Early Childhood Assessment:

When to Refer Your Patient
to the Child Development Program

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Disclosures

- None

Objectives

- When to refer families to the Child Development Program
- Scope, tasks and objectives of a comprehensive developmental assessment
- Identify "yellow flags" of Autism Spectrum Disorder (ASD) in young children
- Personalizing the early intervention program for families

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Overview

- Content-focused vs. Process-oriented developmental evaluations

- Parent-centered approach

- Social communication & social emotional reciprocity in toddlerhood

- Additions?

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Child Development Program

- To schedule an appointment for initial assessment
  - ***Clinic direct line: (202) 476-5405***
  - *MyChildrensNationalPortal*
- Locations
  - Main Hospital
  - Northern Virginia
  - Takoma Theater

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Child Development Program

- Reason for referral
  - At-risk due to contributing birth and/or medical history
  - Motor delays
  - Language delays
  - Early signs of ASD
  - Monitoring developmental impact of chronic medical conditions
  - Establish baseline prior to medical surgery/treatment

Developmental Screening

- Developmental & Behavioral Screening
  - 9, 18 & 30 months
  - Ages & Stages Questionnaire (ASQ)
  - Child Behavior Checklist (CBCL)
- ASD Screening
  - 18 & 24 months
  - Modified Checklist for Autism in Toddlers (M-CHAT)
- Behavior/symptom focus → *Content focused*

Developmental Assessment

- What
  - Identify & diagnose developmental delays and conditions
- When
  - Whenever there is concern
- Why
  - Child needs specific treatment
  - Child qualifies for early intervention
- How
  - Developmental evaluation, observation and/or checklists
    - *Content driven*

Developmental Assessment

- Developmental & Cognitive Functioning
  - Bayley Scales of Infant & Toddler Development
  - Differential Abilities Scales (~~Wechsler Preschool~~)
- Social Communication
  - Autism Diagnostic Observation Schedule
  - Autism Diagnostic Interview Revised
 - Social Responsiveness Scale

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Developmental Assessment

- Developmental domains
  - Cognitive, Receptive/Expressive Lang., Fine/Gross Motor
- Cognitive domains
  - Verbal Reasoning, Nonverbal Reasoning, Spatial Reasoning
- Social Communication
  - Social Affect, Restricted Repetitive Behaviors
- ***Content focused***

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Developmental Assessment

- Quantitative results → **Content focused** → *the <u>What</u>*

- What have we learned and what do we know about the child?

- Qualitative performance → **Process oriented** → *the <u>How</u>*

- Child's **relative strengths & comparative weaknesses**

- To see the world through the child's eyes

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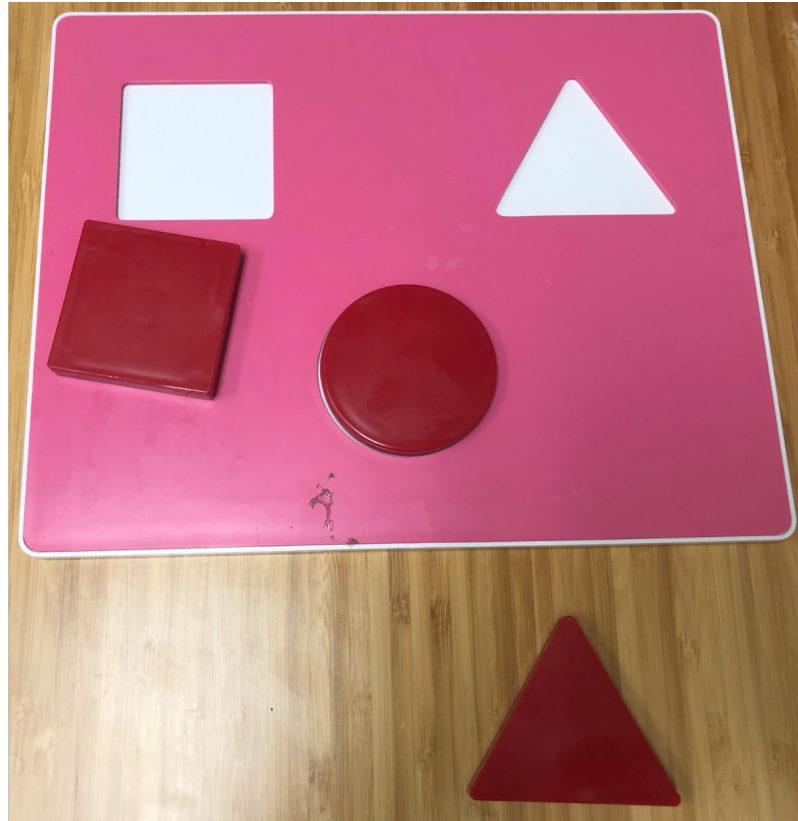
Case Example - *Peter*

