

I. CLINICAL HISTORY

| Recommended Procedure | Clinical Pearls |
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| <ul style="list-style-type: none"> Multi-informant assessment: gather history from youth, parent/guardian, others who know youth well as indicated Collaborate with and gather collateral information from school | <p>Pearl: Find more about Autism screening on the CDC website: https://www.cdc.gov/ncbddd/autism/hcp-screening.html</p> <p>American Academy of Child and Adolescent Psychiatry Autism Practice Parameters: https://www.jaacap.org/article/S0890-8567(13)00819-8/pdf</p> |
| <ul style="list-style-type: none"> Assess current functioning in different areas (family, peers, school, community) | <p>Pearl: Persons with autism may have developmental problems in multiple areas of functioning, including cognitive functioning, social, communication, imagination, and adaptive skills.</p> |
| <ul style="list-style-type: none"> Assess social functioning in different areas (family, peers, school, community) | <p>Pearl: Social interactions will be impaired across multiple domains; however, they may be most notable with same-aged peers. Children with ASD may interact better with younger children and/or adults. Difficulties in social competence will be more than what should be expected despite any intellectual impairments.</p> |
| <ul style="list-style-type: none"> Assess for developmental progress and history of early milestone delays | <p>Pearl: Deficits in the development of expressive language are one of the most frequent sources of initial concern for parents in children who will be later diagnosed with ASD. If there is a history of language delay - consider a speech and hearing assessment.</p> |
| <ul style="list-style-type: none"> Assess for delay in learning progress concerns | <p>Pearl: Educational assessment and assessment of learning disorders through the school or psychological testing can clarify possible co-morbidity.</p> |
| <ul style="list-style-type: none"> Assess for history of clinically significant trauma experiences | <p>Pearl: History of current or remote trauma may increase complexity of assessment and treatment planning; consider YAP-P consultation.</p> |
| <ul style="list-style-type: none"> Assess for typical day from waking, meals, afterschool, bedtime transition | <p>Pearl: Provide parental guidance around specific parenting challenges and begin to provide a framework for parent to think about enhancing structure.</p> |
| <ul style="list-style-type: none"> Assess for current or previous parental behavioral efforts | <p>Pearl: Target parental guidance, role of positive parenting and encouragement, empowering parenting vs discipline.</p> |
| <ul style="list-style-type: none"> Assess for current or previous mental health providers | <p>Pearl: Collaboration and information sharing with current mental health providers is essential to quality care.</p> |
| <ul style="list-style-type: none"> Assessing sleep | <p>Pearl: Assess sleep onset, quality, and duration. Provide guidance about recommended duration of sleep based on age.</p> |
| <ul style="list-style-type: none"> Assessing screen time use | <p>Pearl: Understand screen time amount and use, utilize AAP Tools, AAP Family Media Plan. www.healthychildren.org/English/media/Pages/default.aspx</p> |

YAP-P is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$445,000 with 20% financed by SCDMH. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Thanks to the Massachusetts Child Psychiatry Access Program supported by the Massachusetts Department of Mental Health for creating the original material that YAP-P has adapted for South Carolina.

II. MENTAL STATUS EXAMINATION

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| <ul style="list-style-type: none"> Behavior observation – assessment of level and type of interaction with clinician | <p>Pearl: Observe the patient’s ability to make eye contact, respond appropriately to questions, and engage in play. Note repetitive behaviors, flattened affect, and difficulty with back-and-forth conversation.</p> |
| <ul style="list-style-type: none"> Parent-child/child-sibling interaction observation | <p>Pearl: Does the child respond to parents and siblings appropriately? Does the child make eye contact with family without being reminded?</p> |
| <ul style="list-style-type: none"> Interview with child | <p>Pearl: Games or drawing tasks help with establishing a rapport with the child. Assess if the child can engage in back-and-forth play and note if the child draws the examiner’s attention to appropriate things.</p> |
| <ul style="list-style-type: none"> Interview with teen | <p>Pearl: Inquire about interests, friends, activities, and academics.</p> |
| <ul style="list-style-type: none"> Interview with parents | <p>Pearl: Children with ASD might tell you they have friends but may not understand that they do not have “typical” social relationships. It will be important to discuss with the parent privately to get the parent’s honest opinion about the child’s relationships.</p> |

III. MEDICAL WORKUP

| Recommended Procedure | Clinical Pearls |
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| <ul style="list-style-type: none"> Perform general standard medical assessment | <p>Pearl: General medical assessment is part of good medical care for youth. Notable physical features that may be observed in ASD are head circumference > 97th percentile and mild hypotonia. Be sure to check height and weight.</p> |
| <ul style="list-style-type: none"> Review the developmental history | <p>Pearl: Pay particular attention to social-emotional and language milestones, early communicative behaviors (pointing, use of eye contact, response to name), play skills (preoccupation with parts of toys, inappropriate use of toys), difficulties with transitions, repetitiveness, ritualized or stereotypical behaviors, sensory issues, and any regression.</p> |
| <ul style="list-style-type: none"> Review pregnancy and birth history, if available | <p>Pearl: Fetal alcohol syndrome can present with symptoms of ASD.</p> |
| <ul style="list-style-type: none"> Assessment of medical conditions that can present with symptoms of ASD (learning disabilities, hearing impairment, vision impairment, speech delay) | <p>Pearl: Neuropsychological testing can be utilized to explore the possibility of learning disabilities, either privately or through school.</p> |
| <ul style="list-style-type: none"> Assessment for other psychiatric conditions that can present with symptoms of ASD (social anxiety, depression, psychosis) | <p>Pearl: Onset of symptoms may help distinguish ASD from other psychiatric conditions. ASD should be present from a very young age. Other psychiatric conditions often develop later.</p> |
| <ul style="list-style-type: none"> Assessment of medical conditions and concurrent medical treatments that may affect treatment planning | <p>Pearl: Twenty percent of children with ASD also have epilepsy. Children with ASD may be more susceptible to GI disturbance and sleep issues.</p> |
| <ul style="list-style-type: none"> Assessment of whether any genetic disorders may be present | <p>Pearl: Evaluate for dysmorphic features. ASD can be comorbid with Fragile X and Tuberous Sclerosis, Angelman syndrome, or Smith-Lemli-Opitz syndrome among others.</p> |

