# Early Identification Program for Autism Spectrum Disorder (ASD) in Immigrant and Refugee Children: A Low-Cost Generalizable Model Including Community Providers

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## Background

- The RITA-T (Rapid Interactive Screening Test for Autism in Toddlers) is an interactive ASD level II screening test.
- Easy to learn and to administer reliably; it can be completed in less than 10 minutes, and has demonstrable clinical validity.
- Clear cut off scores: <11: low risk; 12-16: medium risk and >16 high risk for ASD.
- Does not rely on language.
- Its kit includes pictures to represent all children and racial ethnicities.

## Autism Diagnosis in Toddlers

- Diagnosis of ASD still closer to age 4 years and later in minorities, but signs can be seen as early as 12 months.
- Shortage of diagnosticians: need other systems to improve access.
- There is a need to find generalizable tools and resources for Early Screening for Culturally Diverse and Immigrant children and families.



## Objectives

- Our goal is to present on models that are culturally appropriate and scientifically valid.
- Discuss easily integratable models within community settings, while strengthening community systems, partnerships, and trust within families.
- Reduce disparities and improve early identification of ASD by training Community Providers on the RITA-T.
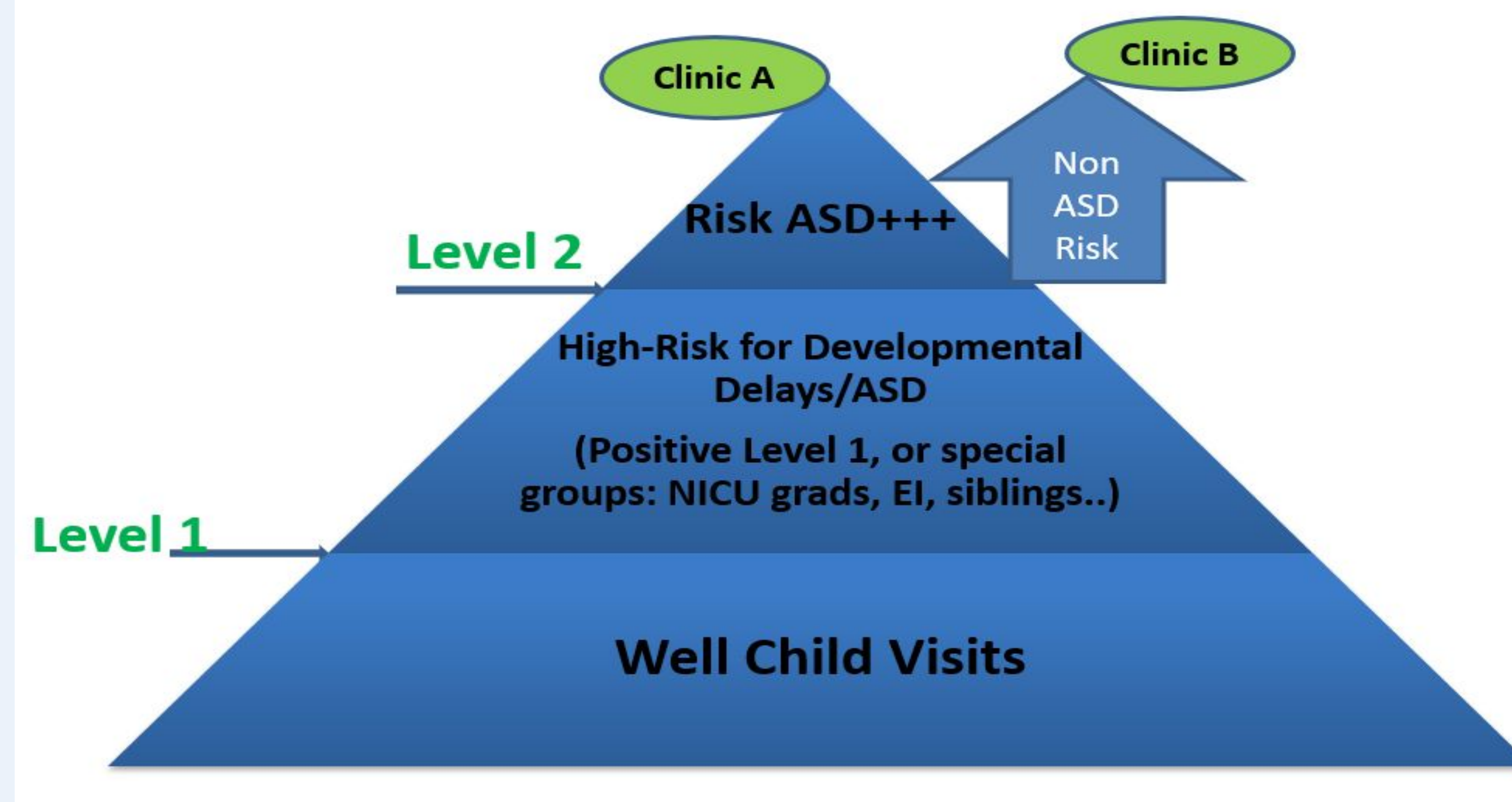
## Methods

