

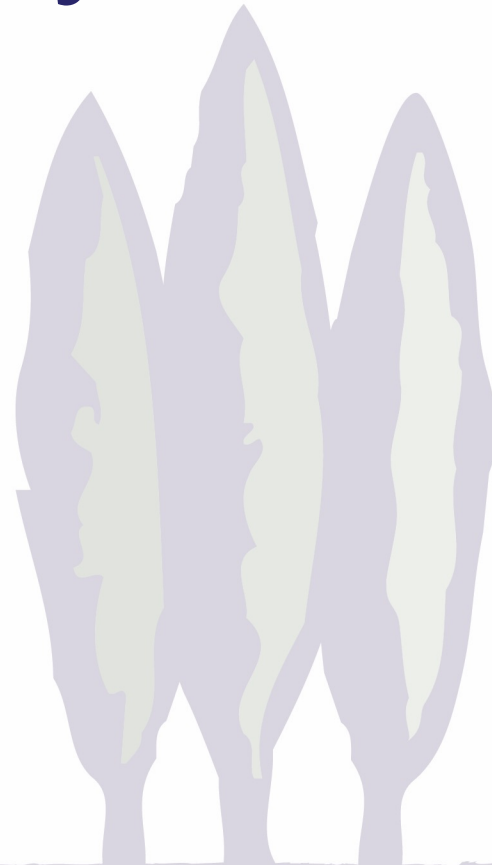
Developmental Assessment for Language in the Primary Care Setting.

Presented by:

Ashleigh Adkins, DNP, ARNP, Autism Center of Excellence Certification

Erin Kauai, MA, CCC-SLP, Skagit Valley Hospital Children's Therapy Program

Jenna Lisenby, DPT, Valley Kids Therapy





Introduction

Assessment

Shared Decision making

Referral

Care Collaboration



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Assessment

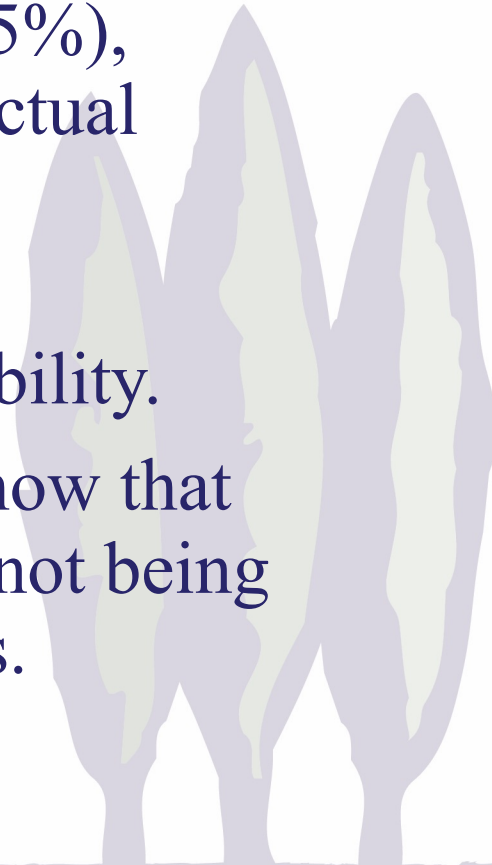
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Facts

- 1 in 6 children have a developmental disability that affects the way they speak, play, learn, move, act. Specifically, diagnoses increased for attention-deficit/hyperactivity disorder (ADHD) (8.5% to 9.5%), autism spectrum disorder (ASD) (1.1% to 2.5%), and intellectual disabilities (ID) (0.9% to 1.2%).
- Nationally only 17% of children under 5 years of age with developmental disability have received services for this disability.
- Despite growing rates of developmental disability, studies show that children under the age of 3 who are eligible for services are not being enrolled/referred to early intervention or head start programs.

