The Importance of the Family Physician in Developmental/Behavioral Screening of Young Children

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What we'll do this morning

- Learn about current state and federal initiatives that encourage healthy child development and the implementation of universal developmental and behavioral screening for children
- Understand the need to strengthen the systems of early detection
- Review the current prevalence data for developmental/behavioral conditions in children
- Examine the strengths and limitations of common screening tools
- Discover resources to make it easier

Unprecedented Resources for Early Childhood

- The Obama Administration has invested more than $600 million in the Race to the Top: Early Learning Challenge , a new competition that challenges states to transform their early learning systems with better coordination, clearer learning standards, and meaningful education and training for early educators

- Unprecedented commitment of $75 billion over the next 10 years for a major expansion of preschool programs for low- and moderate-income 4-year-olds .

The overarching goal of the Early Learning Challenge is to make sure that more children, especially those with high needs, enter kindergarten ready to succeed.

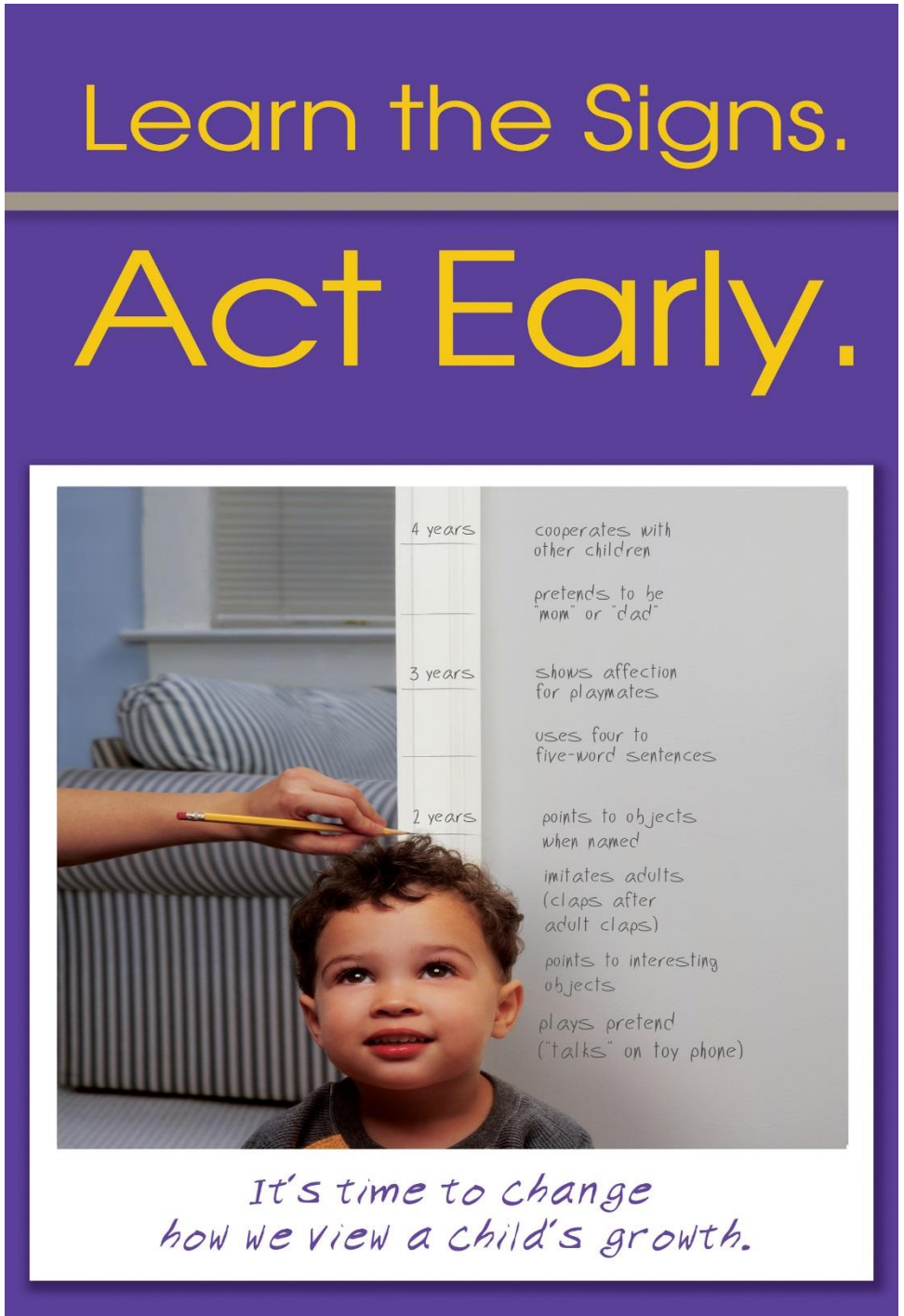
Strong Federal Initiatives

Learn the Signs. Act Early

Birth to Five: Watch Me Thrive!

To improve early identification developmental disabilities, including autism, so children and their families can get the services and support they need

- **Health Education Campaign**
- **Act Early initiative**
- **Research and evaluation**



The Act Early Program

The Act Early Program is a collaborative initiative

- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Association of Maternal & Child Health Programs (AMCHP)
- Association of University Centers on Disabilities (AUCD)

The project is funded by the CDC and HRSA with cooperative agreements for implementation by AMCHP and AUCD.

“From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts and moves. Track your child’s development and act early if you have a concern.”

http://www.cdc.gov/ncbddd/actearly/hcp/index.html.

Birth to Five: Watch Me Thrive!

Coordinated public outreach campaign to promote awareness of child development and developmental and behavioral screening, referral, and follow-up.

- Celebrating developmental milestones
- Promoting universal developmental and behavioral screening
- Improving early detection
- Enhancing developmental supports

The Partners

Administration for Children and Families

Administration for Community Living

Centers for Disease Control and Prevention

Centers for Medicare and Medicaid Services

Health Resources and Services Administration

Eunice Kennedy Shriver National Institute for Child Health and Human Development

Substance Abuse and Mental Health Services Administration

Office of Special Education Programs, Department of Education

Birth to Five: Watch Me Thrive! Resources

- Information on developmental milestones
- Every day tips for caregivers to promote healthy development
- Fact sheets on specific developmental disabilities or delays
- Milestone checklists and tracking tools
- Learning modules for providers
- Screening passport for families
- Guidance for finding help locally

Birth to Five: Watch Me Thrive! User Guides

Early Care and Education Providers

Early Intervention Service and Early Childhood Special Education Providers

Families

Primary Care Providers

Communities

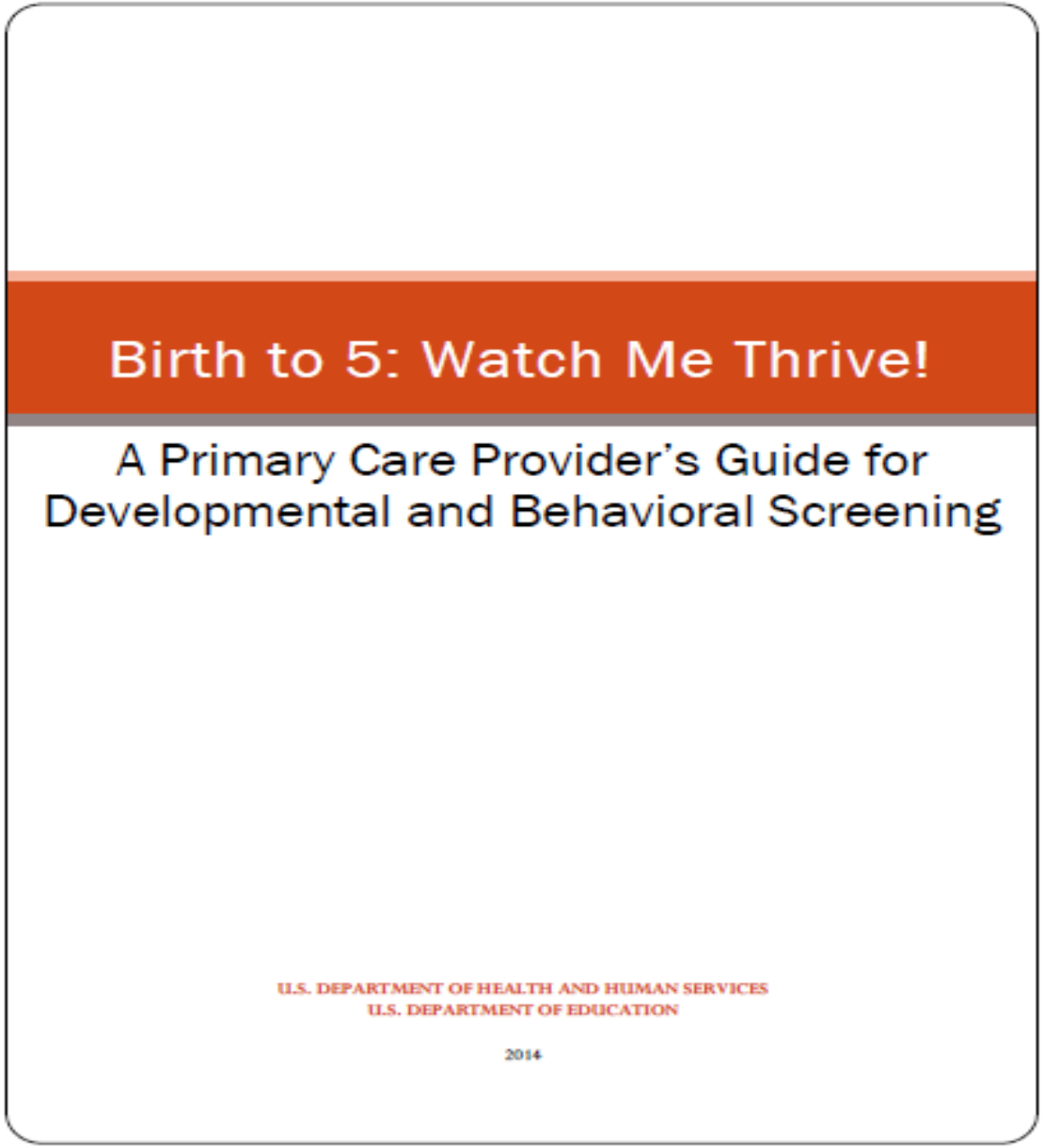
Child Welfare

Home Visitors

Behavioral Health Providers

Housing and Homeless Shelter Providers

https://www.acf.hhs.gov/sites/default/files/ecd/pcp_screening_guide_march2014.pdf



Universal Developmental & Behavioral Screening in New Mexico

What Do We Know About Prevalence

Pediatrics. 2011 Jun;127(6):1034-42. doi: 10.1542/peds.2010-2989. Epub 2011 May 23

Details

- Children aged 3 to 17
- From 1997-2008
- Parent-survey
- Prevalence Rate of 13.87%
- Cited between 13-17%

- *1 in 4 children, age 0-5 years are at moderate or high risk for developmental, behavioral, or social delay*

Conclusions

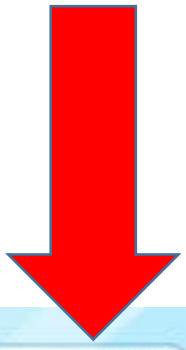
- Developmental disabilities reported in ~1 in 6 children in US in 2006-2008
- Prevalence increased 17% over the 12 years (1997-2008)
- Low income & public insurance associated with higher prevalence (two-fold)

Boyle CA, Boulet S, Schieve L, Cohen RA, Blumberg SJ, Yeargin-Allsopp M, Visser S, Kogan MD. Trends in the Prevalence of Developmental Disabilities in US Children, 1997–2008. Pediatrics. 2011

Over the last 12 years

- Prevalence of DDs has increased 17.1%—that's about 1.8 million more children with DDs in 2006–2008 compared to a decade earlier;
- Prevalence of autism increased 289.5%;
- Prevalence of ADHD increased 33.0%; and,
- Prevalence of hearing loss decreased 30.9%.

