The 18th ASEAN-Japan
High Level Officials Meeting on Caring Societies
30 October 2020 via Video Conference

Towards Social Implementation of Evidence-Based Management for Children with Autism Spectrum Disorders (ASD) and Their Families

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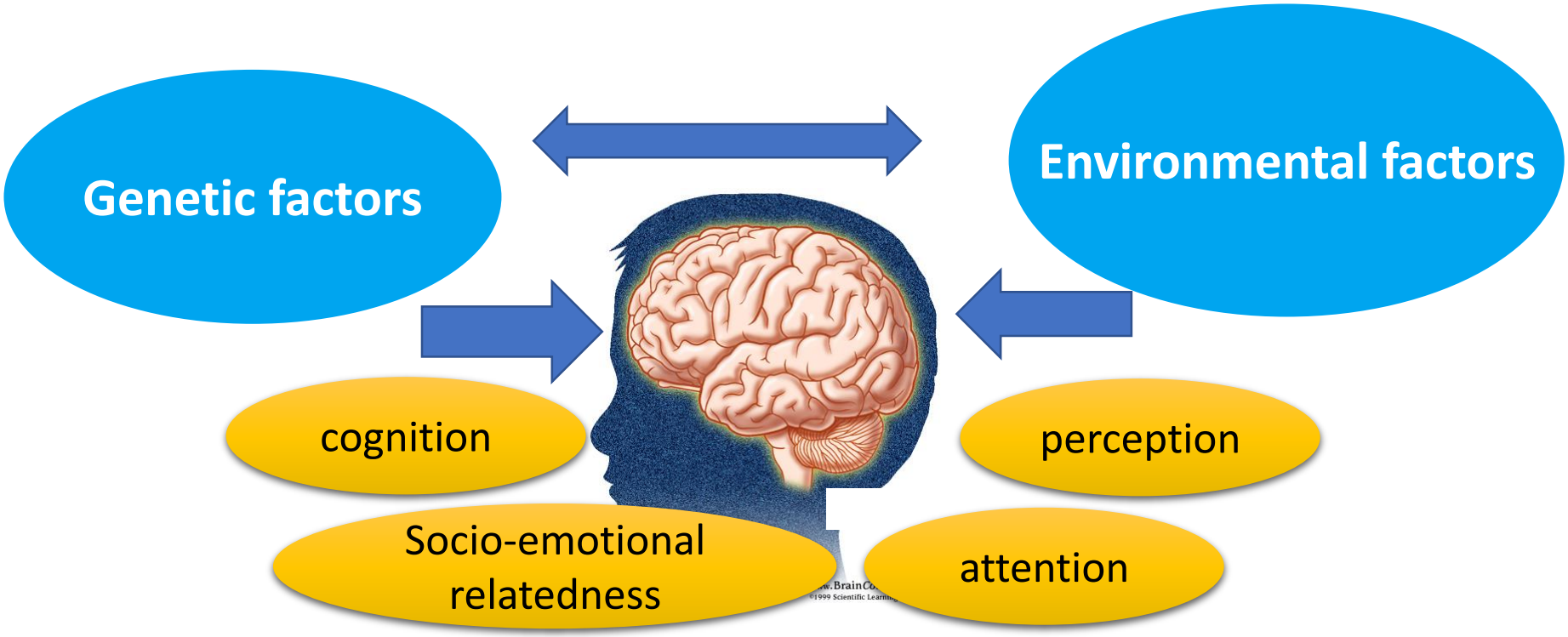
Causes of ASD and developmental disorders

