



## SUBCOMMITTEE RECOMMENDATION REPORT TO OREGON COMMISSION ON AUTISM SPECTRUM DISORDER

### Subcommittee: SCREENING, IDENTIFICATION & ASSESSMENT

Report Date: JUNE 2010

**ISSUE:** *There is inconsistency in identifying which individuals have an ASD. Accurate identification is important to ensure that individuals receive the services and supports they need. To ensure an acceptable level of agreement across teams and settings, there needs to be the same criteria, a consistently followed standardized evaluation process, and a required minimum training and experience for those conducting the evaluations.*

**NOTE:** *Early detection and treatment of ASDs holds the greatest promise for improving outcomes for the developing child. The American Academy of Pediatrics issued a recommendation that every child be screened for ASD by the age of 18 months, with a follow-up screening at 24 months. The Oregon Pediatric Society offers training on ASD screening to Oregon pediatricians through the START Program (Screening Tools and Referral Training). Several recommendations concern this program.*

<b>RECOMMENDATION: #1 SCREENING - PRIMARY CARE PROVIDERS</b>
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<b>Primary care providers (PCPs) will screen all children for an ASD by their second birthday.</b>
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<b>1A:</b> The START Program (Screening Tools and Referral Training) of the Oregon Pediatric Society is improved and expanded statewide.
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<b>1B:</b> There is a strong partnership between local PCPs and Early Intervention (“EI”) programs.
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<b>1C:</b> Family practitioners, physician assistants and nurse practitioners regularly screen young children in their practice for developmental and behavioral problems.
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<b>1D:</b> The rate of screening of the young children of migrant families and other underserved groups significantly improves.
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<b>1E:</b> There is improved reimbursement to health care providers by Medicaid and private health plans for use of the 96110 code for developmental and behavioral screening.
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<b>1F:</b> There is an individual or state agency with clear responsibility for ongoing oversight and monitoring of ASD screening and public awareness activities.
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*ISSUE: Not all families have regular access to primary health care. Therefore, screening should also be available through other types of service providers with whom the family might come into contact, such as educational and social service agencies.*

#### **RECOMMENDATION: #2 SCREENING & REFERRAL**

**Organizations other than PCPs increase the screening of young children for an ASD and refer them to identification services when appropriate. Families of young children seek out screening and identification services for a potential ASD as appropriate.**



**2A:** There is a statewide public awareness campaign on early identification of individuals with ASD that will provide information for the general public (individuals and families) and for health care and educational providers.

**2B:** Babies First, Healthy Start, EI/ECSE and Child Find staff are appropriately trained on developmental and behavioral screening.

**2C:** Collaboration is increased between local school districts and other community early childhood providers to improve Child Find activities.

**2D:** Licensed day care providers are trained on screening for developmental and behavioral problems in infants and young children.

**2E:** There is an individual or state agency with clear responsibility for ongoing oversight and monitoring of ASD screening and public awareness activities.

*ISSUE: If screening suggests that a child is at risk, it is important that a family be referred to an agency or provider that has the necessary expertise to perform the recommended multidisciplinary evaluation to identify whether a child actually has an ASD.*

#### **RECOMMENDATION: #3 INTERAGENCY COORDINATION**

There is improved coordination of screening and referral to ASD identification services for young children by public and private agencies and individuals.



**3A:** Protocols for coordinating screening referrals to identification entities are developed.



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*ISSUE: While it is expected that most children with an ASD will be identified as a result of universal screening by age 2, there are several reasons why some will not. Agencies likely to come into contact with older individuals must be trained to provide a brief evaluation which could lead to a referral for multidisciplinary evaluation as needed.*

#### **RECOMMENDATION: #4 IDENTIFICATION OF ADOLESCENTS & ADULTS**

**Older children and adults receive appropriate screening and identification services from health care providers (primary care providers, medical specialists, mental health professionals) and in educational settings (including student health centers at colleges).**



**4A:** Best practices are regularly followed for the initial evaluation of older children and adults for ASD in the health care office (primary care providers, medical specialists and mental health professionals) and in educational settings.

