

# **CDAAC AGM and Fall Conference**

**Recognizing the Early Signs of a  
Social Communication Delay:  
How You Can Make a Difference  
in Your Community.**

**Cathy Coppens SLP**

**October 17, 2009**

# Agenda

- **Early Signs Project**
- **Sooner Rather Than Later – Research Supporting Early Identification and Intervention**
- **How Can you Make a Difference in Your Community?**

St. Mary's Family Learning Centre  
**Early Signs Project**  
generously supported by a grant from



Cathy Coppens SLP  
Talk 2 Me

# Early Signs Project

## **PROMOTION:**

- **to educate physicians and professionals in the community about the early warning signs for an early social communication delay in 12-24 month olds. The goal is to increase early referrals for infants/toddlers with concerns.**

# Early Signs Project

## **TRAINING:**

- **to educate SLPs in the community re: assessment and screening tools appropriate for toddlers at risk for autism.**
- **Practicum for doctoral students in Psychology to assess toddlers with autism**

# Early Signs Project

- **EARLY IDENTIFICATION:**  
**Infant/Toddlers who are referred to Talk 2 Me with early warning signs receive an initial speech/language assessment. Those Infant/Toddlers who present with concerns are scheduled for further appointments to screen for Autism.**

# Early Signs Project

- **EARLY INTERVENTION and SUPPORT:**

**Infant/toddlers who present with concerns will be offered early intervention programs to focus on improving social, communication and play skills.**

# Early Signs Clinic

- **DIAGNOSIS:** Infant/toddlers who screened “at risk” for autism will be seen for a diagnostic assessment to confirm or rule out autism.

**The EARLY SIGNS CLINIC is a joint venture with St. Mary’s Family Learning Centre, the University of Windsor and The Summit Centre for Preschool Children with Autism.**

# Early Signs Clinic

- **1 new toddler per month**
- **No waiting list in the community now**
- **8 out of 9 toddlers diagnosed with Autism**
- **All receiving early intervention**

# Early Signs Project

- **RESEARCH:**

**The University of Windsor is providing the research and evaluation component of the Early Signs Project.**

# **It Takes A Community**

- Family doctor - listening to parent's concerns and noticing the red flags**
- Audiologist - referring a child who hears but doesn't respond**
- Early Childhood Educator - recognizing the earliest warning signs and helping parents to seek intervention**

**Collaboration – Cooperation –Respect!!!**

**What's your opinion?**

**Sooner Rather Than Later**

**vs.**

**Let's Wait and See**

# Validity of Early Diagnosis

- **The majority of diagnoses made at age 2 years remained stable at the age of 4 years.** (Charman et al., 2005)
- **Fewer than 25% of Paediatricians are screening for Autism at well-baby visits**
- **Fewer than 10% of Paediatricians are using autism-specific screening tools**

# Age of diagnosis

Average age in Canada = 3 – 3.5 yrs

Average age in US = 4 – 5 yrs.

# **Ontario- 2005**

**In Windsor/Essex County parents of 80 children diagnosed with ASD were interviewed:**

**Average age of 1<sup>st</sup> concern = 19 months**

**Average age of diagnosis = 4.3 years**

**Almost three years of being told to “wait and see” and then finding long waiting lists.**

# **British Columbia- 2007**

**Diagnosis was made an average of 2.8 years after parents first sought help.**

**An average of 4.5 professionals were consulted before the child was referred for diagnosis.**

# **Do parents want to know?**

**Research shows that at least 70% of parents want to know right away.**

# **Why we will start to see younger children...**

**Trend towards earlier identification and intervention:**

- Research on young children at risk**

**baby sibling studies (families in Toronto, Hamilton, & Halifax)**

**Sibs have 5-10% chance (25-50% higher) Merin et al JADD 2007**

# Why we will start to see younger children...

- **BAP – Broader Autism Phenotype:**

*“subsyndromal differences that are qualitatively similar to, but milder than, the features of autism”*

- **BAP echoes the triad of symptoms seen in Autism**

- **BAP found in 15-45% of family members with Autism**

(Yirmiya & Ozonoff, 2007 JADD)

# In October '07

**American Academy of  
Pediatrics recommends:**

**Earlier identification and  
intervention**



<http://pediatrics.aappublications.org/cgi/content/full/120/5/1183>

# American Academy of Pediatrics



- **Advises intervention as soon as a diagnosis is considered, not waiting until diagnosis is formally made**



- **Pediatricians and all health professionals should be aware of red flags for Autism and do routine surveillance at every well visit**



- **Recommends standardized autism-specific screening tool for all well babies at least twice before their 2<sup>nd</sup> birthday**

# 2008 Canadian Best Practice Guidelines

## **Screening Assessment and Diagnosis of Autism Spectrum Disorders in Young Children: Canadian Best Practice Guidelines.**

Miriam Foundation, Montreal Quebec.