Over The Last Ten Years



Identified Prevalence of Autism Spectrum Disorder

ADDM Network 2000-2010

Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5 – 9.9)	1 in 150
2002	1994	14	6.6 (3.3 – 10.6)	1 in 150
2004	1996	8	8.0 (4.6 – 9.8)	1 in 125
2006	1998	11	9.0 (4.2 – 12.1)	1 in 110
2008	2000	14	11.3 (4.8 – 21.2)	1 in 88
2010	2002	11	14.7 (14.3 – 15.1)	1 in 68

Autism Spectrum Disorder in 2014

- CDC estimates 1 in 68 children with ASD
- Increase of 120% in the identified prevalence of ASD between 2002 and 2010
- This new estimate is roughly 30 percent higher than previous estimates reported in 2012 of 1 in 88 children

- The number of children identified with ASD varied widely by community, from 1 in 175 children in areas of Alabama to 1 in 45 children in areas of New Jersey.
- Boys were almost 5 times more likely to be identified than girls.
- ASD is reported to occur in all racial, ethnic, and socioeconomic groups
- Almost half (46%) of children identified with ASD had average or above average intellectual ability (IQ > 85).
- Less than half (44%) of children identified with ASD were evaluated for developmental concerns by the time they were 3 years old.
- On average, children identified with ASD were not diagnosed until after age 4, even though children can be diagnosed as early as age 2.
- **60%** of monozygotic twins were concordant for autism
- **1:5** risk of sibling recurrence

Facts and Statistics

About 1 percent of the world population has autism spectrum disorder. (CDC, 2014)

Prevalence in the United States is estimated at 1 in 68 births. (CDC, 2014)

More than 3.5 million Americans live with an autism spectrum disorder. (Buescher et al., 2014)

Prevalence of autism in U.S. children increased by 119.4 percent from 2000 (1 in 150) to 2010 (1 in 68). (CDC, 2014) Autism is the fastest-growing developmental disability. (CDC, 2008)

Prevalence has increased by 6-15 percent each year from 2002 to 2010. (Based on biennial numbers from the CDC)

Autism services cost U.S. citizens $236-262 billion annually. (Buescher et al., 2014)

A majority of costs in the U.S. are in adult services – $175-196 billion, compared to $61-66 billion for children. (Buescher et al., 2014)

In 10 years, the annual cost will be $200-400 billion. (Autism Society estimate)

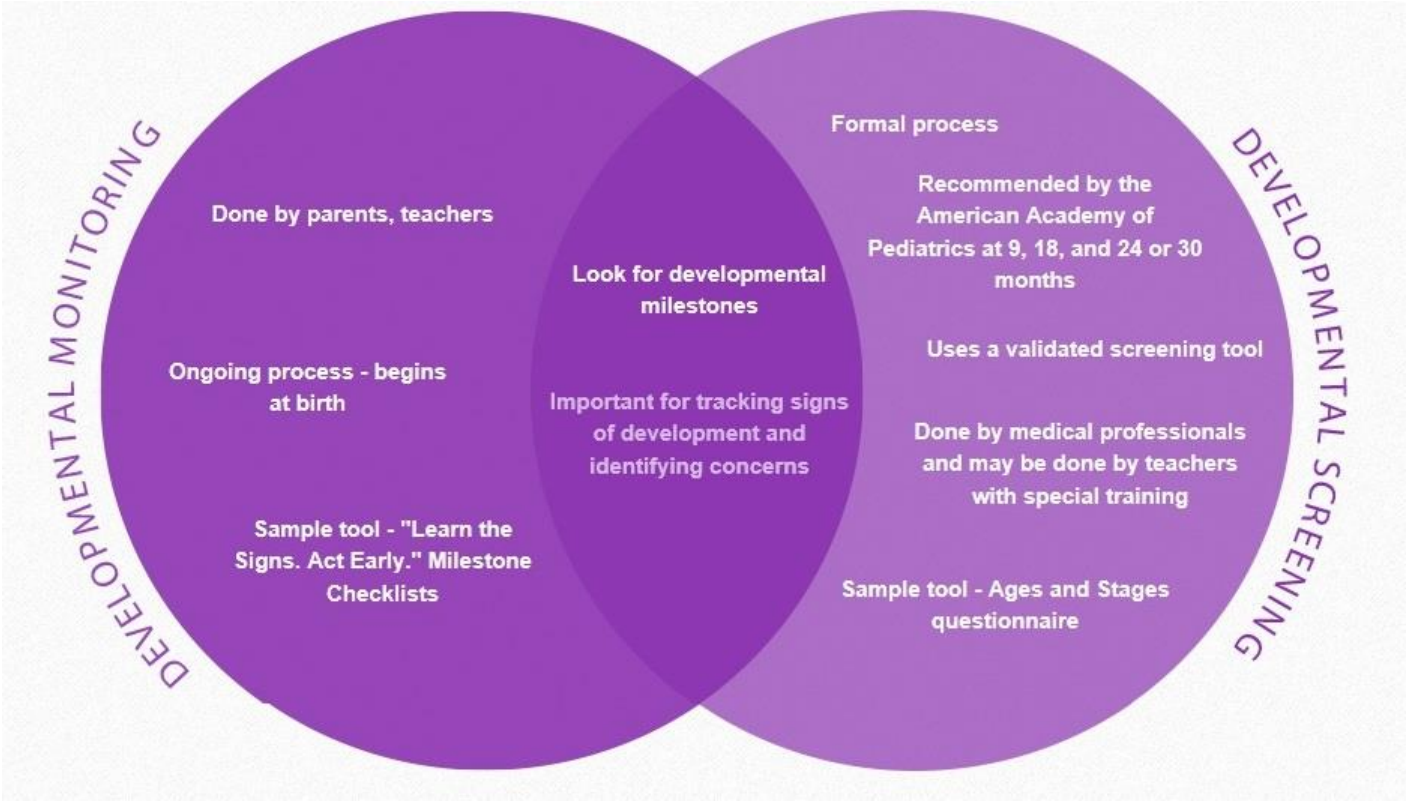
Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention. (Autism. 2007 Sep;11(5):453-63; The economic consequences of autistic spectrum disorder among children in a Swedish municipality. Järbrink K1.)

1 percent of the adult population of the United Kingdom has autism spectrum disorder. (Brugha T.S. et al., 2011)

Understanding Risk Factors and Causes

- We do not know all of the causes of ASD. However, we have learned that there are likely many causes for multiple types of ASD. There may be many different factors that make a child more likely to have an ASD, including environmental and genetic factors.
- Most scientists agree that genes are one of the risk factors that can make a person more likely to develop ASD.[1]
- Children who have a sibling with ASD are at a higher risk of also having ASD. [2-7]
- ASD tends to occur more often in people who have certain genetic or chromosomal conditions, such as fragile X syndrome(http://www.cdc.gov/ncbddd/fxs/facts.html) or tuberous sclerosis.[8-15]
- When taken during pregnancy, the prescription drugs valproic acid and thalidomide have been linked with a higher risk of ASD.[12-13]
- There is some evidence that the critical period for developing ASD occurs before, during, and immediately after birth. [14]
- Children born to older parents are at greater risk for having ASD.[15]

Developmental Monitoring and Developmental Screening



www.cdc.gov/ActEarly

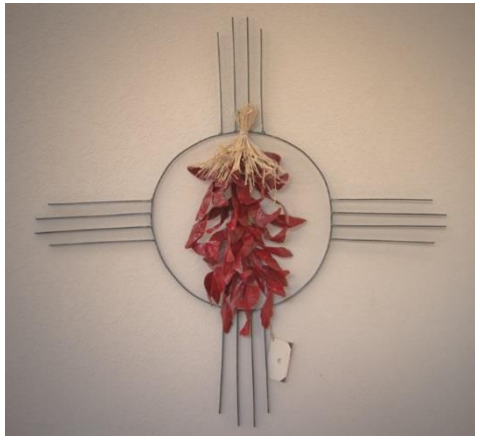
What Would It Take to Have Universal Development & Behavioral Screening in New Mexico?

Every Child Receives Developmental And Behavioral Screening Early And Regularly

Looking at the Numbers

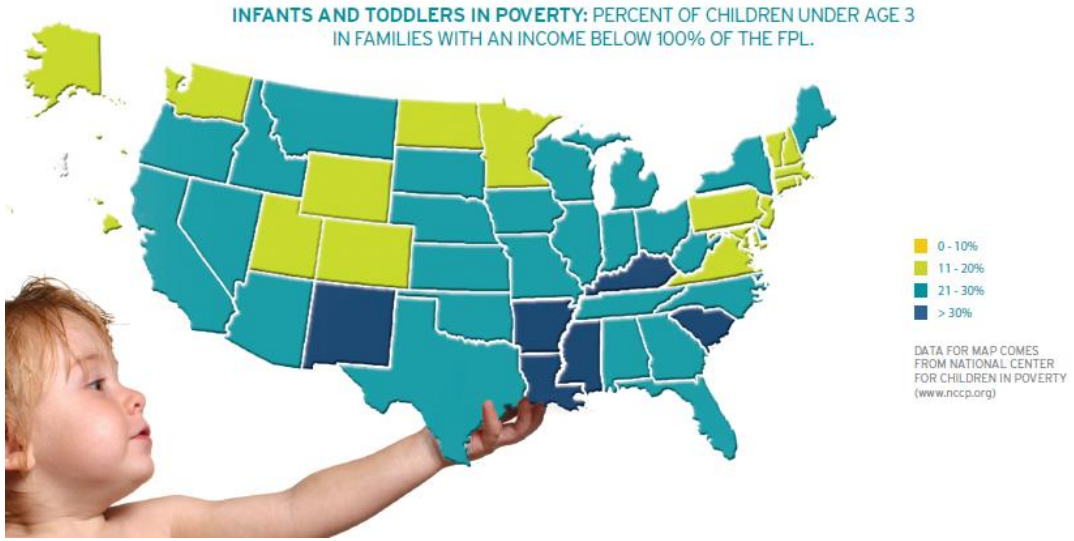
Birth Rate in NM has been relatively constant for three decades: 28,000 to 30,000 babies born annually

