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How Autistic Spectrum Disorders Are Diagnosed

If you suspect that a child you know has an autistic spectrum disorder (ASD), the first thing you should do is seek a diagnosis from a qualified professional. Though children can be classified as “autistic” in a school setting, they must receive a diagnosis from a qualified psychologist or physician. Ideally, this diagnosis should be informed by an interdisciplinary team of professionals including parents, teachers, a speech therapist and a psychologist who specializes in the diagnosis and treatment of autism. Developmental pediatricians, pediatric neurologists, and psychiatrists may also be consulted.

Upon a first meeting, the psychologist should take a comprehensive bio-psycho-social history from the parents/guardians. This will include developmental milestones and the medical history of both the child and his/her relatives, so you should bring along any records you have kept of any baby “firsts” as well as reports from doctors, school professionals and therapists. The psychologist will be looking for specific criteria for an autistic spectrum disorder, other disorders that can frequently co-occur with ASD, such as ADHD and anxiety disorders, as well as for evidence of a differential diagnosis—that is, a different diagnosis that would account for your child’s symptoms. Screening tools also may be used to assess whether your child is at risk for having autism. Common measures include the Modified Checklist for Autism in Toddlers (M-CHAT), for children 16 -30 months of age, and the Social Communication Questionnaire (SCQ) for children four years of age and older.

Next, it is important for the psychologist to conduct an observation of the child in a natural setting. The psychologist should observe the child interacting with same-age peers to get a sense of the child’s reciprocal social interaction skills as well as any behaviors that are interfering with a child’s ability to be successful in that environment. A functional behavior assessment may also be conducted to determine what occurs before and after undesirable behaviors, to better understand what is keeping them in place. This information can later be used to inform a behavior plan. The observation should be made before the child meets with and gets to know the psychologist to minimize the influence of the psychologist’s presence on the child’s behavior.

After the observation, the psychologist conducts testing to get a sense of the child’s abilities and need for intervention. Currently, there is no “test” for autistic spectrum disorders. There are, however, a host of standardized tools that can be used in the assessment process, such as the Autism Diagnostic Interview-Revised (ADI-R) and the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). These instruments allow the psychologist to collect information in a structured way that is proven to be both reliable and valid for making a correct diagnosis. In addition to these instruments, the psychologist may decide to conduct further testing to assess intellectual ability, social and emotional functioning, and the presence of other developmental delays. The psychologist will want to collect data from other people who currently interact with the child, such as educators or therapists and will want to incorporate a speech therapist’s evaluation into the assessment. If other sensory deficits or medical problems

are suspected, referrals to the appropriate professionals are made. Depending on what is needed, the assessment period may require multiple sessions.

Once all the data has been collected, the psychologist analyzes the data and compiles a detailed report. This report summarizes test data and explains in plain language why this information does or does not support a diagnosis of autistic spectrum disorder. The report also contains specific recommendations and referrals for next steps. All of this information is communicated to the parents/guardians in a feedback session. The psychologist ensures that the family members leave with an understanding of the results as well as a plan for what they will do to begin to address their child's difficulties.

Ultimately, a thorough assessment should:

- Use multiple measures, include the input of multiple people across settings, and should be based on multiple observations of the child.
- Provide a diagnosis with a clear explanation/rationale of how the psychologist arrived at that diagnosis
- Identify the child's abilities and strengths that can be built upon as well as the specific skills the child needs to develop
- Include specific recommendations for social and emotional development, behavior modification, educational methods/goals, and auxiliary therapies (speech, occupational therapy, physical therapy, etc.)
- Follow a child to school and provide a road map for intervention.

After the Assessment

Once your child has been assessed, you should share the assessment with early intervention providers or the child's school to inform appropriate educational placement and intervention. If your child is under five, you will need to contact Early Intervention

- For children 0 -3 contact Childlink at 215-685-4646
- For children 3-5 contact Elwyn at 215-222-8045
- For children older than 5, if you haven't already, you will need to request an evaluation from your school district. You should do so in writing and tell the school district that you want to sign the "Permission to Evaluate" form. The school district must complete the evaluation and give parents a written report within 60 days of the date you sign the permission to evaluate form. Note: The district has the right to reject an outside evaluation and complete its own. However, if you disagree with the results of that evaluation, you have a right to due process.

If your child is classified as needing Autistic Support, your child will receive an Individualized Education Plan (IEP). The plan should address your child's social, behavior, academic, speech, OT, and PT needs.

After a diagnosis, a psychologist can be helpful in: providing social and emotional support for parents, establishing behavior plans, attending IEP meetings, consulting to school personnel, facilitating connections to service providers, conducting parent training, facilitating social skills/emotional regulation groups for children, providing sibling groups for children.

To learn more about these and other services, contact me, Melissa Brand, Psy.D. at 215-514-4610.