



Autism Case Training:

A Developmental-Behavioral Pediatrics Curriculum

**Endorsed by the American Academy of Pediatrics and the
Society of Developmental and Behavioral Pediatrics.**

**Developed in partnership with
Health Resources and Services Administration
Maternal and Child Health Bureau.**



Welcome to the Autism Case Training (ACT): A Developmental-Behavioral Pediatrics Curriculum

This curriculum of seven case study modules was designed by teams of practicing developmental behavioral pediatric fellows and faculty to teach physicians-in-training about screening, diagnosis, and management of children with an autism spectrum disorder (ASD) through real-life scenarios.

- The entire curriculum will run about seven hours when delivered in full.
- The case study modules stand alone and can be presented individually, in any order.
- Anticipate 45-60 minutes per case study discussion, plus 15-30 minutes for planning and review (depending upon familiarity with the topic and case).

A Quick Look at Your Materials

- **Facilitator's Guide** will help you direct the discussion and provide supplementary reference material, including:
 - Case goals and learning objectives
 - Learner worksheet & case study for distribution
 - Potential prompts for discussion
 - Optional handouts
- **Website** with electronic version of materials and video library, including:
 - Electronic Facilitator's Guide
 - Optional teaching tools
 - PowerPoint with select videos
 - Video library

Three Steps to Prepare - In 15 Minutes or Less!

- 1 Read through the Facilitator's Guide and make copies of the case and learner worksheet for distribution.
- 2 Identify the key topics you wish to address. Consider:
 - Knowledge level of learners
 - Available time
 - Your familiarity with the subject
- 3 Select and prepare the optional teaching tools you wish to use. *Each case provides a variety of **optional** materials to enhance the learning environment, support facilitator style, focus on different themes, or accommodate different time limitations. These materials are optional for facilitators to use at their discretion.*
 - Handouts: select any you wish to use and make copies for distribution
 - PowerPoint: decide if you wish to use and confirm necessary technical equipment
 - Video: review embedded video and video library, decide if you wish to use, confirm necessary technical equipment, and conduct test run







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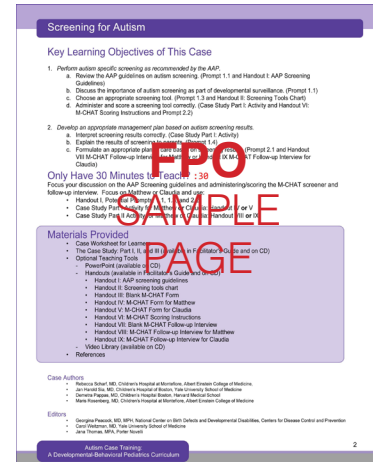
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Using the Facilitator's Guide

The Facilitator's Guides are designed to help you direct the class and stimulate discussion. The two-column page format supports teaching *content* and *presentation*.

- **Left column:** the case study, discussion questions, and potential prompts
- **Right column:** tips for teaching and references to optional teaching tools

-  Call-out: step-by-step teaching instructions
-  Note: tips and clarification
-  Slide: optional slide, if using PowerPoint
-  Filmstrip: optional slide contains an embedded video
-  Paper: potential place to distribute an optional handout
-  :30 Digital clock: tips if you only have '30 Minutes to Teach'



Encouraging Discussion

Best Practices

- ✓ Use open-ended questions to stimulate learner thinking and participation
- ✓ Be flexible to meet learner needs
- ✓ Respectfully challenge assumptions
- ✓ Capture questions on a flip chart

Try to Avoid

- ✗ Answering questions rather than directing back to group for comments
- ✗ Allowing one participant to dominate
- ✗ Quickly responding

References

- American Academy of Pediatrics, Committee on Pediatric Workforce. Culturally effective pediatric care: education and training issues. *Pediatrics*. 1999; 103:167-170.
- Kittredge D, Baldwin CD, Bar-on ME, Beach PS, Trimm RF (Eds.). APA Educational Guidelines for Pediatric Residency. 2004. Available at: <http://www.ambpeds.org/egwebnew/>. Accessed April 30, 2010
- McNeil H, Hughes CS, Toohey SM, Downton B. An innovative outcomes-based medical education program built on adult learning principles. *Med Teach*. 2006; 28:527-34.
- McWilliam PJ. *Instructors Guide for Lives in Progress: Case Stories in Early Intervention*. Baltimore: Paul H. Brookes Publishing Co.; 2000.

