

Principles of Practice in the Context of ASD and ID

Level 0 - Evaluation and Comprehensive Assessment:

The goals of the initial evaluation and comprehensive assessment are to document the child's performance levels; functional abilities in cognitive, language, and social domains; contributions of genetic/metabolic etiologies; and presence of comorbid medical/neurologic disorders such as epilepsy.

The evaluation and comprehensive assessment includes:

- ◆ Detailed developmental and symptom history to assess the full range of psychiatric symptoms and disorders, (i.e., irritability, inattention, impulsivity, aggressive behaviors, repetitive, restricted behaviors, anxiety, depression, psychotic symptoms, and sleep disturbances) as well as impairment from these symptoms and disorders. The use of rating scales is highly recommended (See Box 1 on page 7).
- ◆ A full medical history and physical examination, including: vision, hearing, and dental screening.
- ◆ Assessment of diet/nutritional deficiencies, seizures, sleep disturbances, gastrointestinal problems (e.g., constipation, gastric reflux), and other medical problems.
- ◆ Special consideration of developmental speech, language, communication, neuropsychological, and educational assessments.
- ◆ Medication history, including over-the-counter, complementary, and alternative medicine.
- ◆ Treatment history, including behavioral therapies, occupational therapy, speech therapy, physical therapy, all medication trials, and complementary and alternative treatments.
- ◆ Assessment of family structure and functioning, including a safety assessment of the environment to identify:
 - ◇ Risk of harm to self or others
 - ◇ Nighttime wandering
 - ◇ Low safety awareness/ impulsivity (e.g., water safety)
 - ◇ Signs of abuse and/or neglect
- ◆ Behavior inventory using validated rating scales and checklists to document the occurrence of specific behaviors. For a list of rating scales and diagnostic checklists, see Box 1 on page 7.

For updated links to rating scales and checklists, visit floridamedicaidmentalhealth.org.

Based upon results of history and physical examination, consider as clinically indicated:

- ◆ Metabolic evaluation
- ◆ Comprehensive psychological evaluation
- ◆ Neurological consultation
- ◆ Genetic consultation



Level 1 - Evidence-Based Psychosocial Treatment and Other Non-Pharmacological Interventions:

Start with evidence-based psychosocial and other non-pharmacological interventions (e.g., occupational therapy, speech/language therapy). **Pharmacotherapy is not the primary treatment for youth with ASD and ID.**

Early intervention is of paramount importance to address the symptoms of ASD.

Aim non-pharmacological therapy at the most impairing target symptom first. Please note, the Florida Expert Panel has added recommendations specific to each condition reviewed. See *Use of Psychotherapeutic Medications in Children and Adolescents with ASD and ID* on page 9.

Recommended psychosocial and non-pharmacological interventions:

- ◆ Behavior therapy: e.g., Parent-Child Interaction Therapy (PCIT) for children under age 7; Parent Management Training (PMT) for children over age 7; Applied Behavior Analysis (ABA); Cognitive Behavior Therapy (CBT); and others
- ◆ Speech/language therapy
- ◆ Occupational therapy
- ◆ Physical therapy
- ◆ Social skills therapy
- ◆ Special educational services (academic and life skills)

Treat co-occurring medical problems (e.g., seizures).

Note: Medication changes and reactions warrant consideration as to the cause of disruptive behaviors.

Provide psychoeducation for parents/caregivers regarding ASD, ID, and co-occurring conditions.

Principles of Practice in the Context of ASD and ID *(continued)*

Box 1.

Recommended Rating Scales, Diagnostic Instruments, and Sleep Screening Tools.

Rating Scales:

- ◆ Modified Checklist for Autism in Toddlers (M-CHAT)
- ◆ Childhood Autism Spectrum Test (CAST)
- ◆ Vanderbilt Assessment Scales
- ◆ Childhood Autism Rating Scale, Second Edition (CARS-2)*
- ◆ Social Communication Questionnaire (SCQ)*
- ◆ Social Responsiveness Scale, Second Edition (SRS-2)*
- ◆ Conners Rating Scales*
- ◆ Aberrant Behavior Checklist (ABC)*

**Not available in the public domain*

Diagnostic Instruments:

- ◆ Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*
- ◆ Autism Diagnostic Interview — Revised (ADI-R)*

**Not available in the public domain*

Notes:

- Both the ADOS-2 and ADI-R are the “Gold Standard” to support the diagnosis of ASD if administered by qualified raters.
- The ABC can be used to assess medication responses.
- ABC, Vanderbilt, and Conners Rating Scales assess specific behavioral domains but are not screening tools for ASD.

Sleep Screening Tools:

- ◆ BEARS Sleep Screening Algorithm: Ages 2 to 18 years
- ◆ Children’s Sleep Habits Questionnaire (CSHQ): Ages 4 to 12 years
- ◆ Sleep diaries

For updated links, visit floridamedicaidmentalhealth.org.