

INFORMATION SHEET*

RRCASD: Informing Families and the Community of Autism Spectrum Resources & Services

DIAGNOSTIC ASSESSMENT OF AUTISM SPECTRUM DISORDERS

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Overview

Symptoms of an autism spectrum disorder (ASD) are often seen prior to a child's third birthday, yet many children may not be diagnosed and receive ASD specific treatment until later preschool or early school age. This may be because symptoms of an autism spectrum disorder develop over time, rather than appear all at once. Additionally, there is a lot of variability in symptoms across children and therefore, not every child will show 'classic' symptoms of autism such as significant delays in language and social interaction, and repetitive behavior. Fortunately, over the past decade significant progress has been made in diagnostic research and more recently professional health care organizations such as the American Academy of Pediatrics are emphasizing the importance of early detection (screening) and diagnosis, so that the child can begin treatment as early as possible.

A diagnosis of an autism spectrum disorder is made on the basis of a child's behavioral profile. This means that the professional examining the child assesses both his/her typical behaviors and atypical behaviors, and evaluates this behavioral profile against typical child development benchmarks. The professional may first screen a child for an ASD, typically at his/her 18 and 24 month well-child visit (AAP, 2007). He/she may use a screening measure such as the Checklist for Autism in Toddlers¹, the Modified Checklist for Autism in Toddlers², the Childhood Autism Rating Scale³, or the Social Communication Questionnaire⁴. If the child's symptoms are such that he/she does not pass the screening measure, then the professional will refer the child for a full diagnostic assessment.

Diagnostic assessments for ASD should be comprehensive and completed by an interdisciplinary team with experience in the diagnosis of ASD. The team may include a developmental pediatrician for medical history taking and physical examination and testing, a psychologist for developmental testing, a speech-language pathologist for evaluating language and functional communication, a special educator to assess learning behaviors, and an occupational therapist for assessing motor and sensory processing needs. A comprehensive diagnostic assessment should include interview and history taking with the parent and direct evaluation of the child. A variety of measures may be used by each of the professionals on the team and examples are provided in the table below. Once all of the professionals have completed the evaluation they meet to discuss their clinical findings and impressions, come to consensus on a diagnosis, make recommendations for initial treatment plan development, and put all of this information into a report that is provided to the parents.

In some areas of the state and nation there is a shortage of a team of trained professionals to complete interdisciplinary evaluations. In these situations one licensed professional such as a clinical psychologist, child psychiatrist, or child neurologist with expertise in diagnosing ASD may make the diagnosis. In these situations it is important that the child receive the additional evaluations described above by other specialists in order to assist with initial treatment planning.

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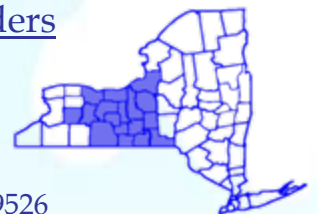


Table of Common Assessment Targets & Examples of Measures

Parent/Caregiver	Child
<ul style="list-style-type: none"> • Autism Symptoms <ul style="list-style-type: none"> -- Social Communication Questionnaire -- Autism Diagnostic Interview-Revised ⁵ -- Social Responsiveness Scale ⁶ • Adaptive Behavior <ul style="list-style-type: none"> -- Vineland Adaptive Behavior Scales-II ⁷ • Emotional & Behavioral Disorder/Psychiatric <ul style="list-style-type: none"> -- Child Behavior Checklist ⁸ -- Interview • Medical history report 	<ul style="list-style-type: none"> • Autism Symptoms <ul style="list-style-type: none"> -- Autism Diagnostic Observation Schedule ⁹ • Cognitive Ability <ul style="list-style-type: none"> -- Mullen Scales of Early Development ¹⁰ -- Stanford Binet-5th ¹¹ -- Wechsler Scales ¹² • Communication & Language <ul style="list-style-type: none"> -- Various standardized measures depending on age including a tests of functional communication and pragmatic language skills -- Observation • Emotional & Behavioral or Psychiatric <ul style="list-style-type: none"> -- Clinical observation & interview

Find Out More

To find out more about screening and diagnostic assessment for ASD, check out these resources:

American Academy of Pediatrics www.aap.org

First Signs www.firstsigns.org

Autism Spectrum Disorders: Knowledge Path http://www.mchlibrary.info/KnowledgePaths/kp_autism.html

Or, visit our website www.urmc.rochester.edu/childrens-hospital/autism Locate our Useful Links page to find these and other websites on ASD. Contact the RRCASD at the number listed below and ask to speak to our Information & Referral Specialist if you would like information on diagnostic resources in our region.

References

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- 8 Achenbach, T., & Rescorla, L. (2000). *Manual for the ASEBA Preschool Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.
- 9 Lord, C. et al., (2002). *Autism Diagnostic Observation Schedule Manual*. Los Angeles: Western Psychological Services.
- 10 Mullen, E.M. (1995). *Mullen Scales of Early Learning*. Circle Pines, MN: American Guidance Service.
- 11 Roid, G.H. (2003). *Stanford-Binet Intelligence Scales- Fifth Edition*. Itasca, IL: Riverside.
- 12 Wechsler, D. (2003). *Wechsler Intelligence Scale for Children- Fourth Edition*. San Antonio, TX: The Psychological Corporation.