



A National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders in Australia

Summary and Recommendations

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October 2018

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SUMMARY AND RECOMMENDATIONS

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October 2018

The guideline was developed and is published by Autism CRC Ltd (www.autismcrc.com.au).

The authors and Autism CRC acknowledge the support of the National Disability Insurance Agency in the development of the Guideline, including funding to support the coordination of the project (by Dr Kiah Evans), for the public consultation activities and for an honorarium to the Steering Committee members. Andrew Whitehouse, Valsamma Eapen, Margot Prior and John Wray received no personal financial or other remuneration for their involvement in this project.

The authors also acknowledge the support of the Cooperative Research Centre for Living with Autism (Autism CRC), established and supported under the Australian Government's Cooperative Research Centre Program. Staff and non-staff in kind were provided by Autism CRC participants.

ISBN: 978-0-9953736-2-4

Suggested citation: *Whitehouse AJO, Evans K, Eapen V, Wray J. A national guideline for the assessment and diagnosis of autism spectrum disorders in Australia. Summary and recommendations. Cooperative Research Centre for Living with Autism, Brisbane, 2018.*

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Associated Documents

- [National Guideline: Full Guideline \(Register to access\)](#)
- [National Guideline: Administrative and Technical Report](#)
- [National Guideline: Evidence Tables](#)
- [National Guideline: Responses to Public Consultation Submissions](#)

Publication Approval



Australian Government
National Health and Medical Research Council

The guideline recommendations on pages 2-25 of this document were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 9 July 2018, under Section 14A of the National Health and Medical Research Council Act 1992. In approving the guideline recommendations, NHMRC considers that they meet the NHMRC standard for clinical practice guidelines. This approval is valid for a period of 5 years. NHMRC is satisfied that the guideline recommendations are systematically derived, based on the identification and synthesis of the best available scientific evidence, and developed for health professionals practising in an Australian health care setting. This publication reflects the views of the authors and not necessarily the views of the Australian Government.

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Overview

Purpose

This summary was produced to support clinicians who conduct diagnostic evaluations that may result in an ASD diagnosis. It outlines the recommendations made in *A national guideline for the assessment and diagnosis of autism spectrum disorders in Australia* (the Guideline). This Guideline has been developed through an evaluation of the evidence base and through a comprehensive series of community consultations.

Definition of ASD

Autism spectrum disorder (ASD) is the collective term for a group of neurodevelopmental disorders characterised by persistent deficits in social communication and social interaction, and by repetitive patterns of behaviour and restricted interests. The behavioural features that characterise ASD are often present before three years of age but may not become apparent until the school years or later in life. The developmental challenges, signs and/or symptoms can vary widely in nature and severity between individuals, and in the same individual over time, and may be accompanied by mental and physical health problems.

The Guideline uses the term 'autism spectrum disorder' or 'ASD', which reflects the terminology used in the international diagnostic manuals. However, the term 'autism spectrum conditions' or 'ASC' is also widely used internationally, and can be used interchangeably with ASD. The Guideline uses the terminology of children/adults/individuals 'on the autism spectrum' to refer to people with a diagnosis of ASD. It is recognised that clinicians and the broader community may have their own terminology preferences, which they may use according to their own judgement.

Scope of the Guideline

It is critical that an assessment of ASD concerns take place in the context of a broader neurodevelopmental and behavioural assessment. Where possible, this Guideline describes an assessment process that is applicable for individuals presenting with signs or symptoms of a broad range of neurodevelopmental conditions; however, to meet the defined objectives of the project, this Guideline retains a focus on individuals presenting with ASD signs or symptoms. The objectives of the Research Executive were to develop a guideline that:

- (1) describes a rigorous framework for accurately determining whether an individual meets diagnostic criteria for ASD
- (2) outlines a comprehensive approach to identify related support needs
- (3) contains sufficient flexibility to apply to the assessment of an individual of any age, gender, cultural or language background, communication or intellectual capacity, and medical complexity, living anywhere in Australia
- (4) describes a feasible process for clinical service providers to administer across the full breadth of community settings in Australia, including public and private healthcare settings
- (5) meets the needs and expectations of individuals being assessed and their caregivers.

