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# Autism diagnosis 101:

## process and psychiatric assessment

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Each year, over 300 families visit the ASD assessment clinic at Rivière-des-Prairies Mental Health Hospital. This article is the first of a series of two articles on autism diagnosis, and will examine the main issues faced by psychiatrists during autism diagnosis assessments. Whilst limited in scope, in this article we will share a few thoughts related to our clinical experience as psychiatrists working with families at Rivière-des-Prairies Mental Health Hospital (RDPMHH).

### 1. Background

At RDPMHH, ASD assessment referrals are made by physicians from other clinics and institutions. The assessment is carried out by a multidisciplinary team made up of a psychiatrist and other professionals such as a psychologist, a psychoeducator, a speech-language pathologist and an occupational therapist.

### 2. Why diagnose?

A diagnosis is first and foremost an answer to a question (quite often many). It most usually stems from a need to explain a problem that has been observed. Provision of services in Quebec is organised in such a way that we are prompted to answer a yes or no question: "Autistic or not autistic?". Indeed, most intervention programs and academic support services depend solely on this

diagnosis (e.g. ASD classrooms, CDRITED etc...). Whilst it is understandable that these specialised services are reserved for those having obtained a diagnosis, a person's needs are often determined by many other aspects of their situation. Consequently, the diagnostic team, specifically the psychiatrist, will attempt to assess not only autistic symptoms, but other symptoms which can be mistaken for or linked to autism (ADHD, anxiety, depression, OCD, personality disorders etc...). One of the challenges of assessment is therefore to work with the family to develop a general understanding of the person, their needs, their strengths, their environment, all while moving toward potential solutions. For example, a person's distress or dysfunction can be attributed to other problems, even if signs permitting an autism diagnosis are present. In short, it may not always be possible to answer this yes or no question accurately at any given moment, and this question is also not always the best one to ask!

### 3. The procedure

The assessment relies on information gathered from the person's environment (often family and school) and direct observation by clinicians. These steps may use standardised tools, that is, procedures which guide professionals through the assessment and interpretation



of results. In Quebec (and many other places around the world), the most commonly used ones are the Autism Diagnostic and Observation Schedule (ADOS-2) and the Autism Diagnostic Interview (ADI-R). The ADOS-2 is a method involving observation of the person during interactions with the evaluator, whilst the ADI-R is an interview conducted with parents. The psychiatric assessment attempts to consider the situation as a whole, including other diagnoses and needs. Other assessments may for example complement this procedure, such as language, intelligence or sensorimotor development assessments. A diagnosis is then made based on all the collected information.

#### 4. Pitfalls

##### The yes or no question

The creation of specialised services for autistic people has on the whole been extremely beneficial, but has also created new hurdles since access to these services is usually dependant on a diagnosis of autism. For example, take an adolescent presenting with serious conduct problems, who received a diagnosis of autism as a child but no longer presents clear signs of ASD. Forcing a decision on his ASD status would be unwise, whilst intervention and orientation needs remain overwhelmingly clear. In certain cases, taking a step back or even observing the effects of an intervention which addresses prioritised needs (for example, anxiety) can help to make a more accurate diagnosis at a later date. It is therefore necessary to reconsider the necessity of an ASD diagnosis within intervention and other psychiatric diagnoses in order to allow more flexible access to and provision of services. This would allow us to first and foremost address the person's needs, independently of psychiatric diagnoses.

##### The downfalls of standardised assessments

Whilst standardised tools help assessors to be more systematic, and ensure that autism diagnoses are conducted similarly everywhere in the world, they contribute to an assessment setting where a complex clinical case will be summarised to a yes or no answer. It can also be reassuring to rely on these widely-used tools to deliver a difficult conclusion, or to present it as a goal. However, we must keep in mind that these tools have limits, and that it is crucial to contextualise the scores obtained from these scales with other information and observations collected during the assessment, in order to make the best possible use of them.

#### 5. Summary

In sum, diagnosis can sometimes help us to better understand what is happening, to officially name the difficulties experienced by the person and their family, and to guide intervention. It can help us to take a step back, address feelings of guilt, and therefore may come as a relief. On the other hand, the word "autism" is sometimes linked to strong assumptions, which may or may not reflect the diversity of situations observed at the individual level. Diagnosis is a puzzle. It does not determine who a person is or what the future holds for them. With this in mind, disclosing a diagnosis is a crucial moment and a delicate task. Our team is presently developing tools to improve this procedure, and we will be addressing this in the second article of this series. 🌸

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