Over 138,724 *children in New Mexico under the age of 4. Representing 27% of population*



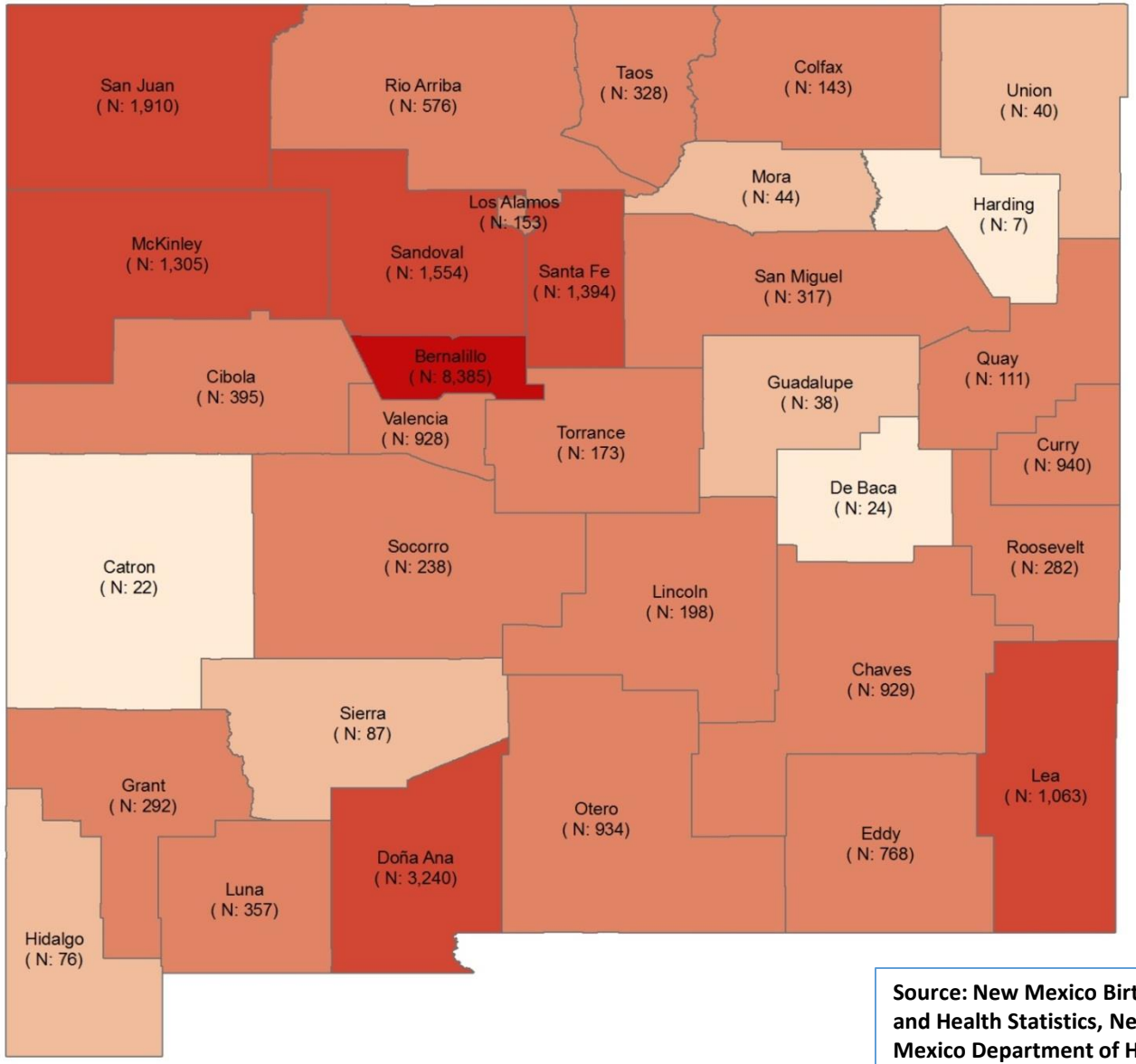
- NM Kids Count. http://datacenter.kidscount.org/data/tables/100-child-population-by-singleage?loc=33&loct=2#detailed/2/33/false/867,133,38,35,18/42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61/418NM

Risk Factors Specific to New Mexico



- Poverty is a strong predictor of poor developmental outcomes in children
- Children are 3 x as likely to be at high risk for DD if they have no parent with a high school diploma

Total Number of Births to Women Who Were Residents of New Mexico in 2011



These data provide a one-year snapshot of where the 27,251 births recorded in 2011 took place by the mother's county of residence.

Total Number of Births In 2011

- 7 - 25
- 26 - 100
- 101 - 1,000
- 1,001 - 5,000
- 5,001 - 8,385

Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health. Note: The New Mexico Department of Health notes that the data for Harding County is statistically unstable (RSE >0.30), and may fluctuate widely across time periods due to random variation (chance).

National Survey of Children's Health 2011-2012

"During the past 12 months, was your child screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit?"

New Mexico **n = 418**	**No = 61.7%**	**Yes = 38.3%**
National n = 24,278	No = 69.2 %	Yes = 30.8%

National Survey of Children's Health 2011-2012

"Percent of children, aged 4 months to 5 years determined to be at moderate or high-risk based on parent's specific concerns"

New Mexico	**22.7%**
National	26.2%

Current Action in New Mexico for Children Birth-Five

37,000 ft. View

- Race to the Top Early Learning Challenge
- Early Childhood Comprehensive Systems State Team
- Early Learning Advisory Council
- Early Childhood Accountability Partnership
- New Mexico Act Early State Systems Team
- CDC's Act Early Ambassador to New Mexico

And many more …….

On the Ground

- Early Interventionist
- Home Visitors
- Early Care Providers
- Early Childhood/Preschool
- Public School's Developmental Preschool Programs
- PreK
- Health Care Providers
- And many more…..

New Mexico Act Early Partnership

The Evidence

- Seventy percent of all developmental delays or behavioral issues are not diagnosed until after entry into kindergarten
- Early diagnosis and appropriate referral for services improves a child's chances of having a normal educational outcome
- The majority of such conditions can be identified by standardized developmental screening tools

AAP Developmental Screening Guidelines

The American Academy of Pediatrics recommends developmental screening at well-child visits

- All children screened to assess their general development at 9,18 and 24 or 30 months
- All children screened for ASDs at 18 & 24 months

1 in 4 children at risk for having a developmental disability

9-Month-Old Child

18-Month-Old Child

24-Month-Old Child

American Academy of Family Physicians: Direction from the Literature

- *Empirical literature on clinical recommendations for screening in PCPs is inconsistent and often insufficient to direct the Family Physician*

U.S. Preventative Services Task Force (USPSTF 2006):

- Evidence does not support recommendation for or against screening to detect speech/language delay
- Strong evidence to support specific clinical preventative services

AAFP agreed with USPSTF's findings

- ***Am Fam Physician.*** **2011;84(5):544-549. Copyright © 2011 American Academy of Family Physicians**

That said….

- Recommended Curriculum Guidelines for Family Practice Residents Care of Infants and Children

- Corporate Reimbursement Policy Developmental Delay Screening and Testing Guidelines 2015

- http://www.srfmr.org/Pediatrics-the%20care%20of%20children/AAFP%20peds%20core%20competencies.pdf

"The American Association of Family Physicians (AAFP) and the American Academy of Pediatricians (AAP) agree that developmental delay screening is a necessary part of every child's medical evaluation"

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	*Evidence rating*	*References*
The American Academy of Pediatrics recommends surveillance at all well-child visits, combined with screening for developmental delay at nine, 18, and 30 (or 24) months of age using a standardized developmental screening tool.	C	6
Validated screening tools should be used instead of surveillance alone in assessing developmental delay.	C	6, 8, 12
When screening for developmental delay, a parent-completed tool (e.g., Parents' Evaluation of Developmental Status; Ages and Stages Questionnaire, third edition) should be used over a directly administered tool.	C	8, 12, 16, 19, 29

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to http://www.aafp.org/afpsort.xml.

Primary Care for Children with Autism

PAUL S. CARBONE, MD, and MEGAN FARLEY, PhD, *University of Utah, Salt Lake City, Utah*
TOBY DAVIS, DO, *St. Luke's Family Medicine, Meridian, Idaho*

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	*Evidence rating*	*References*
An autism-specific screening tool should be administered to all children at the 18- and 24-month office visits.	C	17, 18
Early intensive behavioral therapy can improve cognitive, language, and adaptive skill outcomes in children with autism.	B	15, 31, 32
Treating associated medical and psychiatric conditions can improve overall functioning in children with autism.	A	29, 36-39

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to http://www.aafp.org/afpsort.xml.

Obstacles


12
3
9
6


employees
jobs
position
staffing
skilled
personnel
hire
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openings
human resources