Instructions for Using this Summary

The recommendations in this summary have been made in the context of the entire diagnostic process outlined in the Guideline, and we strongly advise that these recommendations are taken as a whole, rather than in isolation of each other. Additional information is provided in the Guideline that may assist clinicians to implement these recommendations. Furthermore, it is critical that each recommendation is considered in light of the factors known to influence the presentation of ASD signs and/or symptoms, discussed in the 'Important Considerations' chapter (with more detail in Chapter 12 of the Guideline).

1. Diagnostic Criteria for ASD

Recommendation 1

It is suggested that the Assessment Team use the current versions of either of the following international diagnostic manuals to make diagnostic decisions in relation to ASD:

- Diagnostic and Statistical Manual of Mental Disorders
- International Statistical Classification of Diseases and Related Health Problems.

[Consensus-based Recommendation, Grade 2]

2. Guiding Principles

Evidence Based

Recommendation 2

It is recommended that the process for assessing ASD concerns follow an evidence-based approach, where clinical decision-making is based on a review of the best available research evidence.

[Consensus-based Recommendation, Grade 1]

Individual and Family Centred

Recommendation 3

It is recommended that the process for assessing ASD concerns follow an individual- and family-centred approach, by which assessment professionals collaborate with individuals and their families to identify the unique needs, strengths and contexts of the person undergoing assessment and their broader family unit.

[Consensus-based Recommendation, Grade 1]

Holistic Framework

Recommendation 4

It is recommended that the process for assessing ASD concerns follow a holistic framework, where an individual is evaluated within their personal, activity and environmental contexts (as outlined, for example, by the World Health Organization's International Classification of Functioning, Disability and Health), and that referrals for further supports are based on an individual's functioning and needs, rather than their clinical diagnosis.

[Consensus-based Recommendation, Grade 1]

Strengths Focused

Recommendation 5

It is recommended that the process for assessing ASD concerns follow a strengths-focused approach, in which identifying the strengths, skills, interests, resources and support systems of the individual and their caregiver(s) and/or support people is recognised as being as important as identifying limitations.

[Consensus-based Recommendation, Grade 1]

Equity

Recommendation 6

It is recommended that the process for assessing ASD concerns be accessible and rigorous for all Australians regardless of age, gender, cultural background, socioeconomic status or geographical location.

[Consensus-based Recommendation, Grade 1]

Lifespan Perspective

Recommendation 7

It is recommended that the process for assessing ASD concerns take a lifespan perspective, where consideration is given to the individual's present and future challenges and opportunities.

[Consensus-based Recommendation, Grade 1]

3. Assessment Process

Content

Recommendation 8

It is recommended that the process for assessing ASD concerns incorporate:

- (1) a Comprehensive Needs Assessment
- (2) a Diagnostic Evaluation.

[Consensus-based Recommendation, Grade 1]

The Comprehensive Needs Assessment is a core component of all assessments of ASD concerns and aims to explore the question: *What are the key strengths, challenges and needs that inform future clinical management and service delivery?* The Comprehensive Needs Assessment consists of an Assessment of Functioning and a Medical Evaluation. The outcomes of the Comprehensive Needs Assessment are an understanding of the level of functioning and support needs of the individual (and immediate referral for services based on these needs) and whether a Diagnostic Evaluation should be pursued.

The Diagnostic Evaluation seeks to answer the questions: *Does the individual meet criteria for a clinical diagnosis, such as ASD and other differential or co-occurring conditions?* and *If the individual does not meet criteria for a clinical diagnosis, are there other considerations that explain the presentation?* To ensure the Diagnostic Evaluation is both accurate and efficient in evaluating for the range of ASD

presentations, the Guideline incorporates a degree of flexibility that enables the process to be tailored to the complexity of the individual's clinical presentation.

