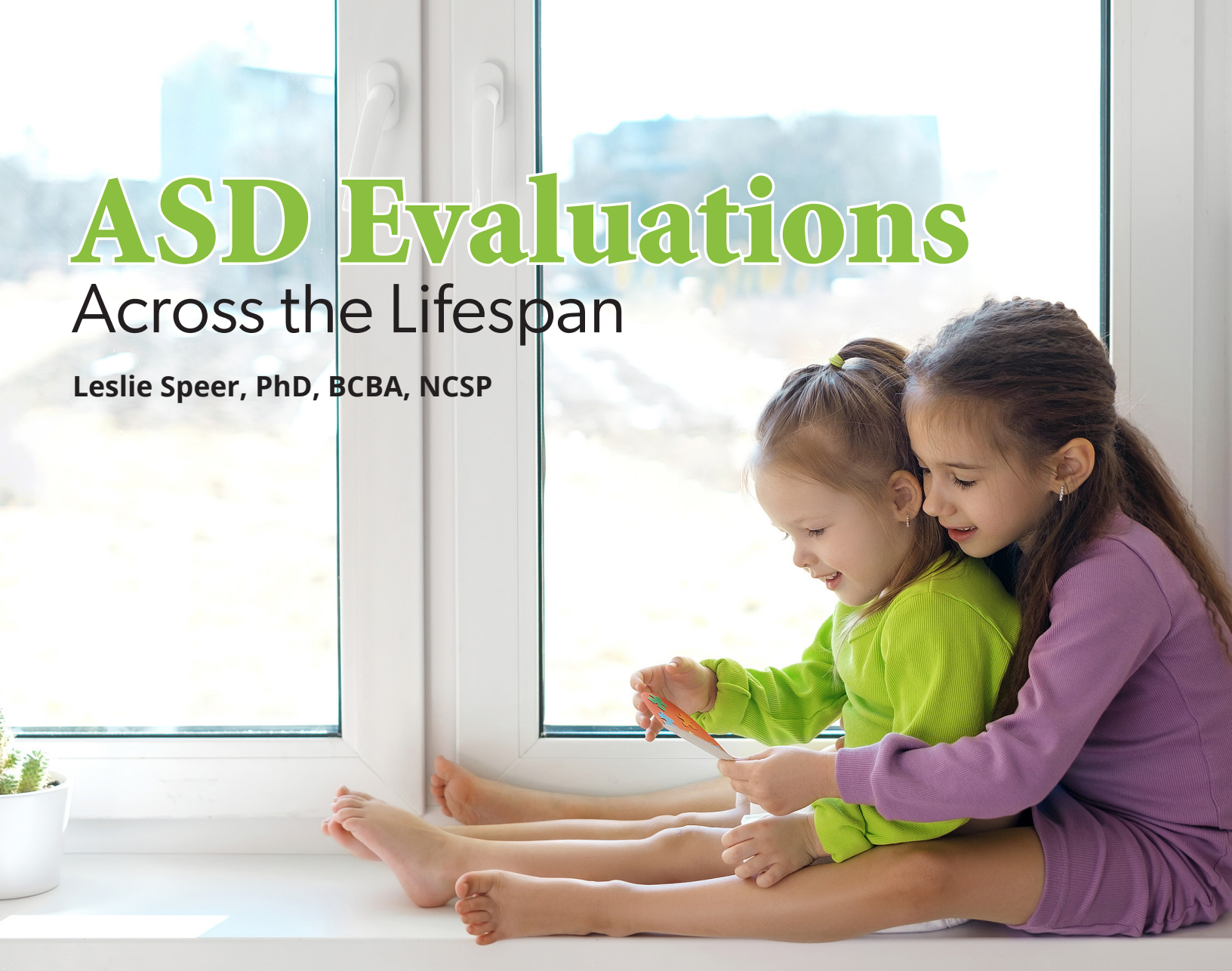


ASD Evaluations

Across the Lifespan

Leslie Speer, PhD, BCBA, NCSP



I have been conducting autism evaluations with individuals of all ages for fifteen years. Through this work I have had the opportunity to meet so many incredible people and families. This is what drives my commitment to provide quality evaluations to individuals of all ages, and to make sure individuals have access to appropriate supports following the evaluation, regardless of diagnosis.

Children, adolescents and adults come to my office for many different reasons. Younger children often come with some type of developmental delay, such as a delay in speech and language development. They may exhibit atypical behaviors, including limited eye contact or hand flapping. Adolescents participating in a first-time evaluation often have difficulty connecting with peers and forming social relationships. This can lead to symptoms of anxiety or depression. Many of the adults that I see experience stress from the loss of employment due to difficulties getting along with co-workers and supervisors, a strain in their marital relationship, or limited social interaction and relationships. These experiences, and others, prompt them to seek out an evaluation. The symptoms of Autism Spectrum Disorder (ASD) are different for each individual and vary at different ages across an individual's lifespan. The autism spectrum is expansive. As a result, evaluations of individuals at different ages, with different symptoms and needs, should be both different across the lifespan and individualized.

YOUNG CHILDREN

Multidisciplinary evaluations for young children typically include a psychologist, a medical provider, such as a developmental pediatrician or neurologist, and a speech pathologist. Caregiver input on development and behavior serves as an integral part of the evaluation process. As such, evaluations usually involve a caregiver interview, as well as direct observation of the child while playing and engaging with the caregiver and evaluation team. Gold standard assessment tools for this type of observation include the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), and Childhood Autism Rating Scale, Second Edition (CARS-2). A standardized speech and language evaluation, and a physical/medical examination are also conducted. Often, caregivers are asked to complete questionnaires about their child's development, communication, socialization and behavior. Since obtaining information from many different sources helps with diagnostic clarity and the formulation of treatment recommendations, all aspects of the evaluation process are important.

