Universal Screening in Early Intervention

M-CHAT-R and RITA-T

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THOM Worcester Area Early Intervention

What is Universal Screening?

- The process of monitoring for early ASD risk markers that is broadly implemented
- Consistent practice and optimal detection of early signs of ASD in young children across clinical and community settings
- The AAP has recommended that all children be screened with an ASD-specific tool during well-child visits at ages 18 and 24 months
- Followed by developmental observation and developmental screening

Universal Screening in Early Intervention

- "Best Practice" model for healthy development and detection of subtle and more significant developmental delays
- Highlights developmental areas of strength
- Promotes early identification of developmental concerns

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Purpose of Universal Screening in EI

- Closely monitor an already at-risk group of children
- Rule-out or identify early signs of Autism Spectrum Disorder
- Identify signs of other developmental issues:
  - Developmental disorders
  - Communication disorders
  - Social-emotional issues

Universal Screening Basics

- Offer Universal Screening to families:
  - To systematically identify developmental areas of concern
  - To supplement findings at intake and regular home visit observations
  - Systematic process: 18, 24, and 30 months

Universal Screening Basics

continued

- Administered with parent by well trained clinicians familiar with the child's developmental skills
- Parents better understand and become equipped to support child's development
- Enhanced communication between families, Early Intervention, and pediatric care physicians

M-CHAT-R

- The Modified Checklist for Autism in Toddlers- Revised
- Original version was developed by:
  Diana Robins, (Neuropsychologist)
  Deborah Fein, (Neuropsychologist)
  Marianne Barton, (Clinical Psychologist)
- **Primary Goal**: To detect as many cases of ASD as possible. Therefore the false positive rate is high
- Accuracy of the tool was improved with the development of the Follow-Up Interview (2013)

- Children with a positive M-CHAT score will not necessarily be diagnosed with ASD, yet are at high risk for other developmental delays or disorders

- Developmental evaluation is warranted for any child with a positive score

M-CHAT-R: administration

- 20-question parent questionnaire
- YES (typical/frequent behavior) or NO (not typical/infrequent)
- Follow-up interview if indicated

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Understanding the M-CHAT-R

- M-CHAT-R assesses:
  - Pre-verbal communication
  - Non-verbal communication
  - Expressive language
  - Receptive language
  - Sensory processing
  - Beginning pretend play

M-CHAT-R: Scoring

- **Quick / easy scoring system**
  - Each question is scored as a "0" or "1"
  - On all items a NO indicates a risk of ASD and score of "1" and a YES score of "0"
  - With the exception of 2, 5, & 12 in which a YES indicates a risk of ASD and score of "1" and a NO a score of "0"
- **Low-Risk**: total Score 0-2
- **Medium-Risk**: total Score 3-7 (Administer Follow-Up interview)
- **High-Risk**: Total Score 8-20
- **Final Score**: 3-20 refer for diagnostic evaluation

M-CHAT-R in Early Intervention

- Developmental Specialists:
  - familiar with the 20 questions and what developmental skill each is considering
  - understand the developmental skill each question addresses and its purpose for communication and overall development
  - able to explain the skills to parents
  - partner with parents to determine if the child demonstrates the skill
  - accept the parent's answer, despite disagreement

Importance of Universal Screenings within the framework of Early Intervention

- Standard practice ensures at risk children will be detected
- Promotes early identification of ASD and additional developmental concerns
- Removes pressure from Service Coordinators to determine if/when to assess for further concerns
- Supports Service Coordinator's awareness of important foundation skills of social communication and overall development

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A ‘Massive Mission”

All Service Coordinators administer the Universal Screening to all eligible children each month

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Early Intervention Universal Screening

STEP 1

- Staff Training
  - Social communication
  - M-CHAT-R Administration / Scoring
  - Sharing results
  - Universal Screening forms and procedures

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Early Intervention Universal Screening

STEP 2

- Program Development
  - Developing eligibility tracking system
  - Monthly case sheets
  - Developing tracking System for results
  - Positive M-CHAT-R follow up visit with Lead Support Clinician

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Universal Screening Program Challenges

- **Challenges**
  - Varied levels of Service Coordinators clinical experience
  - Service Coordinators response to more responsibility and paperwork
  - Service Coordinators concerns and comfort level of talking about ASD with families

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Pilot Program Supports

- **Overcoming Challenges**
  - Lead Support Clinicians join every Service Coordinator to administer their first Universal Screening
  - At Service Coordinator's request, Lead Support Clinicians are available to join Service Coordinator to administer M-CHAT-R and share results with the family
  - Provide training on 'sharing difficult information with families'

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Early Intervention Universal Screening

STEP 3

- Program Implementation
  - Support to Service Coordinators
  - Follow-up /co-visit with Lead Support Clinician
  - Lead Support Clinician Assignment for co-visits to support ongoing services and family needs

Early Intervention Universal Screening

STEP 4

- Incorporating the RITA-T
  - Following positive M-CHAT-R, Service Coordinator and family may request 2nd level screening
  - Lead Support Clinician joins home visit with the Service Coordinator and the family. Discusses Pilot Study and administers the RITA-T
  - Referral, M-CHAT-R score, and RITA-T score submitted to UMASS DBP Clinic
  - Diagnostic Evaluation scheduled

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Using the Two-Level Model
Positive M-CHAT-R followed by RITA-T

M-CHAT-R

- Questionnaire screening
- Relies on parent report and impressions
- Targets pre-verbal communication and reading non-verbal cues

RITA-T

- Interactive screening
- Relies on active engagement with the child
- Targets reading non-verbal cues, gaze shifts, joint attention, and affect

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Two-Level ASD Screening Model

- The RITA-T as a second level screening can:
  - support M-CHAT-R findings
  - bring clarity to a false positive M-CHAT-R
  - confirm need for expedient referral for ASD diagnostic evaluation
  - Provide family with more clinical information

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Comprehensive Universal Screening

Two-Level screening for ASD = comprehensive screening model

- Takes into account parent perspective and observable actions of child
- Assesses both pre-verbal and reading non-verbal cues
- Creates team approach to assessing initial concerns that takes place over multiple visits

Benefits of Universal Screening Model in EI

- Family is supported within context of the Early Intervention framework
- EI services can be increased to best support the child and family (pre- potential diagnosis)
- The family is prepared and well informed prior to diagnostic evaluation

Thom Worcester Area Early Intervention
Multidisciplinary Screening Support Team

- **Chantal Royer-Haig, M.A., LMHC, CEIS**
  - Universal Screening Program Coordinator
  - Lead Support Clinician
- **Jeanine Mindrum, CCC-SLP, CEIS**
  - Universal Screening Clinical Coordinator
  - Lead Support Clinician
- **Laurie Pare, M.S., LICSW, CEIS**
  - Lead Support Clinician
- **Kim Boullard, M.S., OTR/L**
  - Lead Support Clinician

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