

# Autism Screening in Pediatric Primary Care

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Terri Mathews, PhD, APRN-NP, LP



University of Nebraska  
Medical Center

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
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CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

Adapted from: [https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019ed\\_v1\\_20190809-Web.pdf](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)

# Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

## Nebraska Mental Health Access Grant

- 5-year, \$2.2 million HRSA grant through maternal and child health bureau
- Designed to improve timely access to behavioral healthcare for children in rural Nebraska
- The main goal is to provide primary care providers access to behavioral health supports



# Goals

- Enhance **early screening** of behavioral health disorders
- Conduct a clinical demonstration project in a network of providers to **expand and diversify integrated behavioral health provision in PC** pediatric and family medicine practices, with a focus upon **rural** communities
- Evaluate the overall **effectiveness of increasing access to PCP's to behavioral health consultation**

<https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html?msclid=77c12956b5f311ec8c21922c759e3b30>



## Tele-Behavioral Health Consultation (TBHC)

- Behavioral health providers or case managers on-site at primary care clinics
- Behavioral health/care managers determine need for consultation with psychiatry
- Consultant consults with PCP (audio or audio-visual) on the same day
  - Child Psychiatry
  - Developmental Medicine
  - Psychiatric Nurse Practitioner



## Behavioral Health Consultation for Primary Care Providers

The UNMC Tele-Behavioral Health Consultation Team (TBHC) provides psychiatry support to primary care providers in Nebraska who are managing pediatric patients with behavioral health problems. Providers are available to offer guidance on diagnosis, medications, and psychotherapy interventions to assist primary care providers in better managing patients in their practices. Support is available through phone and synchronous audio/video teleconference consultations to referring primary care providers.

### How Does it Work?

1. The participating provider or representative initiates a request to Dani Porter at (402) 559-3838 or through the website at [unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html](http://unmc.edu/mmi/departments/psychology/psych-patientcare/teleproviderconsult.html)
2. A member of the TBHC team will contact the provider within the same business day to offer guidance.
3. The TBHC is not an emergency service. Emergencies will be routed to local emergency services.
4. The UNMC TBHC team does not prescribe medication. They provide support for prescribers.

### Team Members



**Terri Mathews, Ph.D., APRN-NP**  
Psychiatric Nurse Practitioner



**Ryan Edwards, M.D.**  
Psychiatrist



**Cindy Ellis, M.D.**  
Developmental-Behavioral  
Pediatrician



Scan with your  
smartphone for  
more information!



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# Primary Care Providers (PCPs)

- PCPs can request a consultation three ways:

1) Visit our website:

<https://www.unmc.edu/mmi/services/psychology/teleproviderconsult.html>

2) QR Code

3) Call 402-559-38



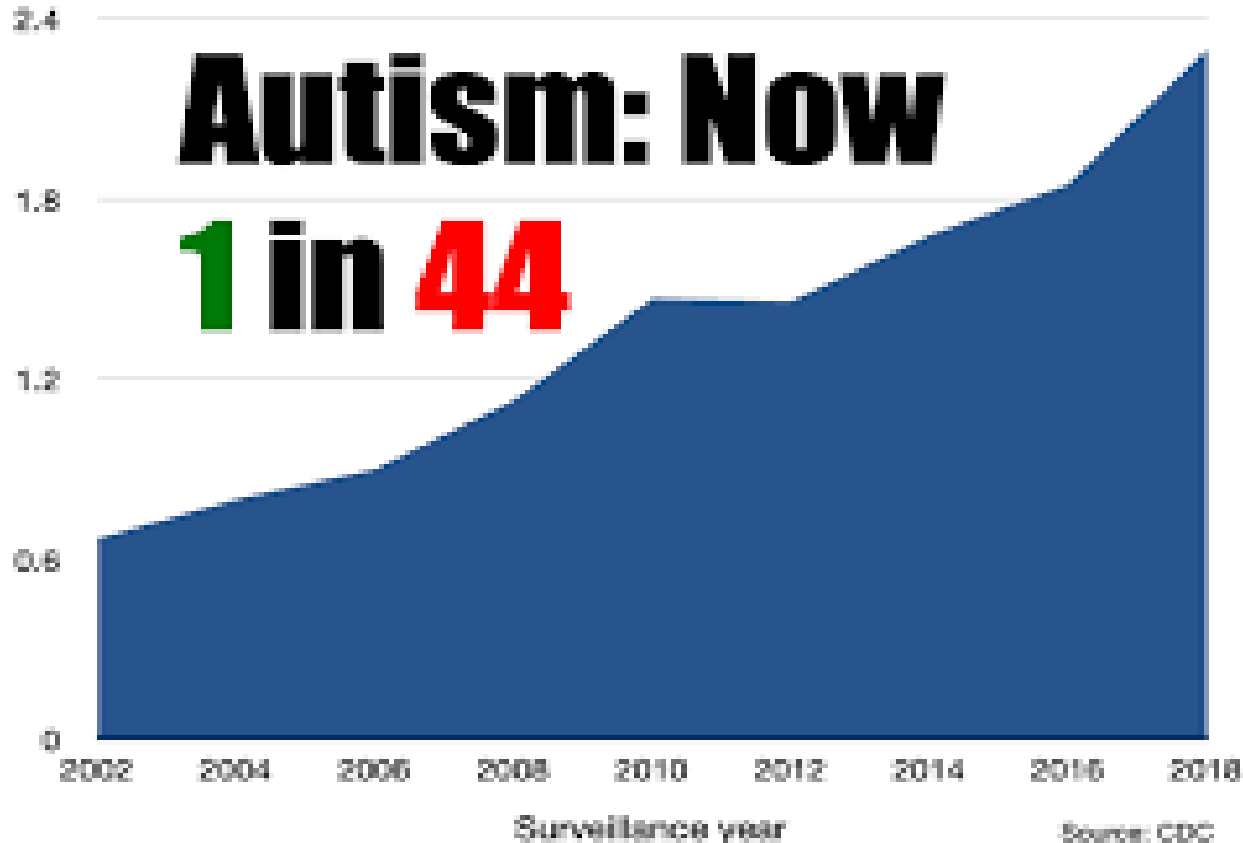
# Objectives

1. Review the early signs of autism spectrum disorder in the infant and toddler age group.
2. Review DSM-5-TR diagnostic criteria for autism spectrum disorder.
3. Identify valid and reliable autism spectrum screening tools for infants, toddlers, school age and adolescent age group.
4. Discuss challenges, barriers, and potential strategies to incorporate autism spectrum disorder screening in the primary care setting.
5. Role play with a partner the follow up questions using the MCHAT-Revised screening tool.



# Autism Spectrum Disorder Prevalence in Children

Autism prevalence per 100 8 year-old children, U.S., 2000-2018



# Early Signs of Autism in Infancy



Avoids eye contact



Lack of smile or vocalizations



Does not look at self in mirror



# Early Signs of Autism in Infancy



Does not  
respond to  
name



May not  
show varied  
facial  
expressions



Does not  
engage in  
play with  
parent



# Early Signs of Autism in Young Toddlers



Does not  
share  
interests



Does not  
point



Does not  
respond  
to other's  
emotions



# Autism Spectrum Disorders

## DSM-5-TR Criteria

### Deficits in Social Communication and Interaction

(all 3 must be present)

- Social emotional reciprocity
- Nonverbal communicative Behaviors
- Developing, maintaining and understanding relationship

### Restricted, Repetitive Patterns of Behavior, Interests or Activities

(2 of 4 symptoms must be present)

- Stereotyped or repetitive motor movements, repetitive use of objects or speech
- Insistence on sameness, inflexible to routines or ritualized patterns
- Highly restricted, fixated interests
- Hypo- or hyper reactivity to sensory input



# Social Communication and Interaction (Examples)

Deficits in social –  
emotional reciprocity

- Abnormal social approach
- Reduced back and forth conversation
- Reduced sharing of interests
- Lack of initiation or responding to social interactions

Abnormal nonverbal  
communication

- Poor integration of verbal and nonverbal
- Poor eye contact, and use of gestures
- Limited range of facial expression

Abnormal development  
and understanding  
relationships with peers

- Difficulty adjusting behavior to suit various social contexts
- Absence of interest in peers or making friends
- Difficulty in sharing imaginative play





# Repetitive Behaviors and Restricted Interests (Examples)

## Repetitive behaviors and stereotyped movements

- Echolalia
- Unusual hand movements
- Lining up of toys, spinning of wheels, playing with parts of toys

## Inflexibility/Rigidity Ritualistic Behaviors

- Insistence of sameness
- Distress when routines have been changed or rituals are interrupted

## Restricted or Fixated Interests

- Playing only with one toy or toys within a theme (cars, trucks, leggos, etc)
- Unusual interests for age

