

WHAT TO EXPECT IN AN AUTISM ASSESSMENT

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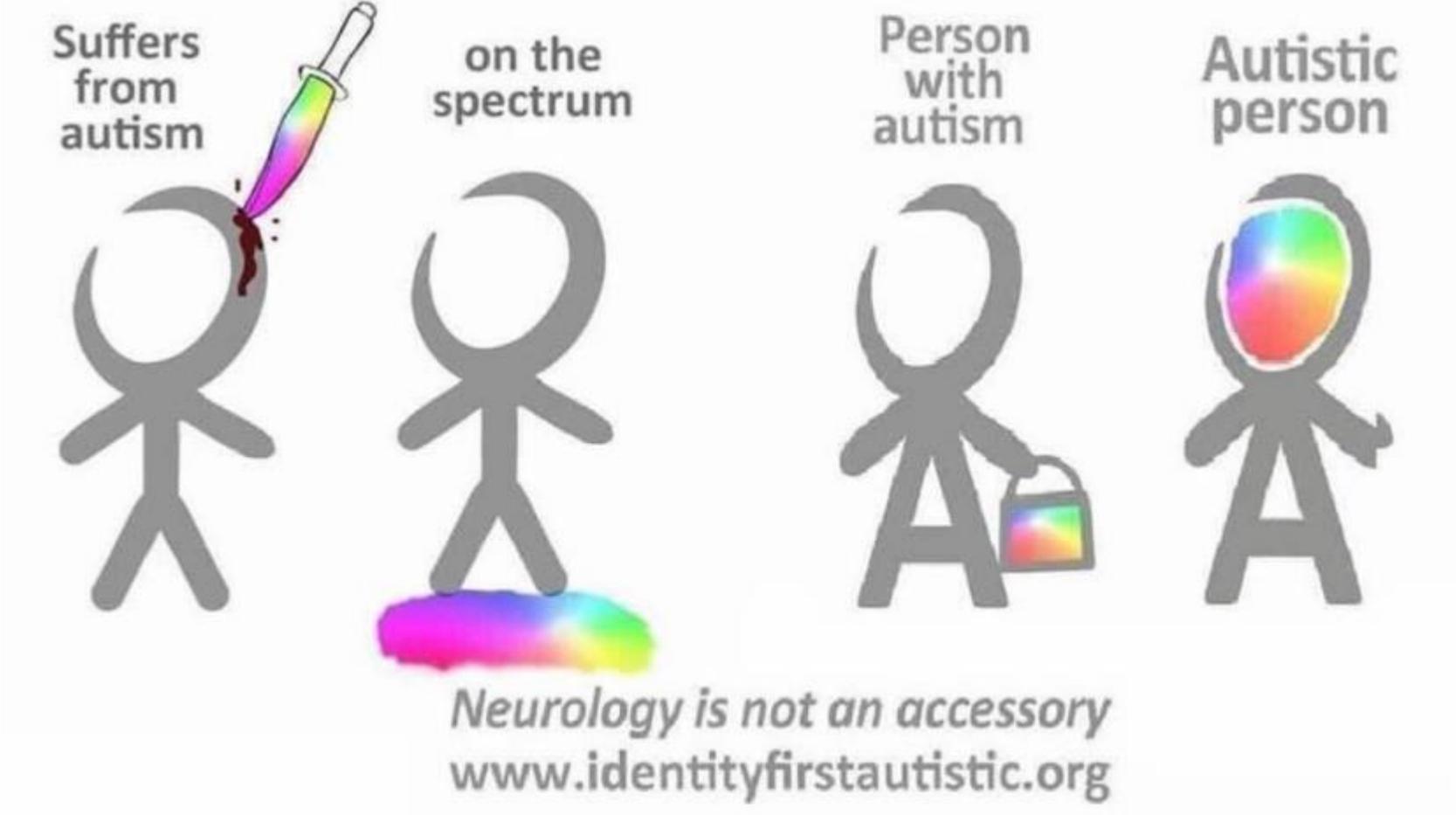
WHO AM I?

