

Components of an Effective Evaluation for Autism Spectrum Disorder

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Why is Evaluation Important??

“Individualized, intensive behavioral interventions, preferably beginning before age two-and-a-half or three, have provided the most dramatic and lasting improvements, in some cases resulting in normal to near-normal functioning. Any delay in diagnosis and referral to services can diminish the benefits of intensive, early interventions.”

(<http://www.nichd.nih.gov/publications/pubs/autism/QA/sub17.cfm>)

Information an Evaluation Can Provide

Diagnosis: Does this child have an Autism Spectrum Disorder or not?

Check-up: How much has the child progressed since the last evaluation?

Treatment Planning: What are the child's strengths and weaknesses? What areas need to be addressed and in what ways?

Areas of Functioning That Need to be Assessed

Social: social interest, joint attention, social reciprocity

Cognitive: visual-spatial skills, verbal skills, reasoning

Speech/Language: expressive and receptive language and vocabulary, and language pragmatics

Behavior: motor mannerisms, problem behaviors, motivators, reinforcement

Areas of Functioning That Need to be Assessed

(cont'd)

Play: functional, representational,
pretend/imaginative, parallel/cooperative

Gross Motor Skills: ambulation, balance, etc.

Fine Motor Skills: writing, self-help skills, etc.

Sensory Processing: sensitivity to stimuli, sensory-
seeking behavior

Adaptive: activities of daily living, level of
independence

Possible Elements of an Evaluation (Overview)

- Developmental History
- Review of Records
- Collateral Contact
- School Observation
- Parent and Teacher Checklists
- Behavior Observations during Evaluation
- Formal Testing

Developmental History

- *Information about development from birth to present
- *Information about all areas of development: social, cognitive, speech/language, fine/gross motor, play, adaptive functioning, behavior
- *Information about developmental milestones
- **Detailed* information about the child's social-emotional functioning, language development/use, and atypical behaviors and/or interests (“gold standard” is the Autism Diagnostic Interview – Revised, takes 2 to 3 hours)

Review of Records

Get an idea of the child's previous functioning if needed:

- *Previous evaluations (psychological, occupational therapy, speech/language therapy, physical therapy)
- *School records
- *Therapy progress notes
- *Medical records
- *Baby books, home videos, etc.

Collateral Contact

- *If needed, contact with others working with the child, such as teachers/paraprofessionals, treatment providers, etc.
- *Gather information about the child's functioning in other environments with professionals who have known the child for some time.
- *Get others' perspective about the child's strengths and weaknesses, as well as how the child has changed over time.

School Observation

- *IF feasible and helpful
- *Child should not be informed about the observation in advance
- *Observation should occur before the child ever meets the person doing the evaluation
- *Observe both structured and unstructured activities
- *Observe the child during lunch or recess

Parent and Teacher Checklists

*Provides information about the child's difficulties in the natural environment.

*Examples:

- Achenbach checklists
- Conners' rating scales
- Social Responsiveness Scale
- CHAT/M-CHAT
- Greenspan Social-Emotional Growth Chart
- Childhood Autism Rating Scale

Behavior Observations during Evaluation

*During structured and unstructured activities, informal observations are made regarding the three symptom clusters of ASD (i.e., social interaction, language, and stereotyped/repetitive interests and behaviors)

*Additional considerations include the child's:

Mood

Activity level

Cooperation/Motivation

Avoidance behaviors

Formal Testing

1. Social-emotional assessment: ADOS is “gold standard”
 - *Four modules available, based on the child’s verbal level
 - *Standardized observation of very specific behaviors regarding ASD during unstructured play, play with the child, other activities, and social-emotional questions
 - *Allows evaluation of social interaction, social-emotional reciprocity, use of verbal/nonverbal communication, pragmatic use of language, play, insight into social relationships, understanding of emotions, creativity, imagination, and stereotyped behaviors and interests

Formal Testing (cont'd)

2. Cognitive assessment

- *NOTE: Scores from cognitive measures are not used to determine ASD diagnosis, instead providing information about strengths and weaknesses and insight into how the child processes information.
- *All measures provide information about the child's performance compared to others his or her age.
- *Some tests also give age equivalent scores, especially helpful for those with significant delays.

Formal Testing (cont'd)

2. Cognitive assessment (continued)

- *Bayley Scales of Infant Development

- *Mullen Scales of Early Learning

- *Wechsler tests – WPPSI-III, WISC-IV, or WAIS-IV, depending on the child's age

- *Differential Abilities Scale – II

- *Leiter-R (completely nonverbal measure)

- *Woodcock-Johnson – III Tests of Cognitive Abilities

Formal Testing (cont'd)

3. Adaptive skills assessment

- *Determination of the child's *independent* functioning, or self-help skills in multiple areas.
- *Parent or teacher completes a checklist. The two most common measures to assess adaptive functioning are:
 - Vineland Adaptive Scales of Behavior – 2nd Edition
 - Adaptive Behavior Assessment System – 2nd Edition
- *Responses are based on what the child *actually does* independently on a daily basis without help or reminders, rather than what the child is *able to do*.

Formal Testing (cont'd)

4. Supplemental testing

- * Results from such testing do not determine a diagnosis of ASD; however, testing in one or more of the following areas can be helpful for treatment planning
- *Attention
- *Memory
- *Visual-Motor

Additional Considerations

1. When evaluating a child for ASD, it is important to rule out other disorders that might have symptoms similar to ASD. This is called **differential diagnosis**. Other diagnoses to consider (instead of OR in addition to ASD) are:
 - Intellectual Disabilities
 - Attention-Deficit/Hyperactivity Disorder
 - Language Disorders
 - Obsessive-Compulsive Disorder
 - Bipolar Disorder
 - Reactive Attachment Disorder

Additional Considerations (cont'd)

2. In many cases, particularly with children with less significant delays, some deficits may not represent total lack of ability in a skill area. It may simply be a failure to carry out the skill often enough, flexibly enough, or in a socially appropriate manner. Autism specialists are trained to detect these subtle nuances (see next slide).

Example: For eye contact, “Does the child make eye contact?” is not a good question. Need information on with whom, how often, how appropriately, etc., the eye contact is used.

“Because diagnosis of autism is difficult, only a health care professional who specializes in the treatment of children with autism should perform a formal evaluation and diagnosis for autism. However, ... professionals who are not specialists can assist in getting a person with autism the help he or she needs.”

(<http://www.nichd.nih.gov/publications/pubs/autism/QA/sub7.cfm>)

Additional Considerations (cont'd)

3. The evaluation ideally should be:

- Comprehensive

- Conducted across multiple disciplines (when not possible, get separate evaluations as needed)

4. Diagnosis should **NEVER** be based on one single source of information (i.e., only parents or only teacher)!

5. Diagnosis should **NEVER** be based on scores from one test or checklist (i.e., Childhood Autism Rating Scale or ADOS)!