



# Autism: The Early Years

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# Why Early Identification Is Important

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# Evidence for Early Intervention

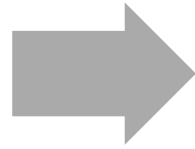
- Research indicates that intervention beginning before age 3 has a much greater impact than that after age 5. With intensive early intervention,
  - Improved language and motor skills
  - Improved cognitive skills



# Early Childhood Screening

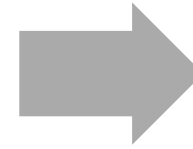
## Developmental surveillance/ monitoring

Family-engaged  
Ongoing  
Example tool:  
*Learn the Signs.  
Act Early.*



## Developmental screening

- Formal process
- Validated tool
- 9 months, 18 months, 30 months



## Autism screening

- Formal process
- Validated tool
- 18 months, 24 months

# Identifying Autism

- Behavioral Diagnosis utilizing DSM-5 Criteria
- Deficits in ***social communication and social interaction (3 of 3)***
- ***Restricted, repetitive*** and ***stereotyped*** patterns of behavior, interests, or activities **(2 of 4)**
- Symptoms:
  - present in early childhood
  - cause clinically significant impairment in functioning
  - can't be better explained by other disorder such as intellectual disability (ID)



**WHAT DOES THIS LOOK LIKE IN TODDLERS?**



# 16 signs of autism by 16 months

- Hard to get your baby to look at you
- Rarely shares enjoyment with you
- Rarely shares their interests with you
- Rarely responds to their name or other bids



# 16 signs of autism by 16 months

- Limited use of gestures such as Show and Point
- Hard to look at you and use a gesture and sound
- Use your hand as tool
- Little or no imitating other people or pretending





# 16 signs of autism by 16 months

- More interested in objects than people
- Unusual ways of moving their fingers, hands, or body
- Repeats unusual movements with objects
- Develops rituals and may get very upset over change



# 16 signs of autism by 16 months

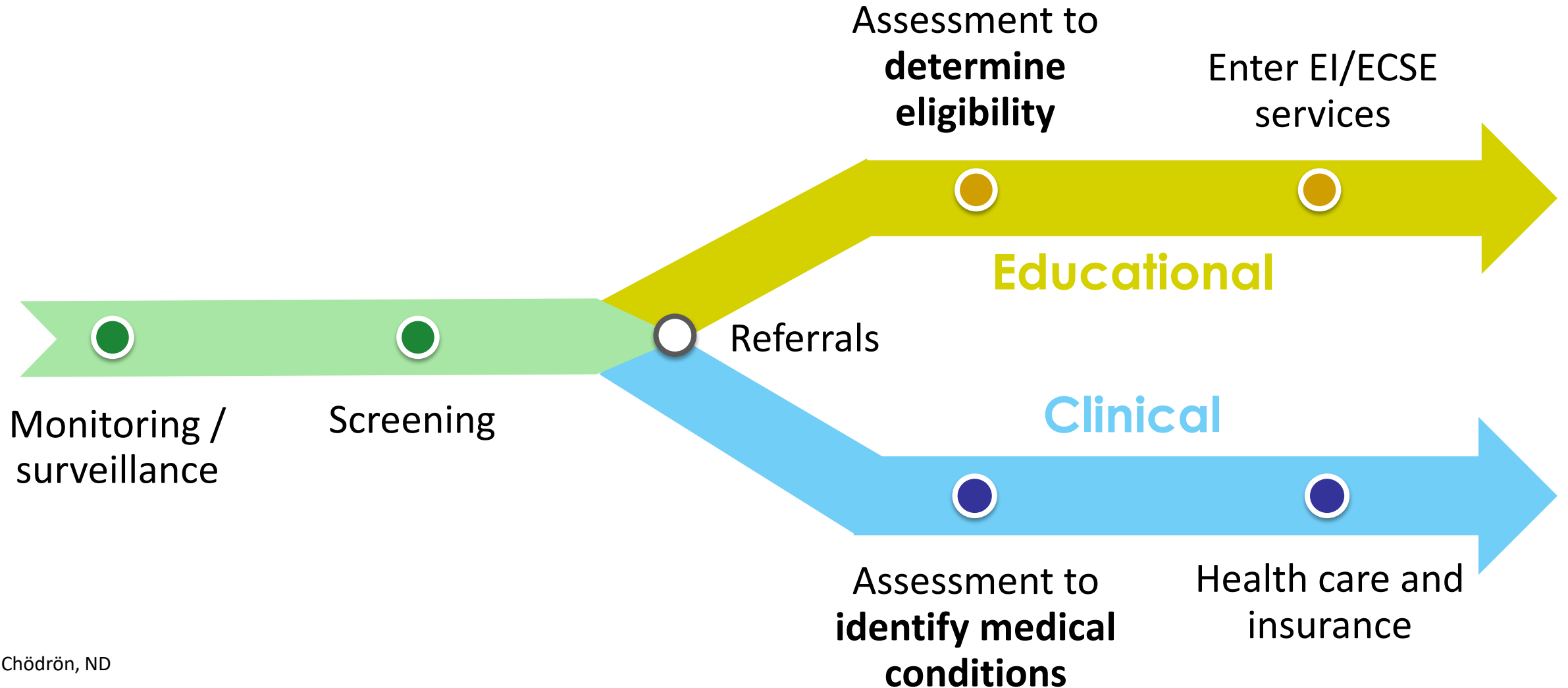
- Excessive interest in particular objects or activities
- Very focused on or attached to unusual objects
- Unusual reaction to sounds, sights, or textures
- Strong interest in unusual sensory experiences

