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## **Autism Spectrum Disorder (ASD) Diagnostic Strategies and Treatment Approaches**

### **I.**

#### ***Assessment Protocol:***

My comprehensive clinical assessment for Autism Spectrum Disorder includes the following:

1. Clinical interviews of parents detailing Social and Family history, Academic history, Medical and Psychiatric History, Developmental Milestone History, and history of presenting problems/symptoms.
2. Clinical interview with child and parents observing verbal and non-verbal communication
3. Comprehensive Behavioral Inventories
4. Executive Functioning Inventories assessing Behavioral, Emotional, and Cognitive Regulation levels
5. Social Responsiveness Scales
6. Adaptive Functioning Scales
7. Autism Spectrum Rating Scales
8. Intelligence Testing
9. Achievement Testing
10. Auditory and Visual Continuous Performance Testing
11. Personality Testing for those ages 12 and above

***In a detailed description of developmental milestones to assess for Autism Spectrum Disorder, they include the following:***

1. Child responding to their name by twelve months of age.
2. Child pointing finger to items of interest by fourteen to eighteen months of age.
3. Child demonstrating eye contact between ages twelve to twenty-four months.
4. The ability to play simple interactive games by 12 months.
5. The ability to use hand gestures waving hello and good-bye by 15 months
6. The ability to display facial expressions by 9 months

### **II. In addition to obtaining a clinical history, the parents are interviewed regarding their *child's DSM-5 Autism Spectrum Disorder diagnostic deficits in:***

- a) *Social communication.*
- b) *Restricted and repetitive behaviors.*
- c) *Intellectual and/or learning deficits.*
- d) *Expressive and receptive language deficits noted both by teachers and parents.*
- e) *Academic performance and past testing results of their child. (One third of Autism Spectrum Disorder individuals experience intellectual disabilities and significant verbal deficits.)*
- f) *The parents are asked about their child's displays of facial expressions of emotion by nine months of age.*
- g) *Parents observations of their child's ability to share enjoyment with caregivers.*
- h) *Child's ability to maintain eye contact with caregivers and others.*
- i) *Other specific developmental milestones to assess:*

1. The parents' perspective on their child's ability to play simple interactive games by twelve months.
2. Their child's ability to use hand gestures such as waving goodbye by age fifteen months.
3. The ability of their child to utilize words and phrases at expected developmental stages.

**j) Specific language milestones to assess:**

1. Is the child babbling by ages seven to ten months?
2. Are they expressing their first words by twelve months?
3. Are they combining words by twenty-four months into phrases?
4. Are they able to use hand gestures to point to objects of interest?

- h) **The child's behaviors are assessed** at home, school, and in the community during parent clinical interviews gathering history of:

*Peer relations.*

*Unusual reactions to sensations.*

*Echolalia – the immediate or delayed repetition of speech.*

*Imaginative play.*

*Congruent sensory responses consistent with the stimuli.*

*Self-help skills including:*

*a) age-appropriate dressing; b) toileting; c) bathing; d) feeding self; e) grooming including brushing teeth, washing hands after using the restroom and before eating meals, and before going to sleep at night.*

### ***III. Clinical assessments administered in the Assessment of Autism Spectrum and related Disorders:***

1. **Behavioral Assessment Scale for Children-Third Edition (BASC-3)** (Parent, Teacher, and Self-reports). (The Self-report version is limited to children ages 8 and above).

2. **Behavior Rating Inventory of Executive Functioning-Second Edition (BRIEF-2)**, (Parent and Teacher forms).
3. **Autism Spectrum Rating Scale (ASRS).**
4. **Social Responsiveness Scale-Second Edition (SRS-2).**
5. **Adaptive Behavior Assessment System-Third Edition (ABAS-3).**
6. **Wechsler Intelligence Scale for Children-Fifth Edition. (WISC-5)**
7. **Wechsler Individual Achievement Test-Fourth Edition. (WIAT-4)**
8. **Integrated Visual and Auditory Continuous Performance Test-Second Edition. (IVA-2)**
9. **Personality Assessment Inventory-Adolescent Form (PAI-A) (for those ages 12-17); PAI for those 18 and older).**

The Behavioral Assessment Scale for Children-Parent, Self, and Teacher Rating Scales, Third Edition are excellent general inventories of social, behavioral, and emotional functioning that offer scales that are sensitive to **Autism Spectrum Disorder such as withdrawal and atypical behavior scales.**

The **Behavior Rating Inventory of Executive Functioning-Second Edition** assesses global emotional, behavioral, and cognitive regulation abilities, which are frequently significantly impaired among the Autism Spectrum population.

The **Autism Spectrum Rating Scale** for those ages 2 through 18 assesses social communication, unusual behaviors, and self-regulation deficits.

The **Social Response Scale-Second Edition** assesses social awareness and cognition, restricted and repetitive behaviors, social motivation, and social cognition skills.

The **Adaptive Behavior Assessment System-Third Edition** measures adaptive skills important in everyday life such as communication skills, social skills, skills in effective home and community living, as well as the ability to engage in leisure activities, and care for one's personal health and safety.