Cultural Competence

The case study modules do not specifically address diversity; however, cultural competence and culturally effective pediatric care can be addressed through discussion. Sample discussion questions include:

- In considering this case, what cultural beliefs or practices should be considered when gathering or sharing information?
- How would you open a discussion about respecting family culture?
- How might additional information about the family change your approach?
- In what ways might your approach change when working with families that have limited English proficiency?

Resources

- Considering Culture in Autism Screening www.amchp.org/programsandtopics/CYSHCN/projects/spharc/CDCActEarlyGrants/Documents/MA_Considering_Culture_ASD_Screening.pdf
- Culturally Effective Pediatric Care - AAP's Community Pediatrics website <http://www.aap.org/commpeds/cepc/index.html>
- Cultural Competence – AAP's Community Pediatrics website http://www.aap.org/commpeds/resources/cultural_copetence.htm
- The Provider's Guide to Quality and Culture <http://erc.msh.org/mainpage.cfm?file=1.0htm&module=provider&language=English>
- Assessing Cultural Competence Checklist <http://www.aap.org/sections/adolescenthealth/pdfs/Assessing%20Cultural%20Competence.pdf>
- HRSA Cultural Competency and Health Literacy Resources for Health Care Providers <http://hrsa.gov/culturalcompetence/>

Curriculum Development

- The curriculum competencies align with the Developmental and Behavioral Pediatrics Competencies of the Academic Pediatric Association (APA) Educational Guidelines for Pediatric Residency Training, demonstrated while working with children who present with developmental and behavioral concerns.
- The case study curriculum was written by developmental-behavioral faculty and fellows from 10 Maternal and Child Health Bureau Developmental-Behavioral Pediatrics Fellowship Training Programs and the Centers for Disease Control and Prevention (CDC). It has undergone external review by peers and field validation (editors: Georgina Peacock, MD, MPH, CDC; Carol Weitzman, MD, Yale University; and Jana Thomas, MPA, Porter Novelli).
- The authors envision an interactive, living curriculum advanced through research and best practices and enhanced by the contributions, experiences, and resources shared by facilitators.

Curriculum Copyright

- The case studies are not copyrighted. The curriculum materials can be duplicated and used freely as long as the source is credited. Please use the following statement of attribution: *Autism Case Training (ACT): A Developmental-Behavioral Pediatrics Curriculum by the Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, and the Health Resources and Services Administration's Maternal and Child Health Bureau.*

ACT: A Developmental-Behavioral Pediatrics Curriculum

Thank you to all those who made this curriculum possible

Collaborating Organizations

American Academy of Pediatrics

Association of University Centers on Disabilities

Society of Developmental and Behavioral Pediatrics

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities

Health Resources and Services Administration, Maternal and Child Health Bureau

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Curriculum Overview

- ▶ **Case Descriptions:** Overview of cases
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- ▶ **Case Content At-A-Glance:** Table of key topics covered by each case
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Case Descriptions

Early Warning Signs of Autism Spectrum Disorder

While attending a family function, a relative seeks your opinion regarding the development of her 2-year-old son, Mark. Concerns about temper tantrums, shyness, and communication delays have been shared with Mark's pediatricians, who have reassured her that he just has a bad case of the "terrible twos."

