Case Presentation

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Multidisciplinary Evaluation

- Patient Presentation
  - Difficult differential diagnosis
  - Question about cognitive level
  - Very subtle or complex symptoms
  - Some ASD symptoms with multiple co-existing concerns
  - Complex medical or psychosocial history
- Domains assessed
  - Cognitive functioning
  - Adaptive functioning
  - Social, emotional, and behavioral functioning
  - Communication
  - Comprehensive medical examination
  - Sensory and motor functioning
  - Family functioning

Child Development Clinic (3-9 years)

DBP (Day 1)

- Initial evaluation is completed by DBP, parent/teacher questionnaires are completed and reviewed, suspect ASD but not clear presentation
- Refer to Child Developmental Clinic, DBP enters neuropsychology referral
- Front desk schedules and notifies pediatric rehab to schedule SLP and OT evaluations

SLP and OT (Day 2 & 3)

- Speech and language evaluation is completed on separate day
- Occupational therapy evaluation is completed on separate day

DBP and NP (Day 4)

- DBP and Neuropsychologist team meeting, review paperwork
- DBP completes physical exam and ADOS-2. Neuropsych completes cognitive and adaptive assessment on same day

DBP, NP, SLP, OT (Day 4)

- DBP, NP, SLP, OT team huddle to review scores, discuss assessment findings, agree upon diagnoses, and formulate recommendations

DBP and NP (Day 4)

- Feedback session with family

7 yo female

- Current sx
  - Inattention
  - Difficulties with social interaction
  - Anxiety and compulsive behaviors

- Previous dx
  - ADHD, Combined presentation
  - Language Delay
  - Anxiety Disorder

- Birth
  - 38 weeks gestation. 7 lb,15 oz.
  - Unremarkable

Medical
  - Amphetamine-dextroamphetamine ER 10mg daily
  - EpiPen as needed
  - No sleep concerns
  - Picky eater but growing well

- Family History
  - Father – ADHD, LD, bipolar disorder.
  - Mother - anxiety and depression.

- Social - Lives with mother and mother's boyfriend. Her parents are divorced.

- Developmental History:
  - Walked at 16 months
  - Spoke single words and phrases at 1 year and 2 and half years, respectively
  - Problems with comprehension and performing ADLs without prompts
- Behavioral History:
  - Social difficulties – wants to engage with peers but has problems connecting and reading social cues
  - Anxiety around monsters and OCD behaviors around germs
- Therapies
  - MH Counseling for attention issues and anxiety
  - Speech language therapy for articulation, discharged in spring 2022
- School and Services:
  - 2nd grade, general education classroom, 504 plan, shared aide

- ASD Symptoms (per ADI-R, ADOS-2, SRS):
- Social Communication
  - Problems with engaging/having back and forth interaction
  - Limited eye contact and facial expressions
  - Difficulty with peer interactions
  - Makes inappropriate statements
  - Limited imaginative and pretend play
- Repetitive Behaviors/Restricted Interests
  - Repeats phrases and asks repetitive questions
  - Watches certain movie scenes repeatedly
  - Adheres to certain daily routines and insists that brother does as well
  - Sensory issues related to sound, touch (likes lens cleaning cloth, aversion to sticky substances), and sight (watches ribbons)

  Symptoms were present early in development

- Assessed OCD symptoms via Children's Yale-Brown Obsessive Compulsive Scale (CYBOCS)
- **Obsessions** (preoccupations and fears that cause distress and are hard to suppress)
  - Fear of contamination and germs (i.e., illness/disease, vomiting, sticky substances, getting others ill)
- **Compulsions** (maladaptive behaviors used to "neutralize" or reduce distress caused by the obsessions)
  - Handwashing to the point of cracked skin, requesting that parent take her temperature, constant questions about vomiting.
  - Rewriting and checking spelling in written work, not allowing parent to take things from her room.

- Average Intellectual Functioning
- Difficulties with pragmatic communication and verbal fluency
- Difficulties with sensory modulation and fine-motor skills
- Difficulties with sustained attention and processing speed

- Team Diagnosis
  - Autism Spectrum Disorder, Level 1
  - Attention-Deficit/Hyperactivity Disorder, Combined presentation
  - Obsessive Compulsive Disorder

Recommendations

- School to consider IEP for pragmatic language, social skills, and OCD symptoms
- Community based interventions such as ABA/BI, SLT, OT, and MH counseling for OCD (using cognitive-behavioral therapy approaches)
- Continued medication management for ADHD symptoms

Key Takeaways

Males v. Females	Late Diagnosis
• 4:1 ratio of males to females diagnosed with autism, likely closer to 3:1 • 9:1 ratio between males and females diagnosed with milder symptoms of ASD • AAP found females were diagnosed with ASD 1.5 years later than males	• Those with milder symptoms are less likely to have language delays and intellectual disability • Some traits become more pronounced overtime • Demands of school and social situations increases • Clinicians and parents tend to gravitate toward the diagnosis with the best prognosis • ADHD paired with ASD can look like severe ADHD

Attwood, 2017, Barigela, steward, & Mandy, 2016; begeer, 2012; moyse & Porter, 2015; Navot et al., 2017; rabbitte et all, 2017;0

Key Takeaways

- Some children with mild ASD symptoms often have multiple co-occurring diagnoses (ADHD, Combined, anxiety, OCD, hx of language delay)
- Girls sometimes are missed due to lower prevalence rate compared to boys
- When to refer for additional ASD assessment:
  - Child is experiencing significant social struggles (problems making friends, does not understand others' points of view/intentions)
  - Child struggles with pragmatic language (i.e., does not directly answer your question, does not give context to what they are trying to say/limited conversation repair, struggles with reciprocal conversation and is more one-sided)
  - Has multiple diagnoses that do not seem to be adequately addressed with evidenced-based interventions like therapy and medication
  - Parents share concern for possible ASD (important for follow through)