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

J. Mindrum, CCC-SLP, CEIS
C. Royer-Haig, LMHC, CEIS
2017
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

- 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
Understanding the M–CHAT–R

M–CHAT–R assesses:
- Pre-verbal communication
- Non-verbal communication
- Expressive language
- Receptive language
- Sensory processing
- Beginning pretend play
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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2017
A ‘Massive Mission’

All Service Coordinators administer the Universal Screening to all eligible children each month.
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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2017
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

J. Mindrum, CCC–SLP, CEIS
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2017
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
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’
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 2\textsuperscript{nd} 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
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
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
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