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CLIPART CABIN


Training
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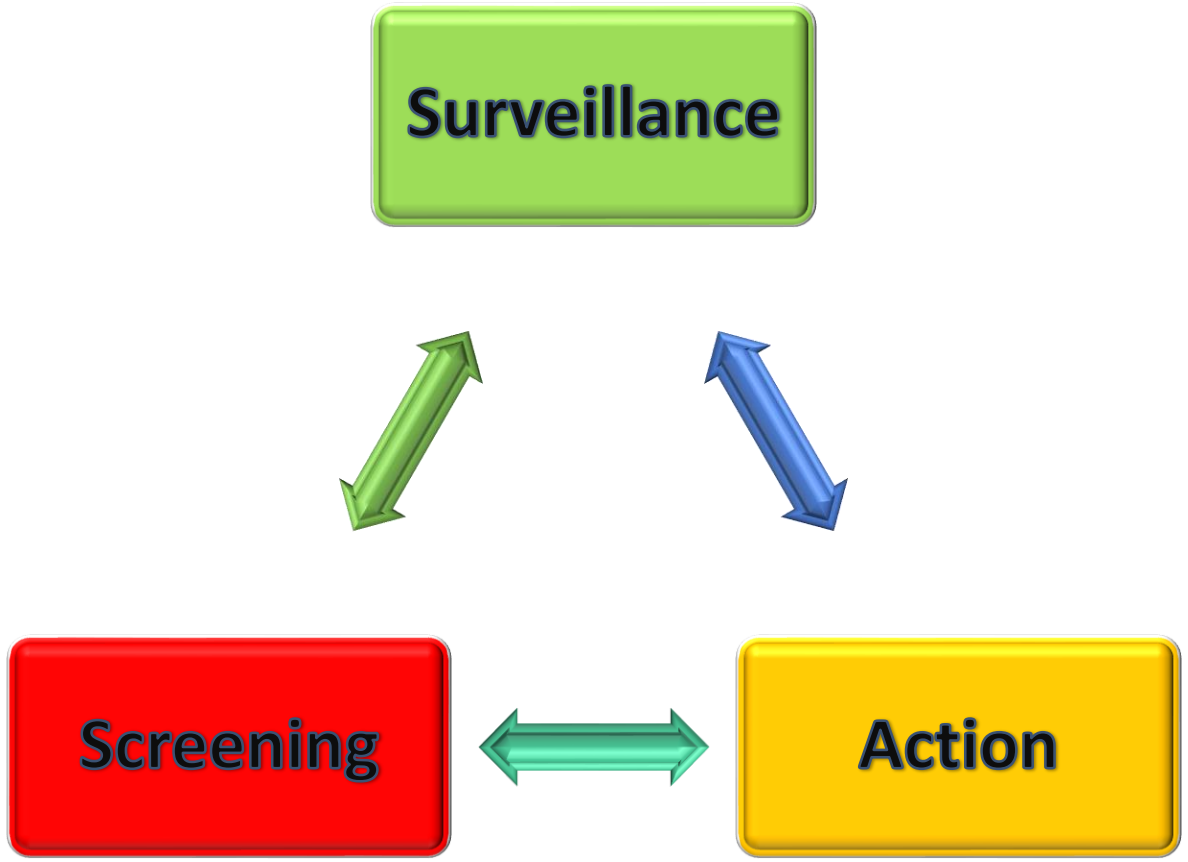
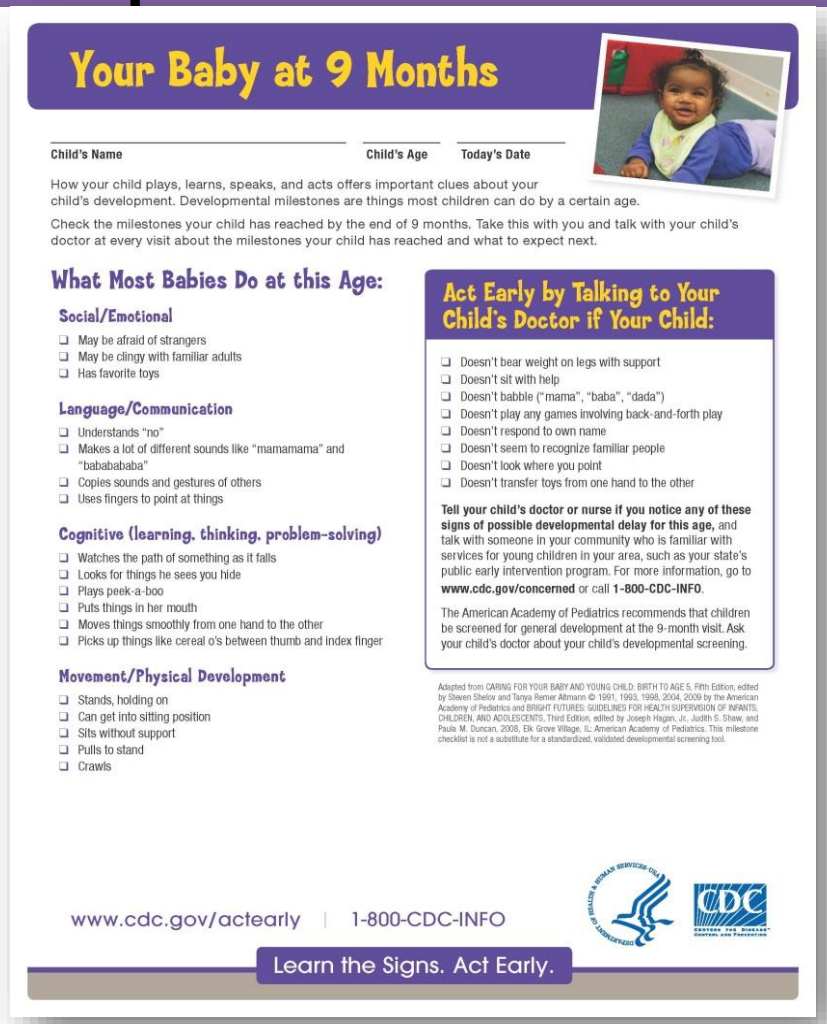

Surveillance
Screening
Action

Developmental Surveillance

- A flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care or in an educational setting
- Components of developmental surveillance include:
  - eliciting and attending to parental concerns
  - obtaining a relevant developmental history
  - making accurate and informative observations of children
  - sharing opinions and concerns with other relevant professionals & family members

Age-appropriate developmental checklists to record milestones can be part of developmental surveillance

Sample of Surveillance Tools



Your Baby at 9 Months

Child's Name | Child's Age | Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional
- ❑ May be afraid of strangers
- ❑ May be clingy with familiar adults
- ❑ Has favorite toys

Language/Communication
- ❑ Understands "no"
- ❑ Makes a lot of different sounds like "mamamama" and "bababababa"
- ❑ Copies sounds and gestures of others
- ❑ Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)
- ❑ Watches the path of something as it falls
- ❑ Looks for things he sees you hide
- ❑ Plays peek-a-boo
- ❑ Puts things in her mouth
- ❑ Moves things smoothly from one hand to the other
- ❑ Picks up things like cereal o's between thumb and index finger

Movement/Physical Development
- ❑ Stands, holding on
- ❑ Can get into sitting position
- ❑ Sits without support
- ❑ Pulls to stand
- ❑ Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't bear weight on legs with support
- ❑ Doesn't sit with help
- ❑ Doesn't babble ("mama", "baba", "dada")
- ❑ Doesn't play any games involving back-and-forth play
- ❑ Doesn't respond to own name
- ❑ Doesn't seem to recognize familiar people
- ❑ Doesn't look where you point
- ❑ Doesn't transfer toys from one hand to the other

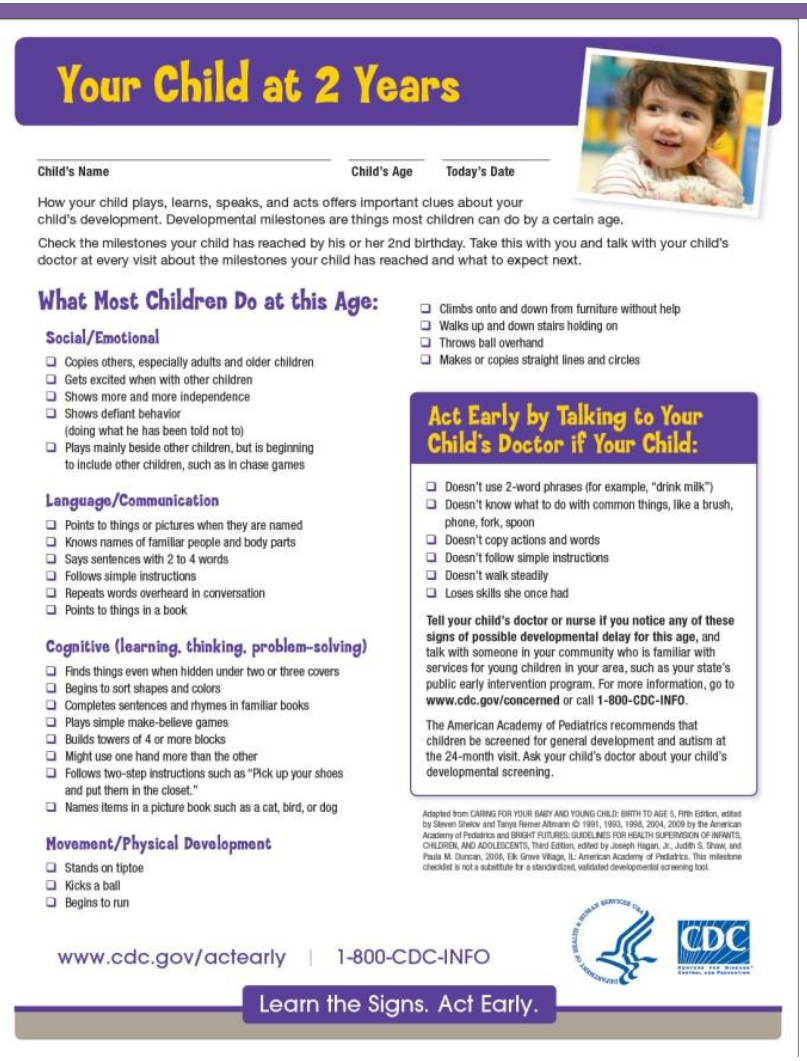
Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO

Learn the Signs. Act Early.



Your Child at 2 Years

Child's Name | Child's Age | Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- ❑ Copies others, especially adults and older children
- ❑ Gets excited when with other children
- ❑ Shows more and more independence
- ❑ Shows defiant behavior (doing what he has been told not to)
- ❑ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication
- ❑ Points to things or pictures when they are named
- ❑ Knows names of familiar people and body parts
- ❑ Says sentences with 2 to 4 words
- ❑ Follows simple instructions
- ❑ Repeats words overheard in conversation
- ❑ Points to things in a book

Cognitive (learning, thinking, problem-solving)
- ❑ Finds things even when hidden under two or three covers
- ❑ Begins to sort shapes and colors
- ❑ Completes sentences and rhymes in familiar books
- ❑ Plays simple make-believe games
- ❑ Builds towers of 4 or more blocks
- ❑ Might use one hand more than the other
- ❑ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ❑ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development
- ❑ Stands on tiptoe
- ❑ Kicks a ball
- ❑ Begins to run
- ❑ Climbs onto and down from furniture without help
- ❑ Walks up and down stairs holding on
- ❑ Throws ball overhand
- ❑ Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't use 2-word phrases (for example, "drink milk")
- ❑ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ❑ Doesn't copy actions and words
- ❑ Doesn't follow simple instructions
- ❑ Doesn't walk steadily
- ❑ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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www.cdc.gov/actearly | 1-800-CDC-INFO

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www.cdc.gov/ActEarly

Is Surveillance Enough?

- Over 2100 children younger than 30 months participated
- Randomly assigned to a group that received developmental screenings or a group monitored through surveillance alone
- Results: Children who participated in a developmental screening program were twice as likely to be identified with developmental delays and receive early intervention services in a timely fashion than the other group
- TAKE AWAY: Developmental screenings will identify more children in need than surveillance methods

Pediatrics. 2013 Jan;131(1):30-7. doi: 10.1542/peds.2012-0765. Epub 2012 Dec 17

Developmental Screening

- A brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment
- Developmental screening is designed to answer one question: Does this child need further evaluation?

