

Telehealth Evaluation of Autism Spectrum Disorder

The COVID-19 pandemic has changed many aspects of health care including receiving important diagnoses. Thank you to Anna Sagan, Emily Phalen, Jenny Brodell and Todd Kopelman for contributing to this month's Life with Autism feature "Telehealth Evaluation of Autism Spectrum Disorder".

The process of diagnosing autism is a challenging but important one. A team of knowledgeable professionals is often required to accurately diagnose autism and to provide crucial resources to families. At the University of Iowa Hospitals and Clinics (UIHC), the autism diagnostic team in the Department of Child Psychiatry typically includes a licensed psychiatrist, psychologist, and speech-language pathologist, as well as the Autism Center Coordinator. As with many other aspects of health care, the procedure for diagnosing autism has been impacted by the COVID-19 Pandemic; however, with advances in technology and assessment tools, the UIHC Autism Center currently offers both clinic and telehealth-based evaluation services to support families across Iowa. This article describes the experience of participating in UIHC's autism diagnostic clinic and how this procedure has been successfully translated into an online format.

When a family suspects that their child may have autism and is referred by their physician or related professional, they are screened (often using a questionnaire) to determine the level of risk and to provide the team with additional insight prior to the diagnostic appointment. Following screening, a diagnostic appointment is scheduled that spans several hours—for the Child Psychiatry team, this appointment spans most of the day, from 8:00am-2:00pm. This appointment includes three key components: a parent interview encompassing developmental, medical, psychiatric, and social history, a structured observation, and additional testing and activities providing information regarding the patient's interactions, behaviors, and communication abilities.

Diagnostic appointments held in virtual formats consist of these same components. At UIHC, the appointment begins with a speech and language evaluation conducted by the speech-language pathologist (SLP). During this portion, the SLP interviews the caregiver, collects a language sample, and observes communicative and/or play-based interactions between caregiver and child. Standardized assessments can sometimes be considered invalid when administered virtually with access to online versions somewhat harder to come by; therefore, more structured tests administered in person are not typically used in an online diagnostic clinic. Fortunately, an SLP is trained to accurately evaluate a child's speech sounds, vocabulary, grammar, narrative abilities, and social communication from the measures mentioned above. These skills are analyzed in comparison to age-norms and expectations.

Following the speech and language evaluation, the child interacts with a psychologist who gives a semi-structured assessment looking for signs and symptoms that could be associated with a diagnosis of autism. The TELE-ASD-PEDS is a new assessment tool created by Vanderbilt University Medical Center that serves as a telehealth evaluation activity, including administration guidelines and a rating form. The psychologist facilitates this assessment through parent coaching to observe a sample of behaviors from the child. For example, to determine if a child will participate in joint attention with another individual, the psychologist may instruct a family member to point to something across the room and say, "look!" Through numerous specific instructions and interactions between the child, the caregiver, and the

psychologist, the diagnostic team records observations and collectively reviews the information to score the TELE-ASD-PEDS. This score helps the team determine a presence or absence of autism-like behaviors in the child.

Finally, the psychiatrist conducts a comprehensive parent interview discussing questions about development, medical and mental health concerns, and previous/current behaviors. The interview is critical in providing information about whether a child's developmental and social history is consistent with autism and if other areas of concern should be addressed.

At the end of the day, the diagnostic team shares their findings with the family. At this time, the professionals might review the symptoms and criteria for diagnosis of autism and the family will be told if their child meets the criteria. As this can be a monumental moment for many families, space is provided for thoughts and questions the family might have. The last conversation of the day consists of ways to move forward including recommendations for services, resources, and places to find information. The UIHC diagnostic clinic possesses a unique team member, the hospital's Autism Center Coordinator, who possesses in-depth knowledge regarding available services, funding, and school law. A summary of the whole day is provided to the family in a written report from each professional that is mailed to their home for future reference.

In such unpredictable times, it is important to know that you can rely on those providing care and information regarding the needs of your child. And as with any health care decision, there are pros and cons to weigh when considering a telehealth autism diagnostic appointment. Some benefits are ensured safety of all participants, convenience for parents, and maintained accuracy of diagnosis. However, the appointment is best conducted in a controlled setting, which may be difficult for parents at home, and a follow-up appointment may be required if the results are unclear. In addition, telehealth appointments are most appropriate for younger children as there are fewer validated autism assessment measures for older children. Families should make informed decisions about what is best for them and their children and consult with their primary care physician when deciding whether to pursue a telehealth autism diagnostic clinic.

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