Nachshen, J., et al (2008)

Download at [www.autismcentral.ca](http://www.autismcentral.ca)

# Canadian Best Practice Guidelines

## 1. **DEVELOPMENTAL SURVEILLANCE:**

Parental reports regarding developmental concerns are to be taken into **immediate and serious consideration by clinicians.**

**A Wait and See** approach  
is not supported.

# Canadian Best Practice Guidelines

## 2. **SCREENING:**

Universal screening is **not** recommended in Canada.

Targeted screening for ASD is recommended and requires the use of empirically validated screening tools.

A child who is screened to be high risk for ASD should be immediately referred to a diagnostician or interdisciplinary assessment team. Referral to intervention services should also occur at this time.

# **Canadian Best Practice Guidelines**

**DON'T WAIT AND SEE  
REFER FOR  
INTERVENTION WHEN  
THERE IS JUST A  
SUSPICION!**

# Canadian Best Practice Guidelines

## 3. **DIAGNOSIS:**

- Well trained and experienced professionals
- Interdisciplinary team is ideal
- Must meet DSM-IV – TR criteria
- Thorough developmental history, structured behavioural observation, clinical judgement.
- 1 standardized, norm-referenced parent report tool
- 1 standardized. Norm-referenced behaviour observation measure
- Include cognitive and developmental assessment and differential diagnosis.

# Best Practice Guidelines

The delay between emergence of symptoms, screening, diagnosis and assessment must be as short as possible to prevent delays in treatment.

# Research on Infants and Toddlers



# Amy Weatherby's research

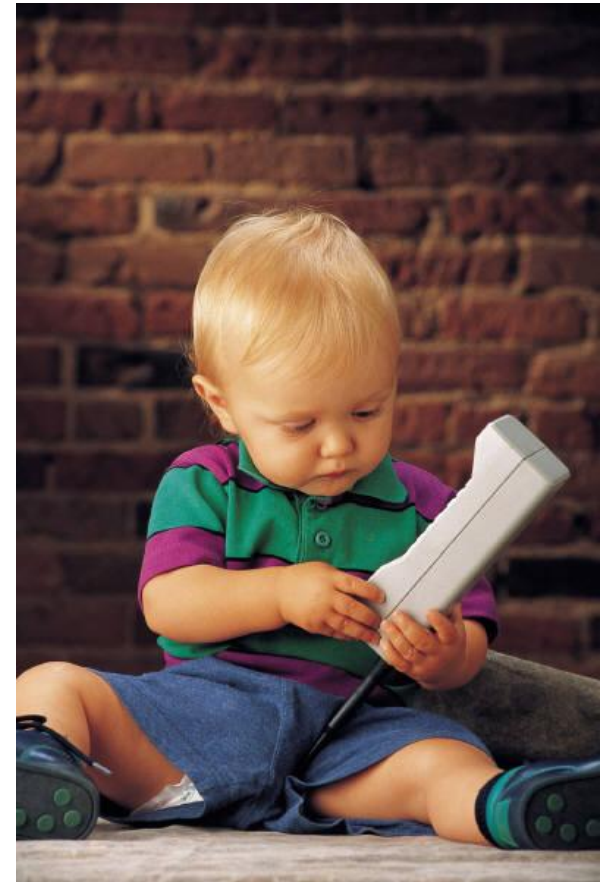
- Intervention started before the 2<sup>nd</sup> birthday has dramatically better outcomes than intervention started before the 3<sup>rd</sup> birthday.

First Signs website [www.firstsigns.org](http://www.firstsigns.org)

**“One purpose of the drive for earlier identification is that treatments delivered at very young ages, when the brain is most plastic, may ultimately lessen or prevent the lifelong challenges associated with autism.”**

**(Yirmiya & Ozonoff, 2007)**

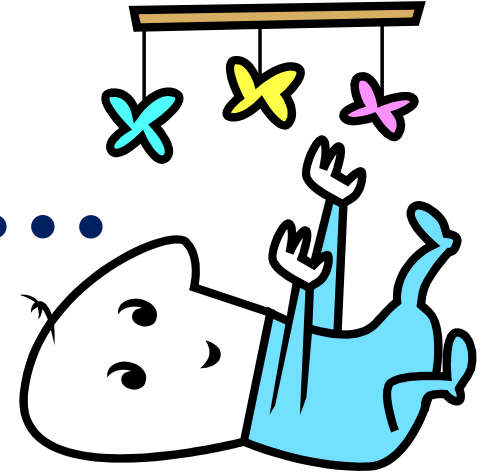
**...more children and younger children will be referred to us for intervention for social communication difficulties.**



**How do  
Social Communication  
skills develop during the  
1<sup>st</sup> year?**



# Typical babies ...



- by 2 months: - prefer to look at eyes – born with a predisposition to look at faces
- by 4 months: - can discriminate the direction of gaze (knows when Mom stops looking at him) - reciprocal smile- smiles when parent smiles at him
- by 6 mo: -reciprocal babbling - back & forth babbling with parent

# Typical babies...

- 9-10 mo: Joint attention
- alternates looking between person & object
- comprehend a point to objects in close proximity (Response to Joint Attention)
- babble becomes more complex



# Typical babies...

- **10-11 mo: follow head turn & gaze shift**
- **13-18 mo: direct another's attn toward object of interest (Initiate Joint Attention)**
- **by 18 mos: follows eye gaze alone**

How do very young children with social communication difficulties present clinically?