- 22 month old without contributing medical history
- Working parents, older sibling, bilingual exposure
- Immature acquisition of motor milestones
- ITP referral at 15 months due to *lack of gesture use*
- @18 months: Cognitive, lang., social → 8-month "content"
- @20 months: *Global delay* without evidence of ASD

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Case Example - *Peter*

- Variable/inconsistent performance
  - 9 months → 24 months
- Assessing more than developmental abilities
  - Inattentive to social bids and demonstration of activities
  - Did not imitate simple tasks
  - Strong preference for specific toys

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The Social-Emotional Hub of Devlopment

Parent Development

- The importance of parenting arises from its role as a buffer against adversity
- Parenting has three essential components:
  - Promoting emotional as well as physical health
  - Setting and enforcing boundaries to ensure children's and others' safety, in ever widening areas of activity
  - Development involves collaborating so as to optimize children's potential

Parent Development

- Infancy
  - Parent working to **understand the child's cues**
  - Child **trusts** caregiver/environment responsiveness
- Toddler
  - Parent learning to **accept the child's growth**
  - Child's **autonomy** vacillates between independence/dependence
- Preschool
  - Parent works to become comfortable with **separation/being separate**
  - Child takes **initiative**
  - But how does the parent respond to assertiveness/independence?

Developmental Assessment _meets_ Parent Development

- Gross motor development
  - The most visible delay
  - Example: 15-month-old who's not yet walking

- Speech/Language development
  - Main concern for parents of toddlers
  - Example: _"My 24-month-old doesn't talk"_
  - (Receptive Language → **What do you think he can understand?**)

- Concerns about **_"Am I doing something wrong?"_**
  - Parents worry about their child walking & talking
  - Less focused on, or aware of, social development expectations (**Showing & Sharing)**

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Autism Spectrum Disorders

- One in 59 children is diagnosed with ASD
  - 3.5 million Americans - Nearly triple the number two decades ago
  - Just two years ago was 1:68/1.5 million
- Heterogeneity & No cure
  - Continuum → Limited understanding of subtypes
  - <2%-7% of children may lose diagnosis
- Longitudinal research of EIP
  - Affecting brain development from the outside in
  - Early intervention creates a more positive trajectory for affected children

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Receptive Language Milestones

- 9 months: name, no/stop
- 12 months: words around daily routines
- 15 months: seeking specific objects
- 18 months: pointing to body parts, pointing to picture of objects
- 24 months: pointing to pictures of actions, identifying objects by use
- 30 months: prepositions

- NB absence of pre-academic content (i.e., ABCs, #s, colors)

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Underpinnings of Language:
Social Communication

- Oliver Sacks (1989)
  - "Language...the symbolic currency [for the] exchange [of] meaning"
  - Definition emphasizes *communication*
- *Grace DeLaguna (1927)*
  - *"What does speech do? What objective function does it perform... Speech is the great medium through which human cooperation is brought about"*

Social Foundation of Language

- Intentionality of communication
    - 10-12 months: Connection between child's behavior and parent's response
    - ***Joint attention*** & ***theory of mind***

- Protoimperative vs. Protodeclarative
    - That is, self-referenced strategy vs. socially-referenced strategy
    - Instrumental/Object-focused eye contact vs. Social gaze shift
        - Locked on the preferred snack vs. Looking at parent→ to snack → back to parent
    - Instrumental point vs. social point
        - Reaching up at toy on counter vs. Points & checks back to see if parent is looking

Social Foundation of Language

- Socially motivated eye contact
  - Social smile
- Reciprocity
  - Back-and-forth
  - Cooing reciprocally, silly sound games
- Imitation
  - Clapping
- Pragmatic gestures
  - Lifting arms up, directional reach, point
- Social referencing
  - Stranger anxiety

Yellow Flags for ASD in Toddlers: Reduced/Inconsistent Social Reciprocity

- Reduced interest in games like peek-a-boo
- Failure to bring things to show to and share with parent
- Reduced response to name
- Failure to orient to parent's face (i.e., emotional responsivity)
- Absence of gestural communication (i.e., joint attention)
- Limited imitation