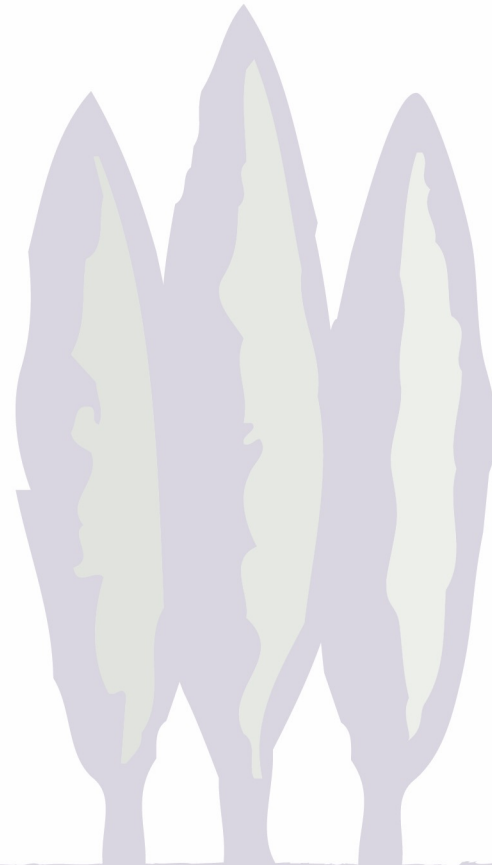


Developmental Assessment

A combination of Surveillance and Screening assist with early identification of developmental disability

Surveillance

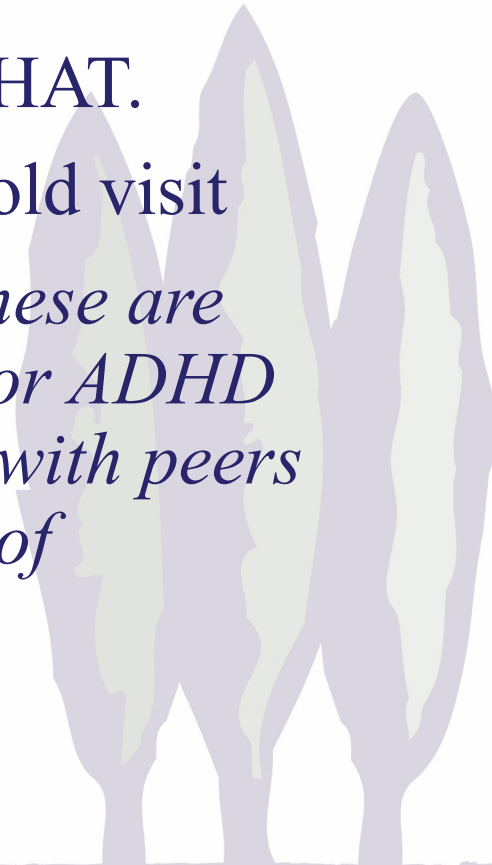
1. Ask parents about concerns
2. Take a developmental history
3. Observe the child
4. Identify risks and strengths
5. Maintaining a record
6. Sharing opinion and findings

