A recently updated practice parameter from the American Academy of Child and Adolescent Psychiatry (AACAP) offers revised guidelines for assessing and treating children and adolescents (at or younger than 17 years of age) with Autism Spectrum Disorder (ASD). ASD is a group of neurodevelopment disorders defined by continuing behaviors noted in early childhood. The guidelines present seven new recommendations developed to assist clinicians in both the assessment and treatment of ASD. The first three recommendations refer to assessment, while recommendations four through seven address treatment of ASD. It is notable these revised guidelines were drafted less than a year after the American Psychiatric Association released the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5, in which the diagnostic criteria were changed with the intent that the diagnosis of ASD will be accomplished at an earlier age and be more specific, consistent, reliable, and valid. The last change in parameter was in 1999.

**Assessment**

- **Recommendation 1**: Screening of all young children should be done routinely and include questions about core ASD symptoms, specifically social relatedness and repetitive or unusual behaviors.
- **Recommendation 2**: If screening is indicative of ASD, then a more thorough diagnostic evaluation should ensue which, at a minimum, includes at a minimum: a standard psychiatric assessment, interviews with child and family and a thorough review of past history and all interventions tried, both past and current.
- **Recommendation 3**: It is imperative that the clinician ensuring care is coordinated. Coordination is imperative for any ASD assessment, which must include a medical, psychological and a communications diagnostic workup.

**Treatment**

- **Recommendation 4**: It is the clinician’s responsibility to assist the family to obtain “appropriate, evidence-based and structured educational and behavioral interventions” and navigate the system.
- **Recommendation 5**: Although there is no pharmacological treatment for ASD, pharmacotherapies targeted to treat specific ASD symptoms or co-morbidities have been found to enhance the child’s response to other known interventions and may allow the child to remain in the least restrictive environment. It is essential to involve the parents because parental training combined with pharmacotherapy is more effective than pharmacotherapy alone.
- **Recommendation 6**: The clinician should provide long-term support and planning to the child and family since their needs will change over time.
- **Recommendation 7**: The clinician must be knowledgeable about alternative and complementary therapies to provide appropriate guidance to families on risk/benefits of such modalities and guide informed decision making.

These new recommendations have been developed in accordance with the strength of rigorous and scientific underlying evidence and/or clinical support.

The DSM-5 is the American Psychiatric Association’s Classification and Diagnostic tool. A clinical guideline brief update was published in 2013. In addition to the guideline reviewed in this practice brief, the DSM-5 moves all five categories under the umbrella diagnosis of ASD. There is a wide range of symptoms and severity, but patients with an ASD diagnosis typically present before age three with behavioral deficits incorporating multiple areas of persistent deficits including behaviors involving verbal and non-verbal communication deficits, irregular social interactions and atypical repetitive actions, interests or activities.
CLINICAL PRACTICE BRIEF:
PRACTICE PARAMETER FOR THE ASSESSMENT AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH AUTISM SPECTRUM DISORDER

References:

Companion Resource Briefs:
Screening: Resource Brief.
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