- We present a program that we have been developing over the last 3 years, in collaboration with community early childhood providers in Worcester, Massachusetts (MA).
- We trained providers in Early Intervention (EI) programs on the RITA-T. When a child is suspected to have ASD, they administer the RITA-T, discuss concerns with families, and bring them to be evaluated.
- We have developed a free Toolkit to train on cultural perceptions of ASD and immigration trauma: Project A.N.C.H.O.R (Autism.Network.Culture.Healthy Outcomes. Resilience).

- The RITA-T has excellent correlation with a diagnosis of ASD.
- It has/is being translated into Arabic, Turkish, Hindi, French, Portuguese, and Spanish.
- Pediatricians, Pediatric Residents, Nurses within practices and at UMass Pediatrics have trained on the RITA-T.
- We have developed workshops, intake forms, and RITA-T fast track clinics.
- With COVID: telehealth RITA-T, modified from RITA-T: maximum score of 20 (vs. 30 for the RITA-T).Clinician directs parents to perform prompts and scores test. Telehealth RITA-T correlates very well with in-person RITA-T.
- A Telehealth version of the RITA-T addresses barriers to access in screening, and allows for a more viable option for many families in the community to seek services.



## Culture and Demographics

- Approximately 35% of families in Worcester speak a language other than English, and close to 40% are non-White, with a range of Immigrants and refugees from South America, Nepal, Vietnam, Ghana, Nigeria, and Iraq.
- 22% of residents live below poverty level (MA state: 9.3%).
- Most common languages spoken in the community are Spanish, and African languages.



## Diagnostic RITA-T Clinics (Same model by telehealth)

- **Diagnostic evaluation : 1 hour**
  - Family sent intake to bring with them
  - ASD diagnosis has already been discussed with the family
  - EI Provider comes with family most often
  - In Person Interpreter arranged
  - Visits interdisciplinary:
    - DBP and/or Child Psychologist

- **Focused:**
  - History of current concerns
  - Developmental and Medical Hx
  - Observation of play and behavior
  - Autism Testing
  - Counseling about diagnosis
  - Letter for services
  - Medical referrals
  - Follow-up within 1-2 months with Social Work

## Results

- In 3 years, 367 toddlers were evaluated through this program. Almost half were non-White and a third required language interpreters.

- Wait times through this program varied between 2-4 months. We have significantly reduced wait times and disparities in access through these models.

## Dissemination and Increasing Collaborations

- Developed material for remote evaluations (on website and free to download): Early Autism Screening Inventory (EASI).
- Developing videos of administration/examples of Telehealth RITA-T, similar to in-person RITA-T course.
- Manual and scoring sheet completed with multiple translations.
- Ongoing trainings with EI, early childhood centers, and primary care.
- Other ways to disseminate further.

## Conclusions

- It is essential to find culturally appropriate ways to approach concerns of ASD with families
- Improve generalization to low resources communities, ASD screening tools have to be validated, low cost or free, easy to train and integrate into different settings.
- **To be successful, any such models must collaborate with community-based early childhood workers.**
- We continue to study RITA-T method and collaborate for further generalization. Check us out:
- https://www.umassmed.edu/AutismRITA-T/
- https://www.umassmed.edu/DBP-ANCHOR