

Diagnostic Clarification and Treatment Recommendations for TERM Autism Spectrum Disorder Evaluation - CHILD/YOUTH/NMD

See TERM Handbook sections on "[Required Format and Elements of a CFWB Psychological Evaluation](#)" and "[Specialized Optum TERM Panel Evaluations](#)" posted on Optum TERM Website www.optumsandiego.com/

Autism Spectrum Disorder Evaluation of a Child/Youth

This is a comprehensive psychological evaluation aimed at differential diagnosis of autism spectrum disorder. The evaluation must include validated autism specific diagnostic tools as well as the following elements:

- a. Review of educational and mental health records documenting child's status prior to the abuse/neglect, if available, to obtain estimate of pre-morbid functioning.
- b. Review of CFWB Jurisdiction/Disposition Report, other significant additional court reports i.e. those that document major changes in the child's situation.
- c. Review of the History of Child Placements report, if child has not just become a dependent.
- d. Review of child's most current Health and Education Passport.
- e. Collateral interviews and review of all available collateral data to obtain further clinical picture of the client's neurodevelopmental presentation (i.e. cognitive, language, social communication, behavioral, motor, social emotional, etc.) across different settings.
- f. Clinical interview and behavioral observation of the child.
- g. Individually administered, validated, and culturally appropriate neurodevelopmental measures to assess the various neurodevelopmental domains (i.e. cognitive, social communication, restricted and repetitive behaviors, etc.). Screeners will NOT meet quality review standards.
 - a. A comprehensive measure of cognitive/intellectual functioning that includes critical components of verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy. An IQ screener will NOT meet quality review standards.
 - b. Assessing adaptive functioning through the use of both clinical evaluation and individualized, culturally appropriate, psychometrically sound measures. Standardized measures are used with knowledgeable informants (e.g. parent/caregiver/family member, teacher, counselor, care provider) and the individual to the extent possible.
 - c. Standardized, structured behavioral observational measures (e.g. Autism Diagnostic Observation Schedule) that are empirically supported to observe the client's social, communications skills along with the presence or absence of rigid, repetitive, restricted patterns of behaviors, activities, and interests.
 - d. Other objective, standardized assessment measures with demonstrated reliability and validity to assess emotional and behavioral functioning along with trauma should be utilized whenever indicated and feasible. The impact of self-presentation on the validity of psychological and neurodevelopmental tools should be recognized and assessed.
 - e. Objective measures of personality and psychopathology, normed and validated with internal measures of validity/response bias, are required for all psychological evaluations, unless there is valid clinical justification for not doing so specified in the report (i.e., due to cognitive or psychiatric compromise, lack of age-appropriate measures, literacy limitations, or significant defensiveness invalidating results). An appropriate alternative is to rely on other assessment components (behavioral observation, collateral reports, clinical interview) and acknowledge potential consequent limitations in the report. The lack of normative data and objective scoring limit the usefulness of projective or "performance-based" instruments in the forensic context. Reliance on instruments that lack requisite scientific validity and/or reliability will not meet TERM standards for quality review.
- h. DSM-5-TR diagnosis including code specifiers.

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Diagnostic Clarification and Treatment Recommendations are needed. Please see the accompanying Evaluation Request Form (04-178) and review all provided history from the social worker to see why diagnostic clarification and treatment recommendations are needed at this time.

Autism Spectrum Disorder (ASD) evaluations are requested when there are concerns related to autism. In addition to the psychological evaluation, the focus is to further assess social communication and behavioral concerns consistent with autism. This type of evaluation is to use standardized, formal measures to comprehensively assess cognitive and adaptive functioning, social communication, social interactions, and restricted, repetitive patterns of behaviors, activities, and interests. Please note, a brief assessment using screening tools is not sufficient to provide diagnoses.

Evaluation narrative **MUST** include the following components:

1. Does the child meet the DSM-5-TR criteria for ASD? Please include supporting data and any specific recommendations to assist this youth. Does the child meet DSM-5-TR criteria for any other mental health diagnoses or other diagnostic considerations?
2. What is the child's cognitive/intellectual functioning?
3. What is the child's emotional and psychological functioning? Please include strengths.
 - a. What impact, if any, has this child's history of abuse, neglect, and/or multiple placements had on the development of emotional and cognitive regulation?
 - b. If there has been an increase in symptoms or inappropriate behavior reported by the SW, caregiver, or the therapist, what are the apparent or suspected precipitants?
 - c. Do you suspect that the child has experienced any new abuse/trauma that has not been disclosed to CFWB?
 - d. Are there any current alcohol or other substance use issues? If so, how might these impact the child's response to treatment?
4. For a child with this clinical presentation, what is the typical required length of treatment to see a significant reduction in symptoms and/or increase in psychosocial functioning?
5. Is continuation of therapy appropriate at this time? If so, are there specific treatment recommendations? Is there a specific treatment modality that may be most appropriate?
 - a. Are there specific cultural/linguistic considerations regarding intervention choice or approach?
 - b. Please identify specific adaptive/coping strategies or modalities that would best support this youth.