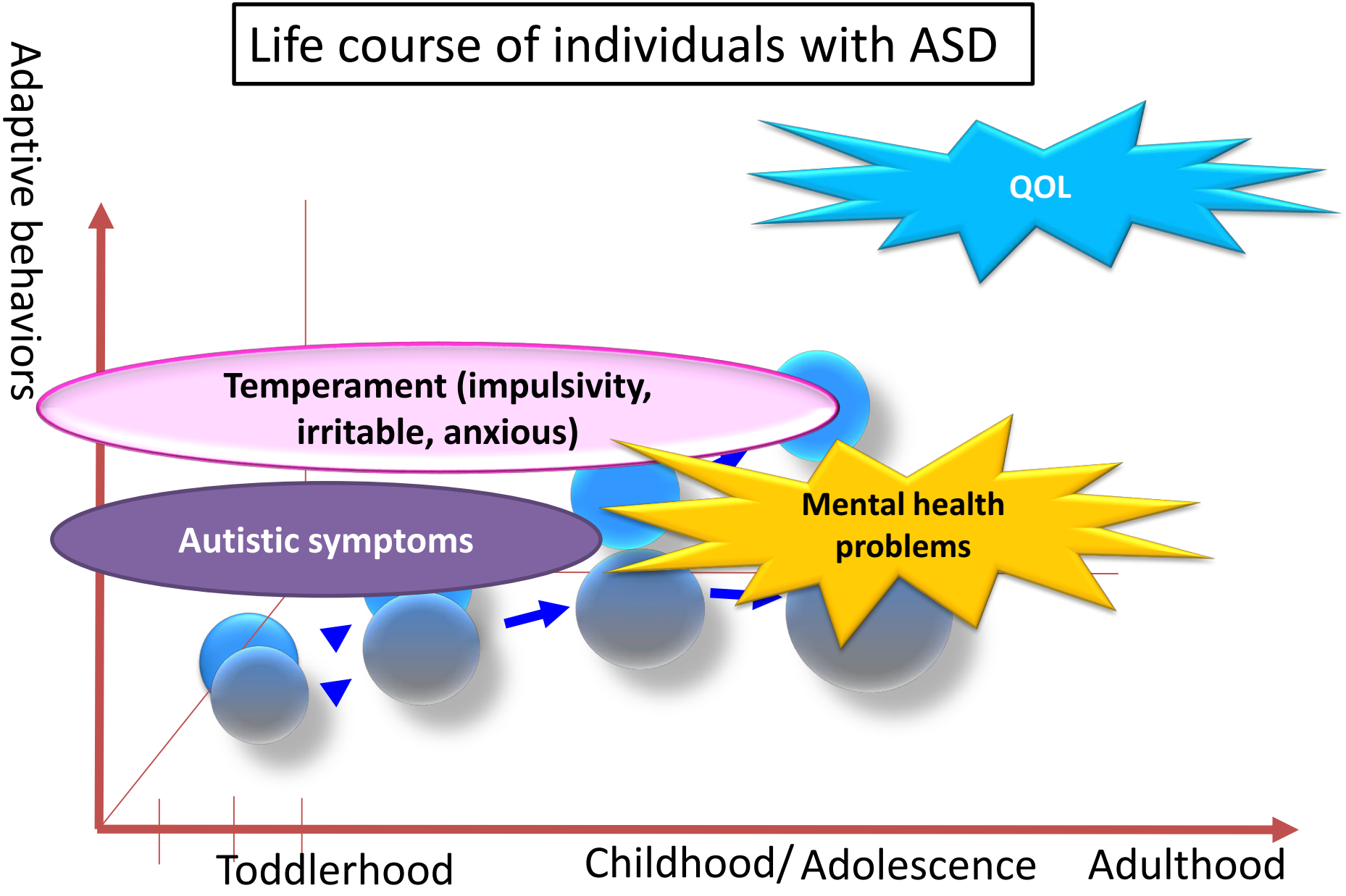


goal of support = promotion of wellness, quality of life (QOL)

WHA67.8 **Comprehensive and coordinated efforts for the management of autism spectrum disorders**[1]

GENEVA, 19–24 MAY 2014

- ✓to strengthen countries‘ leadership by engaging stakeholders
- ✓to provide comprehensive health and social care services in community-based settings
- ✓to implement multi-sectoral strategies for promotion of well-being
- ✓to strengthen research capacity


Life course of individuals with ASD
Adaptive behaviors
QOL
Temperament (impulsivity, irritable, anxious)
Autistic symptoms
Mental health problems
Toddlerhood
Childhood/ Adolescence
Adulthood

QOL of adults with ASD: From nationwide survey in Japan

(Kamio et al., 2013)

- Lower QOL in adults with ASD

  Males > females

- Associated factors with lower QOL in adults with ASD

  comorbid mental disorders

- Associated factors with higher QOL in adults with ASD

  early diagnosis before 4 years of age

Today's topics

- Toddlers: early identification and intervention in Japan
- School children: school-based support in Japan

Routes in the community from early identification to early intervention

Specialized clinic/center

Early identification

Early diagnosis

Pre-diagnostic early intervention

Child developmental support office

Early intervention-Multidisciplinary team
(psychologist, speech therapist, occupational therapist, Pediatrician)

Early identification of ASD

routine health check-up system at 18 months (visit rate >90%)

General developmental screening (traditional)

Motor development
Cognitive development
Language development

ASD screening (e.g. M-CHAT)
Social development

https://mchatscreen.com/ by Dr. Robins

- ✓ cultural adaptation (M-CHAT-JV) (Inada et al., RASD 2011)
- ✓ Enhancement of community-based active surveillance after detection (Kamio et al. JADD 2014)

The M-CHAT asks parents about social development (joint attention) at this age.

