Understanding Medical Autism
Diagnosis and Setting Up Success
for Autistic Students

Introductions
• Psychologists within OHSU’s Multidisciplinary
  Autism Diagnostic Clinic
• No conflicts of interest

Goals for Presentation
• Understand the process of making a medical diagnosis of
  autism spectrum disorder
• Develop an understanding of common differential and
  co-occurring diagnoses
• Learn additional techniques to support children with
  autism in the classroom
We'd like to learn about you!

Neurodiversity

Neurodiversity Awareness
Neurodivergence is not a diagnosis, but a way of describing the unique strengths and challenges that may occur in individuals whose brains work differently than the average, or “neurotypical”, person. This includes individuals with ADHD, learning disabilities, Autism, and other similar conditions.
Neurodiversity-Affirming Language

- Neurodivergent (describes individuals)
- Neurodiverse (describes the makeup of a group)
- Community preference for identity-first language ("autistic" vs. "person with autism")
- Focus on current skills and level of support needed ("low support needs" rather than "high-functioning")

What is Autism?

- Neurodevelopmental condition/syndrome
- Present at birth
- Multiple etiologies
- Behaviorally defined
- 1 in 36 children as of 2020

The Basic Premise

- Genetic Markers
- Brain Structure & Function
- Cognitive & Sensory Processing
- Behavioral Features
How is Autism diagnosed in medical settings?

Common Assessment Measures

- Clinical/Developmental Interview
- Review of school, medical, other records
- Autism-Specific Behavioral tools and questionnaires (ADOS-2; SCQ; CARS-2)
- Cognitive (WISC-5; WASI-II; Stanford Binet)
- Developmental (Mullen; Bayley, DAS-II, DQ-4)
- Adaptive (ABAS-3; Vineland-3)
- Behavioral (BASC-3; CBCL)
- Speech & Language testing

*Can never rely solely on one tool. Must integrate all data with direct observations and reported history*
Social Communication and Interaction

- Difficulties with back-and-forth social interactions, and social response
- Lack of nonverbal communication and/or lack of understanding of nonverbal communication
- Difficulties developing and maintaining relationships

Challenges must be present in all three areas
Restricted, Repetitive patterns of behaviors, interests, or activities (RRBs)

- Stereotyped or repetitive motor movements, use of objects, or speech
- Strong adherence to rules or rituals
- Preoccupation with a particular activity or object
- Hypo- or hyper- reactivity to sensory interests or unusual interest in sensory aspects of the environment

**At least two of four need to be present**

RRBs: Repetitive motor movements, use of objects, or speech

[Image of child with text: Autism Stimming & Flapping]

RRBs: Repetitive motor movements, use of objects, or speech

[Image of child with text: Pacing]

[Image of child with text: Autism Stimming & Flapping]
RRBs: Preference for routines, rules, or sameness

RRBs: Strong and/or niche interests

RRBs: Strong and/or niche interests
RRBs: sensory differences

Averse/Sensitive  
Sensory Seeking

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Additional but necessary criteria

• Present in the early developmental period
• Clinically significant impairment
• Not better explained by intellectual disability or global developmental delay (though they can co-occur).
Many ASD criteria are not exclusive to Autism alone
- Difficulties with peer relationships
- Social perspective taking
- Sensory difficulties
- Excessive interest in video games/electronics
- Difficulty with transitions or need for structure

We have to assess the impact of
- Prenatal exposure or premature birth
- Trauma/neglect
- Housing, food, transportation insecurity
- CPS involvement
- Broader family stressors

Common Differential Diagnosis
- ADHD
- Anxiety
- Trauma-related Disorders
- Intellectual Disability
- Language Disorder
Common co-occurring features

Common co-occurring behavioral health-related conditions
1. ADHD
2. Developmental & Learning Disorders
3. Sleep Disorders
4. Anxiety Disorders

“If you’ve met one person with autism, you’ve met one person with autism.”
—Dr. Stephen Shore
Adapted from the CARS-2 Manual 2010

Dimensions of ASD

Intellectual Disability/ Significant Communication Difficulties

Mild Social Differences

More Behavioral Flexibility

Average to Above Average IQ; Highly Verbal

Significant Social Difficulties

Distress

Extreme Behavioral Rigidity

Prevalence Rates

1 in 36 children in US; 4-to-1 male to female

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Note: other racial/ethnic analyses were non-significant (Calderoni, 2023; Maenner, 2023)

Share your expertise: How do you support students with ASD in the Classroom?
General Principles
• Visual Schedules & Supports
• Transition Warnings
• Social Skills Supports
• Modified Instruction
• Concrete Teaching Tools

These strategies will vary depending on the child’s language, developmental, attentional, and cognitive needs, but the principles can be generalized.
Visual Prompts/Communication

Transition Warnings

Social Skills Supports
Emotional Supports

The ZONES of Regulation®

Modified Instruction

- Multimedia Discussions
- Visual Indicators of Classroom Structure
- Work Systems
- Integrate Strengths and Interests

Inclusion Classrooms

- Motivational Supports
  - Choice Interventions; Task Interpersual; Active Student Responding
- Consequences for Academic Behavior
  - Preferences and reinforce assessments; self-management
- Learning History with Instructor
  - Pairing; Prompting & Fading
- Learning History with Setting
  - Visual activity schedules; Priming
Giving Concrete Instructions

“Clean up!”

Okay let’s make this clearer...

Better... but let’s make it even clearer
Giving Concrete Instructions

“Put your papers in the recycling”

Much better!

Concrete Teaching Tools

• Increase the use of manipulatives
• Use as concrete language as possible
Teacher Resources

- Universal Design for Learning
- Autism Society of Oregon

Thank You

Questions?
Thoughts?
Discussions?