Common Standardized Screening Tools in Pediatric Practices

- Ages and Stages Questionnaire (ASQ 3)
- PEDS: Parents Evaluation of Developmental Status
- SWYC: Survey of Well-Being in Young Children
- MCHAT R/F: Modified Checklist for Autism in Toddlers

Must Be Reliable and Valid

Tool	Age Range	Time Required	Reading Level	Languages
Ages and Stages Questionaire-3	1 month to 5.5 years	10-15 minutes	4th – 6th grade	English, Spanish, French, Korean
Parents' Evaluation of Developmental Status (PEDS)	Birth to 8 years	2 to 5 minutes	4th-5th grade	English + 13 more
Denver Developmental Screening Test II	Birth to 6 years	20 to 30 minutes	Not Available	English, Spanish
Survey of Well-Being in Young Children (SWYC)	Birth to 5 years	10-15 minutes	6th grade	English, Spanish, Portuguese, Nepali, Burmese, and Bulgarian

Tool	Sensitivity	Specificity	Validated	Cost
Ages and Stages Questionaire-3	85	86	Yes	$275.00 for Starter Kit
Parents' Evaluation of Developmental Status (PEDS)	74-80	70-80	Yes	$299 + for Starter Kit
Denver Developmental Screening Test II	56-83	43-80	No	English, Spanish
Survey of Well-Being in Young Children (SWYC)	Comparable to longer screening instruments	Comparable to longer screening instruments	6th grade	Free and in public domain

Tool	Age Range	Time Required	Reading Level	Languages
Modified Checklist for Autism in Toddlers R/F	16-30 months	10-15 minutes; longer with follow up interview questions	6th grade	English + 8 more
With Follow-up Interview	Same	Depends on responses; some responses require deeper probes	6th grade	English + 8 more

Tool	Sensitivity	Specificity	Validated	Cost
Modified Checklist for Autism in Toddlers R/F	86-96	95-96	Yes	Free for educational, clinical and research use
With Follow-up Interview	79-92	99-99	Yes	Free for educational, clinical and research use

ASQ-3

24 Month Questionnaire

23 months 0 days through 25 months 15 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

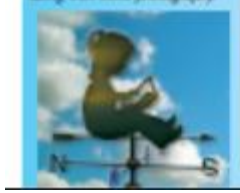
COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" *(She needs to identify only one picture correctly.)*	○	○	○	____
2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? *(Mark "yes" even if her words are difficult to understand.)*	○	○	○	____
3. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?	○	○	○	____
○ a. "Put the toy on the table." ○ d. "Find your coat."				
○ b. "Close the door." ○ e. "Take my hand."				
○ c. "Bring me a towel." ○ f. "Get your book."				
4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?	○	○	○	____
5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? *(Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?")* Please give an example of your child's word combinations:	○	○	○	____

Using Parents' Evaluation of Developmental Status (PEDS) and PEDS: Developmental Milestones (PEDS:DM): A Case Example

Russell Richards*, age 29 months, received health care from Paragon Pediatrics, a practice implementing the American Academy of Pediatrics' 2006 policy on developmental screening and surveillance. The practice added a 30 month visit devoted to detecting and addressing developmental and behavioral issues. Clinicians used both PEDS and the PEDS:DM. Mrs Richards filled out a PEDS Response Form while she was in the waiting room. She expressed some concerns about Russell's behavior and understanding of language.

*No file case materials or personally identifying information is included. Pseudonyms are used along with stock photography.



PEDS RESPONSE FORM

Child's Name Russell Richards Parent's Name Mr. and Mrs. Richards

Child's Birthday 6/22/08 Child's Age 29 months Today's Date 6/24/2011

Please list any concerns about your child's learning, development, and behavior.

Mostly has behaviors. He doesn't mind me or listen to me at all. Tantrums all the time.

Do you have any concerns about how your child talks and makes speech sounds? Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say? Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things? Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs? Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves? Circle one: No Yes A little COMMENTS:

This may just be the terrible twos, but it is really terrible.

Do you have any concerns about how your child gets along with others? Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself? Circle one: No Yes A little COMMENTS:

He does not like to be independent.

Do you have any concerns about how your child is learning preschool or school skills? Circle one: No Yes A little COMMENTS:

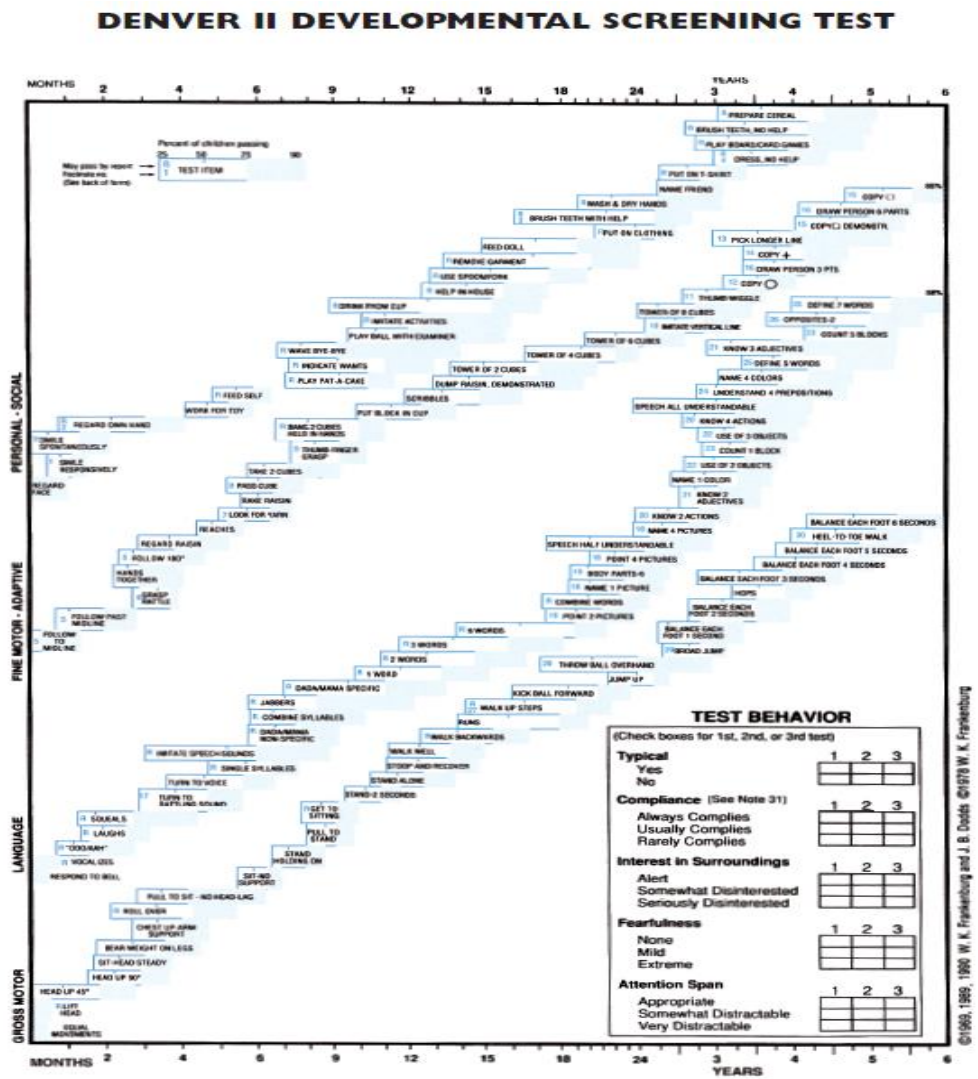
I thank fully for my young for that part of stuff.

Please list any other concerns.

Actual Size is 8.5 x 11

Nothing other than behavior and listening.

Denver Developmental Screening Test (DDST) & the Denver II

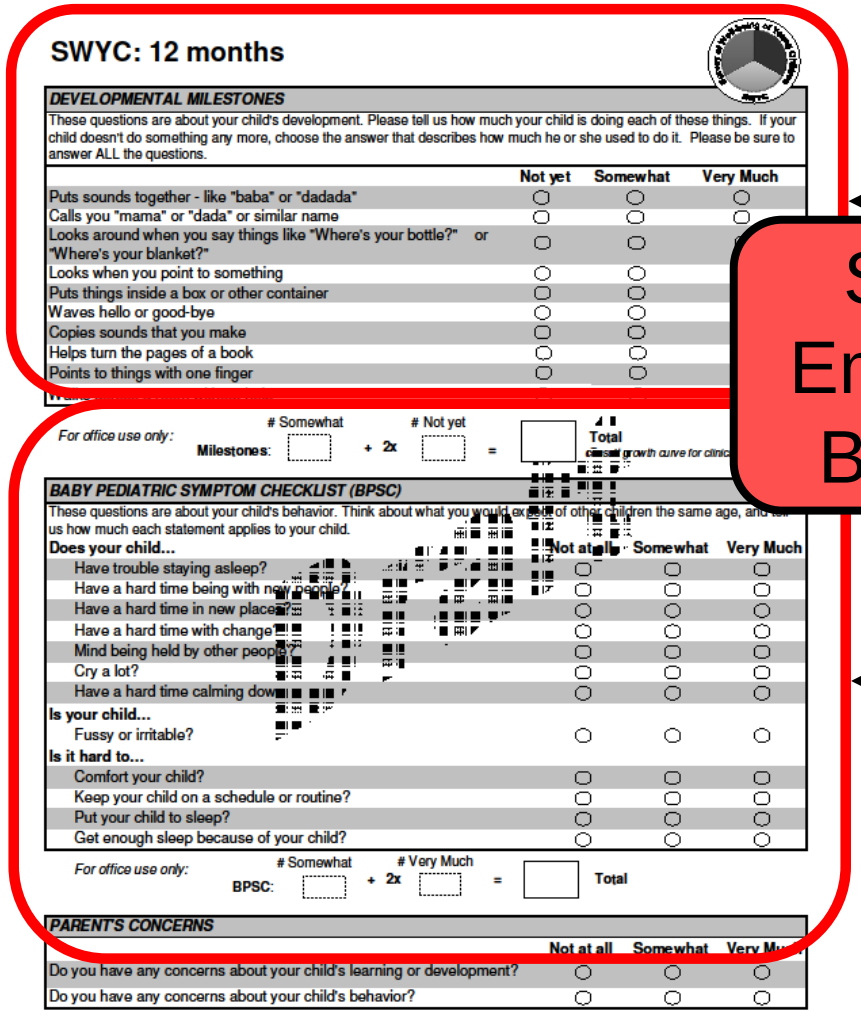


Example SWYC Forms

Milestones

Social/ Emotional Behavior

12-Month



SWYC: 12 months

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not yet	Somewhat	Very Much
Puts sounds together - like "baba" or "dadada"	○	○	○
Calls you "mama" or "dada" or similar name	○	○	○
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	○	○	○
Looks when you point to something	○	○	○
Puts things inside a box or other container	○	○	○
Waves hello or good-bye	○	○	○
Copies sounds that you make	○	○	○
Helps turn the pages of a book	○	○	○
Points to things with one finger	○	○	○