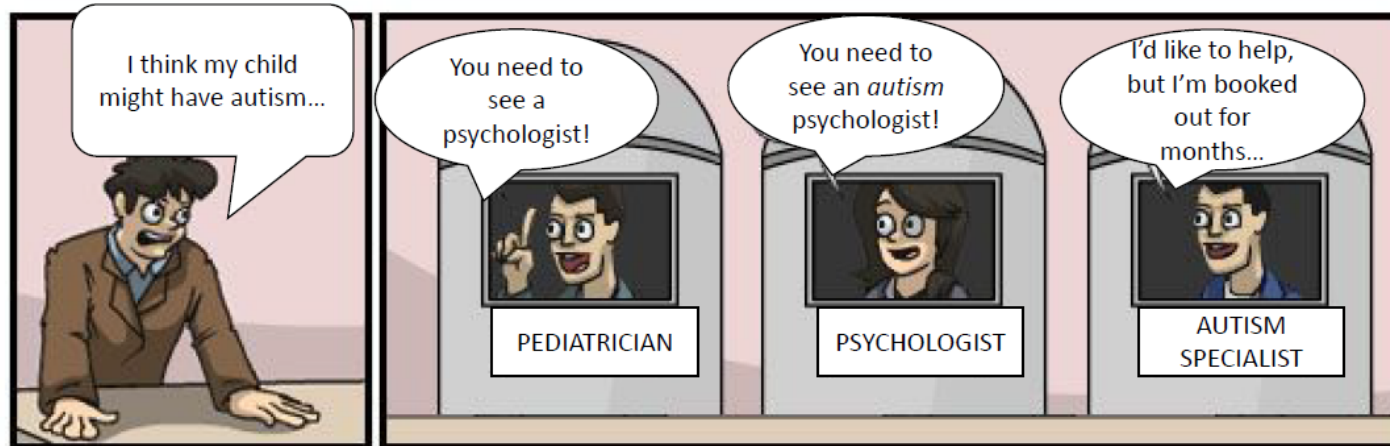


# Video example

- <https://babynavigator.com/videos/>

# Educational vs Clinical Processes





**Ideally:** Referred for evaluation by specialized team

**Ideally:** Appropriately intensive specialized services are rapidly initiated, regardless of diagnosis

**Reality:** Long waits, geographical barriers, many families will be lost

**Reality:** Service access may be dependent on diagnosis

*Slide adapted from Zack Warren*

# Barriers to screening

- Resources
  - Time-consuming educational offerings
  - Costly materials
  - Time to administer
  - Time to help families navigate next steps following positive screen
- Provider confidence speaking with families about developmental concerns
- Some providers unwilling to screen due to system failures (i.e., families unable to get diagnostic/treatment services)
- Parent education and language spoken in the home impact receipt of screening



# Disparities in Identification – Autism example

- In Wisconsin, 1 in 53 meet criteria for ASD (“confirmed cases”)
  - 52% had **no** comprehensive developmental evaluation by age 36 months
  - Median age of diagnosis 56 months (4 years, 8 months)
- Black and Hispanic children significantly more likely to access comprehensive evaluation later than white children (nationally)
  - Of those diagnosed, white children significantly more likely than black or Hispanic to receive 1<sup>st</sup> comprehensive evaluation ≤36 mos
  - **However**, % with documented concern did not vary by race/ethnicity

Maenner et al., 2021 and Shaw et al., 2021 accessed via [www.cdc.gov](http://www.cdc.gov)

# Barriers to diagnosis



- Geography is a barrier in access to early care
- Limited number of trained providers
- Limited by diagnostic tools
  - Tests/training that are expensive, protected intellectual property
  - Tests that are lengthy
  - Tests not designed for the specific population and setting

# Potential solutions