Key words: risk factors, screening, family concerns, observation, family history, red flags for autism spectrum disorder (ASD)

Screening for Autism Spectrum Disorder

A pediatric resident uses the M-CHAT (Modified Checklist for Autism in Toddlers) to screen two patients, ages 18 months and 24 months, then explains the screening process to caregivers and determines next steps. Instructions for M-CHAT scoring and M-CHAT follow-up interview are reviewed.

Key words: screening, screening tools, early intervention, surveillance

Communicating Concerns: Screening and Diagnosis Results

Thomas, age 2, had a "failed" M-CHAT screen. Developmental history is notable for delayed speech and atypical behaviors; family history is notable for speech delay and learning disabilities. Strategies are reviewed for talking with parents about a "failed" developmental screen and delivering difficult news.

Key words: ASDs, PDD, PDD-NOS, M-CHAT, developmental pediatrician, causes of ASD

Making an Autism Spectrum Disorder Diagnosis

Billy, age 3½, is seen by the pediatrician for concerns about behavior problems at home and in school. The process through which an ASD diagnosis is made—history, observation, physical examination, creating a differential diagnosis—is reviewed, along with management strategies for children with developmental disabilities or special needs, within the context of the medical home.

Key words: screening, diagnostic testing, DSM-IV-TR, history, differential diagnosis, genetic screening, ASD prevalence, fragile X

Early Intervention and Education

Tim, age 2 years, 5 months, was referred at 18 months to the local early intervention program. At his two-year well-child visit Tim was referred to a developmental pediatrician who diagnosed him with an ASD. Tim's parents have questions about components of his treatment program and transition to preschool, and concerns about management of new behavior problems, including aggression.

Key words: early intervention, transition, behavior therapies, ABA, ASD treatment programs, preschool, IFSP, IEP, community services, advocacy

Treatments for Autism Spectrum Disorder

Kofi is a school-age child with an ASD, cognitive impairment, aggressive behavior, and trouble sleeping. The pediatrician is consulted regarding symptoms and treatments, including medication (prescription and over-the-counter) and popular complementary and alternative medicine (CAM) approaches. The family is referred to a specialist for prescription of a psychotropic medication to help with his symptoms of ASD.

Key words: behavior, management strategies, CAM therapy, psychopharmacology, treatment of ASD, psychiatric comorbidities, biomedical management of ASD, monitoring, referral

ASD-Specific Anticipatory Guidance

Jack is a 3½-year-old boy recently diagnosed with an ASD. At this well-child visit, Jack's mother reports sleep issues (including difficulty falling asleep and insomnia), picky eating, and toileting issues. Causes and management of sleep disturbances in children with ASD, potential feeding problems, and barriers to toilet training children with ASD (constipation and other GI symptoms) are addressed.

Key words: medication, feeding disorders, insomnia in children with ASD, GI symptoms, anticipatory guidance, challenging developmental issues

Case Content At-A-Glance

Key: ● Strong theme in case ○ Supplemental theme in case

	Autism Screening and Diagnosis	CAM Approach	Genetics/Family History	Referral	IFSP/Early Intervention	IEP/Pre-school	Family Concerns	Medication	Behavior, Sleep, Eating Disorders
Early Warning Signs of Autism Mark, 24 mo			○	○			○		
Screening for Autism Matthew, 18 mo Claudia, 24 mo	●			●			●		
Communicating Abnormal Results Thomas, 2 yrs.	○		○	○			○		
Making an Autism Diagnosis Billy, 3 ½ yrs.	●						●		●
Early Intervention and Education Tim, 2 yrs. 5 mo	●				●	●	●		
Treatments for Autism Kofi, school-aged		●		○		○	○	○	○
Anticipatory Guidance Jack, 3 ½ yrs.				○			○	○	○

Video Selection Grid

Key: ● Most relevant case for video ○ Supplementary information about case in video

