



June 2011

Occupational Therapy
Speech Therapy

Chapel Hill Office

205 Sage Rd, Ste 203
Chapel Hill, NC 27514
Phone: (919) 928-0204
Fax: (919) 928-9423

Durham Office

2919 Colony Rd
Durham, NC 27705
Phone: (919) 489-7333
Fax: (919) 489-0504

Serving children from
birth to 14 years old

Using therapy to improve
conditions such as:

Delayed Speech
Developmental Coordination
Disorder
Speech Impairments
Non-communicative Speech
Oral/Verbal Apraxia
Language Disorders
Feeding Difficulties
Autism/Asperger's/PDD
Developmental Delay
Cerebral Palsy
Sensory Integration
Disorders
Sensory Modulation
Disorders
Handwriting Impairments
Fine & Gross Motor Delays

A Private, Independent
Provider

www.EmergeAChildsPlace.com



Journal of Pediatrics

New Validation of Autism Screening Tool



Bonnie Hacker, OT
Founder / Director

This past April, *The Journal of Pediatrics* released a study providing new validation of a fast, low cost autism and developmental screening tool that can be used to screen patients age 6 to 24 months.¹ Most validated screening tools are only normed for children age 18 to 24 months, so this validation provides **new opportunities for earlier identification of autism spectrum disorder (ASD)** and other developmental disorders. Paul H Brookes Publishing holds the copyright on this screening tool, the Communication and Symbolic Behavior Scales Developmental Profile™ (CSBS DP™), but they make it available for **free use**.



Early identification of and intervention for ASD results in improved outcomes in cognition, language, and educational achievement.^{2,3} Early intervention also produces significant cost savings for families and society.⁴ In 2006, The American Academy of Pediatrics released practice guidelines recommending that screening for developmental disorders be conducted at least three times before the age of 3, even in the absence of parental or practitioner concern.⁵ The Academy recommended that at least one of those screenings include specific tests for autism. The degree to which these and similar guidelines dating back to 1999 have been adopted in medical practice today is unknown but probably low. Victoria Moore Zeiger's 2008 survey of AAP members found that 58% of responding pediatricians did not routinely screen for ASD.⁶ Pediatricians identified these primary barriers to adoption of routine early screening: time constraints, lack of familiarity with ASD screening tools, and inadequate reimbursement.

The CSBS DP addresses the time and financial considerations. It is a 24 question survey that parents can complete in the waiting room. **Parents take five to ten minutes to complete the survey, and non-physician staff can score the test.** CPT code 96110 covers limited developmental screening conducted and scored by non-physician personnel. Up to 17 codes may be applicable. Contact Emmerge for a list and description of codes. Children who test positive are referred for developmental evaluation and/or ASD evaluation. Emmerge - A Child's Place can conduct the developmental evaluation. The CSBS DP has been in use since 2002 when it was validated to have 88.9% sensitivity and 88.9% specificity.⁷ In Pierce's study released this past April, the CSBS DP showed an estimated predictive value of 0.75. One hundred and eighty four infants who failed the screen were followed. Thirty-two received an ASD diagnosis, 56 a language delay diagnosis, and 36 some other related diagnosis. Twenty-five were considered false positives.

Medical practices and other professionals called upon to screen for developmental delays may consider implementing the CSBS DP to gain the ability to screen infants 12 months old and younger. You can download the form for review and use from the Emmerge website:

http://EmmergeAChildsPlace.com/resources/newsletter_archives/CSBDP_Checklist.pdf

If your practice or school would like consultation or assistance implementing developmental screening procedures, Emmerge will provide a therapist on a complimentary basis.

Please tell parents about Emmerge - A Child's Place
Believing in a Child's Potential to Flourish

References

1. Pierce K, Carter C, Weinfeld M, et al. Detecting, studying, and treating autism early: the one-year well-baby check up approach. *The Journal of Pediatrics*. April 29, 2011; Published online in advance of print publication. Available at <http://www.jpeds.com/article/PIIS002234761100240X/abstract>.
2. Reichow B, Worlery M. Comprehensive synthesis of early intensive behavioral interventions for young children with autism based on the UCLA young autism project model. *J Autism Dev Disord*. 2009; 39: 23-41.
3. Harris S, Handleman J. Age and IQ at intake as predictors of placement for young children with autism: A four-to-six year follow-up. *J Autism Dev Disord*. 2000; 30: 137-142.
4. Jaxobson J, Mulick J, Green G. Cost-benefit estimates for early intensive behavioral intervention for young children with autism: General model and single state case. *Behavioral Interventions*. 1998; 13: 201-226.
5. American Academy of Pediatrics. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. July 2006; 118 (1): 405-420.
6. Zeiger V. Screening for autism spectrum disorders: Pediatric practices eight years after publication of practice guidelines. Available online at: <http://dspace.lib.iup.edu:8080/dspace/bitstream/2069/114/1/Victoria+Zeiger+Updated.pdf>. Accessed May 2011.
7. Wetherby A, Brosnan-Maddox S, Peace V, et al. Validation of the Infant-Toddler Checklist as a broadband screener for autism spectrum disorders from 9 to 24 months of age. *Autism*. 2008; 12: 487-511.

Download the Communication and Symbolic Behavior Scales Developmental Profile™
from this internet address:

http://emergeachildspace.com/resources/newsletter_archives/CSBSDP_Checklist.pdf