


Autism Spectrum Disorder Assessment

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Who am I?

- › Clinical Psychologist licensed in Indiana
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ASD Demographics

- › Prevalence is 1 in 36 children
- › ASD is reported to occur in all racial, ethnic, and socioeconomic groups.
 - Prevalence is measured higher in white children than children of color, but this gap is reducing
- › ASD is about 4 times more common among boys than among girls
- › A genetic component has been found
 - Identical twins: 36-95% likelihood of both being diagnosed if one is
 - Non-identical twins: 0-31% likelihood of both being diagnosed if one is
 - Parents who have a child with ASD have a 2%–18% chance of having a second child who is also affected
- › About 10% of children with autism are also identified as having Down syndrome, fragile X syndrome, tuberous sclerosis, or other genetic and chromosomal disorders
- › Almost half (44%) of children identified with ASD has average to above average intellectual ability

Diagnostic Criteria for F84.0 Autism Spectrum Disorder

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history (examples are illustrative, not exhaustive; see text):**
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 3. Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Diagnostic Criteria for F84.0 Autism Spectrum Disorder Continued

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):**
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).




Diagnostic Criteria for F84.0 Autism Spectrum Disorder Continued

- C. **Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).**
- D. **Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.**
- E. **These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.**

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

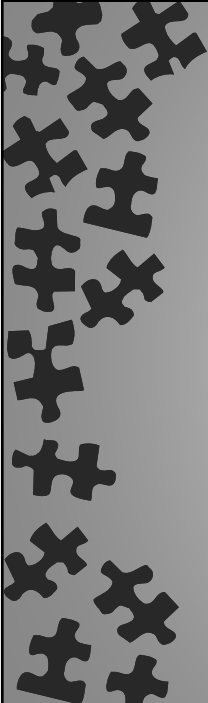
Three Functional Levels of Autism

written from an autistic perspective

Level 1	Level 2	Level 3
Requiring Support <i>I need help navigating a non-autistic world.</i>	Requiring Substantial Support <i>I need help handling everyday challenges.</i>	Requiring Very Substantial Support <i>I often need one-on-one support.</i>
Average traits	Average traits	Average traits
People may see me as awkward, not disabled. I can befriend or date non-disabled people, but it's hard and I'm often lonely. I can handle change, but I prefer routine. My fidgeting is seen as quirky or "annoying." People may think my developmental delays are signs of laziness or insecurity.	People can usually tell that I have a disability. My social life is very limited or nonexistent. Coping with change is very challenging. My repetitive behaviors are noticeably unusual. I have significant developmental delays and will meet milestones late.	My disability is very obvious. I usually only communicate to express needs or answer questions. Change and transitions can be unbearably difficult. My intense repetitive behavior is calming and important to me. I have large developmental delays and may not meet every milestone.
Please know that	Please know that	Please know that
Social interactions are challenging. Please be understanding and offer help. I struggle more than I let on. Meeting others' expectations is exhausting. Please be patient. I deserve respect and support.	I may seem inattentive, but I hear and understand you. Routines and repetitive behavior help me feel safe. I need a lot of help coping with stress. I deserve respect and support.	I may seem unresponsive, but I hear and understand you. Routines and repetitive behaviors help me feel safe. I need help with communication skills. I deserve respect and support.

These levels aren't clear-cut or permanent. Someone's skills may change. Stress, environment, and support will impact someone's ability to function.



MEASURED INTELLIGENCE

Intellectual disability ————— Gifted

SOCIAL INTERACTION
(Making eye contact, enjoying interaction with others, etc.)

Not interested in others ————— A variety of friendships

COMMUNICATION
(Using words correctly to communicate)

Nonverbal ————— Verbal

BEHAVIORS
(Repetitive behaviors, unusual behaviors such as hand flapping, etc.)

Intense ————— Mild

SENSORY
(Response to touch, smell, sound, taste, and feel)

Pain Sounds

Not very sensitive ————— Very sensitive

MOTOR
(Gross motor, such as walking)
(Fine motor, such as using fingers to grasp a small item)

Fine Gross

Uncoordinated ————— Coordinated

- › ASD Assessment is best completed by a multidisciplinary team due to the multifaceted nature of Autism Spectrum Disorder
- › Teams can include:
 - Psychologist
 - Developmental Pediatrician
 - Speech Therapist
 - Physical Therapist
 - Occupational Therapist
 - Social Worker
 - Audiologist
 - Et al.