While the Comprehensive Needs Assessment may occur at any time, the Guideline recommends two sequential 'stages' for Diagnostic Evaluation. The Diagnostic Evaluation process will usually commence with a Single Clinician Diagnostic Evaluation, which is a simplified assessment to determine whether an ASD or other diagnosis can be confirmed or ruled out with high confidence. Where a diagnosis cannot be confirmed or ruled out with certainty through this process, an individual continues to a Consensus Team Diagnostic Evaluation. This evaluation incorporates additional members of a multidisciplinary assessment team and a more in-depth assessment of the specific areas where there was diagnostic uncertainty. The outcome of the Diagnostic Evaluation is an understanding of whether an individual meets criteria for a clinical diagnosis, and the connection of the individual to the most appropriate clinical and/or service provider pathway.

Coordination

To ensure optimal clinical care, it is critical that the assessment process is well coordinated with good communication between all professionals involved.

Recommendation 9

It is suggested that the process for assessing ASD concerns be coordinated by a nominated clinician (or their delegate) from the initial referral for an assessment until findings have been communicated to the individual and/or their caregiver(s).

[Consensus-based Recommendation, Grade 2]

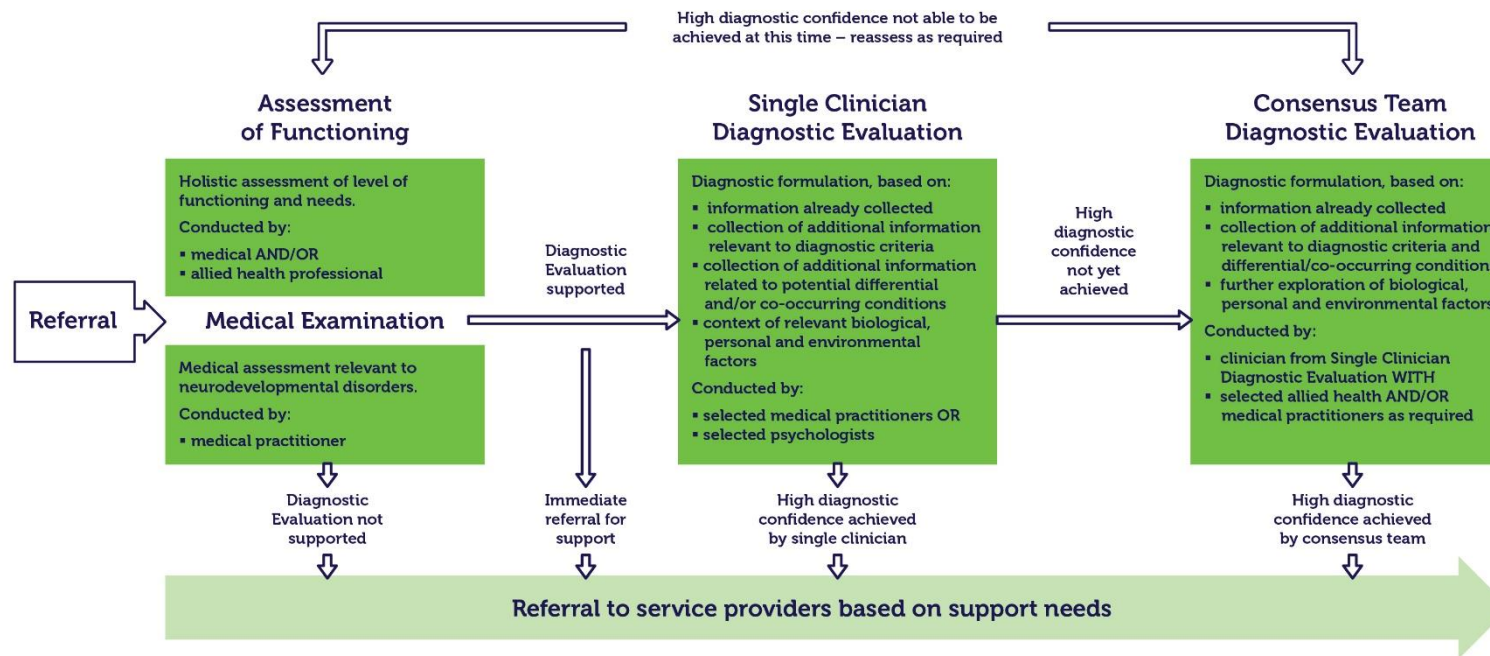


Figure 1. Schematic representation of process for assessing ASD concerns

The assessment components are presented sequentially in Figure 1, to emphasise three key elements of the assessment process:

- (1) the importance of a Comprehensive Needs Assessment providing the foundation of a Diagnostic Evaluation
- (2) the immediate referral of an individual for further supports once level of functioning and needs have been identified
- (3) a progressive approach to diagnostic formulation, whereby additional clinical investigations are based on the clinical complexity of the individual being assessed.

With these elements of the overall assessment model established, considerable flexibility can be incorporated. The stages described in the model are not necessarily intended to be conducted as consecutive and discrete steps, and their implementation can be adapted based on the clinical history of the individual to that point and the decision-making of the clinical team. If other stages or components of the assessment have recently been conducted with an individual at the point of referral for Diagnostic Evaluation, it is up to the discretion of the Assessment Team as to whether to repeat these assessments. Please see Figure 2 for examples of how this flexible assessment structure may work in practice.

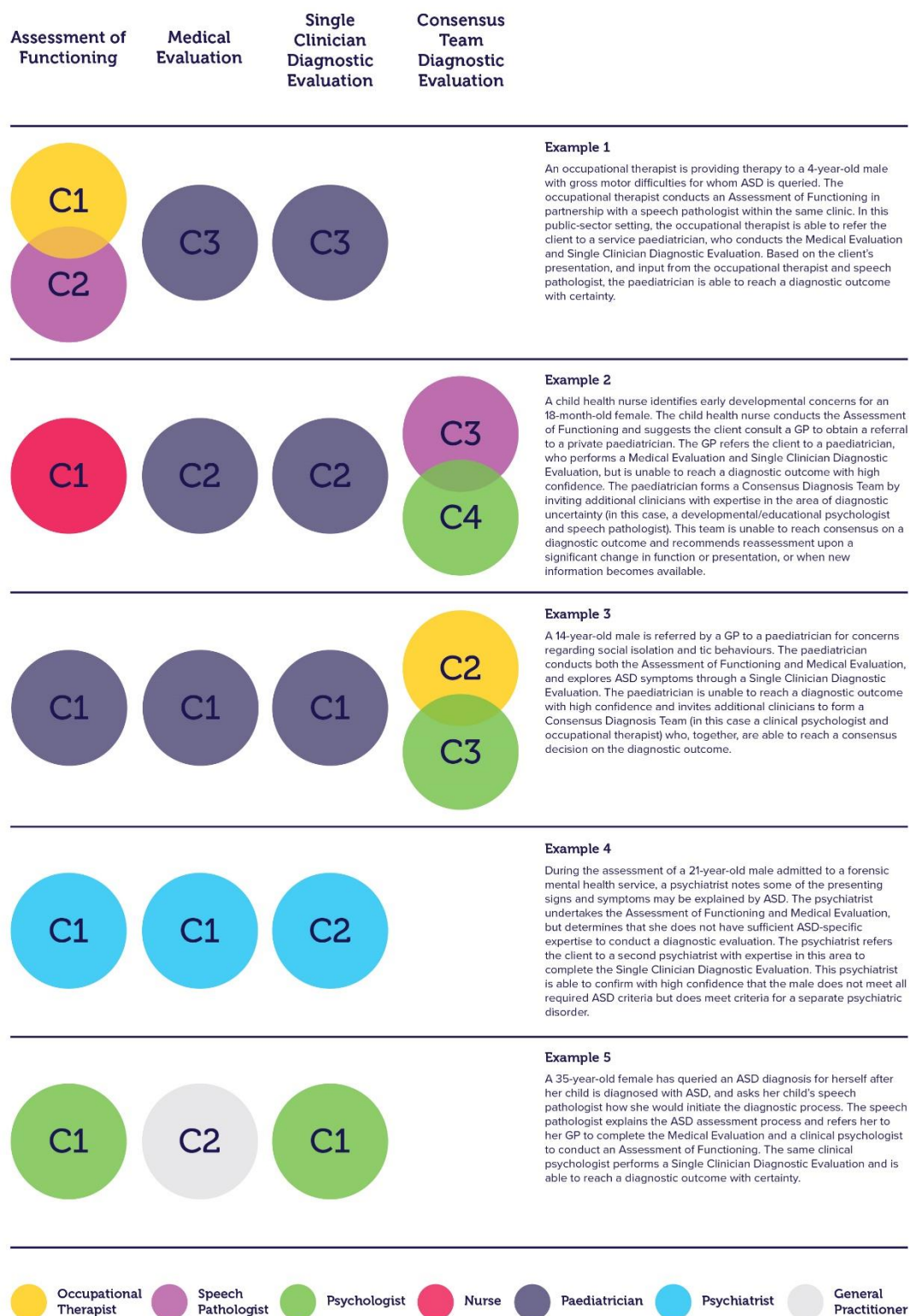


Figure 2. Examples of how the flexible assessment structure described in the Guideline may work in practice

The numbers in the circles represent the assessment stages. Please refer to the recommendations in the Guideline for detail about the information collected at each assessment stage.

4. Assessment Participants

Each ASD assessment will involve participation by client(s), members of the Assessment Team and other professionals.

Clients

'Client' is an overarching term to describe an individual being assessed for ASD and any caregiver(s) or support people participating in the process. Some individuals will participate in the process independently, whereas others will require assistance from a caregiver due to their age or communication/intellectual abilities, for example. A caregiver or support person may be a parent, guardian, spouse, sibling, child of the individual or friend. Clients are responsible for providing accurate and timely information to members of the Assessment Team where possible.

Assessment Team

The Assessment Team is defined as the clinicians who conduct elements of the Comprehensive Needs Assessment and/or Diagnostic Evaluation (Table 1). In cases where the assessment of ASD concerns progresses to a Consensus Team Diagnostic Evaluation, the subgroup of clinicians making the consensus diagnostic decision is referred to as the Consensus Diagnosis Team.