## Hyper or hypo sensitivity to sensory input

- Licking, smelling, visual examination
- Sounds, lights, textures, smells, tastes
- High or low pain or temperature threshold



# Severity Levels for ASD

Severity level	Social Communication	Restricted, Repetitive behaviors
<i>Level 3</i> Requiring very substantial support	Limited initiation of social interactions, minimal response to others	Inflexible and extreme difficulty coping with change, interferes with functioning in all spheres, great distress
<i>Level 2</i> Requiring substantial support	Limited initiation of social interactions, reduced or abnormal responses to others	Inflexibility, restricted and repetitive behaviors noticeable to others, distress with change
<i>Level 1</i> Requiring support	Atypical or unsuccessful social interactions, decreased interest in social interactions	Inflexibility of behavior interferes in one or more contexts, organization and planning hamper independence



# Behavioral / Developmental Screening Recommendations

- American Academy of Pediatrics/Bright Futures

[https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf) (Updated 7/2022)



# Developmental Surveillance Tools

- CDC and American Academy of Pediatrics (AAP)
  - *Learn the Signs. Act Early.*

<https://www.cdc.gov/ncbddd/actearly/hcp/index.html>

- Free Tools Available –
  - Posters
  - Checklists (laminated and reuse)
  - Online web
    - In Spanish and English



# Screening Tools

Screening Tool	Characteristics
<b>Communication and Symbolic Behavior Scales- Developmental Profile (CSBS-DP): Infant Toddler Checklist</b>	<ul style="list-style-type: none"><li>• for use in children aged 6-24 months</li><li>• 1-page parent completed screening tool</li><li>• focuses on social and communication skills</li><li>• Sensitivity and Specificity - .88</li></ul>
<b>Modified Checklist for Autism in Toddlers (M-CHAT)-Revised</b>	<ul style="list-style-type: none"><li>• for use in children aged 16-48 months</li><li>• 20 items (all parental report)</li><li>• follow-up interview for positive screens</li><li>• efficient for use in a primary care setting</li><li>• public domain: <a href="http://www.firstsigns.org">www.firstsigns.org</a></li></ul>
<b>Social Communication Questionnaire (SCQ)</b>	<ul style="list-style-type: none"><li>• for use in children <math>\geq</math> 4 years old</li><li>• 40 items (all parental report)</li></ul>

# Communication Symbolic Behavior Scales –DP (CSBS-DP) Infant Toddler Checklist

- Evaluates early communication
  - Focuses on eye gaze, communication, gestures, sounds, words, comprehension of words and use of objects
- 24 items
- 5-10 minutes
- Free downloadable
- <https://www.autismalert.org/uploads/PDF/SCREENING--DEVELOPMENTAL%20DELAY%20&%20AUTISM--CCBS%20DP%20Infant-Toddler%20Checklist.pdf>



# Modified Checklist for Autism In Toddlers –Revised

- Recommended by AAP at 18 and 24 months
- 20 item “yes / no” Questionnaire
- Validated in children 16-30 months
- 2 phase test
  - If score less than 2 – pass
  - If score is between 2 and 7 – follow up questions are needed
  - If score is greater than 8 - no follow up questions needed –
    - Refer to Early intervention and Diagnostic evaluation
- Test was designed with a high sensitivity (more false positives but increased specificity with follow up questions)
- [https://www.cpqcc.org/sites/default/files/M-CHAT-R\\_F\\_1.pdf](https://www.cpqcc.org/sites/default/files/M-CHAT-R_F_1.pdf)



# Social Communication Questionnaire (SCQ)– Current and Lifetime

- Screening tool for Autism Spectrum Disorder from age 4 - Lifetime
- 40 yes/no items (10 minutes)
- Easy to score (less than 2 minutes)
- Score of  $> 15$  – Positive screen
- Sensitivity – 93%; Specificity – 58%
- Cost - \$70 (pack of 20)

The image shows a sample form of the Social Communication Questionnaire (SCQ) Current version. The form is titled "CURRENT Social Communication Questionnaire (SCQ)" and includes a "Subtest 7 Form" section. It features a list of 40 items, each with a "Yes" and "No" column for scoring. A large "SAMPLE" watermark is overlaid on the form. The form also includes a "Directions" section at the bottom, which provides instructions for how to use the questionnaire. The WPS logo is visible in the top right corner of the form.