23 questions

illustrations

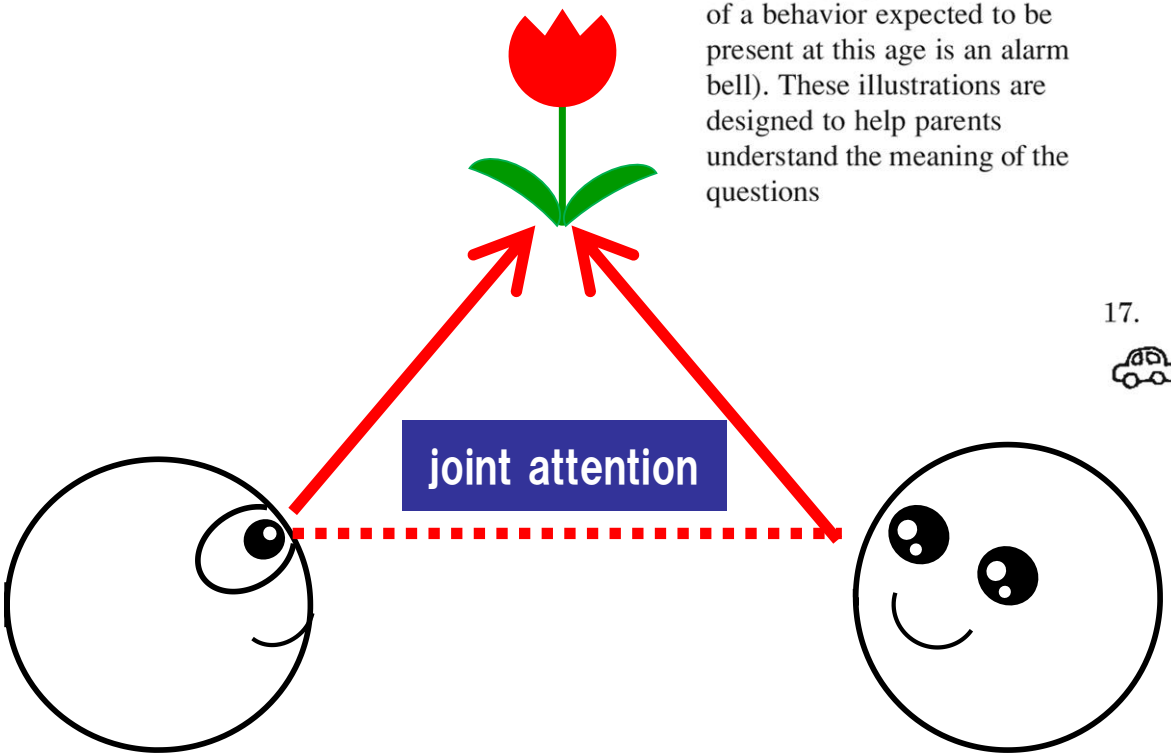
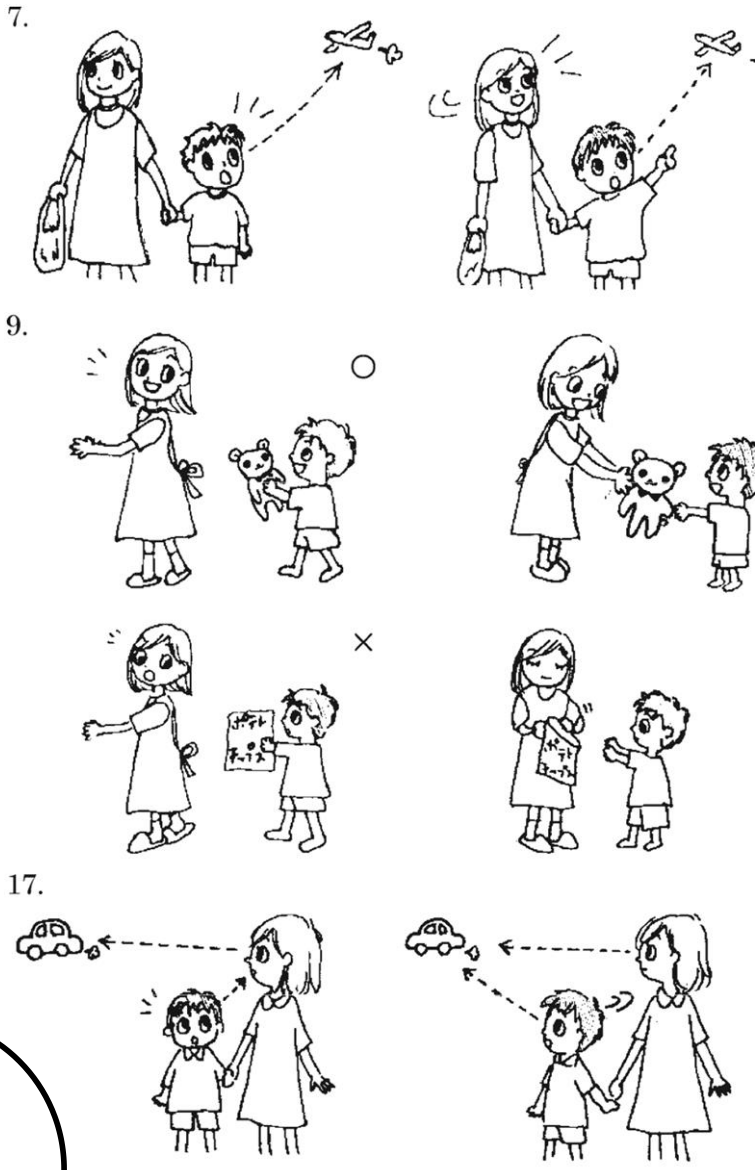


Fig. 1 Illustrations for items 7, 9, 17, and 23 are added to the Japanese version of the Modified Checklist for Autism in Toddlers (M-CHAT-JV). Illustrations for four items (7, *declarative pointing*; 9, brings to show; 17, *gaze following*; and 23, social reference) are added to the Japanese translation by Yoko Kamio. These items which are related to *joint attention* or social reference behaviors ask parents about negative symptoms (absence of a behavior expected to be present at this age is an alarm bell). These illustrations are designed to help parents understand the meaning of the questions



Early detection process at 18-month child health check-ups in Japan

Step 1 at 18 months

Step 2 at 19-20 months

M-CHAT questionnaires

Fail case

Fail case

Detailed assessment

Referral to specialized center

Follow-up in collaboration with other division (kindergarten, nursery school, welfare services)

