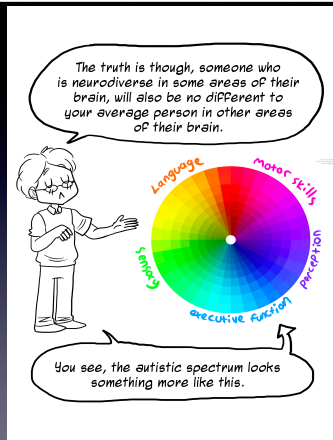


Recognizing “Pink Flags” and Other Clinical Signs:

Refining the Road Map for Identifying Autism Spectrum Disorder

Kira Armstrong, Ph.D., ABPP
KAPA, April 2022



<https://the-art-of-autism.com/understanding-the-spectrum-a-comic-strip-explanation/>

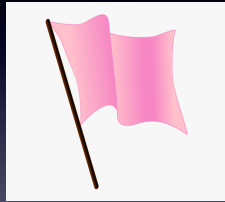
Disclosures and Acknowledgements

- No financial relationships to disclose
- The Clinical Neuropsychologist (TCN) Special Edition on Autism Spectrum Disorder (Spring 2022)
 - Co-Editors: Kira Armstrong and Susanne Duvall

A road map for identifying autism spectrum disorder: recognizing and evaluating characteristics that should raise red or “pink” flags to guide accurate differential diagnosis.

Susanne Duvall, Kira Armstrong, Ambreen Shahabuddin, Caroline Grantz, Deborah Fein, and Catherine Lord

“Pink Flags”



1. Features that can help to hide a diagnosis
2. Characteristics that warrant further assessment

Why does it matter?

- The success of intervention depends on the right diagnosis.
- Effective treatment should not focus on the *symptoms* it should focus on the **source of the symptoms**
 - “Social skills” instruction and other interventions should differ depending on the etiology/ diagnoses being treated

You can't find what you don't
look for



What this talk is and is not

NOT

- A review of ASD symptoms/characteristics
- A discussion about the ADOS
- A review of the best measures

IS:

- A review of "pink flags"
- A discussion of how to change your clinical practice

Family Characteristics

- High functioning parents who “make up” for deficits through supervised social opportunities
- Well educated parents who provide enriched social instruction

Family Characteristics (cont).

Parents can normalize/minimize the child's challenges

- One parent has (undiagnosed) ASD too
- And/or another child in the family has been diagnosed with ASD and they present with a different or more severe profile

Yeah, but...

Family Characteristics (cont.)

Your patient is an only child



Other factors that can prevent timely diagnosis:

1. Inaccurate assumptions by the psychologist/evaluator/treaters regarding diagnostic criteria
2. Inaccurate reporting by the parents/caregivers regarding the child's strengths and weaknesses (Part 2)
3. Diagnostic Overshadowing
4. Individual characteristics that can mask the diagnosis

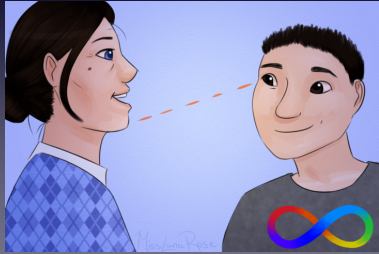
Inaccurate assumptions regarding diagnostic criteria

Lack of awareness regarding variability in ASD



Inaccurate assumptions regarding diagnostic criteria

Use of eye contact as a “defining” characteristic



Inaccurate assumptions regarding diagnostic criteria

Expecting *grossly atypical* behaviors



Inaccurate reporting by parents



Inaccurate reporting by parents (cont.)

Generosity \neq Intuitive Empathy



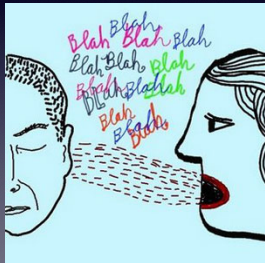
Inaccurate reporting by parents (cont.)

Reading BIG social cues is not the same thing as
understanding subtle social interactions



Inaccurate reporting by parents (cont.)

Let's talk about reciprocal conversations



Inaccurate reporting by parents (cont.)

Surface Interactions vs. Reciprocal Friendships



Inaccurate reporting by parents (cont.)

Explaining away difficulties socializing with SAME AGE Peers



Inaccurate reporting by parents (cont.)

Minimizing, down playing, and denial



Diagnostic Overshadowing and Misattribution of symptoms

When the salience of one disorder
“overshadows” consideration or recognition of
another disorder, with all symptoms being
attributed to the primary disorder.

Diagnostic Overshadowing (cont.)