	Early Warning Signs of ASD	Screening for ASD	Communicating Concerns: Screening and Diagnosis Results	Making an ASD Diagnosis	Early Intervention & Education	Treatment for ASD	ASD-specific Anticipatory Guidance
Observation: Boy Drawing Bunny	●						
Observation: Difficulty with Transitions: Joseph, 4 yrs. 4 mos.	●					○	
Observation: Dumping and Sorting, 2 yrs.	●						
Observation: Echolalia	●						
Observation: Eye Contact: Leighdionne, 2 yrs. 9 mos.	●				○	○	
Observation: Ice Cream Sequence	●						
Observation: Imitation: James, 3 yrs. and Alex, 2 yrs.	●	○					
Observation: Inability to Locate Body Parts: Sajid, 3 yrs. 1 mo.	●				○	○	
Observation: Inappropriate Play: Evan, 17 mos.	●				○	○	
Observation: Joint Attention: Noelia, 15 mos.	●						
Observation: Lack of Response To Name: Evan, 18 mos.	●				○	○	
Observation: Looking at Book with Mom: Katelyn, 14 mos.	●						
Observation: Nathan & Ben: 1 yr. 7 mos.	●				○		
Observation: Pointing to Body Parts	●						
Observation: Reading Sequence	●						
Observation: Response To Name: Kyle, 12 mos.	●						
Observation: Shyness: Akifa, 3 yrs. 2 mos.	●						
Observation: Speech Milestones at 2 yrs.	●						
Observation: Temper Tantrum: Harrison, 3 yrs. 6 mos.	●						
Observation: Typical Play: Kyle, 13 mos.	●						
Observation: Typical Play: Richard, 2 yrs. 6 mos.	●						

Video Selection Grid

Key: ● Most relevant case for video ○ Supplementary information about case in video

	Early Warning Signs of ASD	Screening for ASD	Communicating Concerns: Screening and Diagnosis Results	Making an ASD Diagnosis	Early Intervention & Education	Treatment for ASD	ASD-specific Anticipatory Guidance
Interview: Comments on Getting Diagnosis: Caryn, Mom of Riley		●	○	○	○		
Interview: Comments on Getting Diagnosis: Lynda and David, Parents of Wynston		●	○	○			
Interview: Mom of Gabriel, Nathan, & Ben		●	○	○	○		
Interview: Search for a Diagnosis and the Importance of Early Intervention: Mom of Ryan, Maren, & Liam		●	○	○	○		
Communicating Concerns: Screening and Diagnosis Results, Part I			●	○			
Communicating Concerns: Screening and Diagnosis Results, Part IIA			●	○			
Communicating Concerns: Screening and Diagnosis Results, Part IIB			●	○			
Interview: Comments on Getting Diagnosis: Raquel and Anthony, Parents of Sal, Ethan, & Evan		○	●	○			
Observation: ABA: Stephon, 2 yrs. 6 mos.					●	○	
Observation: ABA: Wells, 2 yrs. 8 mos.					●	○	
Observation: Fun with Bouncing Ball (Physical Therapy): Gabriel, 3 yrs. 7 mos.					●	○	
Observation: Working on Expressive Language: Leighdionne, 2 yrs. 9 mos.					●	○	
Observation: Working with PECS: Antonio, 3 yrs. 1 mo.					●	○	
Observation: Early Intervention: Feeding					○	○	●
Interview: Sleep Disorders: Caryn, Mom of Riley						○	●
Observation: Feeding Problems							●
Observation: Special Food Preparation					○		●

