



Screening and Assessing for Autism Spectrum Disorder

Noha Minshawi, Ph.D. HSPP

Child and Adolescent Mental Health ECHO

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Objectives

- What is Autism Spectrum Disorder?
- What is ASD NOT?
- When should I refer for assessment?
- Components of an ASD Evaluation



Recent Trends in Epidemiology

- Prevalence steadily increasing
 - Greatest increase in number of new cases of ASD is accounted for by individuals with average or above average IQ
- Recent meta analysis estimates male-to-female ratio is close to 3:1



Recent Trends in Epidemiology

- Rates of comorbid disorders like ADHD, depression, and anxiety are very high
- Longitudinal studies suggest that the majority of children with ASD continue to exhibit ASD-related difficulties into adulthood
 - Though a very small number may lose their diagnoses



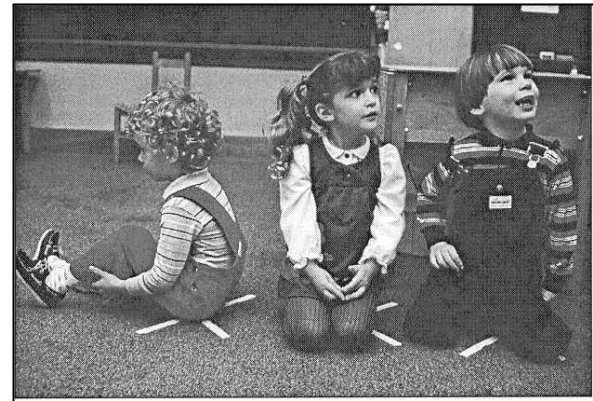
Who is presenting to our autism clinic?

- Average of referral is 8 years old
- Majority present with disruptive behaviors as the primary concern
- Less than 50% end up with an ASD diagnosis
- MCHAT ends at 30 months
 - No good screening tools for older children
- We are catching some older children who have never been diagnosed with ASD!



Diagnosing ASD

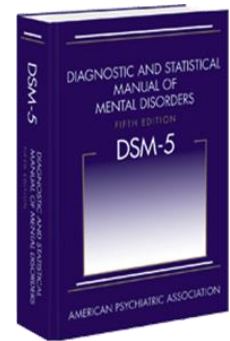
- Both presence of abnormal behaviors and the absence of normal behaviors required to make a diagnosis of ASD
- AKA: “positive” behaviors and “negative” behaviors



- Age, developmental level (e.g., IQ, mental age), expressive language level, sex, culture, and context (e.g., different settings or social circumstances) can significantly affect how behaviors manifest

Diagnostic & Statistical Manual-5th Ed (DSM-5)

One diagnosis: Autism Spectrum Disorder



Two Core Domains

1. Deficits in social communication and social interaction
2. Presence of restricted and repetitive patterns of behavior (RRBs)



Social Communication Deficits

Must have deficits in **all three** of the following:

1. Social emotional reciprocity
2. Nonverbal communication
3. Developing, maintaining and understanding relationships



Restricted, Repetitive Behaviors

Must have **at least two** of the following:

1. Stereotyped or repetitive motor movements
2. Insistence on sameness, routines and rituals
3. Highly restricted, fixated patterns of interest
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment



Diagnosing ASD is challenging

Differentiating between ASD and typical development is rarely the referral question

Clinicians diagnosing ASD should have familiarity and experience with a range of neurodevelopmental disorders and psychiatric conditions

- Intellectual disability (ID), language disorders, ADHD, anxiety and mood disorders, trauma and attachment disorders, etc.



Differential Diagnosis

1. Disruptive Behavior/Oppositional Defiant Disorder
2. ADHD
3. Language Delay
4. Anxiety
5. Depression
6. Trauma/Neglect
7. Intellectual Disability



What ASD is NOT

Problem Behaviors

- When and where do these behaviors occur?
- When did these behaviors begin?
- Ask about context (e.g., transitions, what about changes to something fun!)
- Ask about core social skills (e.g., eye contact, shared affect, pretend play)
- Ask about unusual communication (e.g., echolalia)



What ASD is NOT

Language Delay

- How does s/he communicate wants and needs?
- Does the child seem to have a desire to interact with others?
- Ask about unusual communication (e.g., echolalia)
- Ask about core social skills (e.g., eye contact, shared affect, pretend play)