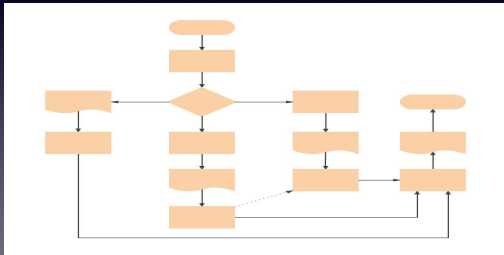
- Psychiatric Disorders
- Intellectual Disability
- Visual/Hearing Impairments
- Learning Disorders/Disabilities
- Medical Disorders
- Complicated psychosocial histories (e.g., trauma, abuse, neglect)
- International adoption

Pink Flags: Individual Factors

- Psychosocial History
 - Psychiatric hospitalizations
 - Complicated birth histories

Child Characteristics that can “hide” diagnosis

Intuitive vs. Learned Social Skills



Child Characteristics that can “hide” diagnosis

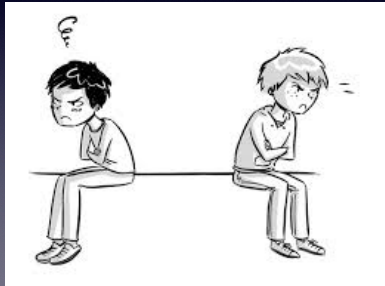


Child characteristics that that can “hide” diagnosis (cont.)

- Children who find a niche and along with it peers
- Different presentations at home and with adults than with peers
- Children are Home Schooled

Pink flags: individual factors (cont.)

Difficulties Maintaining Friendships



Individual Factors (cont).

Greater difficulties in group settings



Pink Flags: Individual Factors (cont).

“Too social” or inappropriately social



Pink Flags: Individual Factors (cont).

History of being bullied



Fine tuning diagnostic
approaches to more
successfully “find”
ASD:

Diagnostic Interviews



Dig Deeper

Don't:

- Assume you are speaking the “same language”
- Stop with the first question/clarification
- Confuse *intuitive* vs. *taught* social skills
- Assume the child is **generalizing** knowledge

Dig Deeper

- Explore the quality of the child's social interactions
- Explore the child's maturity level and self-care/hygiene

Look for ALL of the Symptoms

Don't forget to look for:

"Restricted, repetitive patterns of behavior, interests, or activities"

Look for All of the Symptoms (cont.)

- Stereotyped or repetitive motor movements, use of objects or speech
- Hypo or hypersensitivity to sensory input
- Rigidity
- Intensive/Restrictive Interests

Look for All of the Symptoms

Look for Rigidity (in all of its manifestations – consider the pink flags that highlight this feature)

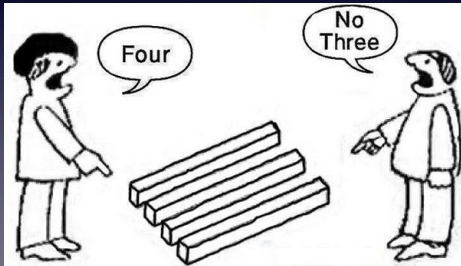
**ALL
WRONG**

**ALL
RIGHT**

Creative ≠ Imaginative/Symbolic



Assess perspective taking and social pragmatics
(formally or informally)



Working with the child (cont.)

Behavioral Observations

Look for examples of rigidity

- Black and white thinking
- Rigid reliance on "logic"

Build examples of/look for uses of metaphorical language and sarcasm into your testing/interviews

Closely monitor eye contact

Neuropsychological measures and school work as tests of social cognition

Explore their pattern of academic difficulties and abstract reasoning



Be careful:

Look for the TOTALITY in the Picture

Don't fall prey to confirmation bias.
Constantly test your conclusions

Avoiding Confirmation Bias

Insecurely sustained eye contact

- Anxiously avoidant (Anxiety)
- Inattentive/distracted (ADHD)

Avoiding Confirmation Bias (cont.)

Social difficulties

- Distinguish between an UNAWARENESS of rules vs. an impulsive inability to FOLLOW rules vs. anxious overpersonalization of interactions
- Limited social interactions

Avoiding Confirmation Bias (cont.)

Atypical social presentation

- Flat affect (depression/anxiety)
- Slow processing speed (depression/anxiety)

Avoiding Confirmation Bias (cont.)

Difficulties with abstract reasoning

- Are they overly literal or are they too uncomfortable responding to open-ended/ambiguous questions

Avoiding Confirmation Bias (cont.)

Sensory sensitivities

- These are not pathognomonic/diagnostic
 - For example, they are commonly seen in children with ADHD
- Best thought of as a “fever” - symptoms of “atypical” brain development but not underlying any one actual disorder

Warning: Your diagnosis will be challenged



Thank you

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References

References

Re: Objective 1 (Documentation about the genetics of ASD)

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Duvall, S., Armstrong, K., Shahabuddin, A., Grantz, C., Fein, D., & Lord, C. A road map for identifying autism spectrum disorder: recognizing and evaluating characteristics that should raise red or “pink” flags to guide differential diagnosis. *The Clinical Neuropsychologist* 2021 (electronic publication date).

Re: Objective 2:

Duvall, S., Armstrong, K., Shahabuddin, A., Grantz, C., Fein, D., & Lord, C. A road map for identifying autism spectrum disorder: recognizing and evaluating characteristics that should raise red or “pink” flags to guide differential diagnosis. *The Clinical Neuropsychologist* 2021 (electronic publication date).

Re: Objective 3: (one example of diagnostic overshadowing): Hinnebusch, A. J., Miller, L. E., & Fein, D. A. (2017). Autism spectrum disorders and low mental age: Diagnostic stability and developmental outcomes in early childhood. *Journal of Autism and Developmental Disorders*, 47(12), 3967–3982.