

# Autism Early Childhood Screening and Eligibility for School Services

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# Prevalence

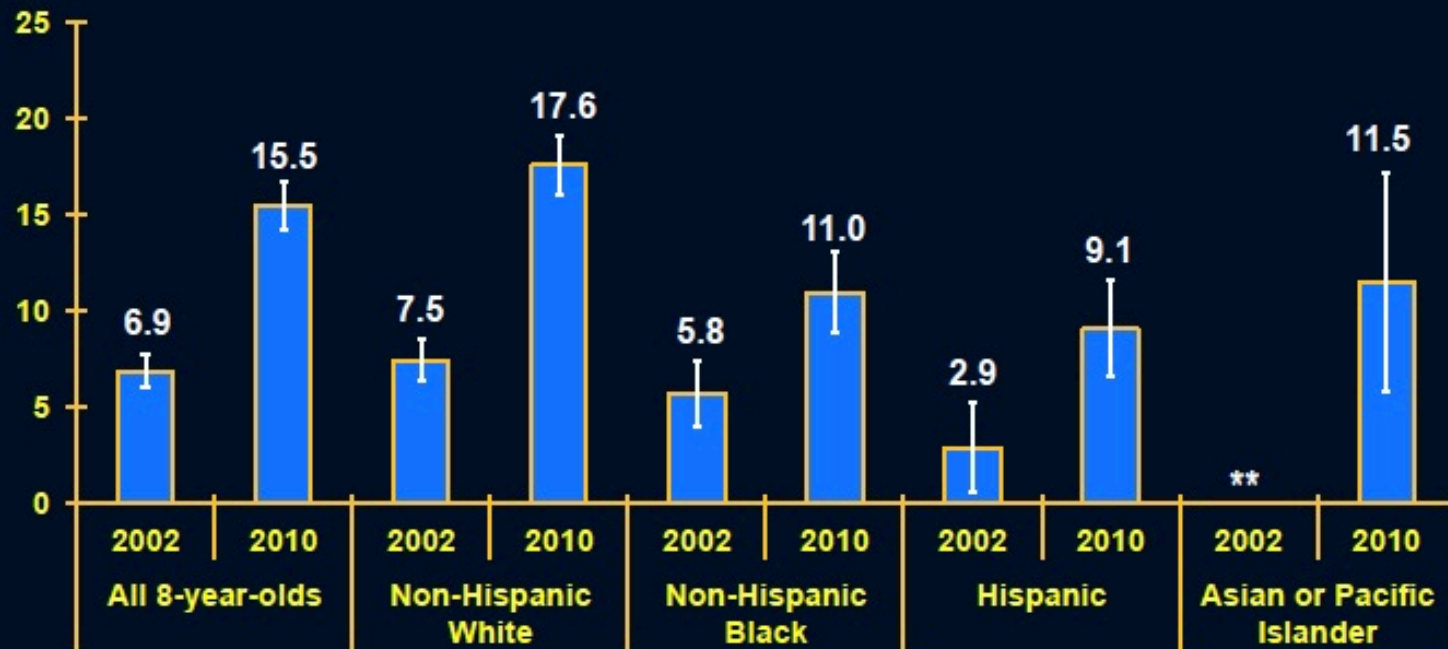
- National Data
  - 1 out of 68 children
  - 1 out of 42 boys
  - 1 out 189 girls
- Arkansas
  - 1 out of 65 children
  - 1 out of 40 Boys
  - 1 out of 172 girls

- ADDM, 2012

# National ADDM Network Findings

- More children are diagnosed at earlier age.
  - But most not identified until well after 4.
- Boys are still 5 times as many boys than girls.
- Increase in Latino and Black children being identified (but still does not account for the total increase)
- 31% of the children identified had an intellectual disability.

## Prevalence of ASDs\* Overall and by Race/Ethnicity, Arkansas 8-year-olds 2002 vs. 2010



\*Per 1,000 8-year-old population

\*\*Rate for Asians/Pacific Islanders not presented due to small cell size(s) in 2002

## Arkansas Statewide & Regional ASD Prevalence 2010

	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population	95% LCL	95% UCL
<b>State Total</b>	<b>605</b>	<b>38,956</b>	<b>15.5</b>	<b>14.3</b>	<b>16.8</b>
Northwest Region	231	13,365	17.3	15.1	19.5
Southwest Region	53	4,184	12.7	9.3	16.1
Central Region	164	10,561	15.5	13.2	17.9
Northeast Region	109	7,349	14.8	12.1	17.6
Southeast Region	48	3,497	13.7	9.9	17.6
LCL = lower confidence limit; UCL = upper confidence limit					

## Arkansas Statewide & Regional ASD Prevalence: 2002 vs. 2010

	Surveillance Year 2002			Surveillance Year 2010		
	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population
<b>State Total</b>	<b>251</b>	<b>36,317</b>	<b>6.9</b>	<b>605</b>	<b>38,956</b>	<b>15.5</b>
Northwest Region	70	11,261	6.2	231	13,365	17.3
Southwest Region	26	4,437	5.9	53	4,184	12.7
Central Region	91	9,460	9.6	164	10,561	15.5
Northeast Region	44	7,071	6.2	109	7,349	14.8
Southeast Region	20	4,088	4.9	48	3,497	13.7