# Strategies to Implement Autism Screening in a Primary Care Clinic

- Promote integrated / collaborative care models



- Electronic health records



# Barriers

# Solutions

Time and  
reimbursement

Workflow

Referral and Tracking

Evaluations

Not a typical concern

Technology support

Challenge with enough  
providers to do  
diagnostic evaluation.

School referrals



# Nebraska Screening Data

(Mathews et al., 2022)

## Behavioral Health in Pediatric Primary Care Screening Survey:

- Developed to examine current BH screening practices and interest in and availability of BH care provider support
- Distributed to PCPs who treat pediatric populations in NE
- Took ~10 minutes to complete

What is your primary practice specialty?

Pediatrics

Internal Medicine

Med/Peds

Family Medicine

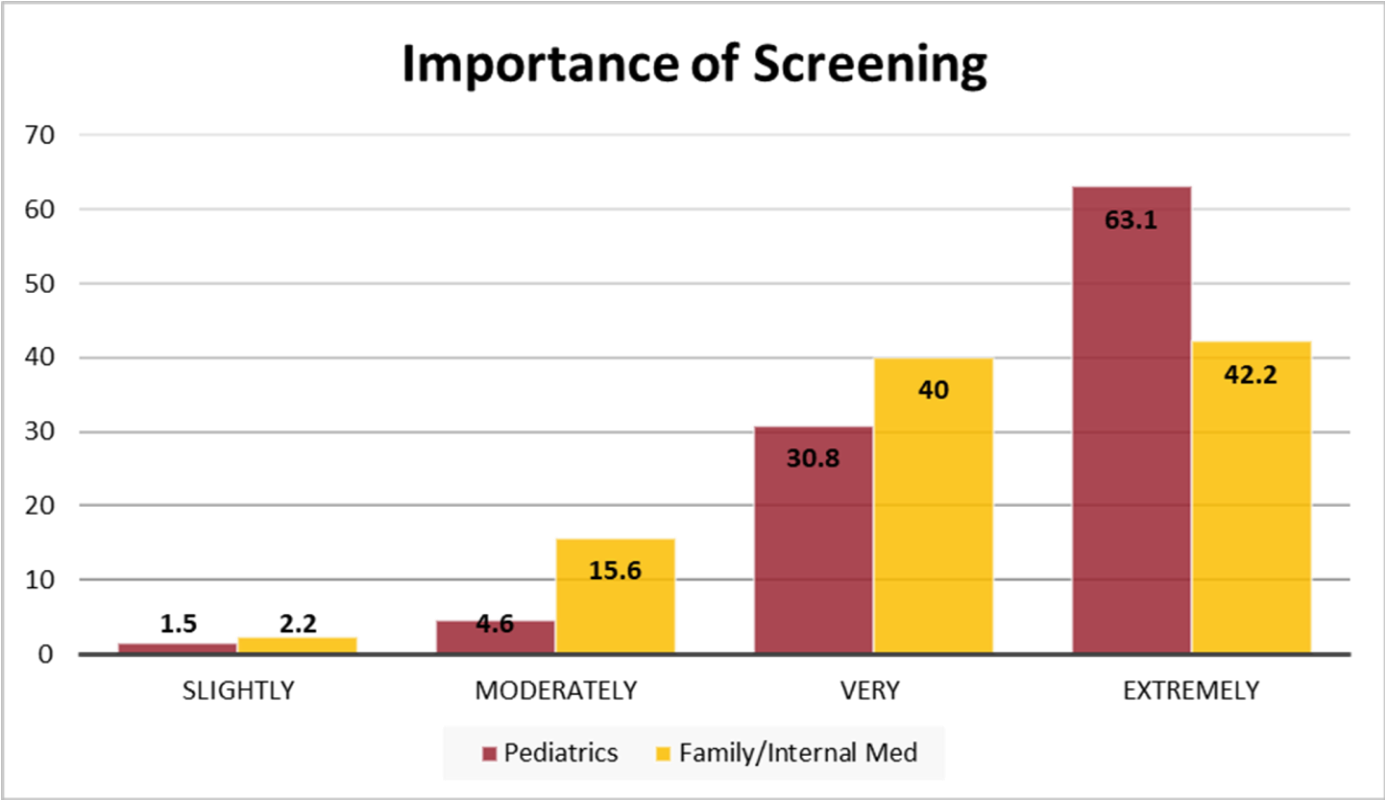
Other

How important do you think screening is for behavioral health concerns in pediatrics?

