

Primary Care Provider Resources for Autism Spectrum Disorder

Screening Tools

Screen all children for ASD: Developmental surveillance at all visits + standardized autism-specific screening tests (MCHAT-R, MCHAT-R/F) at 18 & 24 months of age

No validated screening tools above age 30 months in the pediatric setting

MCHAT-R (Modified Checklist for Autism in Toddlers-Revised), **MCHAT-R/F** (Modified Checklist for Autism in Toddlers-Revised with Follow-up)

- Validated age: 16 months to 30 months
- 1st-tier screen
- 20-item screener
- Admin time: 5-10 mins
- Proprietary, available for free online: <https://mchatscreen.com/>

SCQ (Social Communication Questionnaire)

- Age range: 4 years and older (Preschool and school-aged children, mental age ≥ 2 years)
- 40 questions, parent-report screen
- 2nd-tier screen (next step after identified on developmental, surveillance screening), not sufficient alone to make diagnosis
- Admin time: 5-10 mins
- [Proprietary](#)

Autism Spectrum Screening Questionnaire (ASQ)

- Age range: 7 years - 16 years
- 1st-tier screen
- 27-item checklist for screening symptoms of ASD in high functioning patients

Diagnosis

- General Pediatricians, Child psychologists, Specialists comfortable with the application of DSM-5 criteria may make a clinical diagnosis which may facilitate initiation of services.

DSM-5 Criteria for Autism Spectrum Disorder

Domains		Examples
A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by <u>all 3</u> of the following, currently or by history		
Deficits in <u>all 3</u> criteria A need to be met	1. Social-emotional reciprocity	Abnormal social approach, failure of normal back-and-forth conversations; reduced sharing of interests, emotions, or affect; failure to initiate or respond to social interactions
	2. Nonverbal communicative behaviors used for social interaction	Poorly integrated verbal and nonverbal communication; abnormalities in eye contact and body language or deficits in understanding and use of gestures; a total lack of facial expressions and nonverbal communication
	3. Developing, maintaining, and understanding relationships	Difficulties adjusting behavior to suit various social contexts; difficulties in sharing imaginative play or in making friends; absence of interests in peers
B. Restricted, repetitive patterns of behavior, interests, or activities manifested by ≥ 2 of the following, currently or by history		
≥ 2 out of 4 in criteria B need to be met in addition to meeting criteria A	1. Stereotyped or Repetitive motor movements, use of objects, or speech	Simple motor stereotypies, lining up toys, flipping objects, echolalia, idiosyncratic phrases
	2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior	Extreme distress at small challenges, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day
	3. Highly restricted, fixated interests that are abnormal in intensity or focus	Strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests
	4. Hyper- or Hyporeactivity to sensory input or unusual interest in sensory aspects of the environment	Apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movements

- C. Symptoms must be present in early development period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life.
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. American Psychiatric Association

Evaluation

- If identified at risk for ASD by screening or surveillance, timely referral for a clinical diagnostic evaluation, early intervention services, and/or school support is critical.
- Early Intervention or School services can administer cognitive and language testing
- General Pediatricians, Child psychologists comfortable with the application of DSM-5 criteria may make a clinical diagnosis which may facilitate initiation of services.
- Referrals may be made to specialists trained to diagnose Autism for a full diagnostic evaluation if appropriate.
- Medical work-up of a child diagnosed with ASD
 - Start with careful medical, developmental-behavioral, and family history with thorough physical, neurological examination
 - Assessment of growth (including head circumference), dysmorphic features, skin manifestations of neurocutaneous disorders (eg. Tuberous Sclerosis, Neurofibromatosis), and neurological abnormalities
 - Consider referral to Genetics in patients with ASD for testing: CMA (Chromosomal Microarray), Fragile X analysis, other genetic testing as indicated

Referrals

- Referral to Audiology to rule out hearing impairment
- Referral to Developmental Pediatrics, Neurologist, Genetics may be indicated with any neurodevelopmental concerns.

- Referral for an IEP(Individualized Education Plan) evaluation through the school district for developmental disabilities and services within the school setting
- Referral for a full diagnostic evaluation for Autism Spectrum Disorder through historical clinical information, objective observation by a clinician trained to diagnose autism. A structured observation during a clinical observation maybe helpful through validated observation tools such as Autism Diagnostic Schedule-2 (ADOS-2), and Child Autism Rating Scale, Second Edition (CARS-2) to support application of the DSM-V criteria. These evaluations may be facilitated through:
 - Developmental Pediatrics
 - Child and Adolescent Psychiatry
 - Local Regional Centers

Treatment and Services

Applied Behavioral Analysis (ABA)

In-home behavior treatment. Family to contact insurance company and ask to speak to the autism coordinator to identify which agencies are in-network with their insurance

California Regional Centers

California has 21 regional centers with more than 40 offices located throughout the state that serve individuals with developmental disabilities and their families. Please refer to this link to find the regional center closest to you: <https://www.dds.ca.gov/rc/listings/>

<i>Regional Center:</i>	<i>Contact Info for Services: (ages 3+)</i>	<i>Early Start Services: (0 - 36 months old)</i>	<i>Website:</i>	<i>Counties Served:</i>
Golden Gate	888-339-3305 intake@ggrc.org	888-339-3305 intake@ggrc.org	http://www.ggrc.org/	Marin, SF, & San Mateo
East Bay	510-618-6122 intakeoverthree@rceb.org	510-618-6195 earlystartreferrals@rceb.org	https://www.rceb.org/	Alameda & Contra Costa
North Bay	707-256-1180 intake@nbrc.net	707-256-1181	https://nbrc.net/	Napa, Solano, & Sonoma

