



# Autism Evidence-based Practices in Assessment

Presented by Dr. Amy Esler and Dr. Stacey Brandjord

This module will explore autism assessment, a comprehensive process that goes beyond simply identifying whether a child meets diagnostic criteria. Because every individual with autism is unique, a good evaluation looks at the whole child—their strengths, challenges, and the specific supports that will help them thrive. The choice of tools should be tailored to the child's age, language level, and specific concerns.

## CRITERIA A AND B

To determine if a child meets the DSM-5 criteria, clinicians evaluate for persistent deficits in social communication and social interaction (Criterion A) and restricted, repetitive patterns of behavior (Criterion B). Information is gathered from two key sources: caregiver reports, which provide a developmental history, and direct observation, where a professional interacts with the child in real-time.

## CRITERION C

Criterion C states that symptoms must be present in the early developmental period. This is verified by gathering a thorough developmental history. The earliest concerns often appear between the first and second years of life, involving late talking or difficulties with social responsiveness. A clear loss or plateauing of skills can be a red flag for autism and should warrant an immediate referral.

## CRITERION D

Criterion D requires that symptoms cause clinically significant impairment in a child's current functioning. A key part of the evaluation is assessing a child's adaptive skills, or their ability to perform everyday tasks. Measures like the Vineland Adaptive Behavior Scales are used to evaluate skills in conceptual, social, and practical areas. In children with autism, adaptive skill scores are often lower than their cognitive scores, which is an important consideration for understanding their support needs.

## CRITERION E

Criterion E states that the social and behavioral difficulties should not be better explained by an intellectual disability or global developmental delay. This means a clinician must determine if a child's social abilities are lower than expected based on their overall cognitive development. A standardized cognitive measure should be included in every evaluation to help distinguish autism from other diagnoses, highlight a child's strengths and challenges, and inform future support planning.

## DETERMINING AUTISM "SEVERITY"

The DSM-5 provides three levels of severity, but these indicators do not work well in practice due to a lack of research and low agreement among clinicians. It is more useful to describe a child's unique profile and support needs rather than assigning a label that may not be accurate.

## **SPECIFIERS AND CO-OCCURRING DIAGNOSES**

A diagnosis of autism should include specifiers, such as whether it occurs with or without intellectual or language impairment. Co-occurring conditions like ADHD, anxiety, and sleep issues are common, particularly in younger children. These factors often reveal more about a child's support needs than the core symptoms alone.

## **ASSESSMENT FEEDBACK AND DIAGNOSTIC DISCLOSURE**

Providing a diagnosis to a family for the first time is a sensitive moment. Some families may feel relief, while others might feel worried or overwhelmed. A thorough assessment will have already given you a sense of a family's goals and what their biggest questions are. You can focus the feedback session on those questions to provide a clear diagnostic conclusion while focusing on the child's strengths and support needs.

## **ASSESSMENT BEYOND DIAGNOSIS**

The purpose of an autism assessment is to figure out how to help a child. A meaningful assessment looks beyond core symptoms to explore the full range of factors that impact a child's daily life. The assessment should be a foundation for individualized planning, connecting families with appropriate services, and empowering them to advocate for their child's needs.

## **PUTTING IT ALL TOGETHER**

A best-practice autism evaluation is a thoughtful, multi-faceted process that goes beyond simply checking diagnostic boxes. By gathering information from caregivers, directly observing the child, and using standardized tools to assess cognitive and adaptive skills, clinicians can provide a comprehensive picture that informs a meaningful path forward for the child and their family.