Shorten the time lag from identification to intervention

Early identification

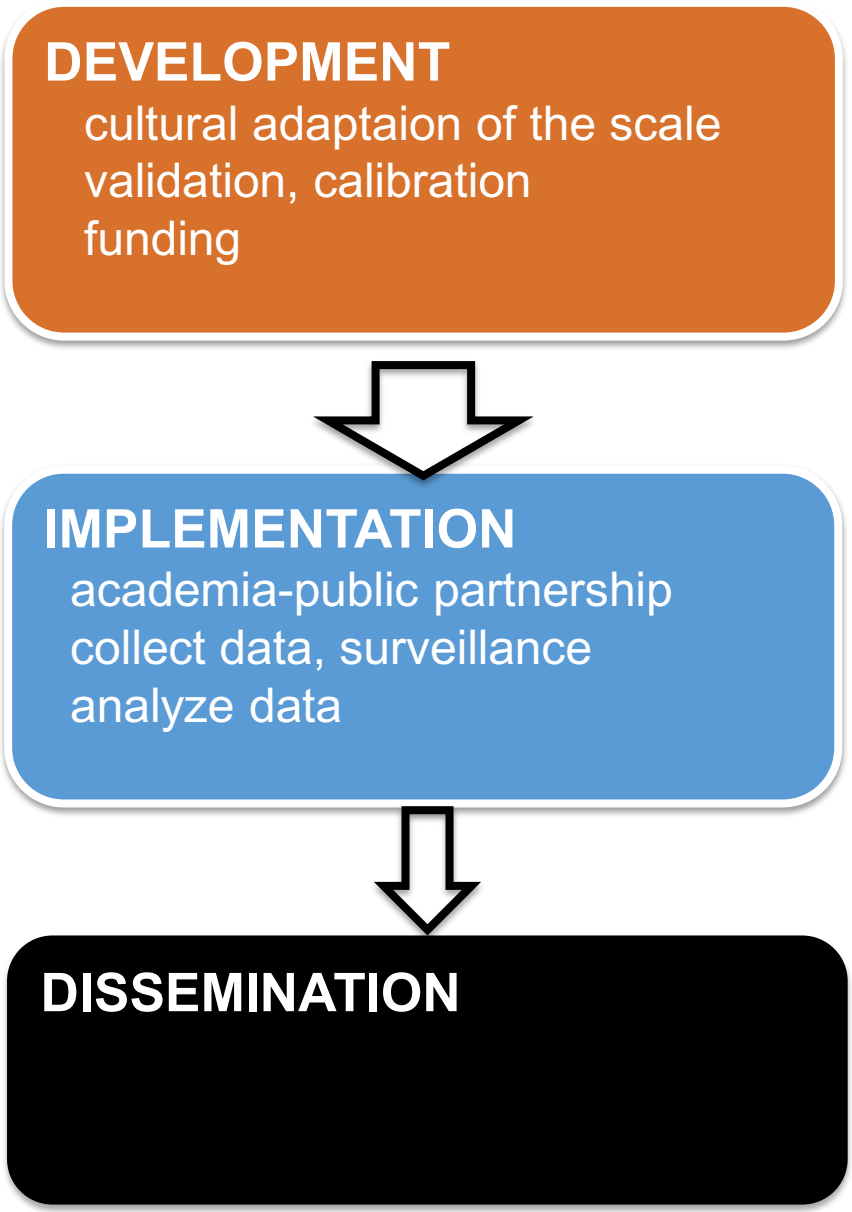
Specialized clinic/center

Early diagnosis

Shorten the time lag

Child developmental support office

Early intervention-Multidisciplinary team


DEVELOPMENT
cultural adaptaion of the scale
validation, calibration
funding
IMPLEMENTATION
academia-public partnership
collect data, surveillance
analyze data
DISSEMINATION

Barriers to implementing early detection and intervention in the community

Cultural variations in child rearing

- ✓ expectation for early development
- ✓ perception of children's autistic symptoms

- **Respect the parental sense of value**
- **Empower parents of chidren with ASD and developmental disorders with evidence-based practices**
- **Support the whole needs of vulnerable families**
- **Make intervention acessible and affordable (school-based, online, et al.)**

Early intervention of ASD

- Evidence-based practices for optimal outcomes

  intervention type (behavioral (ABA)),
  intensity (hours/week) (intensive 30 h/w)

