

# Critical Analysis: Is it Autism?

Aimee Dershowitz, Psy.D., HSPP

# Demographics and Background Information

- 5-years-old
- Male
- African-American
- Born and raised in the Midwest
- Divorced Parents
- Two brothers, one older and one younger
- Lives with his mother and sees his father every other weekend
- Enrolled in Developmental Preschool for a Language Delay



## Referral Question

- Referred by his physician to rule out or confirm a diagnosis of Autism Spectrum Disorder



# Sources of Assessment Used

- Biopsychosocial Interview
- Collateral Information
- Developmental Interview
- Differential Ability Scales, 2<sup>nd</sup> Edition
- Behavior Assessment System for Children, 2<sup>nd</sup> Edition
- Autism Spectrum Rating Scales
- Sensory Profile, 2<sup>nd</sup> Edition
- Vineland Adaptive Behavior Scales, 2<sup>nd</sup> Edition



# Rationale for Choosing Each Instrument

## DAS-II

- DAS-II
  - Appropriate for ages 2:6 to 5:11
  - Recommended for children with language delays, contains a Special Nonverbal Composite
  - The WPPSI-IV is not recommended for younger children with developmental delays, DAS-II has lower floors and higher ceilings for the younger age group
  - Younger children frequently enjoy the manipulatives more than the WPPSI-IV and are more engaged
  - Appropriate for non-white children



(Marshall, McGoey, & Moschos, 2011)  
(Dumont, 2016)

# Rationale for Choosing Each Instrument

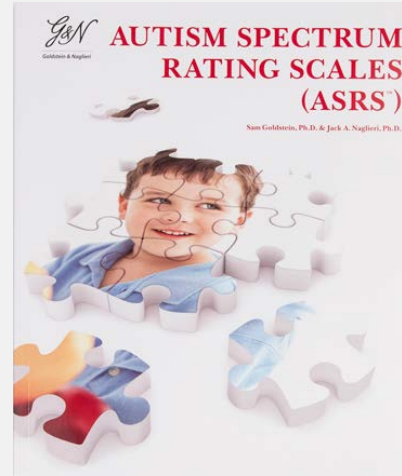
## BASC-2

The logo for BASC-2 is rendered in a stylized, multi-colored font. The letters are primarily purple and blue, with a green-to-blue gradient at the bottom. The font has a slight shadow and a 3D effect.

- Screens for a variety of emotional and behavioral disorders
- Contains an adaptive behavior component
- Allows parents and teachers to report on behaviors in the two different environments
- Easy for parents and teachers to understand and respond to
- 10-20 minutes for completion

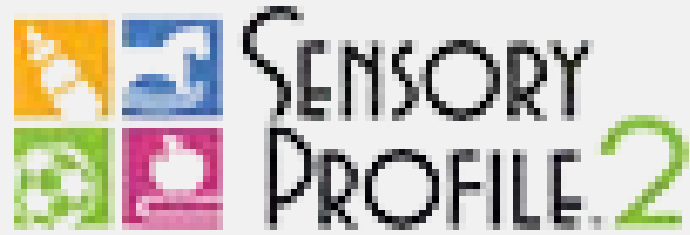
# Rationale for Choosing Each Instrument

## ASRS



- Parent and Teacher formats
- Rating Scale format that is easy for parents and teachers to complete
- Norm-Referenced
- Updated to reflect DSM-5 Criteria
- Accurately discriminate from members of the general population and those with other clinical diagnoses

(Simek & Wahlberg, 2011)



# Rationale for Choosing Each Instrument

SP-2

- Children with ASD frequently exhibit difficulties with sensory processing and it is now part of the diagnostic criteria, so a measure to assess these difficulties is needed
- Parent and Teacher versions
- Enables early detection of possible modulation or regulation disorders in early childhood
- Appropriate for use with the ASD population
- Assesses for neurological threshold (sensitization and habituation)

(Jorquera-Cabrera et al., 2017)



# Rationale for Choosing Each Instrument

## Vineland-II



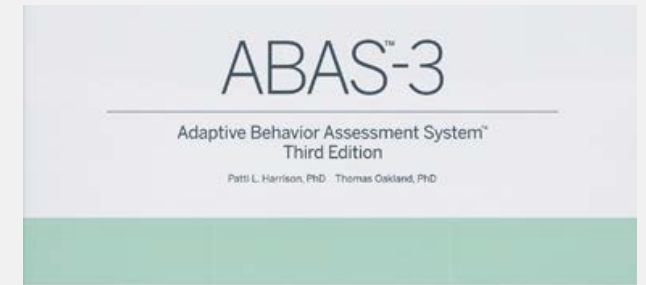
- Adaptive behavior is lower in people with ASD compared to the general population even while accounting for IQ, although the differences are higher in individuals with higher IQ
- Typical “ASD Profile” on the Vineland: the most substantial delays in socialization, lesser delays in adaptive communication, and relative strengths in daily living skills
- Most frequent measure used to assess adaptive behavior in children with ASD in the literature
- The BASC Adaptive scales are not sufficient to truly assess adaptive behavior in children with ASD