Parent-Centered Assessment

- Inviting the parent to voice feelings & thoughts
  - Encourage questions about the developmental course
  - Offers perspective of underlying problem
  - Early indications of diagnostic awareness/needs
- Parents become active participants in evaluation
- Demonstrate understanding of questions/concerns through showing/doing during assessment (i.e., teaching)
- Assess openness/defensiveness and readiness
- ***Process-oriented***

Parent-Centered Assessment

- ***Focusing on Content***
  - At first contact state reason for referral
  - Content-driven questions (e.g., *Does he point?)*

- ***Focusing on Process***
  - Encourage parents to share their questions & concerns in telling of recent examples
  - Guide or underscore parents ability to talk about their relationship to the developmental course
  - Process, open-ended questions

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Parent-Centered Assessment

- **_Focusing on Content_**
  - Test administration & scoring
  - Strictly following standardized protocol
  - Taking judicious noes
  - Interviewing parents before or after developmental and diagnostic testing

- **_Focusing on Process_**
  - Adjusting administration to the child's performance and parent's questions/concerns
  - Talking through items in "real time"
  - Incorporating interview during test administration as means to provide examples

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Parent-Centered Assessment

- ***Focusing on Content***
  - Gathering "accurate" information from parents
  - Detailing diagnostic criteria (or avoid altogether)
  - In report, compare/contrast parent report with testing observations

- ***Focusing on Process***
  - Providing parents opportunities to be heard
  - Integrating parent's expertise into engagement/interview
  - Assess defensiveness, readiness & receptivity
  - During evaluation, actively reconcile differences between report & testing performance

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Parent-Centered Assessment

- ***Focusing on Content***
  - Providing a diagnosis

- ***Focusing on Process***
  - Walking parents through diagnosis
  - Actively responding to parents efforts to reject/accept diagnosis
  - Communicating criteria in parents own words/language
  - Ask for and actively seek feedback about parents understanding of impressions of assessment

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Parent-Centered Assessment

Assessing social functioning during the process of ***developmental testing***

- Eye contact/social watchfulness
- Imitation
- Back-and-forth & turn-taking
- Seeking praise & referencing parents
- Seeking assistance & gesture use
- Object-focused or person-oriented

Parent-Centered Assessment

Assessing social functioning during the process of *diagnostic testing*

- Eye contact
- Seeking assistance & gesture use
- Sharing enjoyment
- Response to playful obstruction
- Response to name
- Following a point
- Anticipation of social routine (e.g., peek-a-boo)
- Back-and-forth play (n.b., anticipation of shared enjoyment)
- Referencing &/or bidding for parent's attention

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Parent-Centered Assessment

- ***Focusing on Content***
  - "You're child has autism"

- ***Focusing on Process***
  - Ascending through levels
  - Working toward diagnosis
  - Address defensiveness and, more likely, ambivalence
  - Respond and attend to parents efforts to emote private feelings and thoughts

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House of Social Communication

2nd Floor

1st Floor

Foundation

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House of Social Communication

Speech

Understanding

Social Foundations of Language

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Parent-Centered Assessment

- Ordering of assessment findings (Tharinger et al, 2008)
  - Level 1: Verify parent's way of thinking
    - ***"That sounds exactly like my child"***
  - Level 2: Modify/amplify parent's way of thinking <u>without</u> threatening beliefs
    - ***"I never thought about it…but I see how it fits"***
  - Level 3: Findings that are discrepant from parent's usual way of thinking but may be accepted if they felt <u>understood and supported</u> prior.

Parent-Centered Assessment: What it isn't

- An insufficient assessment of the child's developmental profile
- Permitting parents to make/not make a diagnosis
  - Avoiding the reconciliation of parent report with clinical observation
- Telling parents what they want to hear

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Parent-Centered Assessment: Potential for Growth

- Providing parents with a positive experience (in process if not in content)
- Serving families versus telling parents "what's wrong" with their child
- Empowering families
  - Scaffolding parents 'buy-in'
  - Helping parents become advocates for their child's needs

Parent-Centered Early Intervention Program

- Parent guided goals & objectives
    - Tuned into child's cues
    - Active participant in child's growth
- Treatment goals & objectives
    - Therapeutic relationship
    - Social communication
    - Shared sensory experiences
- Outdated Standards vs. Individualized EIP
    - Weekly hours of ABA
    - CAS & PROMPT speech therapy