shortage of qualified therapists, high costs → difficult to be disseminated

- Other options

low-intensity ABA (10 h/w) combined with parent-mediated training

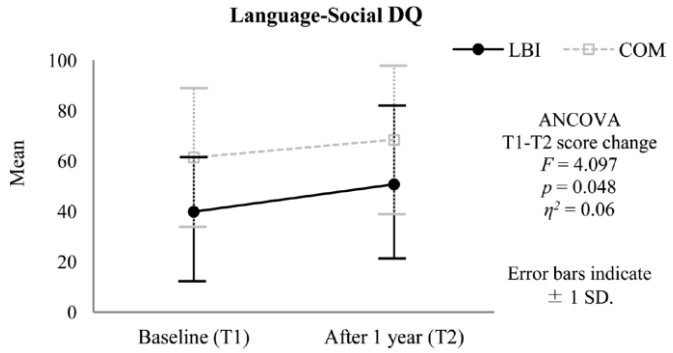
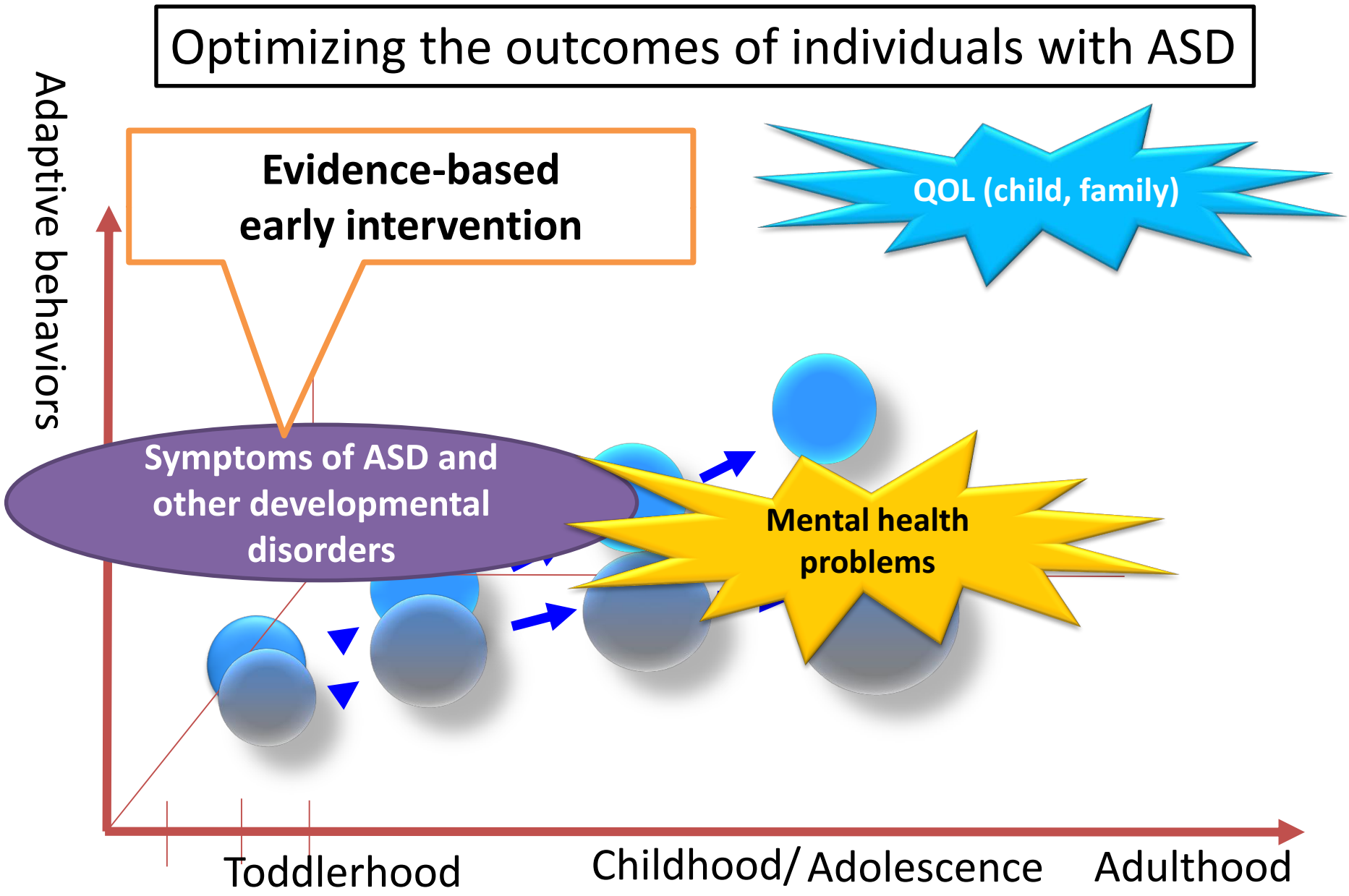


Fig. 1. Score changes between T1 and T2 in the Language-Social DQ for the LBI and COM groups.

(Haraguchi et al., 2020)


Optimizing the outcomes of individuals with ASD
Adaptive behaviors
Evidence-based early intervention
QOL (child, family)
Symptoms of ASD and other developmental disorders
Mental health problems
Toddlerhood
Childhood/ Adolescence
Adulthood

School is the most appropriate place where the program can be done systematically (WHO, 2005)