When can we diagnose ASD?

- › A diagnosis of ASD at age 2 can be reliable, valid, and stable
- › Even though ASD can be diagnosed as early as age 2 years, most children are not diagnosed with ASD until after age 4 years
- › The ADOS-2 is able to be administered to children as young as 12-month-old
- › Parents of children with ASD notice a developmental problem before their child's first birthday
 - Concerns about vision and hearing were more often reported in the first year
 - Differences in social, communication, and fine motor skills were evident from 6 months of age



ASD Assessment Components for a Psychologist

- › Biopsychosocial interview
- › Developmental interview
- › Adaptive functioning measure (Vineland-3, ABAS-3, etc)
- › Cognitive testing (Bayley-3, WISC-V, WAIS-IV, DAS-2, WJ-IV, etc)
- › Behavioral/Emotional/Sensory Processing measures (BASC-3, Conners CBRIS, SP2, etc)
- › ASD specific measures (ASRS, SRS-2, ADOS-2, BAPQ, ADI-R, etc)
- › Informal play-based assessment (if not completing an ADOS-2)

Common ASD Instruments/Screeners

- › Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2)
- › Autism Diagnostic Interview, Revised (ADI-R)
- › Social Communication Questionnaire (SCQ)
- › Autism Spectrum Rating Scale (ASRS)
- › Modified Checklist for Autism in Toddlers (MCHAT)
- › Childhood Autism Rating Scale, 2nd Edition (CARS-2)
- › Gilliam Autism Rating Scale, 3rd Edition (GARS-3)

Signs and Symptoms to Look For: Communication

- › Lack of response to Name
 - Typical: <https://www.youtube.com/watch?v=M9LCahr6BSs>
 - ASD: <https://www.youtube.com/watch?v=LXRat11pabU>
- › Echolalia Vs. Speech Milestone WNL
 - Typical: <https://www.youtube.com/watch?v=OTBv3F8Uu6o>
 - ASD: <https://www.youtube.com/watch?v=xidjiv9wmbg>
- › Stereotyped Speech (scripted language)
 - <https://www.youtube.com/watch?v=RDd96GNmSw0>
- › Reverses pronouns
 - <https://www.youtube.com/watch?v=zNGkcOtdhoo>
- › Difficulties with prosody, tone of voice, volume of voice
 - <https://www.youtube.com/watch?v=qnX-KldGLgk>
 - Little Professor: <https://www.youtube.com/watch?v=p23W7uawcj>
- › Typical social communication Vs ASD communication at age 3:
 - <https://www.youtube.com/watch?v=vogCNCcibZ0>
 - <https://www.youtube.com/watch?v=8YJ9OMQcoPk>
- › Literal interpretation of language
 - https://www.youtube.com/watch?v=7MHwWGTO7qI&index=3&list=PLW_Bev7HkVFD7f0w035PvonlBc_mwZVao

Signs and Symptoms to Look For: Restricted Interests and Repetitive Behaviors

- › Lining up toys
 - <https://www.youtube.com/watch?v=TSfeYedNUNM>
- › Hand flapping
 - <https://www.youtube.com/watch?v=U35q146wMZo>
- › Unusual interest in fingers/hands
 - <https://www.youtube.com/watch?v=W7fr74NCapc>
- › Rocking
 - <https://www.youtube.com/watch?v=GY-Di41j5Wk>
- › Head Banging
 - <https://www.youtube.com/watch?v=EE-p8Q7AW3Q>
- › Restricted Interests
 - <https://www.youtube.com/watch?v=oHQ507s7pk4>
- › Difficulty Transitioning
 - <https://www.youtube.com/watch?v=K-6i0tkMS4M>

Signs and Symptoms to Look For: Sensory Processing

- › People can be Over/Under sensitive to sensory stimuli
 - Over: <https://www.youtube.com/watch?v=QtE72t3-grs>
 - Under: <https://www.youtube.com/watch?v=C07TQvohyTE>
- › Sensitivity to sound and light
 - https://www.youtube.com/watch?v=Lr4_dOorquQ
 - <https://www.youtube.com/watch?v=p-7HFk3FH-U>
- › Over/Under sensitivity to pain
 - <https://www.youtube.com/watch?v=ktKFyETDpVM>
- › Interest in spinning objects
 - <https://www.youtube.com/watch?v=IJeji4e2K6M>
- › May look at objects out of the corner of their eye
 - <https://www.youtube.com/watch?v=7OV5ge8iUf8>
- › Food sensitivities with regard to texture, color, or temperature