# Intellectual Disability (ID)

- **AR ADDM was one of seven sites with data on ID**
  - 95% of AR cases had IQ scores available
    - 2nd highest after NC (96%)
    - Collaboration & data quality → ADE

Among Kids with ASD:	With ID (IQ ≤ 70)	No ID (IQ > 70)
Arkansas	5.2 per 1,000 (35% of cases)	9.5 per 1,000 (65% of cases)
ADDM Network (All Sites Combined)	4.7 per 1,000 (31%)	10.2 per 1,000

## ADDM Network ASD cases with Intellectual Disability:

48% of black children, 38% of Hispanic children, 25% of white children

White children were more likely to have ASD without ID than Black or Hispanic children; Black children with ASD were more likely to have ID than White or Hispanic children.

# Special Education Eligibility

Primary Special Education Eligibility	Percentage
Autism	60
Emotional disturbance	2
Specific learning disability	3
Speech or language impairment	16
Health or physical disability	10
Multiple disabilities	3
Intellectual disability	6
Total no. of ASD cases with special education records	496 (82% of 605 cases)



## First Evaluation (*continued*)

- **Median age of earliest documented ASD diagnosis (any subtype):**
  - Arkansas SY2010 → 61 months (highest in Network)
  - ADDM Network SY2010 → 53 months (range 46 – 61 months)
  - Arkansas SY2002 → 59 months
- **% who have previous diagnosis (DSM-IV-TR) in records:**
  - Arkansas → 69%
  - ADDM Network → 72% [Range 59% - 88%]

# UAMS ADDM Project

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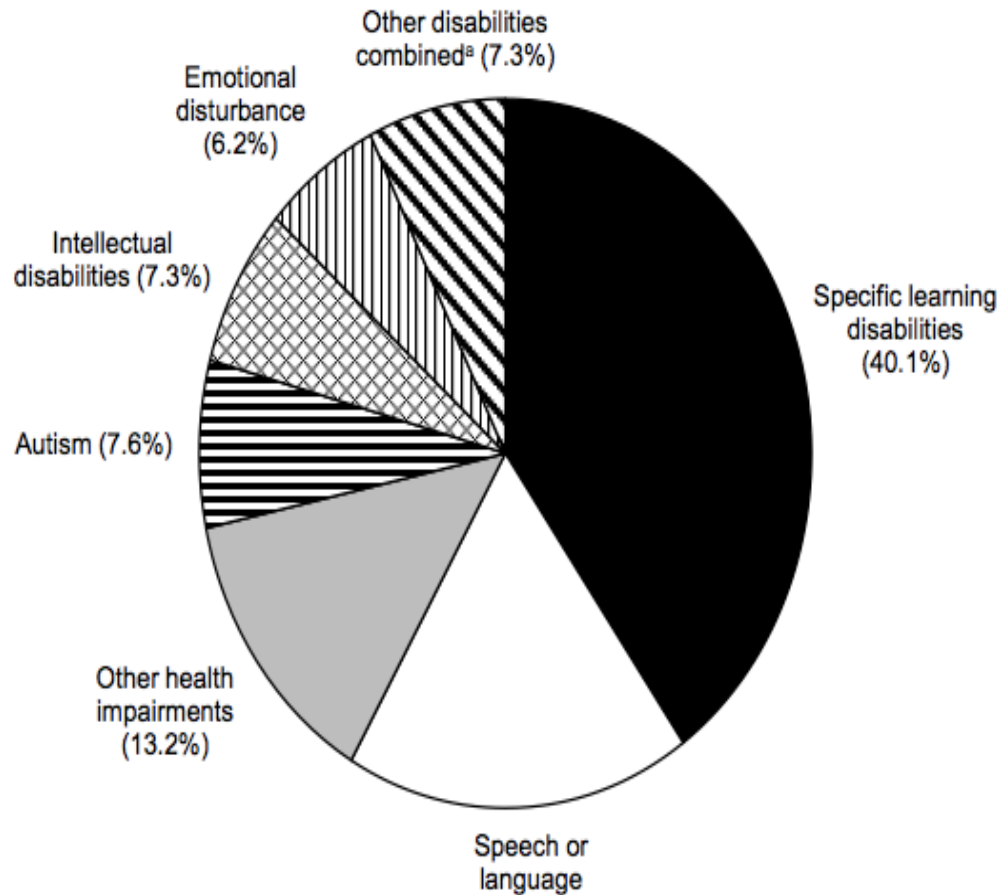
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# Bottom Line for Educators

- More children with ASD and more with HFA
- Missing kids who need more services
- More children with ASD served in general education
- Struggles to meet the needs of these kids
  - What do they need?
  - Where do they fit?
  - How do we serve them?