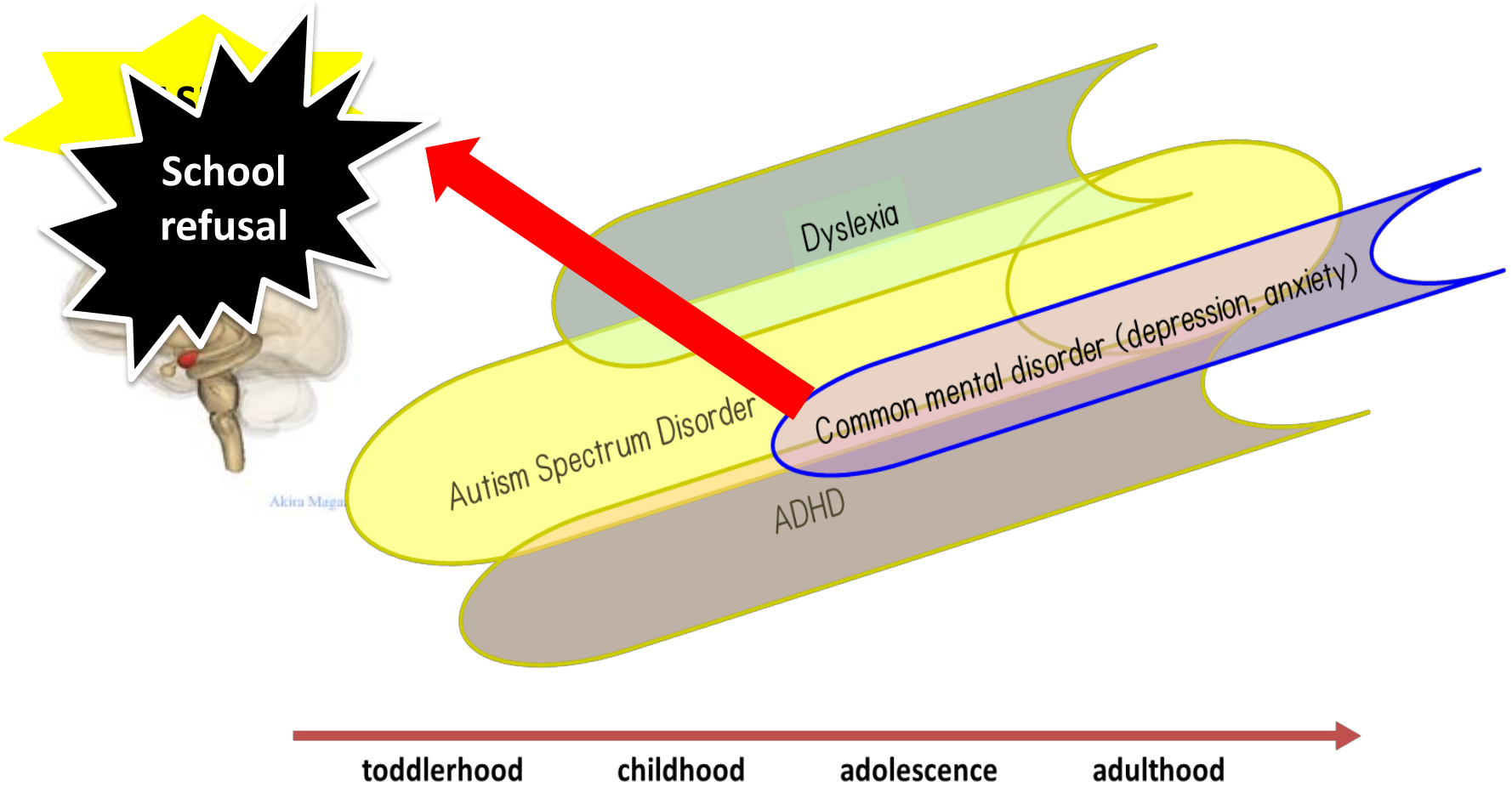
Tier 3

Tier 2

Tier 1

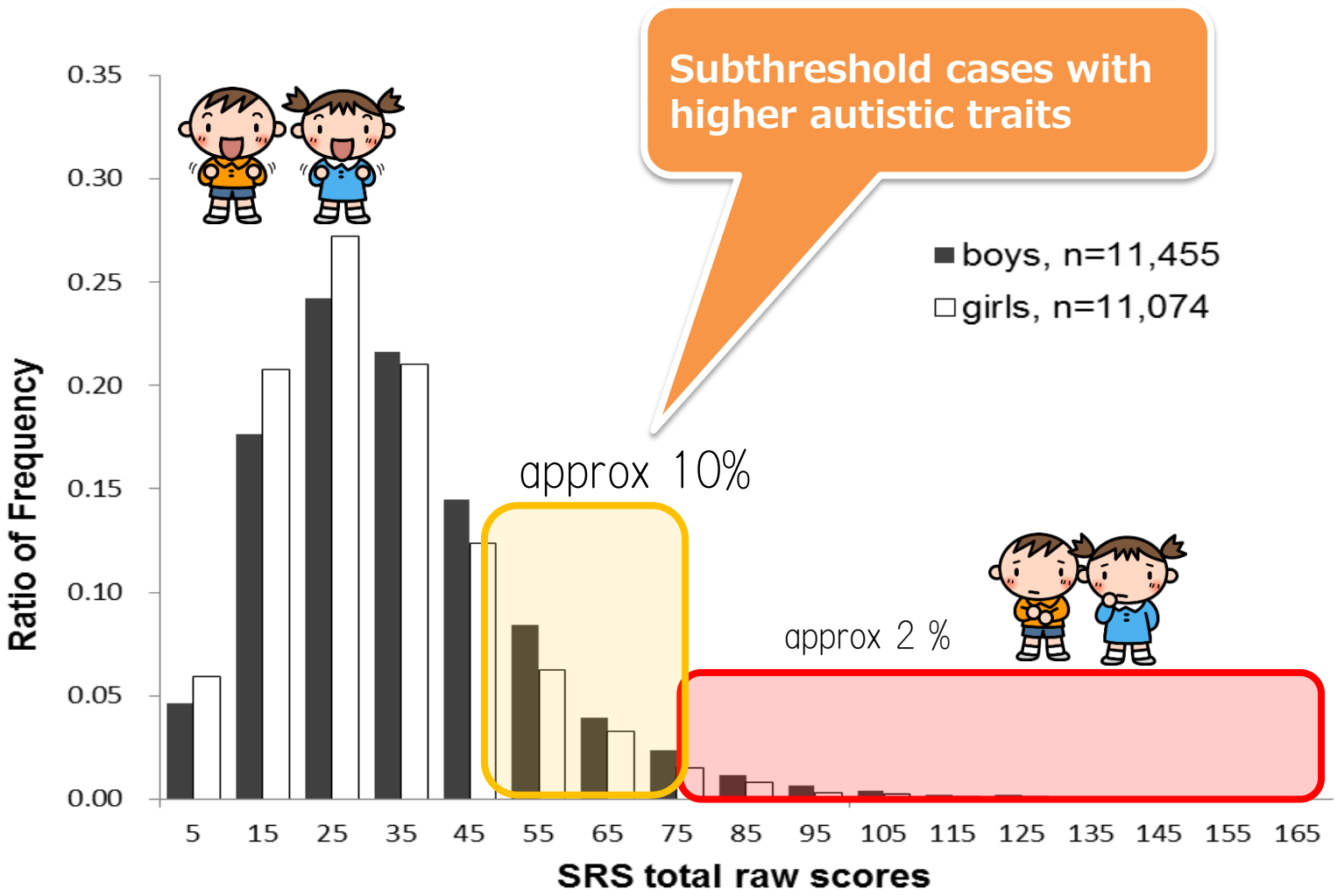
School-based Support for Children' Development and Wellbeing: the Multi-tiered System of Support (MTSS)