- Avital K. Cohen, Psy.D.
 - Licensed Psychologist in Georgia and Alabama
 - In private practice for over 8 years
 - Owner and Founder of Peachtree Pediatric Psychology
 - Member of the Georgia Autism Assessment Collaborative (GAAC) through Emory Autism Center
 - Former Army psychologist
 - Initially trained in autism assessment on internship at Brooke Army Medical Center (BAMC)



IDENTITY FIRST LANGUAGE

- Today you will hear me do my best to use **identity first** language, which is preferred by autistic individuals
- The medical community often uses the label “Autism Spectrum Disorder” or ASD as this is consistent with the ICD 10 and DSM 5
- Assessments generally occur within the medical model and use language that matches diagnoses that will be recognized by insurance companies



Please note this website is no longer active

WHY ASSESSMENT IS IMPORTANT

- Incidence rate
 - Currently, estimates are that 1 in 44 children are autistic
- Gender differences
 - Females often have a different presentation and can be missed – thus current estimates that autism is 4 times more common in boys than girls may be misleading
- Diversity
 - Autism occurs across all racial, ethnic, and SES groups

WHY ASSESSMENT IS IMPORTANT (CONTINUED)



Get answers



Develop a plan



Find strengths

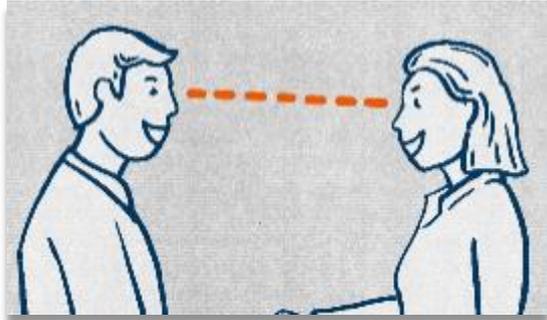


Access services

WHY IS AUTISM ASSESSMENT SO CHALLENGING?

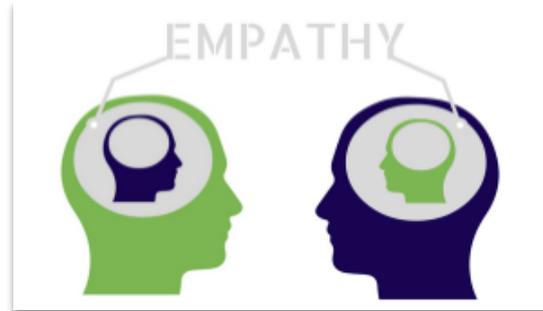
- There is no blood/genetic test
- There are often co-existing challenges (e.g., language delays, developmental delays, medical difficulties, executive functioning challenges)
- Masking (i.e., learning to project expected behaviors) can lead to missing challenges

SEVERAL⁸ MISCONCEPTIONS



Your child has such good eye contact – they can't have autism!

Some autistic individuals learn to mask their challenges or discomfort with eye contact



Autistic people don't have empathy

There is actually research to suggest a double empathy challenge for communication between autistic and allistic (i.e., non-autistic) people



Autistic people don't want friends

Many autistic individuals are very socially interested, but struggle to be socially successful, leading to eventual withdrawal