Video Library Overview

Early Warning Signs of Autism Spectrum Disorder

Observation: Boy Drawing Bunny	Boy describes body parts to his teacher as he draws a bunny
Observation: Difficulty with Transitions: Joseph, 4 yrs. 4 mos.	Shows characteristics of autism: tantrum as a result of having trouble transitioning
Observation: Dumping and Sorting, 3 yrs	Shows child dumping and sorting shapes
Observation: Echolalia	Shows characteristic of autism: echolalia [Pairs well with “Observation: Speech Milestones at 2 Years”]
Observation: Eye Contact: Leighdionne, 2 yrs. 9 mos.	Shows red flags of autism in the context of an ABA therapy session: no response to name, lack of eye contact
Observation: Ice Cream Sequence	Demonstrates symbolic play and joint attention in a toddler
Observation: Imitation: James, 36 mos. and Alex, 24 mos.	Shows boys imitating mother and each other in speech and action: parallel play; Example of typical developmental milestone
Observation: Inability to Locate Body Parts: Sajid, 3 yrs. 1 mos.	Shows red flags of autism in the context of an ABA therapy session: lack of social engagement and joint attention
Observation: Inappropriate Play: Evan, 17 mos.	Shows early warning signs of autism: lack of joint attention and social engagement, inappropriate play with toys, preoccupation with parts of the toy, lack of pretend play; Demonstrates interaction between therapist and child to encourage appropriate play [Pairs well with “Observation: Typical Play: Kyle, 13 months”]
Observation: Joint Attention: Noeliah 15 mos.	Demonstrates aspects of joint attention in a toddler: pointing, eye contact, interaction with mom and brother
Observation: Lack of Response To Name: Evan, 18 mos.	Shows red flags for autism (no response to his name when called, even with physical prompt; inappropriate play with toy’s mouthing) [Pairs well with “Observation: Response To Name: Kyle 12 months”]
Observation: Looking at Book with Mom: Katelyn, 14 mos.	Shows interaction with mom, joint engagement, and imitation of speech
Observation: Nathan & Ben: 1 yr. 7 mos.	Demonstrates contrast between two twins, one with early warning signs of autism and one without as they interact with their mother
Observation: Pointing to Body Parts	Toddler works with teacher identifying body parts and using joint attention
Observation: Reading Sequence	Development of literacy skills from toddler to elementary age
Observation: Response to Name: Kyle, 12 mos.	Typical response to name, demonstrates joint attention [Pairs well with “Observation: Lack of Response To Name: Evan, 18 months”]
Observation: Shyness: Akifa, 38 mos.	Demonstrates shyness in a typical child, despite not speaking, she shows good social referencing and responds to the interviewer
Observation: Speech Milestones at 2 yrs.	Typical speech and language including age appropriate conversation between toddler and mother [Pairs well with “Observation: Echolalia”]
Observation: Temper Tantrum: Harrison, 3 yrs. 6 mos.	Shows temper tantrum in a typically developing child
Observation: Typical Play: Kyle, 13 mos.	Typical play in 12-months-old: stacking cups [Pairs well with “Observation: Inappropriate Play: Evan, 17 months”]
Observation: Typical Play: Richard, 30 mos.	Demonstrates appropriate play with toy cars

Video Library Overview

Early Warning Signs of Autism Spectrum Disorder (cont'd)

Interview: Comments on Getting Diagnosis: Caryn, Mom of Riley

Mother describes how she was alerted to her daughter's delays when her older son was getting early intervention therapy; Highlights the importance of looking early for warning signs in younger siblings especially when an older sibling has delays

Interview: Comments on Getting Diagnosis: Lynda and David, Parents of Wynston

Parents describe the preliminary screening results of their son via the M-CHAT and subsequent autism diagnosis, and their difficulties interpreting due to son's positive performance in all areas but language

Interview: Mom of Gabriel, Nathan, & Ben

Mother describes the pediatrician's recommendation to assess her son for early intervention and review by a developmental-behavioral pediatrician; Shows parental response to concerns about screening, importance of pediatrician referral, and potential role of early intervention in early identification

Interview: Search for a Diagnosis and the Importance of Early Intervention, Mom of Ryan, Maren, and Liam

Mother explains the difficulties faced during what should have been the initial stages of diagnosis: her son's diagnosis was delayed five months because of the pediatrician's recommendation to "wait and see;" Shows parental experience following a pediatrician who did not respond to parental concerns or was not sufficiently trained

Communicating Concerns: Screening and Diagnosis Results

Communicating Concerns: Screening and Diagnosis Results Part I

Shows Part I dialogue between physician and parents

Communicating Concerns: Screening and Diagnosis Results Part IIA

Shows Part IIA dialogue between physician and parents

Communicating Concerns: Screening and Diagnosis Results Part IIB

Shows Part IIB dialogue between physician and parents

Interview: Comments on Getting Diagnosis: Raquel and Anthony, Parents of Sal, Ethan, and Evan

Parents describe their initial shock and surprise to their young son's diagnosis

Early Intervention and Education

Observation: ABA: Stephon, 2 yrs. 6 mos.

