Submission to the New Zealand Guidelines Group

Autism Spectrum Disorder Diagnostic Instrument Review

1. **How do you judge the quality, the breadth and depth of the instruments?**

General Comment

We acknowledge that the current review is of instruments used primarily for the purpose of screening and diagnosis. A remaining issue is the utility of each instrument in informing any subsequent intervention and treatment. The available reviews (e.g. Mental Measurements Yearbooks) may not provide this information and the NZ Guidelines Group may of course be intending to develop a further 'best evidence' review of assessment and intervention strategies. We would be happy to contribute to a discussion on the review criteria on instruments and procedures intended for this purpose.

We consider the breadth and depth of the review adequate for the purpose of being a brief review, intended as a reference resource. We acknowledge that it is important for clinicians to consider the psychometric limitations of any instrument/s they use. We support the recommendations that a diagnosis of autism be based on both interview and observational data and the specific combinations recommended in the review.

Although the diagnostic criteria for most of the Autistic Spectrum Disorders are better established than that for Asperger's Syndrome, they still may be subject to refinement. It is probable that DSM V when it becomes available will view the Autistic Spectrum Disorders as dimensional and include greater variability than the current diagnostic criteria. It is likely that with the introduction of DSM V, the psychometric properties of instruments for the screening and assessment of ASD, and the comparison samples will change and favour those which are dimensional in approach (e.g. 3di, DISCO).

With regard to the instruments for assessing Asperger's Disorder, the cited review of Campbell (2005) concluded that KADI (Krug Asperger's Disorder Index) had the strongest psychometric properties and the review appropriately recommends its cautious use. Howlin (2000) similarly concluded that there were technical problems with all of the instruments that he reviewed for the assessment of Asperger's

Syndrome. Baron-Cohen (2003) and colleagues have either developed or identified six instruments for use with adults, but their psychometric properties are unknown.

It is important to recognise that there is an ongoing debate about the qualifying criteria for Asperger's Syndrome. DSM IV and ICD 10 for example, have delayed language as an exclusion criteria. Many clinician's however (e.g., Attwood, 2007 who also notes that the DSM IV criteria for age-appropriate language development actually represents a significant delay), feel that language delay is more legitimately an inclusion criteria, such as recognised by the Gillberg (1991) formulation. If some of the other criteria are met (e.g. impairment in social interaction and functioning), then a delay in the functional use of language (i.e. 'pragmatics') should perhaps be expected. A further difficulty with the DSM IV criteria is that it does not include the stilted or pedantic style of speaking as first described by Hans Asperger. We think therefore that currently Gillberg provides a preferred set of diagnostic criteria.

Review Rating: Good

Attwood T (2007), The *Complete Guide To Asperger's Syndrome*, Athenaeum Press, Gateshead

Baron-Cohen S (2003), *The Essential Differences: Men, Women And The Extreme Male Brain*, The Penguin Press

Campbell J (2005) 'Diagnostic Assessment of Asperger's disorder: a review of five third-party rating scales', Journal *of Autism and Developmental Disorders*, 35, 25-35.

Gillberg C (19991), 'Clinical and neurobiological aspects of Asperger Syndrome in six family studies'. In U Frith (ed), *Autism and Asperger Syndrome*. Cambridge: Cambridge University Press

Howlin P (2004) 'Assessment instruments for Asperger Syndrome.' *Child Psychology and Psychiatry Review*, 5, 120-129

2. **How appropriate are the criteria for potentially preferable instrument combinations?**

We think that the criteria address the issues most relevant to the screening and diagnosis of ASD. In particular we appreciate that the criteria rely on a solid evidence base but also take into consideration practical challenges and clinical utility.

Review Rating: Excellent

3. **Is the discussion section appropriately balanced, and are its conclusions defensible in view of the evidence regarding the instruments? Please give any additional comments.**

The review of each instrument is brief, probably deliberately and for the intended audience appropriately so. We think that the studies cited in respect of each

instrument although not exhaustive, are representative of those potentially available. It is appropriately recommended that a balance of direct observation of the client and interview information from other informants is utilised and the recommended combinations reflect this.

Review Rating: Very Well Balanced

4. **Do you have feedback regarding New Zealand experience in using the instruments?**

Whilst no formal data is available on the frequency of use of these instruments in educational settings, it is probable that CARS is the most widely used. It may be important to note that the focus of educational practitioners is in intervening with children and ameliorating the effects of developmental disabilities rather than in establishing the precise nature of that disability. The assessments that are made in order to establish eligibility for funding is not dependent on a diagnosis being made, rather in functionally establishing what support they need in order to access the curriculum.

From personal communication with professionals from 6 centres around New Zealand, and from experience in the clinical assessment of ASD, it appears that the ADOS is considered the most clinically useful assessment instrument. It also provides information about areas to direct intervention efforts. In contrast, anecdotally the ADI-R has been found to be time-consuming (and therefore not cost-effective), and to not significantly add to a good clinical interview. For these reasons some professionals are choosing not to use the ADI-R, or to use it in a non-standardised fashion (e.g., as a memory aid).

5. **May we approach you formally for endorsement?**

NZCCP: Yes

NZPsS: Yes

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