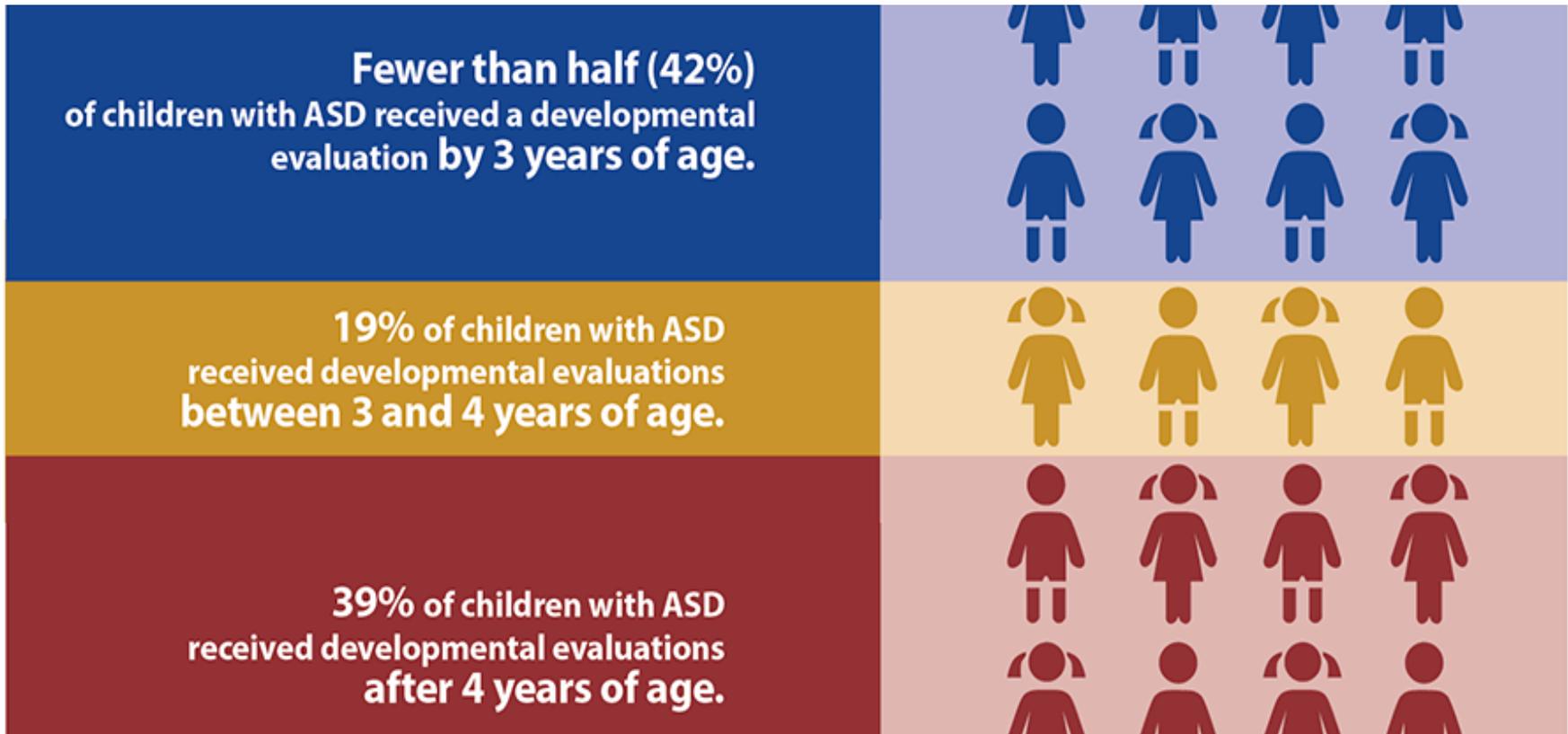
WHEN CAN AN ASSESSMENT BE DONE?

Some children can be identified as young as 15-18 months

Diagnosis is considered very reliable by age 2

But many children, adolescents, and adults are not diagnosed until much later

WHEN ARE ASSESSMENTS BEING DONE?



According to the CDC (<https://www.cdc.gov/ncbddd/autism/addm-community-report/delay-to-accessing-services.html>)

IS THERE A TEST FOR AUTISM?

No one single test is definitive

A combination of information is required

There are many tools that can be used

- The tools discussed are commonly used, but are not all the possible options a provider may use

Do scores alone give a diagnosis?

- No, they need to be understood in the context of a comprehensive assessment

WHO CAN COMPLETE AN ASSESSMENT?

Psychologist

Developmental
Pediatrician

Some other
specialists (e.g.,
psychiatrists,
neurologists, etc.)

HOW DO I FIND/PICK A PROVIDER?

- For all providers:
 - Important to find a provider that specializes in Autism
 - A licensed provider eligible to give diagnoses
- Psychologist – Psy.D. / Ph.D.
- Developmental Pediatrician – M.D. / D.O.
 - Not your regular pediatrician; development pediatricians have additional, advanced training
- Psychiatrist – M.D. / D.O.