**4B:** There is greater statewide capacity to provide comprehensive evaluations for the identification of ASD in older children and adults.

**4C:** There is a statewide public awareness campaign identification of ASD in older children and adults.

**4D:** There is increased access to comprehensive evaluations for ASD for older children and adults.

**4E:** There is an individual or state agency with clear responsibility for ongoing oversight and monitoring of ASD screening and public awareness activities.



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**ISSUE:** *Currently, there are significant differences in the identification of individuals with an ASD, depending on where it takes place. This sometimes becomes a source of confusion, duplication, conflict, and stress. This recommendation establishes a structured evaluation process and a minimum knowledge base for the team providing the evaluation, while leaving room to work with local resources.*

#### **RECOMMENDATION: #5 IDENTIFICATION PROCESS**

There is a standard multidisciplinary process for the identification of children and adults with ASD, which is used in both educational, health care, and other agency settings.



**5A:** The DSM criteria for ASD are used in the standard evaluation for the identification of an ASD in children and adults.

**5B:** The standard evaluation for the identification of an ASD includes at least the following elements:

- Diagnostic interview, including family history, with pertinent people such as child/person, parent/caregiver, and education staff.
- Structured observation using standardized, research based, autism-specific instrument (e.g. ADOS and ASIEP (for younger ages), others in future).
- Unstructured observations (which may be made through review of video recordings) At least one observation is of behavior outside the team evaluation setting if consent of individual/parent/guardian is given. Observations outside of the team evaluation setting might address: Familiar setting | Unfamiliar setting | Unstructured peer interaction | Unstructured independent activities
- A developmental assessment, including: Cognitive and executive function | Adaptive functioning | Communication, including speech and language skills | Motor skills | Sensory function | Social/emotional skills
- Other health assessment: Hearing screening or evaluation completed within the previous 6 months; screening is performed one to one with an SLP or audiologist in a quiet room using headphones; if individual either fails the screening or doesn't cooperate, he or she is referred for an outside hearing evaluation.
- Report in accessible language with standardized elements

**5C:** All state agencies and health care providers accept the results of the standard evaluation as acceptable evidence that an individual has an ASD.



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**5D:** The identification team members possess at least the following knowledge for applying the DSM criteria to identify individuals with an ASD:

- Typical child development
- Atypical child development (including development typical of children with conditions other than ASD)
- Psychopathology appropriate to the age of the person being evaluated and sufficient to differentiate an ASD from other conditions (such as intellectual disabilities, anxiety disorders, reactive attachment disorder, ADHD, and mood disorders)
- Formal (structured) and informal (observation/interview) assessment practices.
- Characteristics of ASD appropriate to the age of the person being evaluated.
- Assessment tools/methods for accurate identification of an ASD.
- Family and environmental dynamics/systems (e.g. parental depression, abuse, culture).
- Red flags indicating need for referral for further educational or health care evaluations

Ideally, all of the above knowledge would be possessed by at least one team member. If not, the team members who together possess this knowledge must work together as part of a stable team. Also ideally, more than one team member would possess each of the above knowledge elements.

Examples of professionals who might individually or collectively possess the required knowledge are: Autism specialist | Clinical psychologist | Developmental pediatrician | Occupational therapist | School psychologist | Speech and language pathologist | Psychiatrist

### **Glossary of Recommendation Terms:**

Screening is the use of standardized tools at specific intervals (snapshot), for a population, which may result in further evaluation.

Surveillance is an ongoing process of identifying individuals at risk, based on red flags, in the context of unfolding development throughout the lifespan, and is especially pertinent to individuals who were not identified through screening.

Pre-referral assessment is appropriate when there are indicators for concern as a result of surveillance, to determine whether a comprehensive evaluation is needed. In the case of a child, a screening tool appropriate to the child's age is used for the pre-referral assessment.

Comprehensive evaluation and multidisciplinary evaluation are used interchangeably. (TBD: trans- and/or inter-disciplinary vs. multi-)

Assessment for service planning refers to additional steps beyond identification, for the purpose of determining eligibility for services and service planning.



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