

The Diagnostic Evaluation of Autism Spectrum Disorder

Jim Mancini

UW Center on Human Development and Disability

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Objectives

1. Understand different models of evaluation
2. Be aware of community partners including COE providers and SMART teams



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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7 Symptoms of ASD

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

1. Difficulty with **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** differences

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

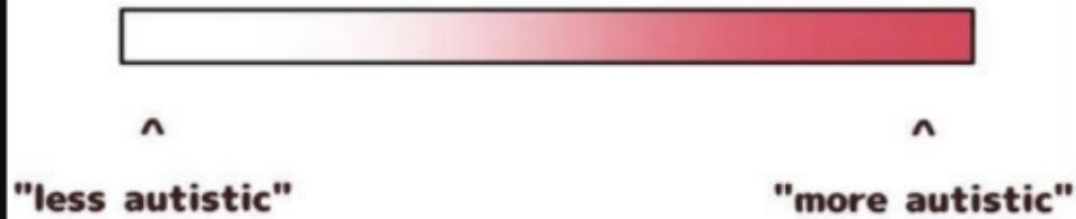
Severity relates to

- with or without language impairment
- with or without intellectual disability

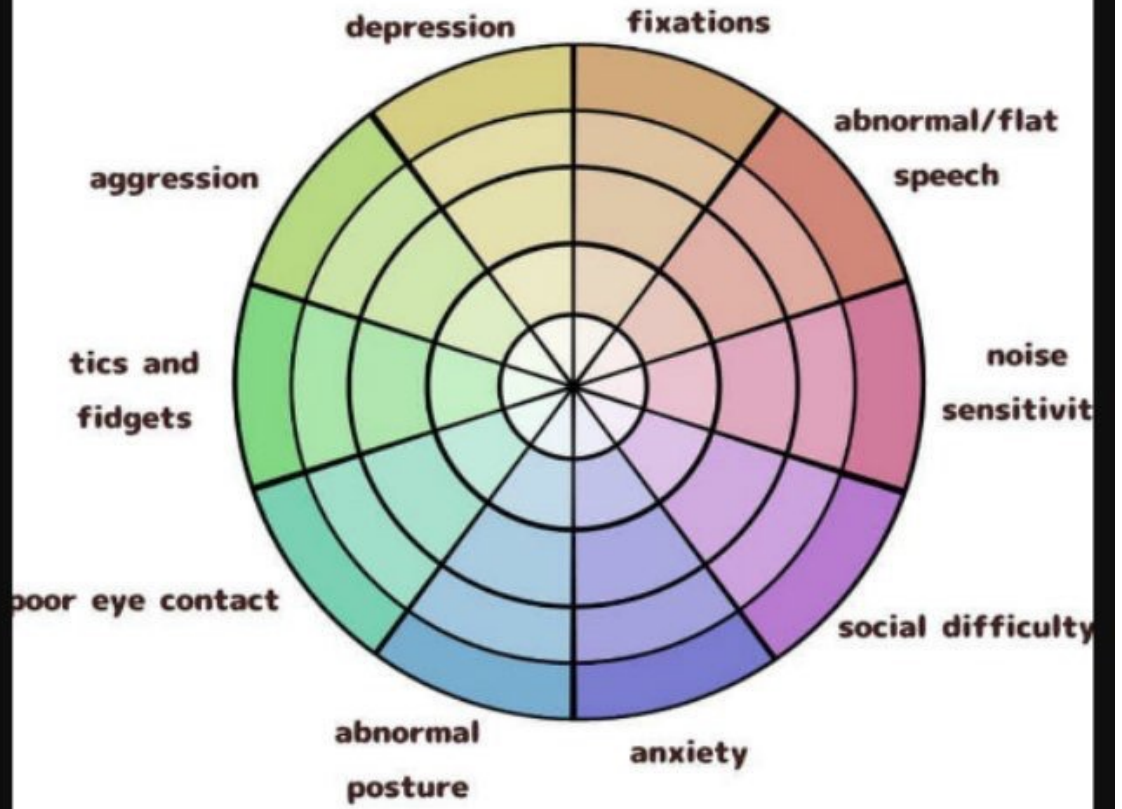
Level of support needed.

- 1 require support
- 2 requires significant support
- 3 requires very significant support.

what people think the autism spectrum looks like:



what it can actually look like:



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

Typical Team Members

Who are typical team members in the evaluation?

Patient & Family; Caregivers

Psychologists

Speech-Language Pathologists

Medical Doctors (Psychiatrists, Developmental Pediatricians, Neurologists, Pediatricians)

Naturopathic Doctors

Nurse Practitioners

Occupational Therapists

Evaluations can be individual with a single provider or with multiple providers from different backgrounds




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 developmental pediatrician, psychiatrist or neurologist (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
- Early Intervention (EI) partnerships with autism specialists



Inter-disciplinary Teams (*Gerdt 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)		

Pre-2013

In WA state, only 4 providers were able to diagnose ASD: neurologists, developmental pediatricians, psychiatrists, & psychologists

2017

New leadership for COE trainings. Reports from COE providers that training was not sufficient to build confidence. Became aware of ECHO model. Used \$\$ to set up a visit with Kristin Sohl to speak to state stakeholders (HCA, DDA, DOH)

2019

Planned and launch of ECHO Autism – WA for COE providers across the state. First session in December 2019. COE trainings were still in person

2021

ECHO Autism – WA expanded to two cohorts. All COE trainings are virtual

2013

Following a court ruling deeming ABA to be medically necessary, the “Center of Excellence” program was created allowing doctors, nurse practitioners and trainings began

2018

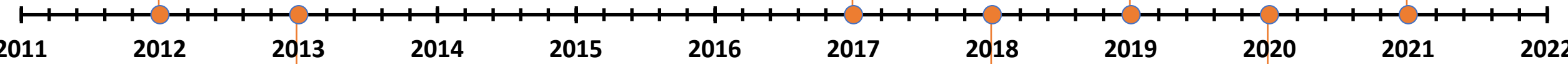
Advocated for funding for ECHO through WA state legislature. COE trainings were in person events around the state

2020

COVID resulted in revamp of COE trainings. Began using AAP modules as pre-requisite to attending a virtual COE training. First full year of ECHO Autism – Washington with about 30 participants

2013 - 2017

COE trainings were completed over 2 days by a single provider. No follow up was provided to COE’s after training,



SMART – School and Medical Autism Review Teams

- Collaborations between school/early intervention and medical communities to assess and diagnose ASD
- Family, educational and community providers share information in an organized process (e.g., intake packet developed)
- Medical providers who are a COE make the diagnosis
- Teams are multi- or inter-disciplinary and can be virtual teams with individual contributions
- Take into account community resources available and connect families to services (e.g., ABA; behavioral health)
- Feedback loop about what's working and what needs to be improved

Examples of Difficult to Evaluate Diagnostic Profiles

- Girls with ASD
- Older kids – complex social/mental health
- In utero drug/alcohol exposures
- Impact of social/culture – exposure to multiple languages
- Co-occurring conditions
 - ADHD
 - Anxiety Disorders/OCD
 - Depression
 - Language Delays
 - Global Developmental Delays
 - Intellectual Impairment

Questions

THANK YOU!

Contact information: Jim Mancini, jmancini@uw.edu