(Kanne, et al., 2010)

(Lopata et al., 2013)

# Assessments I would have liked to have used

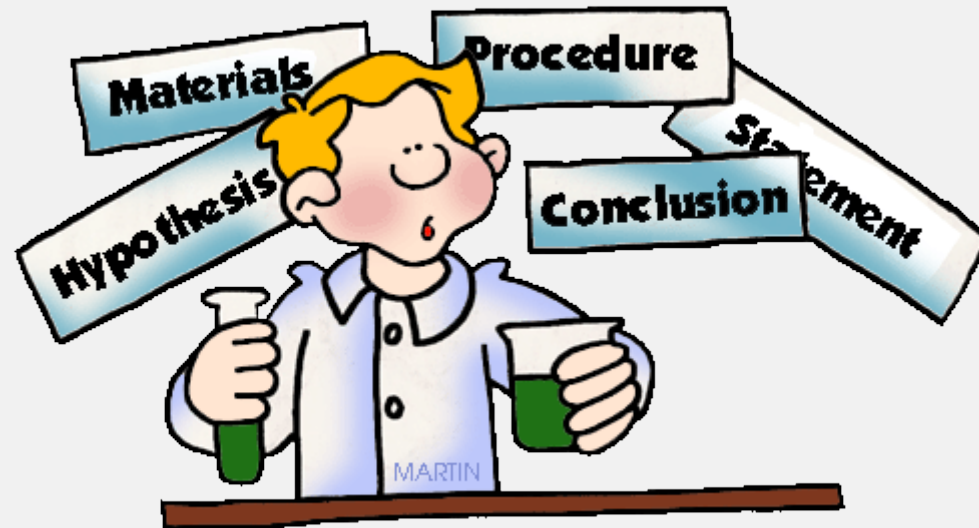
- ADOS-2
  - Industry standard for assessing ASD
  - Direct measure rather than parent report
  - Most sophisticated and psychometrically sound direct observation tool for ASD
- ABAS-3
  - Shorter than the Vineland
  - Lower reading level than the Vineland
  - Correlates well with Vineland Scores
  - May provide some additional sensitivity for lower-level adaptive skills
- BASC-3
  - Contains an ASD scale
  - Provides additional content scales



(Kanne, Randolph, & Farmer, 2008)  
(Lopata et al., 2013)

# Review of Data in Handout

- Please review the assessment data in the handout provided



# Diagnoses



## Conclusión

<u>DSM 5 Code</u>	<u>ICD10 Code</u>	<u>Description</u>
299.00	F84.0	Autism Spectrum Disorder
317	F70	Intellectual disability (intellectual developmental disorder), Mild
315.39	F80.9	Language Disorder





## Recommendations in the following areas

- Share the report with the client's physician and school
- Speech and Occupational Therapy
- Accommodations that can be helpful in the school setting
- Accommodations to help reduce the impact of his working memory difficulties
- Accommodations to help reduce the impact of his processing speed difficulties
- Applied Behavior Analysis
- ASD Support Groups and Organizations
- Financial assistance and services



# Consultation and Supervision

## Consultation

- While initially developing my test battery I consulted with colleagues to ensure that I was assessing all areas related to diagnosing ASD
- My developmental interview was created in partnership with psychologists from the Riley Child Development Center
- When encountering discriminate data, I discussed the findings with my peers in order to ensure I was forming correct conclusions



# Applicability to Community Mental Health Centers



- Community mental health centers, particularly rural CMHCs, are increasingly receiving referrals for the assessment and treatment of Autism Spectrum Disorders
- The prevalence rate of ASD in the population is now 1 in 68 and occurs in all racial, ethnic, and socioeconomic groups
- It is likely that anyone working in a CMHC will be expected to provide treatment to someone with ASD during their career, and that most psychologists in a CMHC will be asked to diagnose.
- It is essential that any psychologist working in a CMHC gain training and knowledge in assessing ASD if they are expected to provide psychological assessments in their agency.



(CDC, 2012)

# References

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Questions?