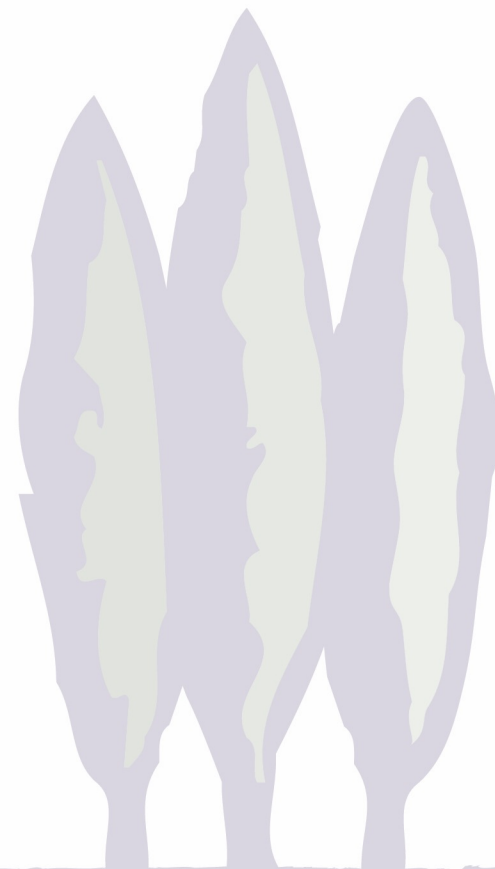
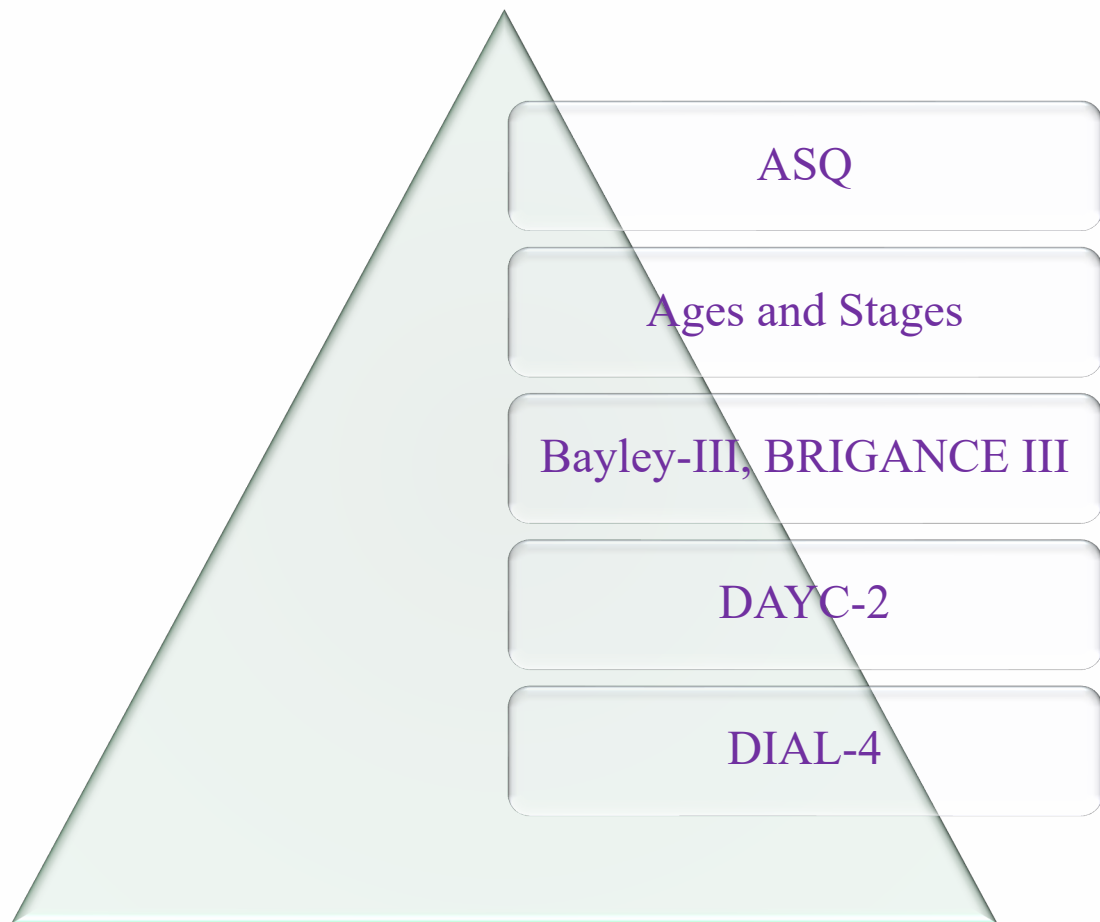


Developmental Screening

- Use a screening tool you are comfortable with.
- Screen for Development at 9, 18, 30 months minimum.
- Autism Screening take place at 18 and 24 months with M-CHAT.
- Special attention should be placed at children age 4-5 years old visit

Early intervention is preferred but for some disorders these are not recognized until the child is in school. Mild autism or ADHD maybe observed when the child has to interact socially with peers or sit quietly in class. Continue to provide surveillance of developmental disabilities at every age.





ASQ discussion


1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.


Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	15.64		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	21.49		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	34.50		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	27.32		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	21.73		●	●	●	●	●	●	●	●	●	●	●	●	●


2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

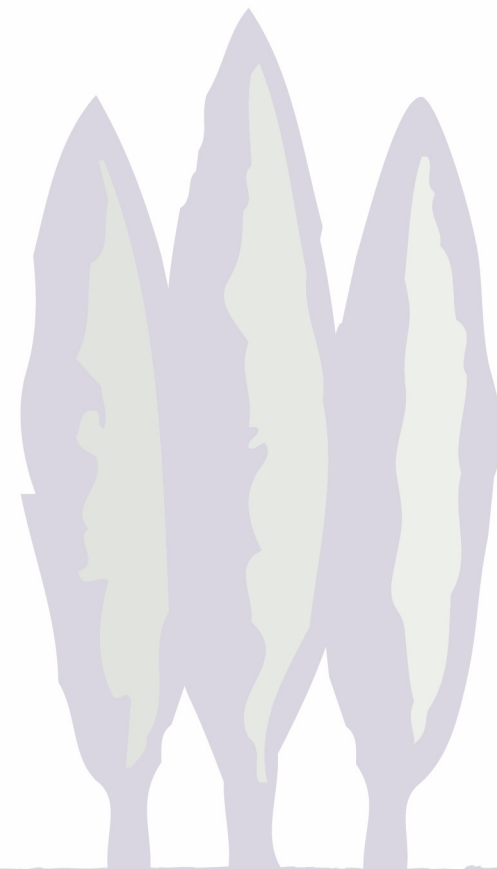
- | | | | | | |
|--|-----|------------|--|------------|----|
| 1. Uses both hands and both legs equally well?
Comments: | Yes | NO | 6. Concerns about vision?
Comments: | YES | No |
| 2. Plays with sounds or seems to make words?
Comments: | Yes | NO | 7. Any medical problems?
Comments: | YES | No |
| 3. Feet are flat on the surface most of the time?
Comments: | Yes | NO | 8. Concerns about behavior?
Comments: | YES | No |
| 4. Concerns about not making sounds?
Comments: | | YES | 9. Other concerns?
Comments: | YES | No |
| 5. Family history of hearing impairment?
Comments: | | YES | | | |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

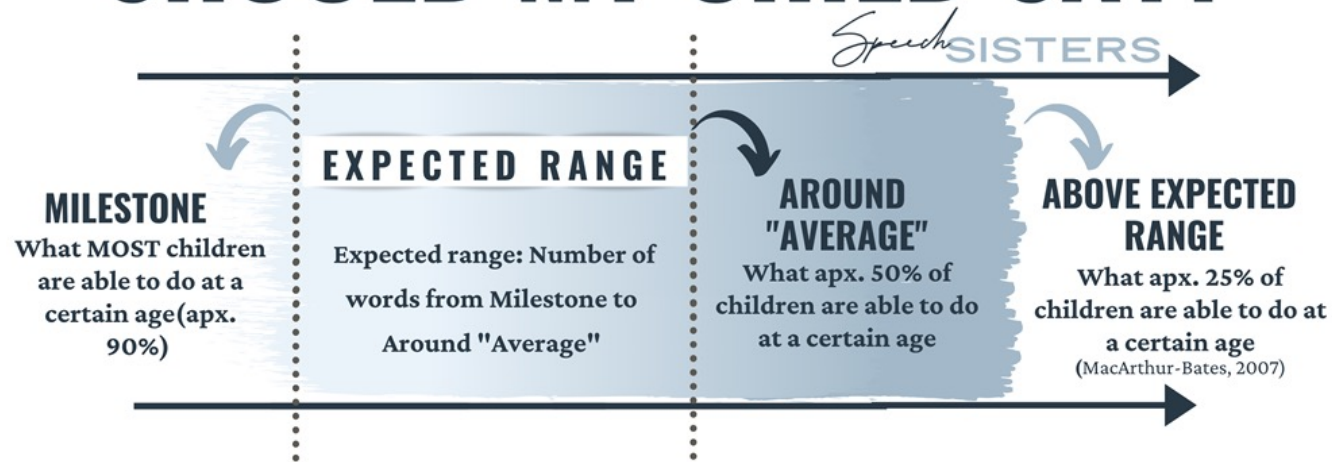
If the baby's total score is in the  area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.