Demonstrates ABA therapy session focusing on imitation, joint attention, and following simple instructions using positive reinforcement

Observation: ABA: Wells, 2 yrs. 8 mos.

Demonstrates ABA therapy session focusing on imitation, joint attention and following simple instructions using positive reinforcement

Observation: Fun with Bouncing Ball (Physical Therapy): Gabriel 3 yrs. 7 mos.

Mother using therapy techniques to engage with child

Observation: Working on Expressive Language: Leighdionne, 2 yrs, 9 mos.

Therapy session working on expressive language using ABA techniques with positive reinforcement

Observation: Working with PECS: Antonio 3 yrs. 1 mo.

Demonstrates use of PECS (Picture Exchange Communication System) in a therapy session

Autism Spectrum Disorder-Specific Anticipatory Guidance

Early Intervention: Feeding

Demonstrates therapy session focused on eating using behavioral techniques, parent coaching

Video Library Overview

Autism Spectrum Disorder-Specific Anticipatory Guidance (cont'd)

Interview: Sleep Disorders: Caryn, Mom of Riley	Mother describes her daughter's sleeping schedule and its consequences; Shows impact of disrupted sleeping on the family
Observation: Feeding Problems	Mother of child with autism talks about her child's feeding problems while his caregiver feeds him
Observation: Special Food Preparation	Caregiver prepares food for a young boy with autism and adds dietary supplements and vitamins; Though controversial, many families subscribe to alternative methods, such as this; This video is provided as an example of alternative therapies families may use as part of an autism treatment plan

Video Troubleshooting

Sometimes, videos in PowerPoint (PPT) present a few challenges. Below are suggestions to ensure the videos on the CD work properly.

Tips and Tricks

- Ensure you are using Windows Media Player. These WMV video files will play best in Windows Media Player.
- Update Windows Media Player.
- Video files are not actually saved in PPT presentations. Instead, PPT links to the video file. When moving the PPT file to another computer, be sure to move all the video files too. See below for details on how to do this.


Adding a Video and Updating Video Links

If the videos play well in Windows Media Player but not PPT, you may have to update the links:

- Method 1:
 - Save your video files and the PPT presentation in the same file on your computer. Try your desktop or a folder that isn't within too many other folders.
 - Select the slide you wish to feature the video.
 - Select Insert > Movie > and select the video file.
 - Select Action > to set your video so that it plays when the slide first opens or when clicked.
- Method 2:
 - Save your video files and the PPT presentation in the same file on your computer. Try your desktop or a folder that isn't within too many other folders.
 - Select the slide you wish to feature the video.
 - Click the Insert tab > select the Hyperlink button >.
 - Choose the video file you want to insert into your presentation > then click ok.
 - After this, you can double click the hyperlink to watch your video.

Captions

If you are playing from the CD, make sure Windows Media Player is set to display the captions:

- Select Play > Lyrics, captions, and subtitles > Select "On if available."
Note: If you do not see a "Play" option click the  button at the top right of your screen.
- Select Tools > Options > Security. Ensure the box for "Show local captions if present" is checked.

If you are not playing them from the CD, ensure that you have saved the smi and wmv files with the video's name in the same folder. Then follow the instructions above.

Transfer the Presentation to Another Computer

Step 1: Select the new destination (i.e. desktop, C drive, CD)

Step 2: Copy the entire folder and do not change folder or file names