



## Forging a Path to Early Autism Screening and Intervention for Underserved Children

by Stacey Aggarwal

Identification of individuals with Autism Spectrum Disorder (ASD) at a young age has been found to substantially improve child outcomes through referral to early, specialized intervention. Family quality of life is enhanced as well. However, there are many obstacles that prevent early detection, resulting in delays in the provision of vital comprehensive autism-specialized interventions. These difficulties are often amplified in low-income or underserved communities.

Wendy Stone, PhD, professor of psychology, director of the UW READi lab, and CHDD Research Affiliate hopes to better understand barriers to early autism detection and provide tools for local communities to bridge these gaps. In a current project, Stone and her team are focusing on three key barriers that prevent early detection and subsequent service provision: (1) poor access to specialized screening tools, (2) delays in the receipt of a formal diagnosis, and (3) inaccessibility of community providers trained in autism intervention. The core of Stone's research team working to address these barriers consists of a Project Manager, Lisa Ibañez, PhD, and a Project Coordinator, Pascale Carpentier. Stone also works closely on this project with co-investigators Kevin King, PhD, associate professor of psychology and Jill Locke, PhD, research assistant professor of speech and hearing sciences.



*Wendy Stone's primary research interests are in early identification and early intervention for children with autism spectrum disorder.*

### Breaking Down Barriers to Early Detection in Low-Income Communities

In an ambitious but needed project, Stone notes that the main goals are "working with low-income families, focusing on early intervention providers, and giving them strategies for screening and intervention." But it doesn't end there. A major hurdle they've identified in these underserved communities lays in starting conversations about autism between families and providers. Therefore, Stone points out, "Other things we're working on include family-centered communication and decision-making materials that will make it easier for providers to talk to parents about autism, and easier for parents to bring up autism with their primary care providers." Stone and her team have been conducting focus groups to better understand the needs of both families and providers, and plan to use their results to create decision-making materials to stimulate open and informed conversations about autism between community providers and families.

### Serving Underserved Local Communities

Stone works closely with local King County providers and families to address these obstacles to early autism identification in traditionally underserved communities. In particular, they hope to provide evidence-based strategies to improve early screening and intervention. The study spans 7 programs consisting of 76 providers, and expects to reach multiple hundreds of families per year. Families will be assessed before and after providers are trained in early detection tools to gauge progress and identify weak areas where additional strategies may need to be developed.

Discussing challenges she's faced in implementing new tools in past projects, Stone highlights constraints of community resources and the complexity of the effort. Specifically, she notes that "We have to find how, within an ongoing program, we can integrate these new strategies. Many places have limitations in terms of time, staffing, or workflow ... Whenever we introduce a new measure, intervention, or assessment tool, it takes time for them to figure out how it fits into their overall work plan."

## Evidence-Based Tools for Screening and Intervention

There are two tools Stone and team plan to train providers to use. First, the Screening Tool for Autism in Toddlers (STAT), is an instrument developed by Stone. It is an interactive, play-based tool that can be used to identify autism-related social communicative behaviors at an early age. Second, Reciprocal Imitation Training (RIT) is a well-researched and simple intervention that helps teach imitation skills to young children with autism during social interactions. This provides a helpful starting point for intervention. The intervention is flexible and can be performed almost anywhere, including at home (with proper training). By supplying providers with materials and training necessary to identify autism early on and begin to support development, Stone and colleagues hope it will lead to earlier intervention and more comprehensive implementation of evidence-based family-centered care.

Equally important to training providers to utilize necessary tools for early autism screening, is the involvement of families to ultimately influence the progress of their toddlers in day-to-day interactions. Currently, Stone's team is recruiting toddlers at high risk for autism, along with their caregivers, from three early intervention programs. The results will help Stone to understand how use of the STAT and RIT impact the development of children with autism, as well as the well being of their parents, in underserved communities.

## Future Directions: How Intervention Impacts the Family-Provider Relationship

In a newly funded project, Stone also wants to examine how RIT training changes the way early intervention providers interact with toddlers and their families. Use of RIT strategies and parent coaching methods will be examined before and after training, including adherence to RIT by parent and provider. Moreover, how this intervention influences children's social communication behavior will be assessed, as well as changes in parent-related stress. More than anything, Stone expresses her gratitude to the local families, providers, and program directors that give their time and energy to participate in these studies. "It's just been a really great community to work with," Stone says.



*A sample session of RIT intervention.*



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### CHDD Outlook

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