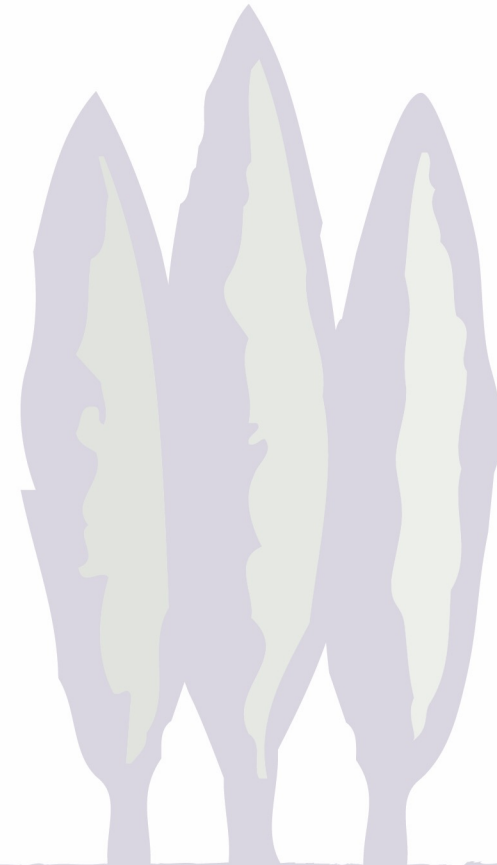
If the baby's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.



HOW MANY WORDS SHOULD MY CHILD SAY?



Age	Milestone	Around "Average"	Above Expected Range
12 months	1 word	5 words +	14 words +
18 months	10 words	50 words +	170 words +
24 months	50 words	300 words + & combining 2 words	441 words +
36 months	250 words	1000 words + & combining 3 words	norms not available





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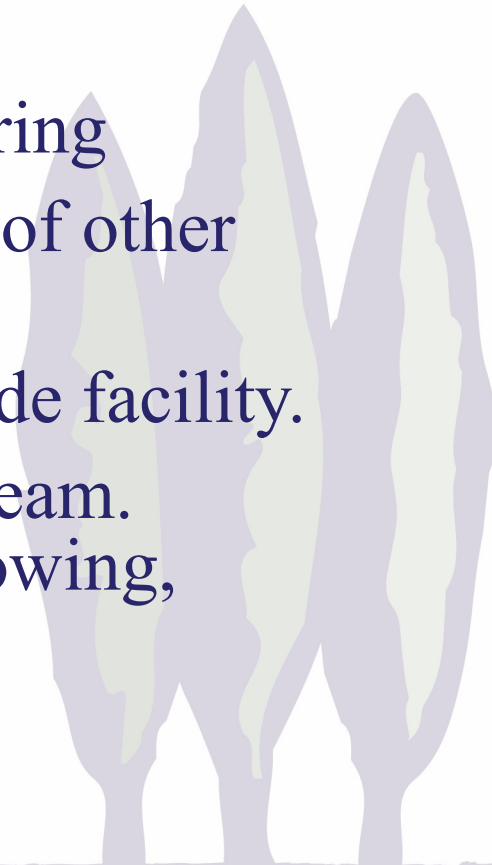
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Discuss findings with parents

- Review the findings of surveillance in office **or** from outside early intervention providers and developmental screening findings.
- Consider Audiology referral.
- Discuss severity of findings to develop frequency of monitoring
- Discuss barriers to care: vehicle, gas money, time, childcare of other children.
- Set reasonable goals and expectations for follow up by outside facility.
- Emphasize that the parent is an integral part of the medical team.
Encourage parents to ask question and express opinions, knowing, they not their child best.





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Referrals

- For children under age 3 y.o. Birth-3 or early intervention services are available. This is a free Federally ran program.
 1. Snohomish county: **425-388-7402 or 1-800-927-9308.**
EarlyInterventionProgram@snoco.org
 2. Skagit County: 1-360-416-7570 <http://www.sparckids.org>
- There are many speech therapist available to take referral for children of all ages.





