Level 0 - Evaluation and Comprehensive Assessment:

The goals of the initial evaluation and comprehensive assessment are to document the child's performance levels; functional abilities in cognitive, language, and social domains; contributions of genetic/metabolic etiologies; and presence of comorbid medical/neurologic disorders such as epilepsy.

The evaluation and comprehensive assessment includes:

- Detailed developmental and symptom history to assess the full range of psychiatric symptoms and disorders, (i.e., irritability, inattention, impulsivity, aggressive behaviors, repetitive, restricted behaviors, anxiety, depression, psychotic symptoms, and sleep disturbances) as well as impairment from these symptoms and disorders. The use of rating scales with specific Autism Spectrum Disorder/Neurodevelopmental Disorder (ASD/NDD) screens is highly recommended (See Box 1 on page 9).
- A full medical history and physical examination, including: vision, hearing, and dental screening.
- Assessment of diet/nutritional deficiencies, seizures, sleep disturbances, gastrointestinal problems (e.g., constipation, gastric reflux), and other medical problems.
- Special consideration of developmental speech, language, communication, neuropsychological, and educational assessments.
- Medication history, including over-the-counter, complementary, and alternative medicine.
- Treatment history, including behavioral therapies, occupational therapy, speech therapy, physical therapy, and alternative treatments.
- Assessment of family structure and functioning, including a safety assessment of the environment to identify:
  - Risk of harm to self or others
  - Nighttime wandering
  - Low safety awareness/ impulsivity (e.g., water safety)
  - Signs of abuse and/or neglect
- Behavior inventory using validated rating scales and checklists to document the occurrence of specific behaviors. For a list of rating scales and diagnostic checklists, see Box 1 on page 9.

  For updated links to rating scales and checklists, visit ***http://www.medicaidmentalhealth.org/***.

Based upon results of history and physical examination, consider as clinically indicated:

- Metabolic evaluation
- Psychometric testing
- Neurological consultation
- Genetic consultation

Level 1 - Evidence-Based Psychosocial Treatment and Other Non-Pharmacological Interventions:

Start with evidence-based psychosocial and other non-pharmacological interventions (e.g., physical therapy, speech/language therapy). **Pharmacotherapy is not the primary treatment for youth with ASD and ID.**

Early intervention is of paramount importance to address the symptoms of autism. Aim non-pharmacological therapy at the most impairing target symptom first. Please note, the Florida Expert Pannel has added recommendations specific to each condition reviewed. See *Use of Psychotherapeutic Medications in Children and Adolescents with ASD and ID.*

Recommended psychosocial and non-pharmacological interventions:

- Behavior therapy: e.g., Parent-Child Interaction Therapy (PCIT), Applied Behavior Analysis (ABA), Cognitive Behavior Therapy (CBT) and others
- Speech/language therapy
- Occupational therapy
- Physical therapy
- Social skills therapy
- Special educational services (academic vs. life skills track)

Treat co-occurring medical problems (e.g., seizures).

***Note:* Medication changes and reactions warrant consideration as cause of disruptive behaviors.**

Provide psychoeducation for parents/caregivers regarding ASD, ID, and co-occurring conditions.

Box 1.

Recommended Rating Scales, Diagnostic Instruments, and Sleep Screening Tools.

Rating Scales:

- Modified Checklist for Autism in Toddlers (M-CHAT)
- Childhood Autism Spectrum Test (CAST)
- Vanderbilt Assessment Scales
- Childhood Autism Rating Scale, Second Edition (CARS-2)*
- Social Communication Questionnaire (SCQ)*
- Social Responsiveness Scale, Second Edition (SRS-2)*
- Conners Rating Scales*
- Aberrant Behavior Checklist (ABC)*

**Not available in the public domain*

Diagnostic Instruments:

- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*
- Autism Diagnostic Interview — Revised (ADI-R)*

**Not available in the public domain*

Notes:

- *Both the ADOS-2 and ADI-R are the "Gold Standard" to support the diagnosis of ASD if administered by qualified raters.*
- *The ABC can be used to assess medication responses.*

Sleep Screening Tools:

- BEARS Sleep Screening Algorithm: Ages 2 to 18 years
- Children's Sleep Habits Questionnaire (CSHQ): Ages 4 to 12 years
- Sleep diaries

For updated links, visit ***http://www.medicaidmentalhealth.org/.***

Special Considerations in Children under Age 6

Level 0 - Evaluation and Comprehensive Assessment:

Evaluation and comprehensive assessment. See *Principles of Practice*.

Use of rating scales with specific Autism Spectrum Disorder (ASD) and Neurodevelopmental Disorder (NDD) screens is highly recommended. For a list of scales and checklists, see *Principles of Practice* and Box 1 on page 9.
For updated links to rating scales and checklists, visit ***http://www.medicaidmentalhealth.org/***.

Early signs that may indicate a child under age 6 is at risk for ASD:

- ✦ No big smile or other warm, joyful expressions by six months or later
- ✦ No back-and-forth sharing of sounds, smiles, or other facial expressions by 9 months
- ✦ No babbling by 12 months
- ✦ No back-and-forth gestures such as pointing, showing, reaching, or waving by 12 months
- ✦ No words by 16 months
- ✦ No meaningful, two-word phrases (not including imitating or repeating) by 24 months
- ✦ Any loss of speech, babbling, or social skills at any age

Level 1 - Evidence-Based Psychosocial Treatment and Other Non-Pharmacological Interventions:

Start with evidence-based psychosocial and other non-pharmacological interventions (e.g., physical therapy, speech/language therapy). See *Principles of Practice*.

Note: ***Pharmacotherapy is not the primary treatment for youth with ASD and ID. The use of antipsychotic medications in children under 6 years of age is generally "off-label," not recommended, and should only be considered under the most extraordinary circumstances.***