For office use only: # Somewhat ____ + 2x # Not yet ____ = ____ Total

Milestones:

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

Does your child...	Not at all	Somewhat	Very Much
Have trouble staying asleep?	○	○	○
Have a hard time being with new people?	○	○	○
Have a hard time in new places?	○	○	○
Have a hard time with change?	○	○	○
Mind being held by other people?	○	○	○
Cry a lot?	○	○	○
Have a hard time calming down?	○	○	○
Is your child...			
Fussy or irritable?	○	○	○
Is it hard to...			
Comfort your child?	○	○	○
Keep your child on a schedule or routine?	○	○	○
Put your child to sleep?	○	○	○
Get enough sleep because of your child?	○	○	○

For office use only: # Somewhat ____ + 2x # Very Much ____ = ____ Total

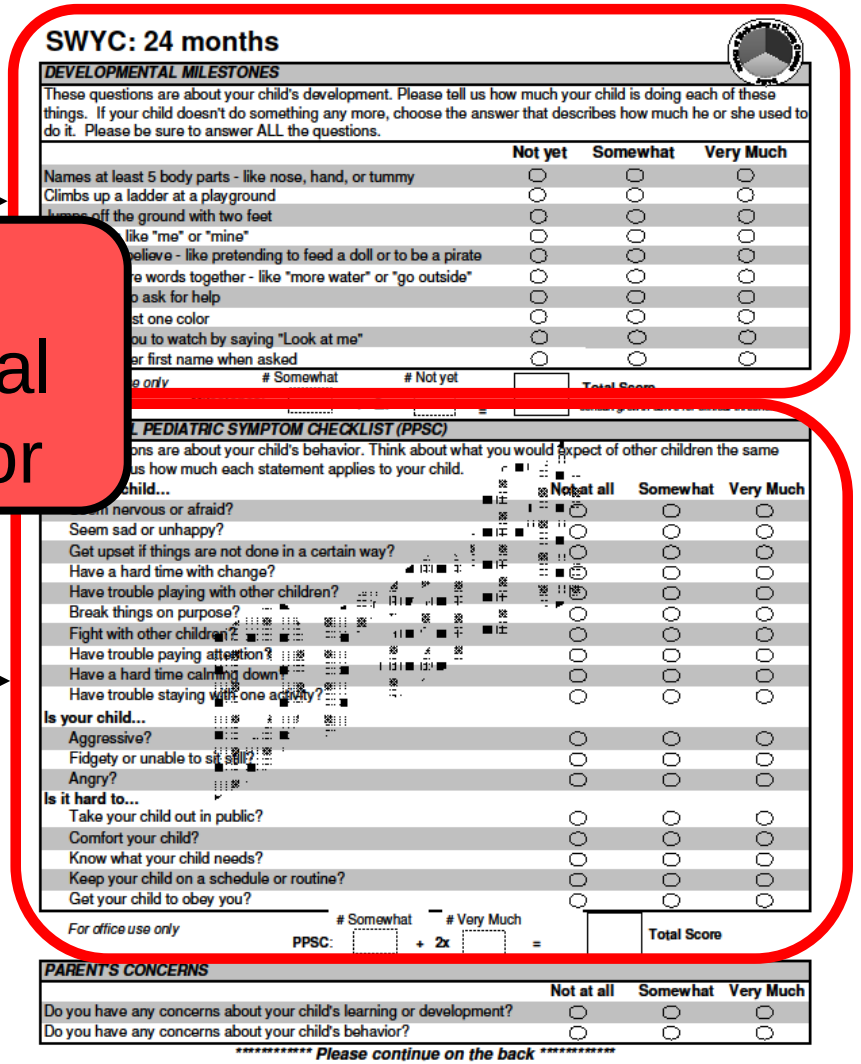
BPSC:

PARENT'S CONCERNS

	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

********** *Please continue on the back* **********

24-Month



SWYC: 24 months

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not yet	Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy	○	○	○
Climbs up a ladder at a playground	○	○	○
Jumps off the ground with two feet	○	○	○
like "me" or "mine"	○	○	○
believe - like pretending to feed a doll or to be a pirate	○	○	○
e words together - like "more water" or "go outside"	○	○	○
o ask for help	○	○	○
st one color	○	○	○
ou to watch by saying "Look at me"	○	○	○
er first name when asked	○	○	○

e only # Somewhat ____ # Not yet ____ = ____ Total Score

L PEDIATRIC SYMPTOM CHECKLIST (PPSC)

ons are about your child's behavior. Think about what you would expect of other children the same us how much each statement applies to your child.

child...	Not at all	Somewhat	Very Much
m nervous or afraid?	○	○	○
Seem sad or unhappy?	○	○	○
Get upset if things are not done in a certain way?	○	○	○
Have a hard time with change?	○	○	○
Have trouble playing with other children?	○	○	○
Break things on purpose?	○	○	○
Fight with other children?	○	○	○
Have trouble paying attention?	○	○	○
Have a hard time calming down?	○	○	○
Have trouble staying with one activity?	○	○	○
Is your child...			
Aggressive?	○	○	○
Fidgety or unable to sit still?	○	○	○
Angry?	○	○	○
Is it hard to...			
Take your child out in public?	○	○	○
Comfort your child?	○	○	○
Know what your child needs?	○	○	○
Keep your child on a schedule or routine?	○	○	○
Get your child to obey you?	○	○	○

For office use only # Somewhat ____ # Very Much ____ PPSC: ____ + 2x ____ = ____ Total Score

PARENT'S CONCERNS

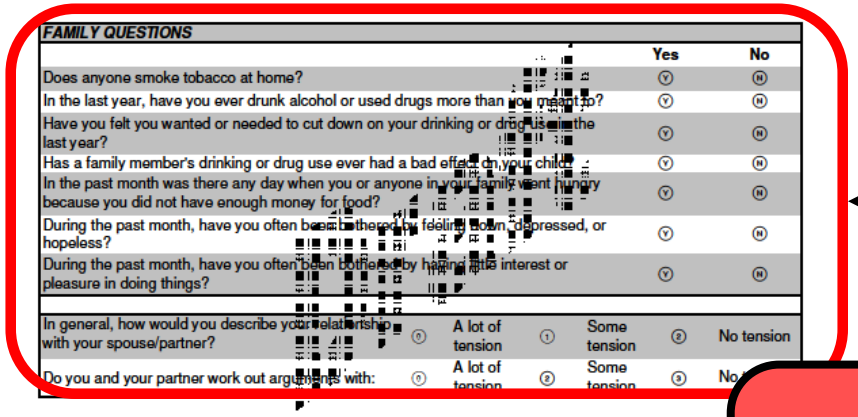
	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

********** *Please continue on the back* **********

Page 2 (on the back)

Autism

12-Month

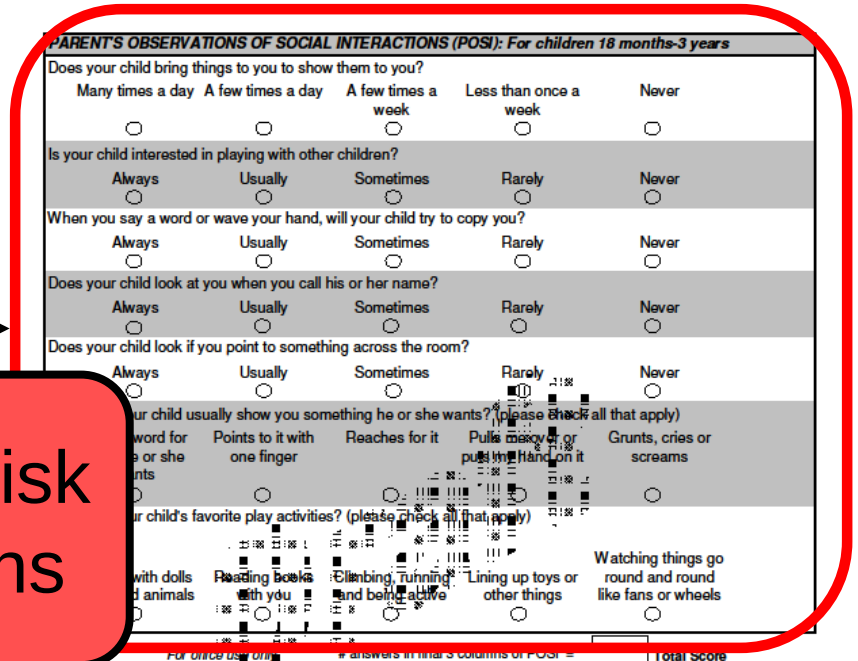


FAMILY QUESTIONS

	Yes	No
Does anyone smoke tobacco at home?	Y	N
In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N
In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	Y	N
During the past month, have you often been bothered by feeling down, depressed, or hopeless?	Y	N
During the past month, have you often been bothered by having little interest or pleasure in doing things?	Y	N

In general, how would you describe your relationship with your spouse/partner?	0	A lot of tension	1	Some tension	2	No tension
Do you and your partner work out arguments with:	0	A lot of tension	2	Some tension	3	No

24-Month



PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI): For children 18 months-3 years

Does your child bring things to you to show them to you?

Many times a day | A few times a day | A few times a week | Less than once a week | Never

Is your child interested in playing with other children?

Always | Usually | Sometimes | Rarely | Never

When you say a word or wave your hand, will your child try to copy you?

Always | Usually | Sometimes | Rarely | Never

Does your child look at you when you call his or her name?

Always | Usually | Sometimes | Rarely | Never

Does your child look if you point to something across the room?

