Steps to Making the Diagnosis: Resources, Tips and Strategies

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7 Symptoms of ASD

3 *Social Communication* symptoms (3 of 3):

1. Limited **reciprocity**
2. Poor **"nonverbal" communication**
3. **Relationship** difficulties

4 *Behavioral* symptoms of ASD (2 of the 4)

4. **Repetitive** speech, movements, or activities
5. **Inflexibility**
6. Intense **interests**
7. **Sensory** problems

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From the DSM-5…

Symptoms must be present in the early developmental period, but may not become apparent until **social demands exceed limited capacity** or may be **masked by learned strategies later in life**

Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

Individuals with ASD would *not* present with every characteristic/symptom that is listed
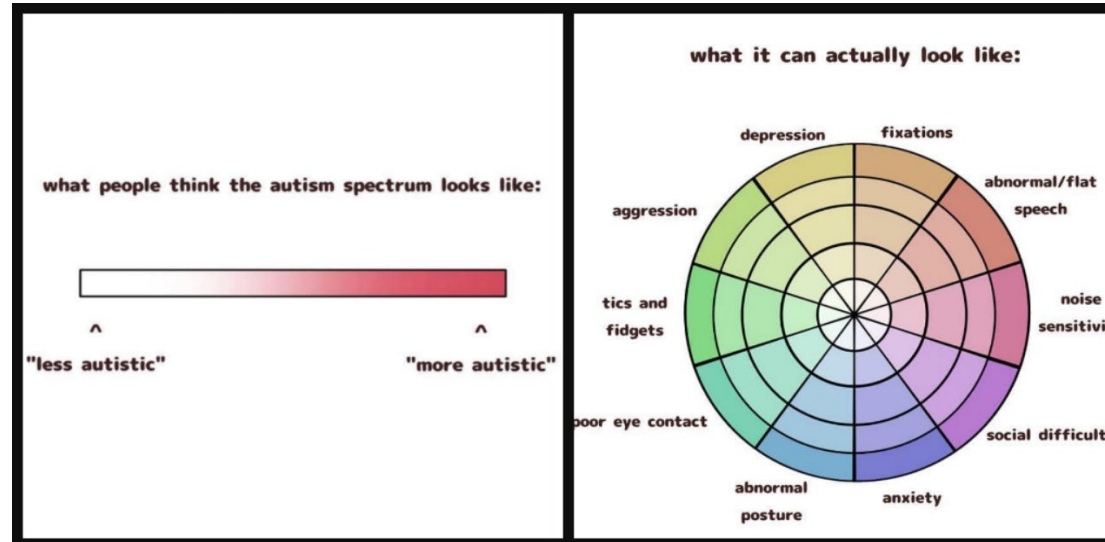
Severity relates to
- with or without language impairment
- with or without intellectual disability

Level of support needed.
- 1 require support
- 2 requires significant support
- 3 requires very significant support.

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Common Strengths

Autism: the positives

Understanding, embracing and celebrating different ways of thinking and doing can release the true power of the autistic mind. Here we look at the positive features of autism.

Attention to detail
- Thoroughness
- Accuracy

Methodical approach
- Analytical
- Spotting patterns, repetition

Deep focus
- Concentration
- Freedom from distraction

Novel approaches
- Unique thought processes
- Innovative solutions

Observational skills
- Listen, look, learn approach
- Fact finding

Creativity
- Distinctive imagination
- Expression of ideas

Absorb and retain facts
- Excellent long term memory
- Superior recall

Tenacity and resilience
- Determination
- Challenge opinions

Visual skills
- Visual learning and recall
- Detail-focussed

Accepting of difference
- Less likely to judge others
- May question norms

Expertise
- In-depth knowledge
- High level of skills

Integrity
- Honesty, loyalty
- Commitment

Remember

Every experience of autism is **unique**. No one person will identify with every positive feature of autism. We all have **individual** skills, attributes and characteristics that are as unique as our personalities – this is the **power of neurodiversity**.

Harriet Cannon
Disability Services, February 2018
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COE Google Drive with Resources

https://drive.google.com/drive/folders/1x3Lg_34pkY3n47zb8Qcyok6eFCYtl76l?usp=sharing

Informal Diagnostic Templates

- These are forms that are not standardized
  - They are based off of the evidence based screening and diagnostic tools.
  - Developed from years of clinical experience with peer review
  - You are **free** to use them to fit your own clinical practice.

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Screening and Diagnostic Tools

Screening Tool

Checklist for Autism Spectrum Disorders (CASD)
Checklist for Autism Spectrum Disorders- Short Form (CASD-SF)
Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R)
Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F)
Childhood Autism Rating Scale–2 (CARS)
Social Responsiveness Scale- 2 (SRS 2)
Gilliam Autism Rating Scale- 3 (GARS-3)
Social Communication Questionnaire (SCQ)
Childhood Autism Spectrum Test (CAST)
Autism Spectrum Screening Questionnaire (ASSQ)
Autism Spectrum Quotient (AQ)

Observation Tool

Autism Mental Status Exam (AMSE)
Screening Tool for Autism in Toddlers and Young Children (STAT)
TELE ASD PEDS