California Family Resource Centers

These local centers provide parent support and assistance with locating resources for children with developmental disabilities from birth to 3 years and often for children older than 3 years of age: <http://www.frcnca.org/>

Special Education Departments

Families may initiate an assessment through the school district to see if there are eligible services. Please contact the Special Education Department in your district:

<i>Region:</i>	<i>Website:</i>	<i>Contact Info:</i>
San Francisco USD	https://www.sfusd.edu/types-student-support	Julia Martin, Special Ed Ombudsperson 415-447-7802 martinj5@sfusd.edu
Oakland USD	https://www.ousd.org/specialeducation	Jennifer Blake, Executive Director 510-879-8094 jennifer.blake@ousd.org
Berkeley USD	https://www.berkeleyschools.net/departments/special-education/	Shawn Mansager, Executive Director 510-644-6210 shawnmansager@berkeley.net
Marin County Office of Education	https://www.marinschools.org/Page/236	Janelle Campbell, Director, Special Education 415-491-6612 jcampbell@marinschools.org

External Online Resources

- **Autism Speaks Tool Kits:** <https://www.autismspeaks.org/family-services/tool-kits>
- **Autism Navigator** (web-based learning): <http://www.autismnavigator.com/>
- **The National Professional Development Center on ASD:** <http://autismpdc.fpg.unc.edu/national-professional-development-center-autism-spectrum-disorder>
- **Autism Focused Intervention Resources and Modules (AFIRM):** <https://afirm.fpg.unc.edu/afirm-modules>

Transitional Age ASD Resources

- Individuals with IEP/ SDC (special day classroom) can remain in school setting until age 22.
- Depending on level of functioning, typically after age out of school program, will attend adult day program (lower functioning), attend college/take college courses, or obtain work opportunities. Regional Center aids in these placements- have families connect with regional center for local resources.

Life Skills Inventory Independent Living Skills Assessment Tool (administer at age 15/16, to help identify placement for TAY):

http://www.washtenawisd.org/sites/default/files/life_skills_inventory.pdf

Adolescent Autonomy Checklist:

https://instrc.indiana.edu/pdf/transition_matrix/Adolescent_Autonomy_Checklist.pdf

Conservatorship:

<https://www.autismspeaks.org/tool-kit-excerpt/guardianship-and-conservatorship>

Financial planning support:

<https://www.autismspeaks.org/tool-kit-excerpt/guardianship-and-conservatorship>

Transitional age toolkit:

<https://www.autismspeaks.org/roadmap/transition-roadmap-meaningful-employment>

Transitional Age group ASD/LD, DD, ID Young Adult Programs:

- OUSD's Young Adult Program: YA (18-22) with moderate to severe disabilities:
<https://www.ousd.org/Page/18380>
- Mploy Program (CIP Berkeley): YA ages 18-26 with ASD/LD
<https://cipworldwide.org/curriculum/career-preparation/>
- College Internship Program (CIP): young adults 18-26 with HFA (high-functioning ASD), ADHD, or LD (learning disorder)/other
<https://cipworldwide.org/our-locations/>
- College to Career (C2C) program: Adults with ASD/ID
<https://drd.santarosa.edu/college-career-program-c2c>
- Meristem: young adults with HFA
<https://meristem.pro>
- Taft College: transition to independent living
<http://www.taftcollege.edu/til/>
- Wayfinders (Fresno State): Young adults with ID/DD
<https://kremen.fresnostate.edu/centers-projects/wayfinders/>

East Bay:

- ABC Adult Day Program: individuals 18+ with ASD/DD
<https://www.calautism.org/programs/abc-adult-day-program/>
- Adaptive Learning Center: Adults (ages 20+) with disabilities
<http://www.alc-ca.org/index.htm>
- Easterseals Kaleidoscope Community Adult Program: adults with special needs
<https://www.esnorcal.org/kaleidoscope-community-adult-program/>
- Mission Hope: individuals 18+ with DD and behavioral challenges
<https://mhd.org>

- Mt. Diablo Adult Education: Adults with disabilities
<https://mdae-mdusd-ca.schoolloop.com/awd>
- RES Success: Adults with DD and ASD
<https://ressuccess.org>
- Harambee Community Services: Adults with ASD/DD
<http://harambeekc.org>

San Francisco

- Pomeroy Recreation & Rehabilitation Center: Adults with DD/TBI/ABI
<https://www.prrcsf.org/adult-day-programs>

North Bay

- Becoming Independent: Adults with ASD/DD
<https://becomingindependent.org>

South Bay

- AbilityPath (Abilities United and Gatepath merged): Children and adults with DD
<https://abilitypath.org/services/>
- California Community Opportunities: Adults with DD
<https://www.ca-cco.org>
- Greater Opportunities: Adults with DD
<https://greateropportunities.org>
- Hope Services: Children and adults with DD
<https://www.hopeservices.org>
- Morgan Autism Center: Adults with ASD
<https://morgancenter.org>

References

Hyman SL, Levy SE, Myers SM, AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*. 2020;145(1):e20193447; DOI: <https://doi-org.ucsf.idm.oclc.org/10.1542/peds.2019-3447>

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