Always | Usually | Sometimes | Rarely | Never

ur child usually show you something he or she wants? (please check all that apply)

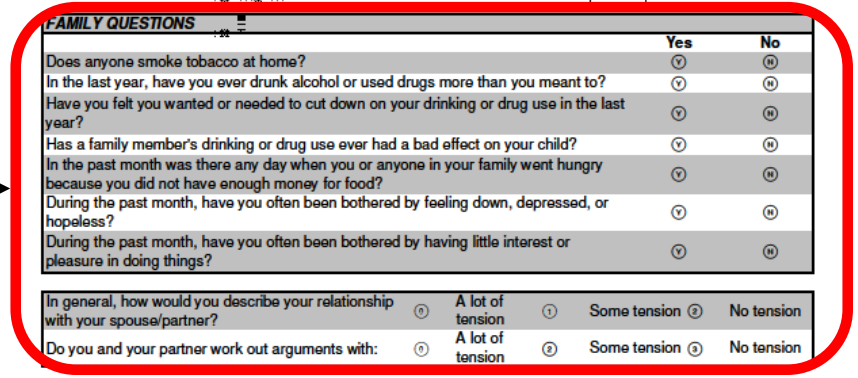
word for e or she nts | Points to it with one finger | Reaches for it | Pulls mom or puts mom's hand on it | Grunts, cries or screams

r child's favorite play activities? (please check all that apply)

with dolls d animals | Reading books with you | Climbing, running and being active | Lining up toys or other things | Watching things go round and round like fans or wheels

For office use only | # answers in final 5 columns of POSI = | Total Score

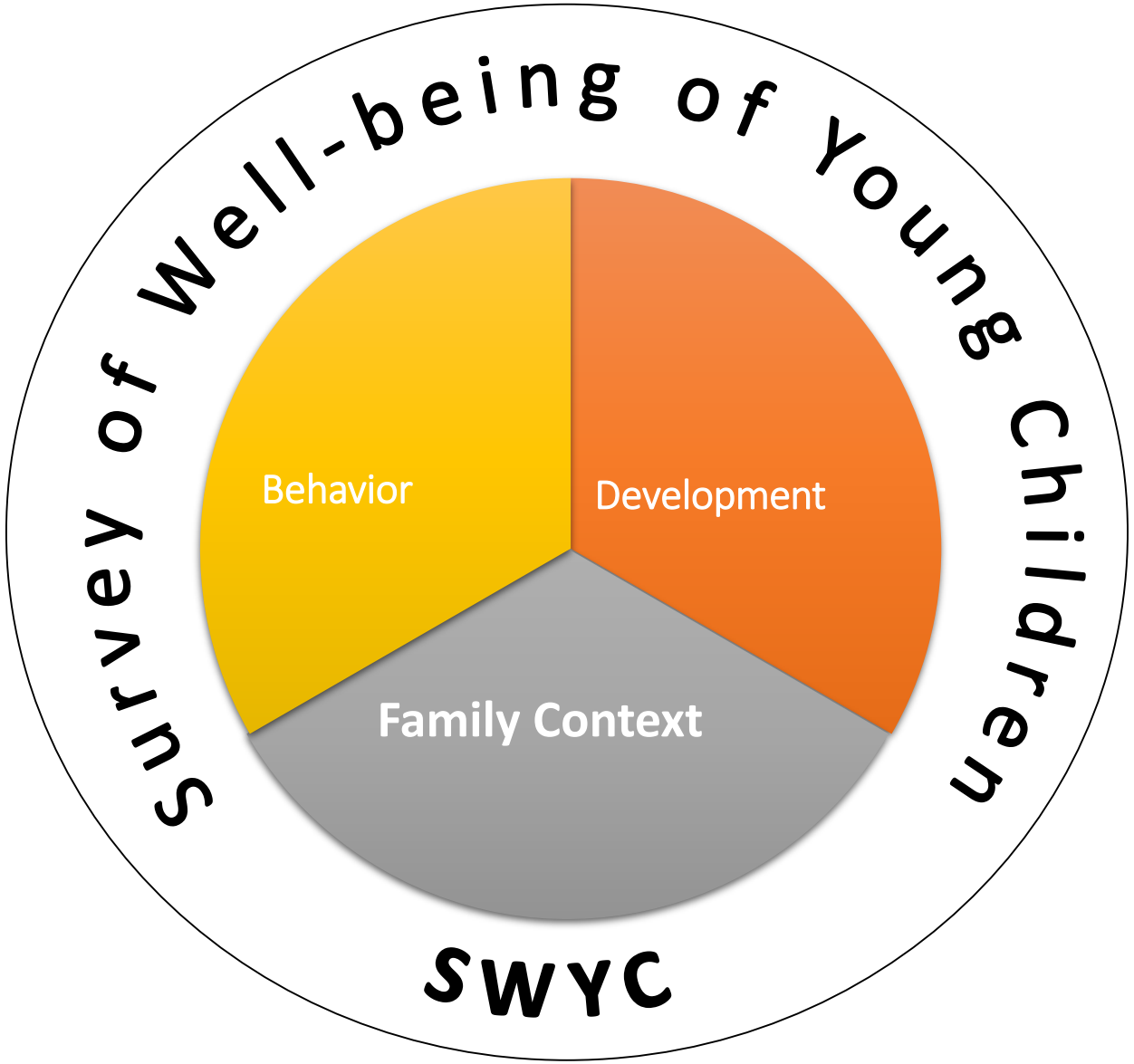
Family Risk Questions



FAMILY QUESTIONS

	Yes	No
Does anyone smoke tobacco at home?	Y	N
In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N
In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	Y	N
During the past month, have you often been bothered by feeling down, depressed, or hopeless?	Y	N
During the past month, have you often been bothered by having little interest or pleasure in doing things?	Y	N

In general, how would you describe your relationship with your spouse/partner?	0	A lot of tension	1	Some tension	2	No tension
Do you and your partner work out arguments with:	0	A lot of tension	2	Some tension	3	No tension


Survey of Well-being of Young Children
Behavior
Development
Family Context
SWYC

MCHAT R/F

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (For Example, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (For Example, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (For Example, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make unusual finger movements near his or her eyes? (For Example, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (For Example, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (For Example, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (For Example, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (For Example, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (For Example, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (For Example, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (For Example, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (For Example, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (For Example, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (For Example, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (For Example, being swung or bounced on your knee)	Yes	No

Let’s talk about:

- Your essential, irreplaceable role in developmental monitoring and early identification
- Why you?
- Why is early identification important?
- What can make this easier for you?

Why You?

- You are parents' most trusted source for high-quality and comprehensive information about early child development

Child Healthcare Providers
The one place nearly all children are seen

- 90% of children age birth-five years are seen by a primary care provider
- In New Mexico, over half of children are seen by Family Practice
- Efforts must include Pediatricians and Family Practice

More than half of New Mexico's 3- and 4-year-olds are not enrolled in a program that will prepare them for school.

 = children not attending preschool (62%)

62% of New Mexico 3 & 4 year olds <u>not</u> in preschool = ~35,000 children

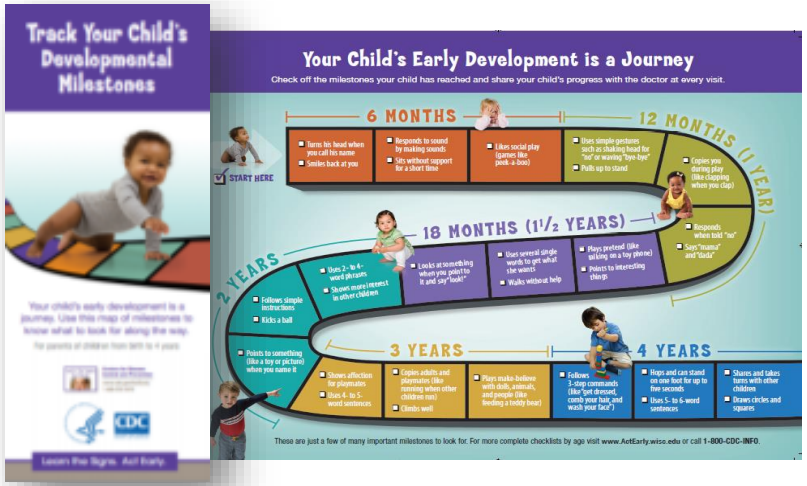
The Issue

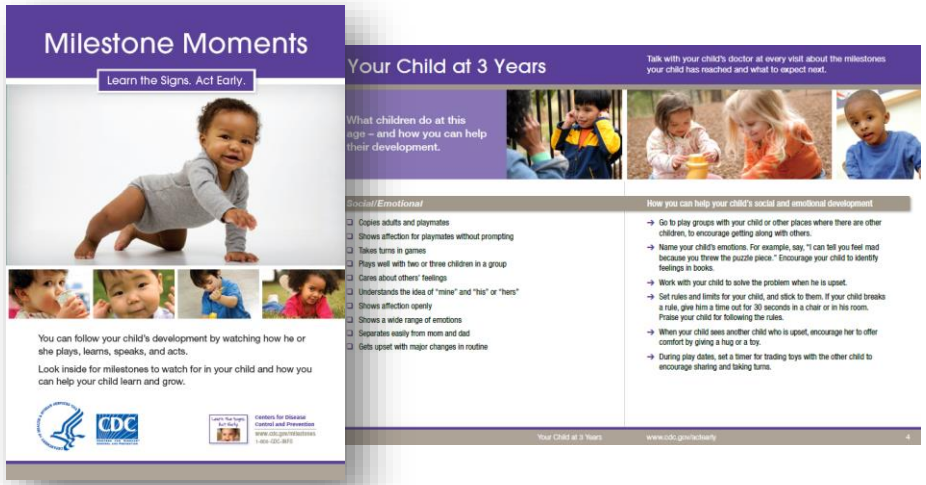
- **1 in 4 children**, age 0-5 years, are at moderate or high risk for developmental, behavioral, or social delay
- AAP recommends screening of all children for developmental, behavioral, and social delays at 9, 18, and 24 or 30 months
- Less than 50% of pediatricians use valid and reliable screening tools
- Children who have developmental delays are at greater risk for later emotional and behavioral problems and poor educational achievement

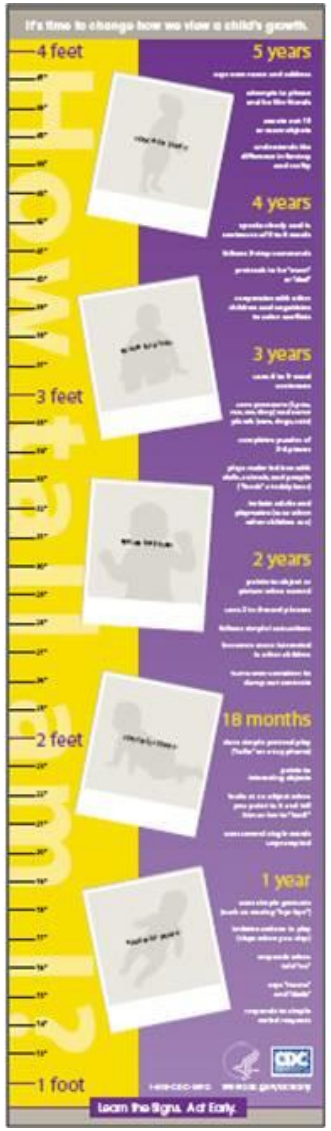
Milestone Moments Booklet

Learn the Signs. Act Early.

