around ASD
- Mistrust in the health care system
- Language issues
- Immigration status
- Blaming all deficits on lack of English proficiency or being from a minority culture
- Dismissal of concerns by some pediatricians
- Differences in screening practices
- Lack of validation of ASD screening tools for culturally and linguistically diverse populations



• IJALBA, E (2013), MAGANA, S (2013), BURKETT, K (2015), ZUCKERMAN, K ET AL (2014), BLACHER J ET AL (2014)

Beliefs about the cause and course of ASD



- Supernatural causes or extrinsic factors
- Improper discipline of the child
- Poor family relationships
- ASD is a temporary condition
- Children with ASD cannot contribute to society
- Belief that disability is caused by wrongdoing in a past life, such as karma
- Giving children more “space” and “time” or that he would “grow out” of it
- Traumatic events, unexplained fear, or mothers’ own sadness during pregnancy were associated with children’s language problems
- Belief that vaccines cause ASD
- Belief that a prior event, such as a high fever, or something the parent did or did not do causes ASD

What Is Your Perspective?



Sharing Information with families



- Understanding that they also have concerns.
- Acknowledging that they need a great deal of information sharing to understand what is happening with their child.
- Fear of the unknown and the “autism” word.
- Want the best outcomes for their children.

Motivational Interviewing



Directing

Guiding

Following

Motivational interviewing falls under guiding style. Good listening combined with expertise when needed.

Chat in Please!



- How do you guide the process when talking to caregivers about strengths and areas of concern ?

Tips for Talking to Parents



- Communicate child's strengths first
- Be a good listener
- Describe the behavior rather than using labels or diagnosis
- Allow families time to think, process and respond
- Share information and resources with families



Checking in with the parent



- After the conversation, you may want to check in with the parent to make sure the information was understood and received.
- What did you see?
- Is this consistent with what you are seeing ?
- We can look at social communication milestones as a reference



Getting the Conversation Started



- **Ask permission:**
 - Do you mind if we talk a bit about your child?
 - I noticed that your child's pediatrician has referred you to Babies Can't Wait. Do you mind if we talk about what you see as concerns for your child?
- **Open-ended questions:**
 - What brought you here today?
 - What was that like for you/your child?
 - What happens when your child communicates/behaves that way?

Chat in!



- What are the caregivers concerns?

Reflective Listening



- It sounds like...
- What I hear you saying...
- So on the one hand it sounds like... And, yet on the other hand...
- It seems as if...
- I get the sense that...
- It feels as though....

Sobell & Sobell (2008)

Red Flags of ASD in Toddlers



- **Social Communication**

- ❑ Limited use of gestures such as giving, showing, waving, clapping, pointing, or nodding their head
- ❑ Delayed speech or no social babbling/chatting
- ❑ Makes odd sounds or has an unusual tone of voice
- ❑ Difficulty using eye contact, gestures, and sounds, or words all at the same time
- ❑ Limited or no pretending or imitating of other people
- ❑ Stopped using words that they used to say
- ❑ Uses another person's hand as a tool

Red Flags of ASD in Toddlers



- **Social Interaction**

- ❑ Does not look right at people or hard to get them to look at you
- ❑ Does not share warm, joyful expressions
- ❑ Does not respond when someone calls their name
- ❑ Does not draw your attention to things or show you thing they're interested in
- ❑ Does not share enjoyment or interests with others

Red Flags of ASD in Toddlers



- **Repetitive Behaviors & Restricted Interests**
 - ❑ Unusual ways of moving their hands, fingers, or whole body
 - ❑ Develops rituals such as lining objects up or repeating things over and over
 - ❑ Very focused on or attached to unusual kinds of objects such as strips of cloth, wooden spoons, rocks, vents, or doorstops
 - ❑ Excessive interests in particular objects, actions, or activities that interferes with social interaction
 - ❑ Unusual sensory interests such as sniffing objects or looking out of the corner of their eye
 - ❑ Over- or under-reaction to certain sounds, textures, or other sensory input

Developing IFSP goals



- **Gather more information from caregiver(s)**
 - What are your goals for your child?
 - Current functioning level
- **Sharing information**
 - Filling in blanks for caregiver(s)
- **Collaborative goal planning**
 - Making sure that goals are meaningful and functional

Development of Intentional Communication

Adapted from FIRST WORDS Project & Hanen Centre

Simple phrases/sentences

First words emerge

Social Gestures emerge (show, point, wave)

Combines gestures, eye gaze, and vocalizations

Uses gestures to request/protest (give, reach)

Shifts eye gaze between people & objects (beginning of joint attention)

Through exploration and imitation, develops a vowel and consonant inventory

Uses voice to seek and maintain attention

Smiles and laughs while looking at you

Providing Feedback



- During today's evaluation, I noticed many different skills that your child has including _____, _____, and _____. Are you noticing these behaviors at home? There were also some areas of concern that I would like to discuss with you including _____, _____, and _____. These are also red flags for ASD. Are you noticing these behaviors at home?

Affirmations

- Your commitment to your child really shows by _____.
- You showed a lot of _____ by _____.
- By the way you handled that situation, you showed a lot of _____.

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What are early red flags of ASD in toddlers?

