



Student and Community Services *Psychological Services*

Pervasive Developmental Disorder/Autism

Psychological Assessment Checklist

A full assessment should include:

- Developmental History: cover prenatal, birth history and early development
- OSR Review: document social/communication problems that interfere with classroom performance
- Observation: direct behavioural observation of the child should be pursued, with a particular focus on unstructured social settings, such as the school yard, daycare or home
- Cognitive Assessment: evaluate cognitive ability and any other learning disorder
- Adaptive functioning assessment: administer a survey to parents/teachers to examine the pattern of adaptive skills
- Autism Rating Scale: administer an autism rating (e.g., Childhood Autism Rating Scale) scale that systematically evaluates the child's functioning in a variety of areas

Other sources of information:

Communication Assessment: to be completed by a Speech-Language Pathologist. This would include examining vocabulary, semantic and syntactic knowledge, as well as features of communicative intent and language pragmatics. In a nonverbal child, nonverbal communicative skills would be evaluated (use of gestures and pragmatic skills). Hearing should also be checked.

Medical Assessment: to be completed by a physician (e.g., pediatrician, neurologist, psychiatrist, etc.). This type of assessment is recommended to determine the need for other medical studies (e.g., genetic studies, neurological assessment, endocrine studies etc.) There may also be co-morbid neurological and psychiatric conditions, such as ADHD, tics and anxiety disorders which also need to be addressed.

Diagnosis of PDD/Autistic Disorder: The Specifics

Autistic Disorder is a diagnosis within the category called Pervasive Developmental Disorders. The other diagnoses within this category include Rett Disorder, Childhood Disintegrative Disorder, Asperger Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (NOS). A differential diagnosis using DSM-IV or ICD-10 is necessary to confirm a diagnosis within this spectrum.

In diagnosing Pervasive Developmental Disorders, behavioural observations, psychometric measures, clinical judgement and qualitative information must be considered in coming to the diagnosis. It is also important to consider a wide range of childhood disorders that could account for the behavioural symptoms, before making any diagnosis.

- Developmental History:

The onset of the problem must be before age 3 (it is important to establish the age of onset of symptoms to assist in the differential diagnosis). Also, check for deterioration of any previously acquired skills, and note the age of onset of the deterioration.

There should be evidence of a qualitative impairment in social interaction and in communication (evident in Autism but not evident in Asperger Disorder), along with restricted repetitive and stereotyped behaviour, interests and activities. DSM-IV is specific about the number and distribution of these characteristics to qualify for diagnosis. Delays or abnormal functioning are seen in social interaction, language as social communication or social/symbolic play.

Be sure to obtain information about pregnancy and the child's early development, developmental course of the symptoms, and the current symptoms. Enquire about motor development, emotional attachments, communication and language development and self-care skills. Screen for prenatal stress, prenatal complications, degree of environmental stress, and deprivation. Probe for present and past stresses in the family that could impact on the child.

Also obtain a medical history from the parent (or medical practitioner), including allergies, gait abnormalities, infectious history and courses of treatment. Also, vision and hearing should be checked.

- Review of the OSR:

Seek information on behavioural symptoms reported since school entry and the course of the symptoms, noting a persistent pattern of autistic symptoms throughout the years that

interferes with classroom performance.

- Observation:

Direct behavioural observation of the child should be pursued, with a particular focus on unstructured social settings, such as the school yard, daycare or home. Distributed observations over several occasions are preferable to single session observations. Be sure to observe and define the child's strengths, including how the child communicates his or her needs and the child's preferred modality of communication.

- Cognitive Assessment

A complete cognitive assessment is very important. If the child is able, administration of the WISC-III/WIAT is recommended. For non-verbal children, the KABC, DAS and/or the Leiter-R are recommended. Autistics typically show a Verbal/Performance discrepancy. Asperger's will not show a severe language deficit and will fall within the average range to above, cognitively. Typically, on the WISC-III, there will be significant weaknesses that show up on Comprehension and Picture Arrangement. Block Design and Digit Span will be relatively high.

As some children with autistic disorder will not respond well to standardized tests, informal observations of behaviour and knowledge of developmental norms will be useful. Cognitive levels and patterns of strengths and weaknesses are necessary for educational identification and placement purposes. Note that extremely low cognitive functioning is not a defining characteristic of autistic disorder.

- Adaptive Behaviour Evaluation:

Use a standardized adaptive behaviour rating scale, based on reports of the parent/guardian and, where possible, the teacher or daycare provider. A characteristic profile shows strengths in Daily Living and Motor skills, but significant deficits in Socialization and Communication.

- Autism Rating Scale:

An objective measure relating the child's behavioural symptoms and developmental levels to symptoms of autistic disorder should be completed. Results from this can be used to match the child to the DSM-IV criteria. A behavioural rating scale completed by the parents and the teacher, could also be administered to determine the extent of other

clinical symptoms.

Suggested Questionnaires and Behavioural Rating Scales:

Adaptive Behaviour Scales

Scales of Independent Behaviour-Revised
Vineland Adaptive Behaviour Scales

Behaviour Scales Specific to Autistic Disorder:

An Autism Screening Protocol
Autism Behaviour Checklist
Autism Behaviour Interview
Autism Diagnostic Interview-Revised
Behaviour Rating Instrument for Autistic and Other Atypical Children
Childhood Autism Rating Scale

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