Testing used in Autism Evaluations

There are effective assessment tests that have been developed for adult autism evaluations. Here are the most common tests.

A. Common Testing for ASD:

Autism Diagnostic Interview, Revised (ADI-R)

The ADI-R is a comprehensive interview tool that provides a thorough assessment of children and adults who are suspected of having autism or other autism spectrum disorders.

Autism-Spectrum Quotient Questionnaire (AQ) and the Empathy Quotient (EQ)

Psychologist Simon Baron-Cohen and his colleagues at Cambridge's Autism Research Centre created the Autism-Spectrum Quotient and the Empathy Quotient to measure the extent of autistic traits in adults.

Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition (MIGDAS-2)

The MIGDAS-2 provides a sensory-based process for gathering and organizing the qualitative information needed to diagnose autism in children, adolescents, and adults. The process includes guidelines for gathering information from parents/caregivers and teachers, and for conducting a sensory-based interview with the individual being evaluated. The end result is a comprehensive behavioral profile that describes the individual's distinct way of relating to the world, supplementing assessment scores and informing diagnosis and treatment planning.

Social Communication Questionnaire (SCQ)

Previously known as the Autism Screening Questionnaire (ASQ), the SCQ is a brief instrument that helps to evaluate the communication skills and social functioning of an individual who may have autism or other autism spectrum disorders.

Social Responsiveness Scale, Second Edition (SRS-2)

The SRS-2 identifies social impairment associated with autism spectrum disorders (ASDs) and quantifies its severity. It's sensitive enough to detect even subtle symptoms, yet specific enough to differentiate clinical groups, both within the autism spectrum and between ASD and other disorders. It clearly distinguishes the social impairment characteristic of ASD from that seen in ADHD, anxiety, and other diagnoses.

B. Cautions Regarding Other Psychological Tests

None of the common psychological screening tools like the MMPI-2, the Personality Assessment Inventory, NEO, etc. have been normed on people with ASD. Because of this, the client with autism will come across as looking more pathological than they truly are. This is a common mistake that inexperienced evaluators make. Be sure your expert doesn't utilize these tests with your client.

<u>Deeper Dive</u>:

MMPI-2

Ozonoff, Garcia, Clark, and Lainhart (2005) examined the profiles of high- functioning adults with ASD on the Minnesota Multiphasic Personality Inventory-2nd Edition (MMPI-2) and found that when compared to a matched sample of college student controls, the ASD

group demonstrated large effect size differences in the positive direction on scales L (Lie), 2 (Depression) and 0 (Social Introversion) and a medium effect size difference on scale 8 (Schizophrenia). A medium effect size difference was also observed on scale 9 (Hypomania), with the control sample producing higher mean scores than the ASD sample."

Ozonoff, S., Garcia, N., Clark, E., & Lainhart, J. E. (2005). *MMPI-2 Personality Profiles of High-Functioning Adults with Autism Spectrum Disorders*. Assessment, 12(1), 86–95.

PAI

"Despite widespread and steadily growing use of the PAI in clinical practice settings (Piotrowski 2017), there appear to be no published studies to date examining use of the PAI among adults with ASD."

Piotrowski, Chris. (2017). The status of the Personality Assessment Inventory (PAI) in training and practice: Evidence from the emerging literature. Journal of Projective Psychology & Mental Health. 24. 15-20.

"The PAI was not developed as a measure to detect ASD symptomatology, and as such, the PAI should not be used as a diagnostic tool for ASD."

Harrison, K.B., McCredie, M.N., Reddy, M.K. et al. (2020). *Assessing Autism Spectrum Disorder in Intellectually Able Adults with the Personality Assessment Inventory: Normative Data and a Novel Supplemental Indicator.* J Autism Dev Disord 50, 3935–3943.

C. Evaluating for Risk of Future Re-offense

Traditional psychosexual evaluations utilize risk actuarials like the STABLE-2007, STATIC-2002R, ACUTE-2007, or RRASOR to calculate general risk for reoffence of a convicted sex offender. But these instruments should not be used with someone on the autism spectrum. They are inappropriate on two dimensions: 1) they have not been normed on non-contact child pornography offenders, and 2) they have not been normed on autistic offenders.

Michael Seto and Angela Eke have recently created the *Child Pornography Offender Risk Tool – V2* (CPORT-V2). This is a structured risk checklist designed to predict sexual recidivism in adult male sexual offenders with a conviction for child pornography offenses. All the subjects were convicted by courts in Canada of at least one count of possession of child pornography (over 90%), accessing (21%), distribution (37%), or production (23%). A fifth (21%) had a contact sex offense against a child. The authors of the CPORT-V2 recommend using the instrument for ranking an individual's risk as compared to other non-contact child pornography offenders. Although actuarial tables are being developed, for the time being the authors recommend interpreting general rank for risk without referencing recidivism probabilities.

Deeper-Dive:

I have a 133-page handout for a CLE I have taught for the State Bar of Arizona titled "*Online Sex Offense: What Every Attorney Should Know*" (https://arizonaforensics.com/online-sex-offense-what-every-attorney-should-know/). This will provide you an in-depth review of the issues related to online sex offending and risk.