Co-occurrence of mental health problems in ASD and developmental disorders

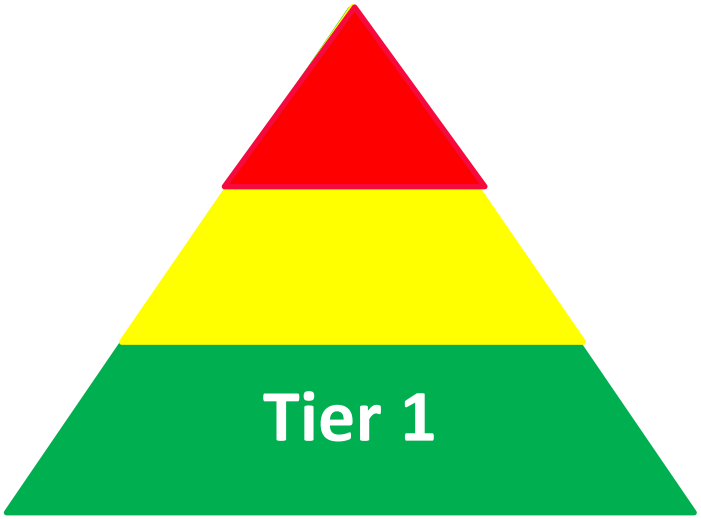


Autistic traits are continuously distributed in regular classes

(Kamio et al., 2013)



Tier 1 Support: universal approach



The goal is to promote resilience of all students

Ishikawa *et al.*
Child Adolesc Psychiatry Ment Health (2019) 13:44
https://doi.org/10.1186/s13034-019-0303-2

Child and Adolescent Psychiatry and Mental Health

Up2-D2

RESEARCH ARTICLE Open Access

Developing the universal unified prevention program for diverse disorders for school-aged children

Shin-ichi Ishikawa[1*], Kohei Kishida[2,3], Takuya Oka[4], Aya Saito[4,8], Sakie Shimotsu[5], Norio Watanabe[6], Hiroki Sasamori[7] and Yoko Kamio[4,9]

Up2-D2

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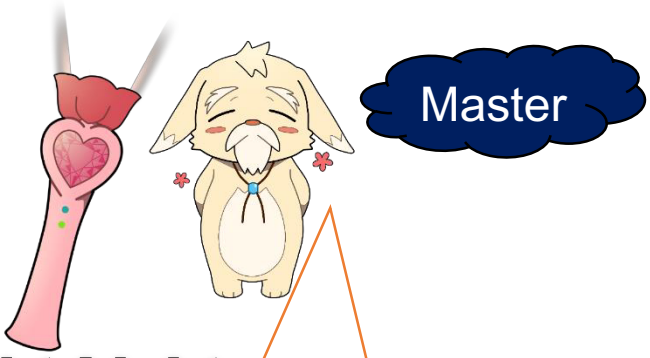


Thought Light

you can find successfully your thought by using it!

How to use though light...

赤丸(あかまる)くん

おれの名前(なまえ)は 赤丸(あかまる)だ。
小学校(しょうがっこう)6年(ねん)だ。
好(す)きな食(た)べ物(もの)はカレーとコーラだ。苦手(にがて)なものは犬(いぬ)だ。