IV. DIFFERENTIAL DIAGNOSIS AND CO-MORBIDITIES

| Recommended Procedure | Clinical Pearls |
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| <ul style="list-style-type: none"> ■ Anxiety disorders - i.e., social anxiety, generalized anxiety | <p>Pearl: Anxiety is commonly comorbid with ASD. Children with ASD can have rigidity and difficulty with change/transitions, as well as sensory issues, all of which can cause anxiety. Children with milder forms of ASD may be aware that they are socially awkward, which can cause social anxiety.</p> |
| <ul style="list-style-type: none"> ■ Learning disorders/intellectual disability | <p>Pearl: Learning disorders and intellectual disabilities are very common. Encourage a school assessment. Parents may need additional school support, IEP and/or 504 plan.</p> |
| <ul style="list-style-type: none"> ■ Depression | <p>Pearl: Depression can be comorbid with ASD. Normal early social development with social withdrawal later in life might signal depression as opposed to ASD.</p> |
| <ul style="list-style-type: none"> ■ Early psychosis | <p>Pearl: Early onset and prodromal psychosis for teens may present with troubles with cognitive function, thought blocking, loss of initiative, and social isolation. This would be a change from baseline, as opposed to ASD, which should be present in a very young child.</p> |
| <ul style="list-style-type: none"> ■ ADHD | <p>Pearl: ASD is commonly comorbid with ADHD. Utilize regular ADHD screening (Vanderbilt forms from home and school, history taking).</p> |
| <ul style="list-style-type: none"> ■ Reactive attachment disorder or severe early deprivation | <p>Pearl: These can present like ASD. Consider them in children with a history of trauma or neglect.</p> |
| <ul style="list-style-type: none"> ■ Rett disorder | <p>Pearl: Development is normal initially, with the onset of symptoms between 5-48 months, in F > M, head growth deceleration, and severe intellectual disability.</p> |
| <ul style="list-style-type: none"> ■ Social communication disorder | <p>Pearl: Social communication disorder is distinguished from ASD by the absence of restricted, repetitive patterns of behavior, interests, or activities.</p> |
| <ul style="list-style-type: none"> ■ Obsessive compulsive disorder | <p>Pearl: Individuals with OCD typically find their thoughts and behaviors distressing, while those with ASD do not. Children with OCD usually have normal social and communication skills.</p> |
| <ul style="list-style-type: none"> ■ Oppositional defiant disorder | <p>Pearl: Due to rigidity, people with ASD can become emotionally dysregulated when things don't go as they anticipated. Sometimes this can be hard for caregivers to understand as they may not have even known what the child was expecting.</p> |

V. TREATMENT PLANNING

| Recommended Procedure | Clinical Pearls |
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| <ul style="list-style-type: none"> Review child’s strengths and weaknesses and develop goals for treatment | <p>Pearl: Goals may include: improve social functioning and play skills, improve communications skills, improve adaptive skills, decrease nonfunctional (repetitive) or negative behaviors, and promote academic functioning.</p> |
| <ul style="list-style-type: none"> Referrals | <p>Pearl: Consider early intervention for younger children: speech therapy/social pragmatics, occupational therapy/sensory processing and/or physical therapy, as appropriate.</p> <p>Also consider referrals to:</p> <ul style="list-style-type: none"> DDSN, Autism Division: https://ddsn.sc.gov/ddsn-divisions/autism/service-overview Family Connection of SC: www.familyconnections.sc.org/ |
| <ul style="list-style-type: none"> School | <p>Pearl: The child will need evaluation for an IEP and social, emotional, and academic supports in school as appropriate.</p> |
| <ul style="list-style-type: none"> Therapy | <p>Pearl: Applied Behavior Analysis (ABA) is recommended for children with ASD. Children may also benefit from social skills groups. Parents may benefit from parent guidance to manage difficult behaviors.</p> |
| <ul style="list-style-type: none"> Psychiatric treatment | <p>Pearl: There are no medication interventions currently approved for ASD. However, patients may benefit from treatment of psychiatric comorbidities or may require medication intervention if they are displaying aggression or self harm.</p> |
| <ul style="list-style-type: none"> Sleep | <p>Pearl: Many children with ASD have sleep disturbance. Maximize sleep hygiene. Consider a referral to sleep medicine to rule out sleep apnea or other sleep disorders.</p> |

VIII. RESOURCES

CDC Information for Healthcare Providers on Autism Spectrum Disorder www.cdc.gov/ncbddd/autism/hcp-screening.html

South Carolina Department of Disabilities and Special Needs (DDSN), Autism Division <https://ddsn.sc.gov/ddsn-divisions/autism/service-overview>

Family Connection of South Carolina www.familyconnections.sc.org/

Vanderbilt Assessment Scales – Parent and Teacher Informant Scales <https://nichq.org/resource/nichq-vanderbilt-assessment-scales>

American Academy of Pediatrics Family Media Plan
<https://www.healthychildren.org/English/fmp/Pages/MediaPlan.aspx>

Autism Speaks www.autismspeaks.org

Autism Spectrum Disorder: Parents’ Medication Guide, 2016, American Academy of Child & Adolescent Psychiatry and the American Psychiatric Association.