# IDEA, 2015

**Exhibit 20. Percentage of students ages 6 through 21 served under IDEA, Part B, by disability category: Fall 2012**



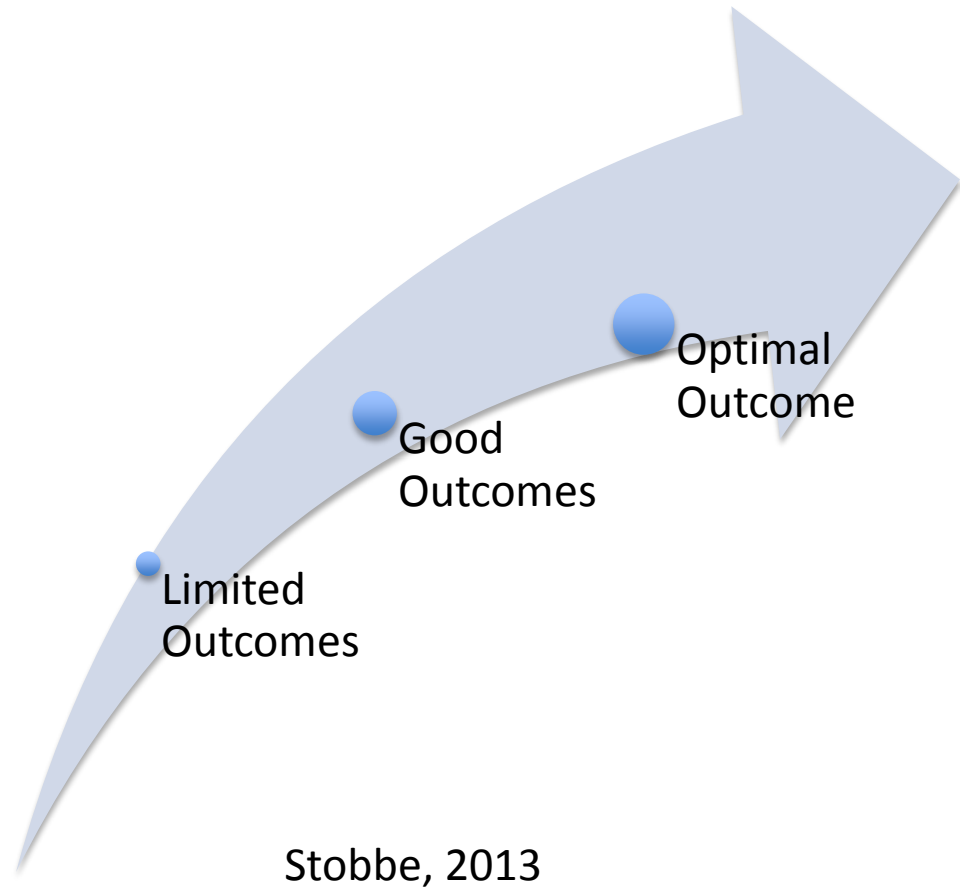
# The Social Significance

## Outcomes

- Early Intense Intervention can change the trajectory of the disorder for many children.
- Reduction in Societal Costs
- Increase in quality of life for child and family

# Outcomes

- Estes et. al., 2015
- Orinstein et al., 2014
- Anderson et al., 2014
- Lovaas, 1987





# Variables Impacting Outcomes

- Intrinsic Factors
  - Severity of Symptoms
  - Cognitive Ability
  - Behavior
  - Co-morbid mental health issues
- Extrinsic Factors
  - Socioeconomic Status
  - Access to services
  - Coordinated Services
  - Transition Services

We do not yet understand all of the variables that impact outcome  
(Anderson, Liang & Lord, 2014 )

# Without support....

- limited job opportunities
- difficulty in retention
- limited career advancement
- negative work experiences

Impact overall **quality of life** for the individual and create additional, yet preventable, **long-term costs** for society.

(Lee and Carter, 2012)

# Long Term Preventable Costs

- **\$137** Billion Dollars per year-Societal Costs
  - Loss of productivity of one parent
  - Loss of productivity of the person with autism
  - Cost of Therapy
  - Cost of long term care
- Life Time care
  - for a person with autism and intellectual disability  
**\$2.3 Million**
  - without an intellectual disability, **\$1.4 Million**  
(Buescher, Cidav, Knapp, & Mandell, 2014)

# Identifying Autism

- Developmental Monitoring
- Developmental Screening-ASQ
- Autism Screening- MCHAT
- Autism Diagnosis -ADOS. ADI-R, Expertise
- Eligibility for Services under IDEA- Checklists, observation, medical reports, psycho-educational evaluation. Does the autism impact educational access?

# DSM-5 Criteria

- One disorder-Autism Spectrum Disorder
- Combines social and communication
- Includes Sensory Issues in the behavior domain
- Documents genetic disorders, language disorders, intellectual disabilities, seizures, depression, gastrointestinal problems
- Adds a new category: Social Communication Disorders
- Categorizes based on level of care

# Coordinated Care

- Services available- professionals, families, and stakeholders have limited knowledge of different services
- Families need access to intensive autism specific services
- Education on evidence based practices in identification, treatment, and education.



# Conclusion

- We have some great resources in the state
- We need to make sure that ALL stakeholders have access to education, training, and resources
- We need to work SMARTER not harder to increase the outcomes for people with ASD

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