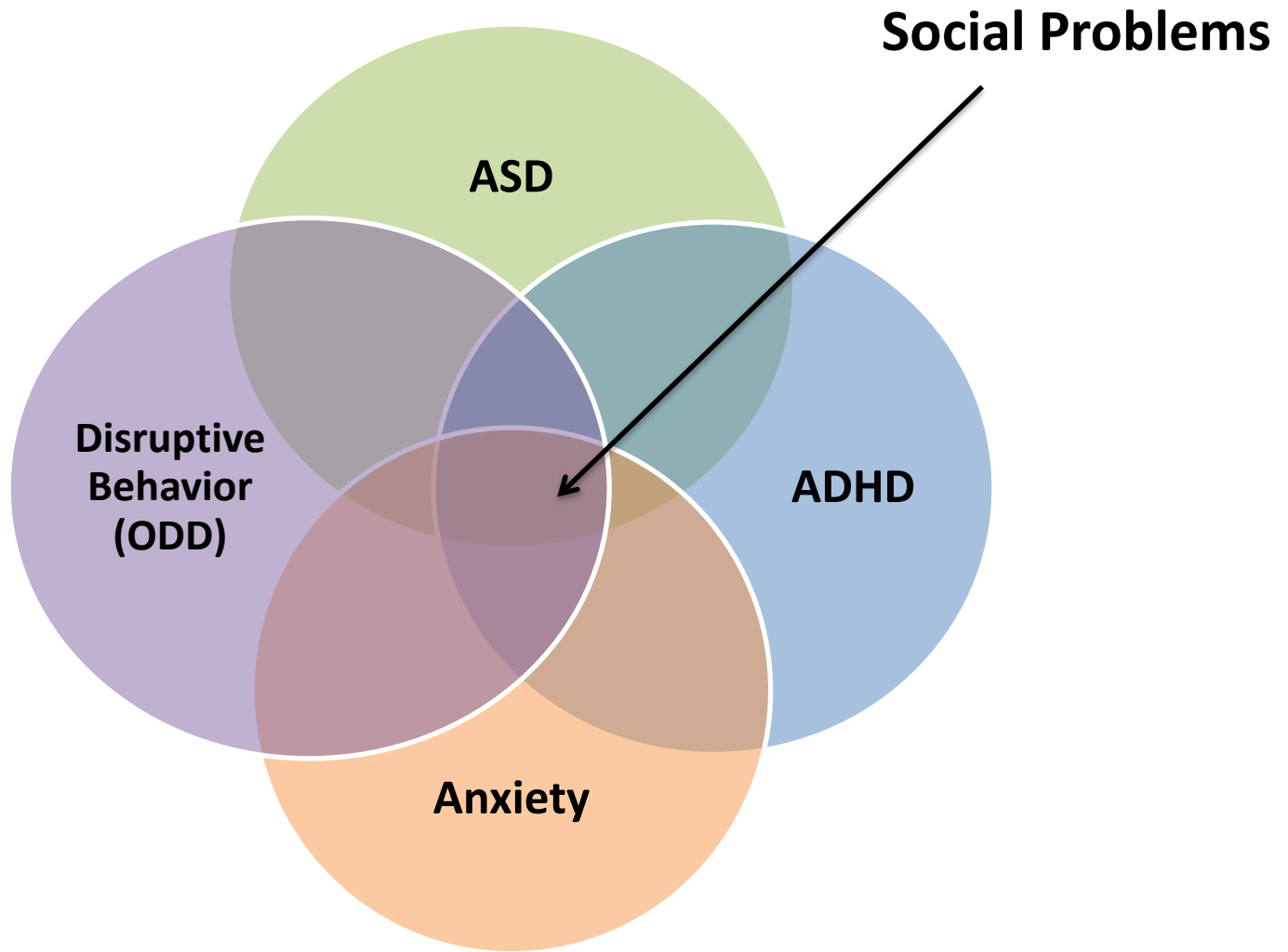


What ASD is NOT

Lack of Friends

- Has there ever been a time s/he had an easier time making friends?
- What do teachers/peers say about why s/he has a hard time making friends?
- Are there some appropriate friendships?





What ASD is NOT

Sensory Challenges

- Are these developmentally appropriate (e.g., food selectivity)
- Is the problem really sensory?
- Do the problems interfere with daily functioning?



When Should I Refer for Assessment?

- Symptoms reported across multiple domains (“positive” and “negative” symptoms)
- Clearly unusual repetitive behaviors
- Concerning symptoms at a young age
- Conflicting opinions from multiple providers



Components of an Assessment

- Parent and Child Interview
 - Developmental History
 - Language Development
 - Social-Communication Skills
 - Restricted and Repetitive Behaviors
 - Comorbid and/or Differential Symptomatology
- Behavioral Observations/Interview
- Behavior Rating Scales
 - Rule in and out other diagnoses



Autism Diagnostic Observation Scale (ADOS)

- Gold Standard for diagnosing ASD
- Provides a context for a semi-structured standardized observation of behaviors associated with ASD:
 - Communication (verbal and nonverbal)
 - Social interaction
 - Play and use of materials
 - Restricted and repetitive behaviors and interests
- Requires extensive training and supervision to administer



QUESTIONS