PURPOSE OF ASSESSMENT



Diagnostic clarification



Understanding level of functioning



Aid in treatment recommendations



Find strengths

COMPONENTS OF ASSESSMENT

Clinical
interview

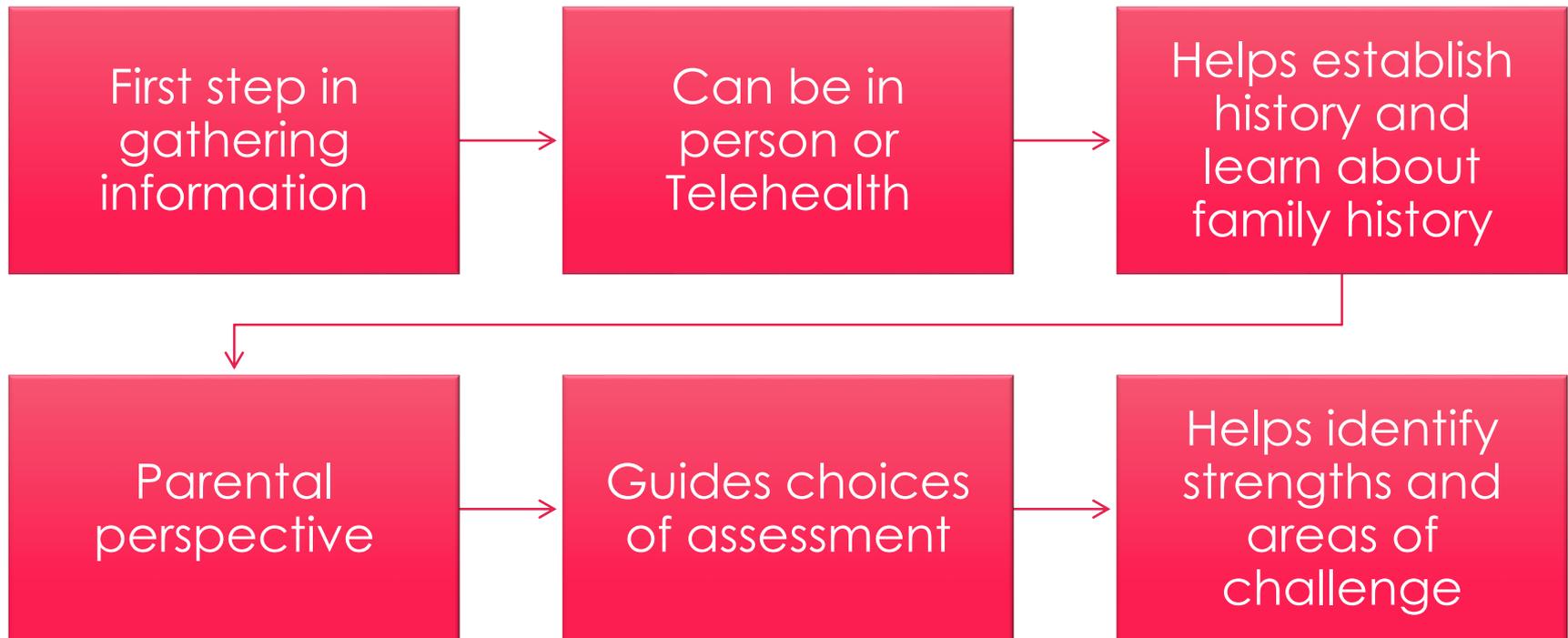
Behavioral
observations

Standardized
measures (i.e.,
formal testing)

Collateral
information
(e.g., teachers,
therapists)

Record review

CLINICAL INTERVIEW



CLINICAL INTERVIEW (CONTINUED)

- Questions can be about:
 - Social interactions/challenges
 - Repetitive behaviors
 - Special interests
 - How change is handled
 - Sensory differences
 - Use of eye contact
 - Stimming
 - Behavior
 - Emotions

“RED FLAGS”

- Some examples:
 - Avoiding eye contact
 - Limited interest in social interaction with peers and/or adults
 - Other social difficulties
 - Language delays or anomalies (e.g., less words/vocalizations than expected, echolalia, stereotyped language)
 - Difficulty with minor change/transitions
 - Sensory seeking and avoidant behaviors

“PINK FLAGS”

- Some examples:
 - Anxiety in social situations
 - Special interests that are more typical in topic but still stand out for intensity/depth of interest
 - Organization of items
 - Intense friendships that are not fully reciprocal
 - Pretend play that is more scripted or restricted
 - Nonspecific pacing
 - Unusual or subtle differences in motor mannerisms
 - Trouble understanding/expressing emotions
 - Trouble maintaining conversations

