



SUTTER PHYSICIANS ALLIANCE (SPA)
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SPA PCP Treatment & Referral Guideline
Autism Screening Referral Indications

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I. BACKGROUND

According to recent recommendations of the American Academy of Pediatrics, all children should have at least 2 screenings by their pediatrician or family practitioner before the age of 24 months. Children who are identified early and receive early intervention have improved, long-term progress.

There are meaningful ways to screen as early as 12-15 months, and again at 24 months.

II. EVALUATION

Children, as part of their routine 12 months well-child exam, could easily be screened by asking the guardian these 4 questions:

1. Does your child turn and look at you when you call his/her name?
2. Does your child point To objects or interesting events?
3. Does your child have any language words or babble back and forth?
4. Does your child make eye contact with you?

If the answer is no to the above screening questions, then the child should be re-evaluated before 15 months and then given the M-CHAT (Modified Childhood Autism screening for Toddlers; see attached).

If the child then fails they should be referred on to pediatric neurology or developmental pediatrician and DDS/Regional Center Services

For Children passing at 12 months: a screening at 15-18 months should include the M-CHAT again, those failing at that point should be referred onward.

At 24 months, all children not having been diagnosed before should have parents fill out a Childhood Autism Rating Scale (CARS) and M-CHAT again.

A new parent pamphlet with the warning signs of autism, could be given at well child exams at 2-4 months of age and also at 6-12 months of age for parents to self-evaluate and bring any concerns to their pediatrician who could then refer on to neurology as early as possible.

APPROVAL:



SPA/SMF, Medical Director

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Date



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Modified Checklist for Autism in Toddlers (M-CHAT)*

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*The full text may be obtained through the Journal of Autism and Developmental Disorders, April 2001

PLEASE NOTE: The M-CHAT was not designed to be scored by the person taking it. In the validation sample, the authors of the M-CHAT scored all checklists. If parents are concerned, they should contact their child's physician.

Abstract

Autism, a severe disorder of development, is difficult to detect in very young children. However, children who receive early intervention have improved long-term prognoses. The Modified Checklist for Autism in Toddlers (M-CHAT), consisting of 23 yes/no items, was used to screen 1,293 children. Of the 58 children given a diagnostic/developmental evaluation, 39 were diagnosed with a disorder on the autism spectrum. Six items pertaining to social relatedness and communication were found to have the best discriminability between children diagnosed with and without autism/PDD. Cutoff scores were created for the best items and the total checklist. Results indicate that the M-CHAT is a promising instrument for the early detection of autism.

Background

The M-CHAT is an expanded American version of the original CHAT from the U.K (Baron-Cohen et al., 1992; 1996). The M-CHAT has 23 questions using the original nine from the CHAT as its basis. The goal of the ongoing M-CHAT research is to demonstrate adequate psychometric properties of the M-CHAT (sensitivity, specificity, positive and negative predictive power). The M-CHAT is available for clinical and research use, with the following caveats:

1. Clinical use should proceed with caution, given that the current scoring system is designed to maximize sensitivity (i.e., identify as many children with autism spectrum disorders as possible), which results in a number of false positive cases (i.e., children who will not be diagnosed with an autism spectrum disorder, although they fail the M-CHAT). Once cross-validation of the M-CHAT is complete, the scoring may be revised.
2. The M-CHAT is not designed to detect all possible developmental disorders. Any parents who have concerns about their child should see their child's physician, regardless on the child's score on the M-CHAT.

M-CHAT research is ongoing at the University of Connecticut and Georgia State University. The follow-up study of the initial sample is expected to be published in the near future. This research is supported by funding from the National Institute of Child Health and Development, the Maternal and Child Health Bureau, and the National Alliance for Autism Research. For more information, please contact Diana Robins at drobins@gsu.edu or Deborah Fein at Deborah.fein@uconn.edu.

M-CHAT Scoring Instructions

A child fails the checklist when 2 or more critical items are failed OR when any three items are failed. Yes/no answers convert to pass/fail responses. Below are listed the failed responses for each item on the M-CHAT. Bold capitalized items are CRITICAL items.

Not all children who fail the checklist will meet criteria for a diagnosis on the autism spectrum. However, children who fail the checklist should be evaluated in more depth by the physician or referred for a developmental evaluation with a specialist.

1. No	6. No	11. Yes	16. No	21. No
2. NO	7. NO	12. No	17. No	22. Yes
3. No	8. No	13. NO	18. Yes	23. No
4. No	9. NO	14. NO	19. No	
5. No	10. No	15. NO	20. Yes	

Child's Name _____

Filled out by: _____

Date of Birth _____

Relationship to child _____

Today's date _____

Modified Checklist for Autism in Toddlers (M-CHAT)

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1.	Does your child enjoy being swung, bounced on your knee, etc.?	Yes	No
2.	Does your child take an interest in other children?	Yes	No
3.	Does your child like climbing on things, such as up stairs?	Yes	No
4.	Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes	No
5.	Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?	Yes	No
6.	Does your child ever use his/her index finger to point, to ask for something?	Yes	No
7.	Does your child ever use his/her index finger to point, to indicate interest in something?	Yes	No
8.	Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?	Yes	No
9.	Does your child ever bring objects over to you (parent) to show you something?	Yes	No
10.	Does your child look you in the eye for more than a second or two?	Yes	No
11.	Does your child ever seem oversensitive to noise? (e.g., plugging ears)	Yes	No
12.	Does your child smile in response to your face or your smile?	Yes	No
13.	Does your child imitate you? (e.g., you make a face-will your child imitate it?)	Yes	No
14.	Does your child respond to his/her name when you call?	Yes	No
15.	If you point at a toy across the room, does your child look at it?	Yes	No
16.	Does your child walk?	Yes	No
17.	Does your child look at things you are looking at?	Yes	No
18.	Does your child make unusual finger movements near his/her face?	Yes	No
19.	Does your child try to attract your attention to his/her own activity?	Yes	No
20.	Have you ever wondered if your child is deaf?	Yes	No
21.	Does your child understand what people say?	Yes	No
21.	Does your child sometimes stare at nothing or wander with no purpose?	Yes	No
23.	Does your child look at your face to check your reaction when faced with something unfamiliar?	Yes	No

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<http://www.dbpediatrics.org/media/mchat>