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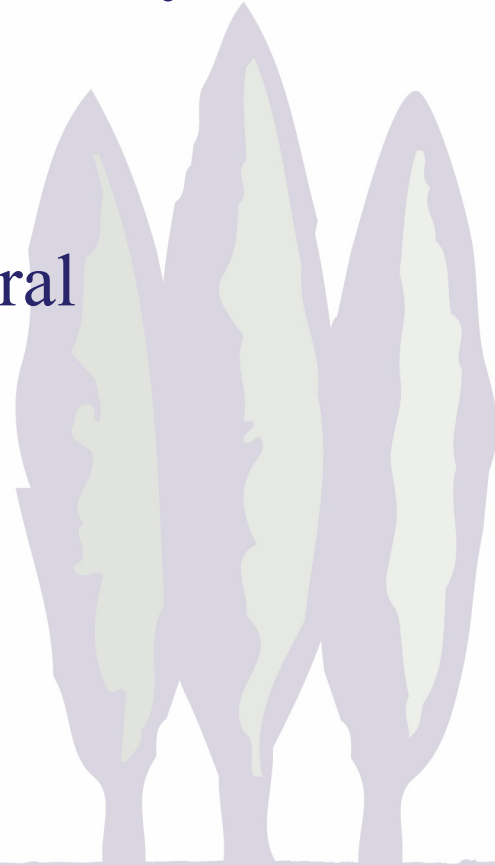
Referrals – When to Refer

- **ALWAYS REFER WHEN THERE IS A QUESTION / CONCERN!**
 - Therapists would rather see a questionable child and “rule out” delays / disorders than have them slip through the cracks.
 - Therapists will look at ALL areas of speech / comprehension.
 - Therapists will use standardized tests and spend 1+ hours assessing all areas of speech / comprehension.
 - A referral may be warranted even if there are subtle concerns. A therapist will complete a full assessment and determine need for further services. If services are not warranted, the therapist will provide the family with education regarding their child’s skills and strategies to promote ongoing development. Referring a child later, may miss early opportunities/windows for neurodevelopment growth.



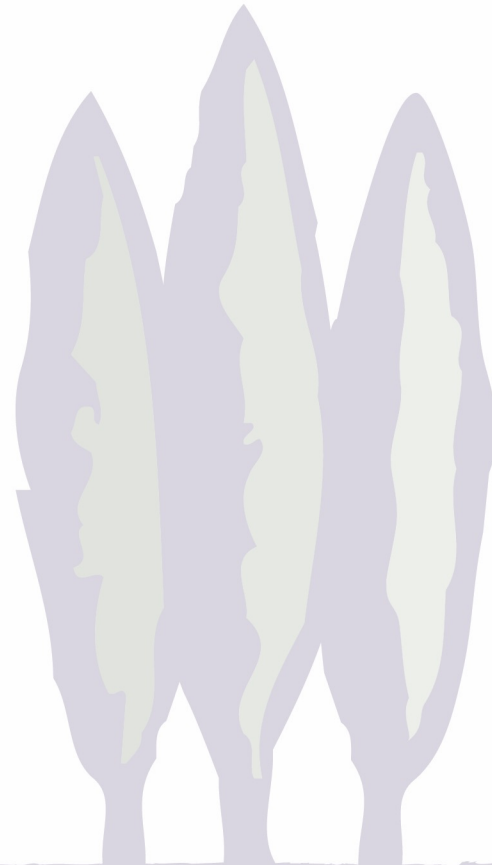
Therapists Pearls- What we wish Primary Care Providers knew.

- Audiology
 - If referring to speech therapy, put in Audiology referral **simultaneously**
 - Seattle Children's Hospital
 - Skagit Valley- Cascade Ear, Nose and Throat; Skagit Regional Clinics
 - Everett Clinic, Ear, Nose and Throat
- ENT – **may** be warranted in addition to speech therapy referral
 - Seattle Children's
 - Skagit Valley- Cascade Ear, Nose and Throat; Skagit Regional Clinics;
 - Swedish Children's