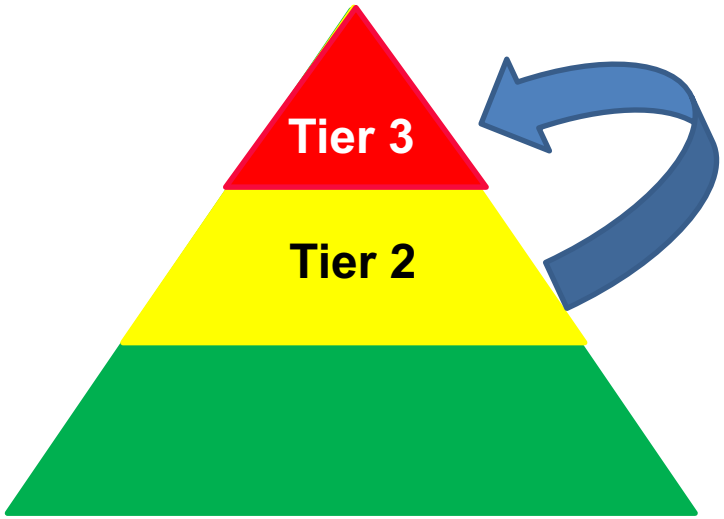
青山(あおやま)くん

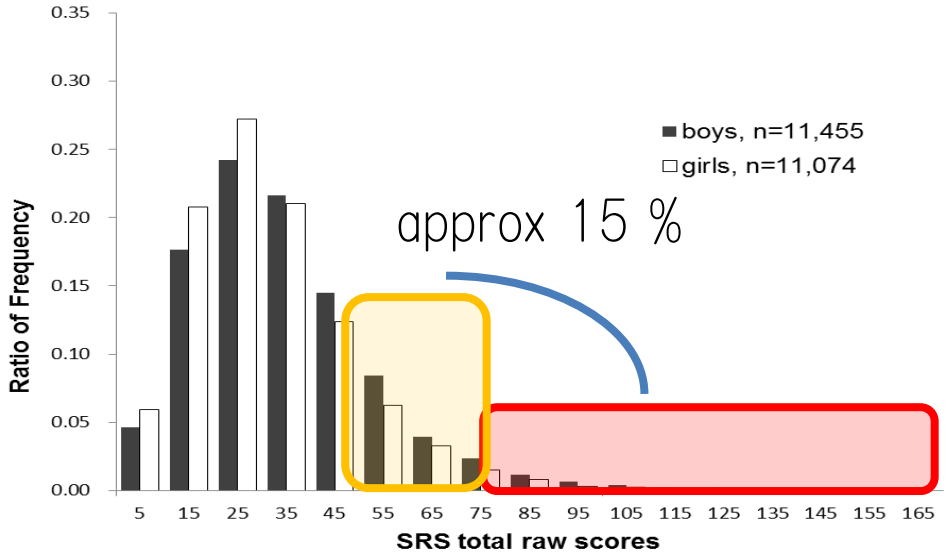
ぼくの名前(なまえ)は青山(あおやま)です。
小学校(しょうがっこう)6年生(ねんせい)です。
好(す)きなものはテレビ。
勉強(べんきょう)もスポーツも あんまり得意(とくい)じゃないんだ。

キミちゃん

わたしの名前(なまえ)はキミです。
小学6年生(しょうがくねんせい)です。
好(す)きなものはチョコレートです。人前(ひとまえ)で話(はな)すことがとても苦手(にがて)です。

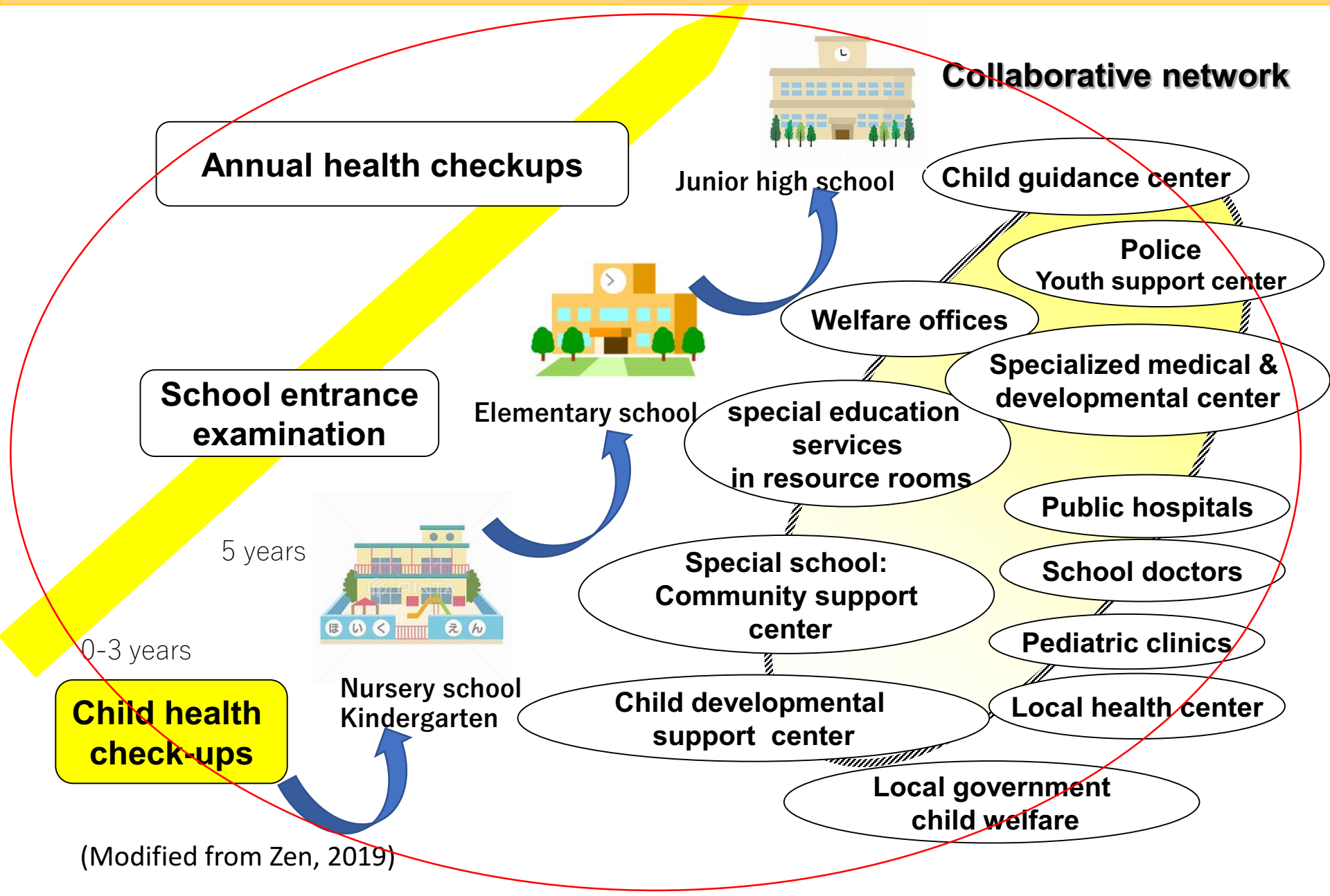
Tier 2 & 3 Support: selective & indicated approach





- Tier 3 refers to individualized support, targeting students who continue to struggle even when they receive Tier 2 support.

A collaborative network across life course in the community



(Modified from Zen, 2019)

Thank you for your attention.