The diagnostic features of ASD can be easy to miss in young children. Looking for possible red flags or early signs may help to find children at risk for ASD, and in need of a diagnostic evaluation. If your child shows some of the following red flags, talk to your child's doctor. If you or your child's doctor has concerns about possible ASD, ask for a referral to a developmental specialist or you can contact your local early intervention program.



Red Flags of ASD in Toddlers

Social Communication

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- Delayed speech or no social babbling/chatting
- Makes odd sounds or has an unusual tone of voice
- Difficulty using eye contact, gestures, and sounds or words all at the same time
- Little or no pretending or imitating of other people
- Stopped using words that they used to say
- Uses another person's hand as a tool (e.g., putting parent's hand on a jar for them to open the lid)

Social Interaction

- Does not look right at people or hard to get them to look at you
- Does not share warm, joyful expressions
- Does not respond when someone calls their name
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- Does not share enjoyment or interests with others

Repetitive Behaviors & Restricted Interests

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Autism
Navigator™:
Tools → Family
Materials → “What
is Autism Spectrum
Disorder?”

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Reminders



- As professionals, we evaluate what we see
- We explain this information to parents and make suggestions
- We do not diagnose children, but it is our responsibility to let parents know that all children with social communication delay are at risk for autism.
- If families have questions about diagnoses for their children, we refer to their primary physicians or developmental pediatricians or other professionals that can make a diagnosis.
- We can still provide services and support that the child needs regardless of official diagnosis.

Tips for Parents



Tips for Talking with Parents

If you suspect a child has a developmental delay and believe a parent is unaware of it, this sample conversation can give you ideas of how to talk with the child's parent.

Good afternoon, Ms. Jones. We love having Taylor in class. He really enjoys story time and follows directions well. He is working hard on coloring but is having a difficult time and gets frustrated. I have also noticed a few things about Taylor's social skills that I would like to discuss with you. Do you have a few minutes? *[Cite specific behaviors and when they occurred.]*

Have you noticed any of these at home?

Ms. Jones, here is some information that shows the developmental milestones for a child Taylor's age. Let's plan to meet again next week [set a time] after you've had time to read it and think it over. *[Provide information such as the fact sheets.]*

Ms. Jones, I know this is hard to talk about, and I may be over-reacting, but I think it would also be a good idea to talk to Taylor's doctor about this in the next few weeks. You can take this information with you when you go. The doctor can give Taylor a "developmental screening" which can answer some questions about his progress and whether you need to do anything else. Maybe there is no problem, but getting help early can make a big difference if there is, so it's really important to find out for sure. Let me know if you need anything from me for that doctor's appointment!

Thank you for agreeing to talk with me today. We'll all do our best to help Taylor. He is a great kid!

If a parent approaches you with concerns about his or her child, this might help you respond.

Mrs. Smith, you wanted to speak with me privately about Taylor?

[Listen to her concerns. See if she has noticed the same behaviors you have, and share examples that are the same as or different from hers.]

I am glad to know we are both on the same page. I have some information that might help you when you're watching Taylor at home this week. This fact sheet shows the developmental milestones for his age. Each child develops at his or her own pace, so Taylor might not have met all these milestones; it's worth taking a closer look. Let's meet again next [set a date] after you've had time to read this and think about it.

www.cdc.gov/actearly

I also think it would be a good idea to talk to Taylor's doctor about this in the next few weeks. You can take this information with you when you go. The doctor can give Taylor a "developmental screening" which can answer some questions about his progress and whether you need to do anything else. Let me know if you need anything from me for that doctor's appointment. Thank you for talking with me today. We'll all do our best to help Taylor. He is a great kid!

Tips for these conversations with parents:

- Highlight some of the child's strengths, letting the parent know what the child does well.
- Use materials like the "Learn the Signs. Act Early." fact sheets. This will help the parent know that you are basing your comments on facts and not just feelings.
- Talk about specific behaviors that you have observed in writing for the child. Use the milestones fact sheets as a guide. Example: If you are telling the parent "I have noticed that Taylor does not play pretend games with the other children," you could show the parent the line on the milestones fact sheet for a four-year-old that says that a child that age "engages in fantasy play."
- Try to make it a discussion. Pause a lot, giving the parent time to think and to respond.
- Expect that if the child is the oldest in the family, the parent might not have experience to know the milestones the child should be reaching.
- Listen to and watch the parent to decide on how to proceed. Pay attention to tone of voice and body language.
- This might be the first time the parent has become aware that the child might have a delay. Give the parent time to think about this and even speak with the child's other caregivers.
- Let the parent know that he or she should talk with the child's health care professional (doctor or nurse) soon if there are any concerns or more information is needed.
- Remind the parent that you do your job because you love and care for children, and that you want to make sure that the child does his or her very best. It is also okay to say that you "may be overly concerned," but that it is best to check with the child's doctor or nurse to be sure since early action is so important if there is a real delay.

Learn the Signs Act Early
Free Materials
Download Materials
Other Resources
Tips for Talking with
Parents
English/ Spanish



Learn the Signs. Act Early.

Thank you!



- Thank you for participating in our webinar today.
- Unless you have any questions you'd like to chat in, feel free to log off now.