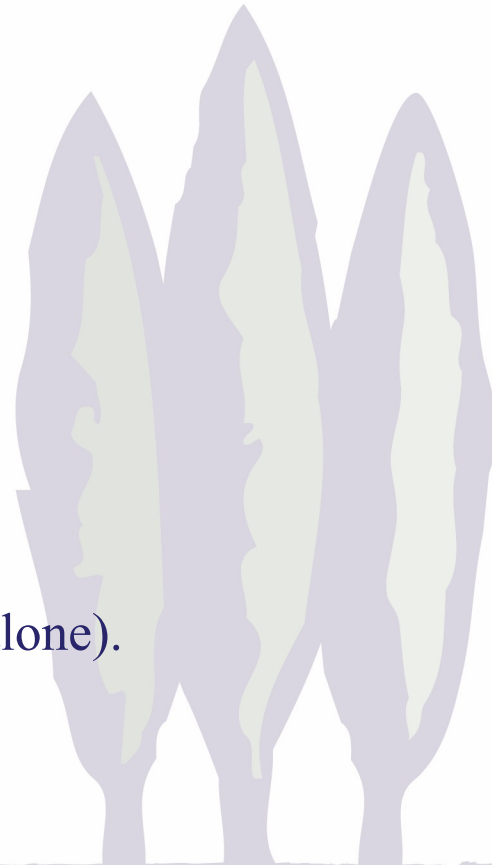
Therapists Pearls

- Feeding –
 - Oral motor tone and control – impacts both feeding and speech
 - Differentiating disciplines
 - Mechanical Feeding issues: Low tone, etc
 - Infants
 - Speech, Occupational or Physical Therapy
 - Toddlers
 - Speech
 - Sensory Feeding Issues
 - Occupational Therapy



Referrals – Therapy Resources

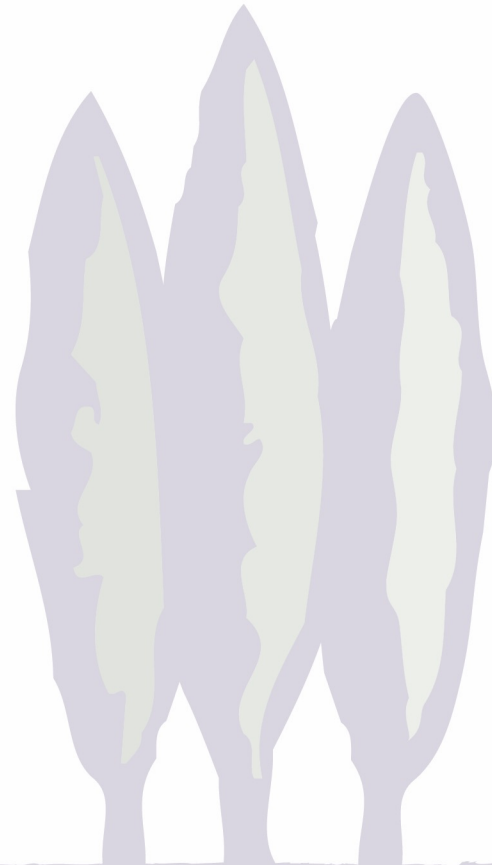
- Collaboration amongst therapy clinics in the area
 - We will support services at other organizations
 - Support getting on waitlists
 - Support sending evaluation reports / chart notes
 - Collaboration and communication
- Barriers / Waitlists
 - Not many providers in pediatrics
 - Reimbursement low:
 - For all insurances.
 - Medicaid does not pay for cost of care (does not pay hourly wage for SLP alone).
 - Kids need services for long periods of time (typically)