# Research on Early Signs of Autism

*By 6 months of age...*



- **Before 6 months – hard to distinguish infants with autism from typically-developing infants**
- **6 month olds with autism tend to be somewhat passive, lower activity level, initiate & respond infrequently, & vocalize less than other infants**

**Cannot reliably predict autism at 6 months of age**

*By 12 months of age...*



- **Extremes of temperament**
- **Lack of warm, joyful expressions with gaze**
- **Lack of social smiling, social interest, and positive affect**
- **Poor eye contact - less likely to spontaneously look & smile at others**
- **Poor response to parents' voices or attempts to play/interact**
- **Disregard vocalizations, but keen awareness for environmental sounds**
- **Less likely to respond to name (by 8-10 mo)**

By 12 months of age...



- Difficulties disengaging visual attention
- Longer duration of orienting to objects
- Decreased use of gestures (wave, point, show)
- Delayed onset of babbling past 9 months of age
- Lack of back-and-forth babbling with parent
- Lack of imitation with toys
- Motor disturbances (eg. rolling from prone to supine; hypotonia; postural instability; unusual posturing)

**Stereotypical behaviours are not useful as predictors in 1<sup>st</sup> yr**

By 24 months of age...



- **Atypical sensory and motor mannerisms and/or repetitive behaviors**
- **Distinct temperament: marked irritability or passivity, intolerance of intrusions, proneness to distress, difficulties with regulation of state (by self or others)**
- **Impaired social communication development, including lack of interest in/initiation with others.**

“Insistence on sameness” not a predictor of ASD at 24 mo

# **Get an early start**

- **Since children with ASD have a reduced rate of communicating and often communicate in subtle, unconventional ways, it is possible that parents miss opportunities to respond to them in ways that will facilitate the development of their interaction and language skills.**

# **Parental Involvement is Key**

**Parental Involvement in early intervention has been identified as one of the key elements of effective programs for children with ASD.**

**National Research council 2001**

# Intensity Matters

- **We need to ensure that toddlers with ASD are engaged actively and productively in meaningful activities for at least 25 hours per week with a social partner in their natural environments.**

# **Intensity matters.....**

- **Play with toys (blocks, puzzles, playdough, dolls, etc.)**
- **Play with people (Peek-a Boo, songs and rhymes)**
- **Meals and Snacks (preparation, eating, clean up)**
- **Caregiving routines (dressing, diapering, bath, teeth)**
- **Book Sharing**
- **Family Chores (laundry, cleaning, plants, pets, etc.)**

**Amy Weatherby 2008**

# Who do we target in the community?

- Paediatricians
- Family and clinic doctors
- Healthy Babies Healthy Children
- Ontario Early Years Centres
- Child Care Centres
- Families with siblings with Autism
- Schools
- Agencies servicing children with Autism

# Local Parenting Magazine

## **Recognize the Early Signs of a Social Communication Delay**

- My child doesn't consistently look up when I call his name
- My child doesn't wave Hi or Bye
- My child doesn't point to show body parts and pictures in books
- My child doesn't smile at me when I talk
- My child is more interested in objects than in people

# Local Parenting Magazine

- Discuss your concerns with your child's doctor
- Call the Talk 2 Me program for a Speech Language Assessment
- The earlier you recognize the signs of a social communication delay, the sooner you can learn strategies to help your child to develop

# Every doctor's office

Mail a package with a personally addressed cover letter

- Included huge poster from CAIRN
- Included note pads from Autism Ontario
- Included the website for the Canadian Best Practice Guidelines
- ❖ Included flyers and postcards

# **Are you ready?**

- **Early Identification will have a direct impact on outcomes for children and their families**
- **Is your community ready?**
- **Are you ready?**

# How can you make a difference in your community?

- Does your community have an autism team? Sit on a committee?
- Can they use your help to get material out to the public?
- Will your school boards allow letters to go home with children targeting younger siblings and cousins?
- Bring material at a local Children's Health Day

# Thank you

Jen Walker CDAAC

Unity for Autism for generous funding

St. Mary's Family Learning Centre

Summit Centre for Preschool Children with  
Autism

University of Windsor

Hanen Centre

For more information:

Cathy Coppens

519-252-0636

[ccoppens@smflc.ca](mailto:ccoppens@smflc.ca)