- ✓ Psychologist
- ✓ Medical Provider
- ✓ SLP
- ✓ Standardized Testing
- ✓ Direct Observation
- ✓ Caregiver Input/
Questionnaire

ADOLESCENT

While very similar to the process outlined above, an evaluation for an adolescent may be different depending on referral concerns and current needs. Absent medical concerns and developmental delays, an adolescent may not need to see a developmental pediatrician. Rather, they may benefit more from having a psychiatrist involved in the evaluation process to help assess possible comorbid symptoms, such as anxiety, depression or Attention Deficit-Hyperactivity Disorder (ADHD). In addition, an evaluation with a speech language pathologist may not be necessary if there are no concerns regarding speech and language development. However, given the fact that deficits in social communication, or pragmatic language, constitute one of the core symptoms of ASD, assessment of an individual's ability to communicate socially needs to be a part of an ASD evaluation. A caregiver's involvement continues to be vital to the evaluation process and typically includes an interview and questionnaires, as previously noted. Adolescents being evaluated should also have a voice and the opportunity to provide input regarding their own symptoms and difficulties. The way in which this information is gathered will vary with each individual. Some methods of gathering information may not be possible for individuals who are nonverbal or who have a significant intellectual disability. As outlined above, direct observation and standardized testing continue to be important aspects of the evaluation process.

- ✓ Psychiatrist
- ✓ Assessment of Social
Communication
- ✓ Direct Observation
- ✓ Standardized Testing
- ✓ Direct Input from
Adolescent
- ✓ Caregiver Input/
Questionnaire



ADULTS

While there are many challenges in evaluating adults, these can be addressed through flexibility and problem-solving. An important part of an autism evaluation is obtaining information about the early developmental period. Since gathering this information in adults can sometimes be difficult, if not impossible, it is vital to include in the evaluation process parents, caregivers and others who were a part of the individual's youth. Even if someone who can speak to early development is not available, it is very helpful to have a collateral source to provide information on social interactions, communication and behavior. Some aspects of what is considered to be part of an autism evaluation can be difficult for the individual being assessed to fully describe or address, such as eye contact, facial expressions and social reciprocity. Other individuals who can be helpful in the evaluation process include spouses, siblings, close friends, or extended family members. As is the case with adolescents, comorbidity is common. This makes assessing a broad range of symptoms beyond those of autism important. As a result, it can be very helpful and appropriate to have a psychiatrist as part of the multidisciplinary team. As noted above, standardized testing, direct observation of the individual being evaluated, and input from that individual are all essential.



Information on Early Development



Include spouse, siblings, friends in evaluation



Psychiatrist



Direct Observation



Direct Input from Adult

GOALS AND NEEDS

Parents and caregivers who seek evaluations for their children, as well as adults seeking to be evaluated, have many different goals and needs. Providers should be aware of these at the onset of the evaluation process, and strive to achieve these goals and provide support and recommendations around areas of need. I always tell families and patients that the goal of an evaluation is not simply to make a diagnosis, but to outline a plan and suggested next steps. Seeking an evaluation has typically been prompted by a concern or a struggle, and our goal is to address that concern or struggle in one way or another. While diagnostic clarity assists with the development of a treatment plan, it should be just the starting point. The recommendations that follow an evaluation should be as individualized as the evaluation process itself. Knowledge is power. The more we understand our child's learning style and development, the better equipped we will be to outline next steps and to identify needed resources. We will be better able to determine which people should be involved in our child's treatment, such as speech therapists, occupational therapists, behavioral therapists and others. This also applies on a personal level if we are the one seeking treatment. We are on a journey, and having a road map is essential. A diagnostic evaluation helps us develop that road map in an informed way, while acknowledging there will be many bumps and forks in the road in the course of this journey. We will be better prepared to handle those challenges, however, if we have built our starting point on a solid foundation.



Leslie Speer, Ph.D., BCBA, NCSP, is a Nationally Certified School Psychologist (NCSP) as well as a licensed clinical psychologist. Her areas of specialty include Autism Spectrum Disorders, Anxiety, Behavioral Concerns, Developmental Delay, Sibling Support, Whole Family Wellness/Support, Parent Coaching, Understanding your rights/your child's rights in school (IEP, 504 Plans, etc.) and how to advocate for your child in the school setting.

As Program Director at the Cleveland Clinic Center for Autism, Dr. Speer oversaw and coordinated multidisciplinary evaluations of children, adolescents, and adults suspected of having an autism spectrum disorder. Dr. Speer also coordinated a sibling clinic, medication monitoring clinic, and parent support groups, as well as offered consultation services regarding behavioral difficulties, treatment planning for individuals with an autism spectrum disorder, school difficulties, special education law, IEPs, 504 Plans, and advocating for student's needs in the classroom/school. Dr. Speer has since transitioned to Quadrant Biosciences & Frazier Behavior Health, as their Clinical Director, where she continues to provide support for individuals diagnosed with autism spectrum disorder and their families.

Dr. Speer has presented at various conferences and spoken at local organizations. Dr. Speer has been active as a member of the Milestones Autism Organization's conference planning committee and regularly presents workshops for this conference. In her free time, Dr. Speer enjoys spending time with her family, especially outdoors. She loves to garden, read, run, and bike ride.