Research Standard Tool

Autism Diagnostic Observation Schedule- 2 (ADOS-2), Toddler, modules 1-4.
Autism Diagnostic Interview–Revised (ADI™-R)

Screening and Diagnostic Tools

Name	Age range	Reporter	Questions	Time	Cost
CASD	1-16 years	Clinician interview (parent/teacher form)	30 questions	15 minutes	$2.50
CASD-SF	1-16 years	Clinician interview	6 questions	5 minutes	$1.32
M-CHAT- R	16-30 months	Parent	20 questions	<5min	free
M-CHAT- R/F	16-30 months	Parent + Clinician interview	20+ questions	<5min / 5-10 with provider	free
CARS	2 years +	Clinician interview	15 item rating scales	5-10 minutes (20-30 min)	$2.20
SRS-2	30 months +	Parent, Self, and/or Teacher rating scale	65 questions	15 – 20 minutes	$2.50
GARS- 3	3-22 years	Parent, Teacher, Clinician interview	56 items	5-10 minutes	$1.27
SCQ	4 years + , (impoves at age 7.5 or older)	Parent	40 yes/no questions	< 10 minutes	$2.60
CAST	5-11 years	Parent	39 yes/no questions		free
ASSQ	7-16 years	Parent, Teacher	27 likert scale 0-2		free
AQ	18 years +	Self, Informant	50 likert scale questions		free
AMSE	18 months +	Clinician	8 item observational assessment		free
STAT	24-36 months	Clinicians, Preschool teachers, and Early intervention specialists	12 items	20 minutes	$1.00
TELE ASD PEDS	0-36 months	Clinician	11 items	15-20 minutes	free
ADOS-2	12 months +	Clinician		30-60 minutes	$6.30
ADI-R	18 months +	Clinician	93 questions	90-150 minutes	$22

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The Diagnostic Evaluation

- Evaluation typically involves:
  - Detailed medical and developmental history
  - Standardized assessments
    - Autism Diagnostic Observation Schedule (ADOS)
    - Cognitive and adaptive functioning
    - Behavior rating scales – general & autism specific
  - Review of school, medical and therapy records
    - Collateral report

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The Diagnostic Evaluation

- Who are typical team members in the evaluation?
  - Patient & Family; Caregivers
  - Psychologists
  - Speech-Language Pathologists
  - Medical Doctors (Psychiatrists, Developmental Pediatricians, Neurologists, Pediatricians, DO)
  - Naturopathic Doctors
  - Nurse Practitioners
  - Occupational Therapists
  - Others…
- Evaluations can be individual with a single provider or with multiple providers from different backgrounds

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The Goals/Purpose of the Evaluation Determines the Diagnostic Model

- What is the purpose of the evaluation?
  - At SCAC it is to determine presence of/rule out ASD
  - Others may conduct a comprehensive evaluation to examine co-morbidities and gain in-depth information about areas of development
- Models discussed today:

		Example
Single Discipline		Private practice psychologist
Multidisciplinary		SMART Teams; EI partnerships
Interdisciplinary		SCAC Team Evals (SMART Teams)

Single Discipline Models

- Single discipline models vary in depth and breadth of evaluation
- Can be multiple visits with psychologist with a comprehensive neuropsychological battery
- Can be medical-based model with medical providers (who may request supplementary assessments to gain information – see multi-disciplinary evaluation model)

Multi-Disciplinary Teams

- Each discipline completes a discipline specific assessment
- Can be intentional OR
- Begin with a "single discipline" screening/evaluation by a COE provider
  - Decision is made that additional information is needed
  - Referral made for an evaluation – can be within an organization or with community partners
  - Often completing a direct observational assessment
    - ADOS, STAT, other assessments
- SMART Teams can operate in this model
- EI partnerships with autism specialists

Inter-disciplinary Teams
Gerdts et al 2018

- Aim: focus on essential features of diagnostic evaluations to create a more streamlined process and alleviate wait times
- At the Seattle Children's Autism Center (SCAC), we developed an interdisciplinary team evaluation model

	Clinician A	**Clinician B**
Hour 1	ADOS with Patient A Hand off	History with Patient B Hand off
Hour 2	ADOS with Patient B	History with Patient A
Hours 3-4	Rounds/write report	Rounds/write report
Hour 5*	Feedback with Patient A	Feedback with Patient B
* If can't come to consensus, then family is asked to return for a follow-up appt(s)		

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What we know about evaluation and diagnosis in BIPOC communities

- Black and Latinx families on average diagnosed later than White and Asian Families
- Black and Latinx children more often diagnosed with ID (not autism) and/or conduct disorder
- Lack of trust of the health care system
- Some screening/diagnostic tools are not normed adequately within BIPOC communities
- Evaluation time with families who prefer languages other than English can differ when interpreters are needed
- Treatment options may not be available in languages other than English

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Examples of Difficult to Evaluate Diagnostic Profiles

- Girls with ASD
- Older kids – complex social/mental health
- In utero drug/alcohol exposures
- Social/culture impact; second language learning
- Comorbidities:
  - ADHD
  - Anxiety Disorders/OCD
  - Depression
  - Language Delay
  - Global Developmental Delays
  - Intellectual impairment