The **Wechsler Individual Achievement Test-Fourth Edition** assesses for learning/academic deficits and strengths in the areas of oral language, written language, reading, and writing skills.

The **Wechsler Intelligence Scale for Children-Fifth Edition** assesses verbal and non-verbal intellectual abilities, crystallized intelligence which assesses long term memory abilities for vocabulary and general fund of information. It also assesses non-verbal abstract reasoning as well as verbal abstract reasoning abilities and the ability to demonstrate verbal comprehension and expression abilities, auditory and visual working memory, fluid/abstract reasoning abilities

as well as visual spatial abilities and processing speed for auditory and visual cognitive tasks.

The **Integrated Visual and Auditory Continuous Performance Test-Second Edition** is a strong neuropsychological measure of auditory and visual signs of Attention Deficit Hyperactivity Disorder which is a common comorbid disorder among the Autism Spectrum population.

Finally, the **Personality Assessment Inventory-Adolescent Form** assesses for comorbid mental disorders such as depressive and anxiety disorders, bipolar disorder, psychotic disorders as well as signs of future personality disorders such as borderline and antisocial personality disorder.

#### *Special considerations when assessing females for Autism Spectrum Disorder:*

**Special consideration of masking behaviors by females lead to focusing on more subtle signs of autism than the more overt signs of autism typically observed in boys. Girls may be more likely to mimic or rehearse neurotypical interactions and may appear shy or polite, which can lead to fatigue from masking. Nevertheless, they still struggle to understand subtle emotional cues, and engage in effective reciprocal and empathic communication.**

#### *IV. Autism Spectrum Disorder Treatment Approaches:*

1. For very young children **Applied Behavioral Analysis (ABA)** is recommended by a certified ABA therapist to improve intellectual functioning, adaptive behavior, and social functioning. This approach utilizes positive reinforcement to teach specific behaviors, such as social skills, and communication abilities by breaking them down into small “baby steps.” The focus is on very structured steps, using rewards with each successful step completed.
2. **Occupational therapy** is an effective adjunct to ABA to improve the child’s daily living skills, motor skills, sensory regulation, social participation and play, and leisure skills to build independent living skills. Real life practice of realistic scenarios are completed to build confidence outside of therapy without needing a positive reinforcement system..
3. **Parent counseling** is recommended to assist the parents in both being more in-tune with their child’s sensory, behavioral, and emotional needs, and in developing basic family rules and expectations for their child’s behavior. Also, the work with parents encourages building a strong incentive system to encourage their child for successful completion of basic activities of daily living, such as: bathing, toileting, handwashing, preparing for bedtime, brushing teeth, eating meals at a dining table, dressing for school, preparing for sleep, and picking up after themselves. Additionally, Parent Counseling is utilized to both teach and practice non-violent communication and behaviors including keeping hands and feet to self, refraining from screaming, and using inappropriate language toward family members, adults, and peers.
4. The parents are also advised to firm limits regarding use of omnipresent electronic devices that autistic children and adolescents are particularly susceptible to over-utilizing,

such as smart-phones, tablets, and computers,

5.

***Individual and Family Therapy Approaches***

6.

7. **Family therapy** is utilized to help the child practice in real time, age-appropriate non-violent verbal communication with parents and siblings, as well as practice engaging in reciprocal communication in which they show interest in others' thoughts, feelings, interests, and needs, as they move into adolescence and beyond. The parents are also encouraged to practice reciprocal communication with their child outside of therapy sessions, emphasizing the importance of listening without interrupting, summarizing the content of what the child hears from the other, and encourages the other to share more of their thoughts about whatever interests them.

8. **Individual therapy** is recommended for individual older children and adolescents who are relatively verbal and motivated to working on their:

- a) Self-improvement in the areas of adaptive functioning weaknesses.
- b) Communication skills building.
- c) Academic skill building.
- d) Social skills training in which roleplaying reciprocal empathic communication is highlighted.
- e) Individual therapy also encourages the child to develop healthy eating habits, exercise levels and sleep hygiene that supports their overall emotional, cognitive, and social wellbeing.
- f) Individual and family therapy is recommended to treat comorbid symptoms of depression, anxiety or other mental disorders that may be present in the comprehensive treatment of the child.
- g) Individual therapy also is utilized to help the child/adolescent with learn self-soothing skills, and when to advocate for themselves when dysregulated by seeking a safe and quiet space and time to cool off to effectively regulate their emotions and behaviors.
- h) Work with parents to advocate for student regarding setting up and Individualize Education Program (IEP) or 504 plan to develop accommodations in the school regarding the following:
  - 1. Creating sensory breaks
  - 2. Establishing quiet spaces
  - 3. Offering Social Skills Groups
  - 4. Establishing counseling support in school
  - 5. Encouraging access to Speech and Language Pathologists for communication skill building

6. Providing academic tutoring in specific areas of academic weakness
7. Creating opportunities to limit homework by offering opportunities for completing academic work at school

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