Referrals – Where to Refer & How

Speech Services

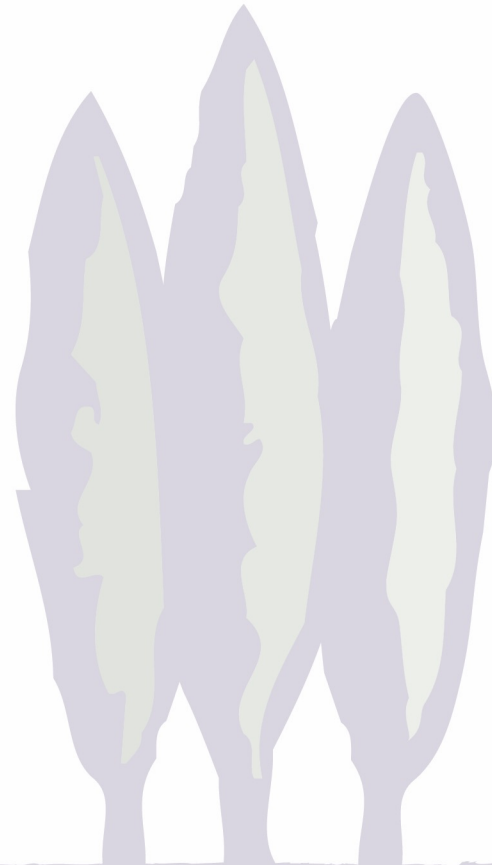
- Skagit Valley Children's Therapy Services
 - Ages 0-21
 - Evals offered- STAT (screening), ADOS
 - Stats
 - Trends
 - Wait list
 - Criteria to qualify for services
- Valley Kids Therapy
 - Ages 0-18+
 - Stats
 - Trends
 - Wait list
 - Criteria to qualify for services
- SPARC
 - Ages 0-3 – need to meet criteria of >25% delay
 - Stats
 - Trends
 - Model of service
 - Criteria to qualify for services



Referrals – Where to Refer & How

Feeding Services

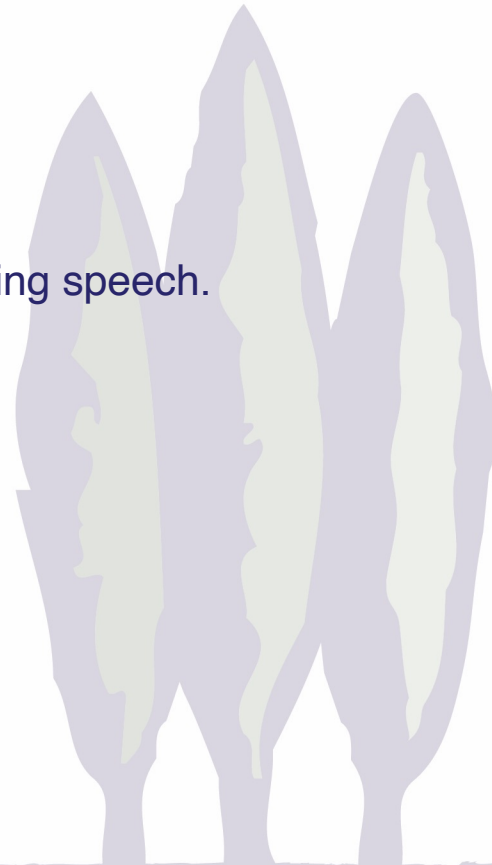
- Skagit Valley Children's Therapy Services
 - Ages 0-21
 - OT and ST
- Valley Kids Therapy
 - Ages 0+ (infant feeding through toddler for oral motor, sensory for 2+ year olds)
- SPARC



Referrals – Care Coordination

Successfully coordinate patient primary care with patient caregivers and specialists.

- What is needed on the referral?
 - Diagnosis and concerns
 - This really helps to triage highest concerns!
 - Specific areas of concern help support the assessment.
 - Chart note attached to referral - PLEASE
- Caregivers- prepare caregivers what to expect from referral
 - What is referral for – specifically
 - How to prepare for services?
 - Audiology may be first? Helpful to understand what child can hear before assessing speech.
 - Waitlists may be present
- Specialists
 - Referral (as above)
 - Faxing reports / signing plans of care
 - Skagit Regional Health sends directly through EMR
 - Progress notes
 - Needs signature and return to therapy center
 - EMR- interacting directly through secure CHAT if access



Resources

- [Developmental Surveillance and Screening Patient Care \(aap.org\)](http://aap.org)
- [Developmental Monitoring and Screening | CDC](http://cdc.gov)
- [AAP - Developmental Surveillance Webinar \(brightcove.net\)](http://brightcove.net)
- [How Many Words Should My Child Have? – Speech Sisters](#)
- [Welcome to the Skagit County Developmental Disabilities Program](#)
- [Early Support for Infants and Toddlers Program | Snohomish County, WA - Official Website \(snohomishcountywa.gov\)](http://snohomishcountywa.gov)