Signs and Symptoms to Look For: Play

- › Typical: <https://www.youtube.com/watch?v=ciSlxoDXDpM>
- › ASD: <https://www.youtube.com/watch?v=uS8ZHme6pk0>
- › Difficulty engaging with toys in the way the manufacturer intends
 - <https://www.youtube.com/watch?v=vfaviuuOHuY>
- › No, or limited, pretend play
 - Typical: https://www.youtube.com/watch?v=3iJ4lsjgx_o
 - ASD: https://www.youtube.com/watch?v=AHJ_W_Ap49Q
- › Prefers to play alone
 - https://www.youtube.com/watch?v=CH3_zltvQkU
- › Low/no symbolic and imitative play
 - Typical: <https://www.youtube.com/watch?v=yAv0G6S5ZPc>

Signs and Symptoms to Look For: Social Interaction

- › Eye Contact
 - Typical: <https://www.youtube.com/watch?v=jBVdiz-LY7w>
 - ASD: <https://www.youtube.com/watch?v=iAukTA9Hqkc>
- › Restricted use of gestures
 - Typical: <https://www.youtube.com/watch?v=GHCiZgYozXY>
- › Joint Attention
 - Typical: <https://www.youtube.com/watch?v=yLBuoOWdOdE>
- › Shared Enjoyment
 - Typical: <https://www.youtube.com/watch?v=P9SP303PoNM>
 - ASD: <https://www.youtube.com/watch?v=2iZTJyrvz6o>
- › Limited showing Behaviors
 - Typical: <https://www.youtube.com/watch?v=LWIDBKEDJpQ>
- › Initiation of social interaction
 - Typical: <https://www.youtube.com/watch?v=3ivfLM0nbYc>
 - ASD: <https://www.youtube.com/watch?v=A2iz9VJ55mA>
- › Restricted range of affect
 - <https://www.youtube.com/watch?v=CFdqxVv7zys>
- › Compared to Shyness: <https://youtu.be/quMxuPxrnfS>

Good Summary Videos of Symptoms

- › <https://www.youtube.com/watch?v=z7NeBs5wNOA>
- › <https://www.youtube.com/watch?v=3w1c4sF4ZTg>
- › <https://www.youtube.com/watch?v=SJ93HTeKc98>
- › <https://www.youtube.com/watch?v=6DXianUHH7I>
- › <https://www.youtube.com/watch?v=DrrXMO-NrCM>
- › <https://www.youtube.com/watch?v=nG-255E366g>
- › <https://www.youtube.com/watch?v=YtvP5A5OHpU>

Common Recommendations

- › Discuss possible genetic testing with physician
- › Recommend assessment for an IEP if the client is in school
 - IN*Source is a great organization in Indiana
- › Applied Behavior Analysis, Floor Time, Early Start Denver Model
- › Individual and family outpatient therapy and/or case management
- › Lists of coping skills or grounding skills
- › Instructions on building frustration tolerance
- › Occupational, speech, and/or physical therapy
 - Assess for any sensory tools that might be helpful
 - Determine if an Augmentative and alternative communication (AAC) device is needed
- › Recommend preparing a person diagnosed with ASD for what is about to happen, either immediately, or for a specified period of time such as the rest of the day
 - Picture schedules can be very helpful
- › Use concrete language
- › Provide instructions and teach concepts using pictures and manipulatives

Common Recommendations Continued

- › Develop routines and structure within the home and school environments
- › Break tasks into smaller pieces
- › Ensure expectations and consequences are clear and posted
- › Development of a behavior plan
- › Provide handouts appropriate to the client and family
- › Participation in group activities, such as dance, soccer, and martial arts
- › Provide contact information for local support groups and ASD organizations
- › Mentorship programs can sometimes be helpful
- › Teach specific social skill scripts
- › Provide clear but limited, choices rather than open ended questions
- › Possibly refer to a physician or psychiatrist for medication

Questions?





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