

**Q&A with Sam Goldstein, PhD:**

**Using the Battelle Developmental Inventory 3 in the Assessment of Young Children with Autism Spectrum Disorder**

**Question:** If an eye test is a predictor of Autism, is this suggestion that this be a test given to all babies as a part of a regular doctor's appointment? If not, when would this be recommended, and who will conduct the test?

**Answer:** I think at some point that is worth consideration. The test is such that it can be administered by a para-professional, nurse, etc. Keep in mind it is not a litmus test proving or disproving Autism but rather offers the opportunity to create a probability statement as to whether a child is at risk to develop Autism and if so how strong a risk.

**Question:** Why can't the ADOS be used for pre/post-testing?

**Answer:** The ADOS is not suitable for pre/post testing because its primary purpose is to diagnose Autism and evaluate specific behaviors related to Autism rather than assessing change over time resulting from intervention or treatment. If you would like further explanation about this there are a number of resources you can approach. I would begin by writing to the test publisher, WPS, and asking them.

**Question:** We were directed that we cannot use the ADOS unless we regularly use it which we do not in my school setting; what would you suggest since we are currently looking in replacing it?

**Answer:** I am not sure that I understand your question other than you have received training in the ADOS but don't administer it very often and therefore don't feel competent to do it. This really is an issue for your school district. In some school districts instruments like the ASRS and direct observation is all that is required. You might look at an alternative interactive tool like the MIGDAS or the NEPSY.

**Question:** For a 7-year-old, would you recommend the BDI over the WPPSI to rule in/out autism? Why?

**Answer:** I would not use either instrument to rule in or out Autism. What I spoke about was that the BDI in its structure is built to assess various areas of development while the WPPSI is built to assess verbal and non-verbal intellectual ability and knowledge.

**Question:** Can the Battelle be administered to African American students?

**Answer:** The normative sample included a match to the census.

**Question:** I've recently seen a lot of parental backlash against adaptive behavior assessments, in particular. What do you say about those concerns? I've considered just moving to a parent interview instead of getting a standard score.

**Answer:** I really have not heard about any kind of a backlash to adaptive behavior measurements like the ABAS or the Vineland so I am not in a position to respond.

**Question:** Comment: We've been enjoying using the ASRS for years. It nicely does not over-identify English language learners and students with language delays. Are there plans to extend the age range to 21?

**Answer:** Yes. The plan is to extend the age range up through age eighty.

**Question:** I know he touched on tests and suggestions ( including the ADOS), but I was wondering if he could /would comment on his selection of testing for Autism for 2-year-olds, 6-year-olds, and 9-year-olds, versus High school age.

**Answer:** This is really an extended response. For all ages I want a broad spectrum tool like Conners or BASC and a narrow spectrum tool like ASRS or one of John Constantinos' questionnaires. In terms of face to face interaction, it is still the standard that the ADOS is administered, different versions depending on age and developmental level. The one flaw in the ADOS is there is no assessment for late adolescent adults who do not have functional language. For that younger group I will use the Battelle for developmental screening. For the older I use the Woodcock.

**Question:** Does he favor any particular assessment for females?

**Answer:** I am assuming we are talking about assessment of Autism. I think tools should be gender specific in norms such as our ASRS.

**Question:** His thoughts on TEACCH and Dir FLOOR TIME?

**Answer:** TEACCH is a very well utilized program over now dozens of years. I don't know if it has been updated. I think a number of the authors have since passed away. I don't think Greenspans' FLOOR TIME has the same level of research support as TEACCH. I am not convinced that there is sufficient data to suggest that FLOOR TIME is in fact an effective intervention for Autism.

**Question:** I have seen a few assessments listing PANDAS vs ASD...can you comment on this regarding identifying ASD ---and not PANDAS.

**Answer:** PANDAS or Pediatric Autoimmune Neuropsychiatric Disorder associated with streptococcal infection can result in tics or obsessive compulsive patterns of behavior. I am not as convinced that there is a need to differentiate PANDAS from Autism Spectrum Disorder. I have seen a couple of articles raising questions as to whether there might be an overlap and that PANDAS impact on dopamine systems in the brain could lead to Autistic like behaviors. Commonality would be to assume that Autism was caused by some infection in utero whereas PANDAS or a condition like Sydenham's Chorea are infections that occur later in life.

**Question:** And he mentioned his looking into adults for assessments- ages 25 and older. What would he suggest for this with older people seeking a diagnosis?

**Answer:** I am assuming you are discussing Autism. I think you have to take a careful history. We are in the process of norming an adult tool that will go through age eighty, both self-report and observer. I would also use the adult version of the ADOS.