www.cdc.gov/ActEarly



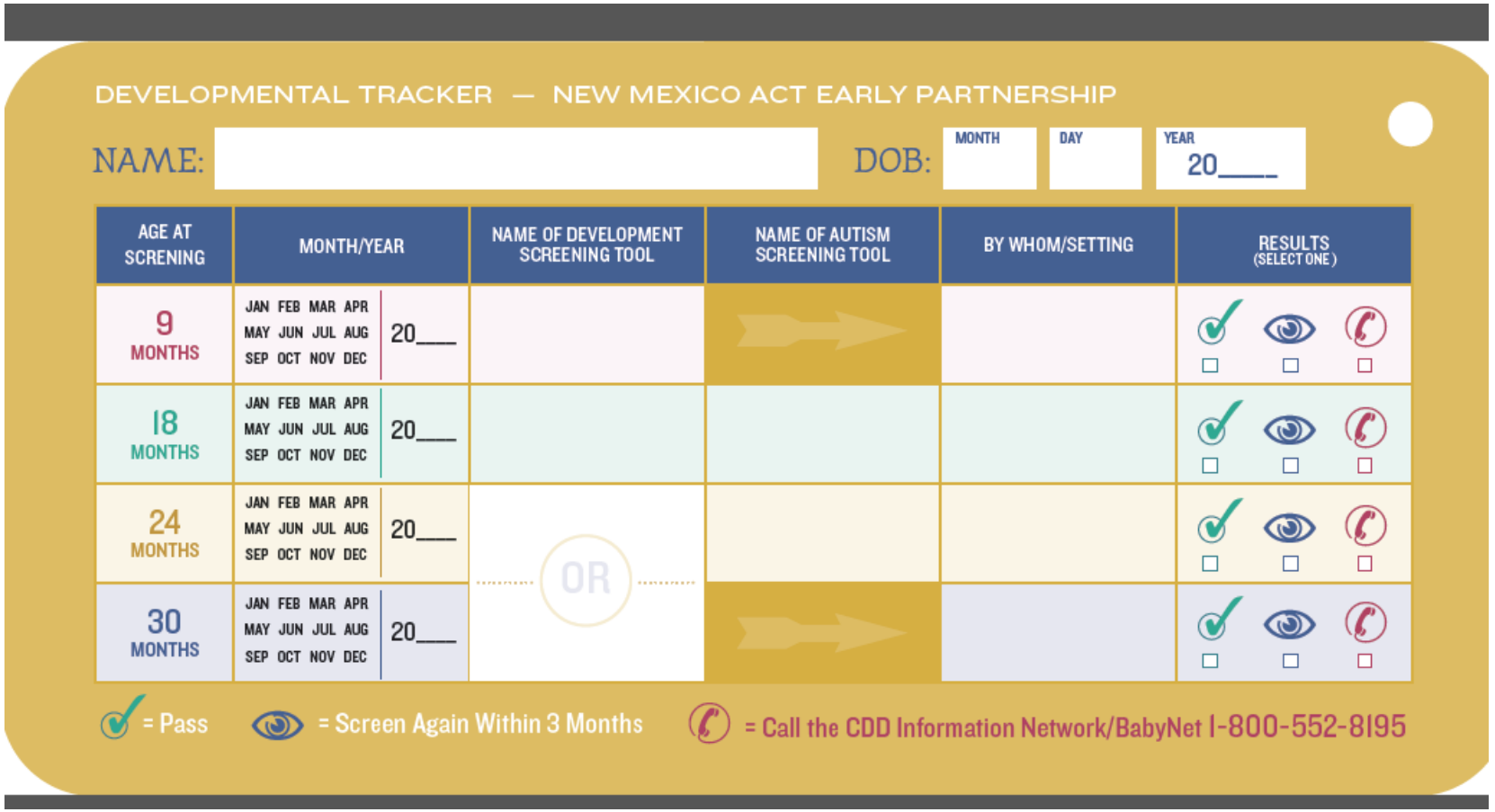




www.cdc.gov/ActEarly

Five Screens in
Four Visits by
Three Years of Age

Five screens at four appointments by 3 years (30 months)



DEVELOPMENTAL TRACKER — NEW MEXICO ACT EARLY PARTNERSHIP

NAME: DOB: MONTH DAY YEAR 20____

AGE AT SCRENING	MONTH/YEAR	NAME OF DEVELOPMENT SCREENING TOOL	NAME OF AUTISM SCREENING TOOL	BY WHOM/SETTING	RESULTS (SELECT ONE)
9 MONTHS	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20____				☐ ☐ ☐
18 MONTHS	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20____				☐ ☐ ☐
24 MONTHS	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20____	OR			☐ ☐ ☐
30 MONTHS	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20____				☐ ☐ ☐

= Pass = Screen Again Within 3 Months = Call the CDD Information Network/BabyNet 1-800-552-8195

Free Continuing Education Opportunity

- Free online courses eligible for CME, CNE and CEU credits
  - Identifying
  - Diagnosing
  - Managing
- In-Class Curriculum
  - Teaching Guide
  - Video Library

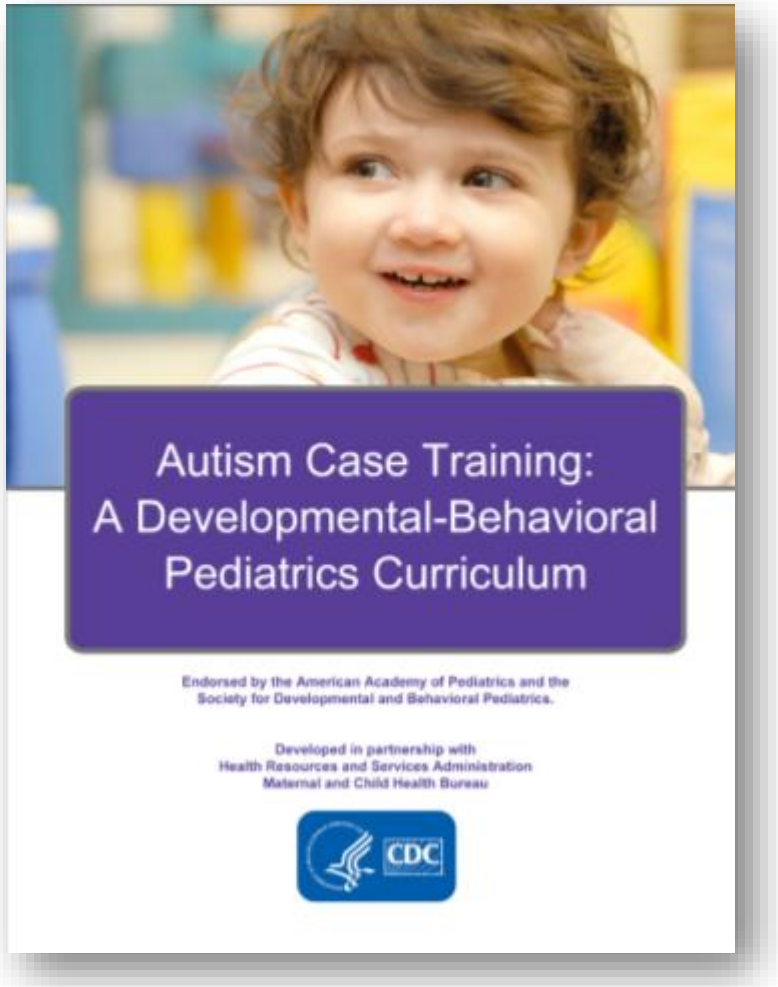


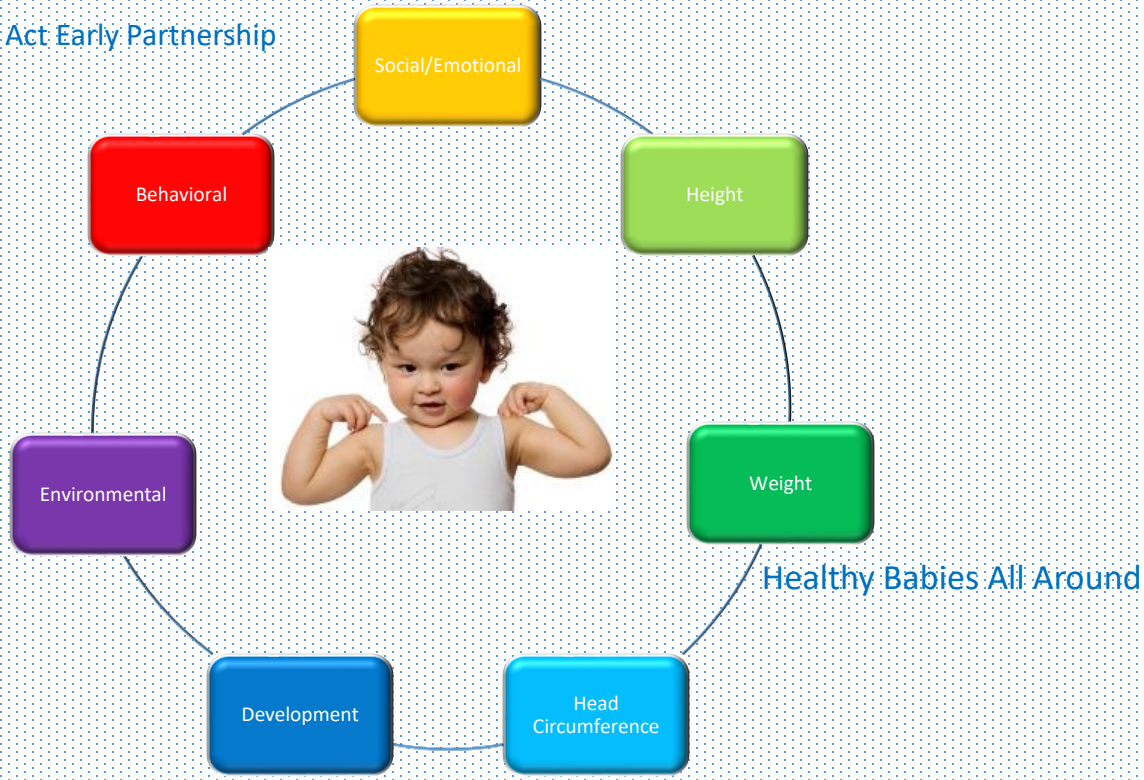
Table 4. Online Resources for Autism Spectrum Disorders

Organization	*Description*	*Web site*
American Academy of Family Physicians	Information for families, includes links to other organizations	http://familydoctor.org/634.xml
American Academy of Pediatrics	Information for families, includes links to community and professional autism-related resources	http://www.aap.org/healthtopics/autism.cfm
Association for Science in Autism Treatment	Scientific information about autism and autism treatment, reviews of complementary and alternative medicine therapies	http://www.asatonline.org
Autism Society of America	National autism organization with chapters throughout the United States	http://www.autism-society.org
Autism Speaks	Autism advocacy organization with information and support for families, physicians, and researchers	http://www.autismspeaks.org
	Video glossary with side-by-side examples of children with typical development and children with an autism spectrum disorder	http://www.autismspeaks.org/video/glossary.php
Centers for Disease Control and Prevention	Autism awareness campaign with materials for physicians and families	http://www.cdc.gov/ncbddd/autism/actearly/
	Information on autism-specific screening and diagnostic tools	http://www.cdc.gov/ncbddd/autism/screening.html
Healing Thresholds	Updates on the scientific evidence of various autism-specific therapies	http://autism.healingthresholds.com

New Mexico
Act Early Partnership

Healthy Babies All Around

New Mexico Act Early Partnership



Healthy Babies All Around

Thank you

nancylewis@salud.unm.edu