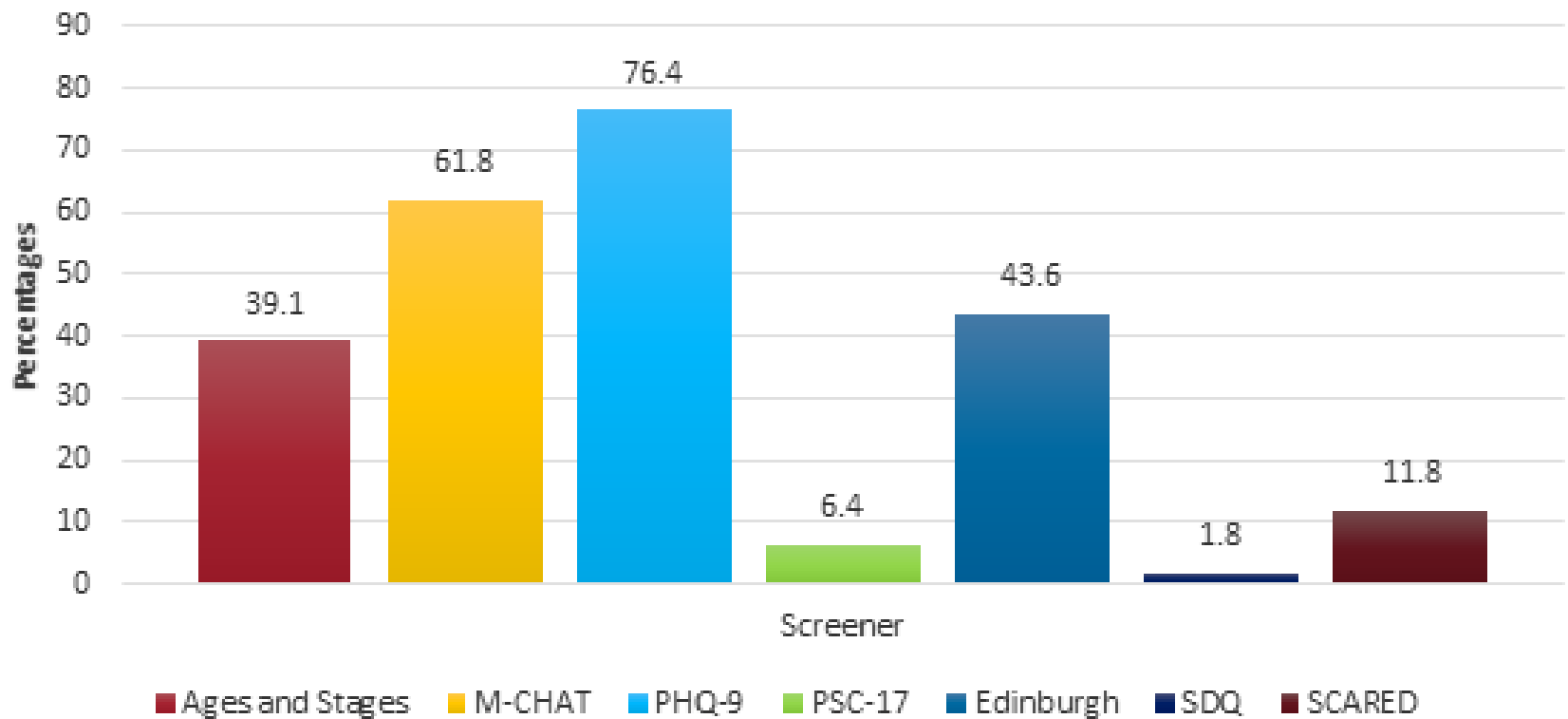
- a. Not at all
- b. Slightly Important
- c. Moderately Important
- d. Very Important
- e. Extremely Important



# Importance of Screening



## Percentages of Providers Using Specific Screening Instruments



# Case Study

Jack is 24 month-old child being evaluated for his 2 year well check. His mother reports to you that his speech and language production is not coming along very well. She reports that when he was 18 months he was able to say about 8 words, but he doesn't say those words anymore. Now he only says about 3 words, "dog", "car" and "truck". Mother also notices that he does not seem to be very interested in his peers at day care and prefers to play only with one or two cars or trucks. She reports that he often makes "funny movements" of his fingers and hands. Finally, Jack seems to become very upset with she vacuums or if the dogs bark. You reviewed Jack's chart and notice that he had 1 failed item on his MCHAT last visit. You complete another MCHAT-Revised Version with his mother.



# Questions?



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