BEHAVIORAL OBSERVATIONS



Communication



**Repetitive behaviors/
Restricted interests**



**Sensory
differences**



**Response to
transitions**



**Play
behaviors**

PSYCHOLOGICAL TESTING

General behavior rating scales

Developmental functioning

Autism specific rating scales

Pragmatic language testing

Structured behavior assessment

Cognitive and/or academic testing

Adaptive functioning

GENERAL MEASURES

- What is included?
 - Many assessments will also evaluate some combination of cognitive abilities, adaptive functioning, language level, motor skills, executive functioning, and other areas
- This helps understanding strengths/challenges
- Also helps consider additional diagnostic considerations
- Vary based on age, level of language, etc.

COMMON AUTISM SPECIFIC MEASURES

- Also vary based on age, level of language, etc.
- Insurance coverage may also impact how many and/or which measures a provider can utilize
- There are also many overlapping measures to allow for differences in assessment
- No one measure should be used – provider expertise along with the tools ultimately guides diagnosis

COMMON AUTISM SPECIFIC MEASURES



- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)
 - Tasks depend on language level
 - For individuals that do not have fluent language, a parent or guardian is also present during testing
- Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition (MIGDAS-2)
 - Uses interview questions, sensory materials, and observations
 - Structured guidelines for getting information from caregivers and teachers
 - Tasks/questions depend on language level
- TELE-ASD-PEDS
 - Able to be administered completely remotely
 - Trained clinician guides parent or facilitator through tasks
 - Can only be used for nonspeaking toddlers

COMMON AUTISM SPECIFIC MEASURES

- Childhood Autism Rating Scale, Second Edition (CARS-2)
 - Information gained from observation and parent report
- Autism Diagnostic Interview - Revised (ADI-R)
 - Parent interview
- Gilliam Autism Rating Scale, Third Edition (GARS-3)
 - Parent and teacher rating scale
- The Social Responsiveness Scale Second Edition (SRS-2)
 - Parent and teacher rating scale
 - Self-report available for adults

COMMON AUTISM SPECIFIC MEASURES

- Clinical Assessment of Pragmatics (CAPs)
 - Video vignettes to assess social awareness/social language
- Social Language Development Test (SLDT)
 - Elementary and Adolescent versions
 - Assess social awareness/language

HOW LONG DOES THE ASSESSMENT TAKE?

Depends on age –
can be 2 hours of
assessment all the way
to multiple days

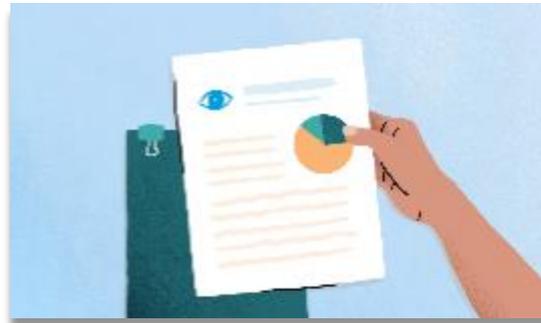
In addition to the time
administering the tests,
the provider is also
spending time scoring
and analyzing data

THE ASSESSMENT IS OVER- NOW WHAT?



Verbal Feedback

Depending on the setting, generally happens immediately or up to weeks or months after all parts of the assessment are completed



Written Feedback

A comprehensive report of the tests administered, findings, and recommendations

Will be needed to apply for services



Recommendations /Resources

Provider should point you in the direction of next steps

This often includes genetic testing, therapies, and school supports

SOME RESOURCES

- Current data and statistics on autism:
<https://www.cdc.gov/ncbddd/autism/data.html>
- Identity first language: <https://autisticadvocacy.org/about-asan/identity-first-language/>
- What should an Autism evaluation look like?
<https://childmind.org/article/what-should-evaluation-autism-look-like/>
- Double empathy: <https://www.spectrumnews.org/news/double-empathy-explained/>
- Masking: <https://neuroclastic.com/masking-and-mental-health-implications/>

QUESTIONS?

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