Recommendation 10

It is recommended that all clinicians involved in assessment of ASD concerns obtain relevant training and expertise covering all the following areas:

- typical and atypical development across the age range assessed in their practice
- presentation of the signs and/or symptoms of ASD and other neurodevelopmental disorders across all developmental stages in which they practise, along with the manifestations of these symptoms during early development (which is relevant to diagnostic criteria)
- presentation of symptoms of ASD and other neurodevelopmental disorders among male, female and, where applicable, gender-diverse individuals
- the impact of other important considerations, such as intellectual and/or communication capacity, culturally, linguistically and/or socio-economically diverse background, regional or remote location, or complex psychosocial factors, on the assessment of ASD concerns
- assessment of ASD and other neurodevelopmental disorders
- administration of standardised assessments (with all prerequisites for using the instrument in clinical practice met)
- clinical reasoning in weighing evidence, integrating findings and reaching assessment conclusions
- clinical report writing
- communicating with individuals on the autism spectrum and their caregivers.

[Consensus-based Recommendation, Grade 1]

Recommendation 11

It is recommended that all clinicians involved in assessment of ASD concerns, in addition to the foundation qualification(s) relevant to their professional discipline, obtain and maintain relevant training and expertise through peer observation, peer supervision and peer mentoring. Formal training courses and/or further qualifications may supplement these peer learning approaches.

[Consensus-based Recommendation, Grade 1]

Table 1. Recommended professional disciplines eligible to conduct components of assessments of ASD concerns

	Comprehensive Needs Assessment		Diagnostic Evaluation	
	Assessment of Functioning	Medical Evaluation	Single Clinician	Consensus Team
Medical practitioner	✓	✓	Selected ^b	Selected ^b
Nurse	Selected ^a	Selected ^a (assist only)		
Occupational therapist	✓			✓
Psychologist	✓		Selected ^c	✓
Social worker	✓			
Speech pathologist	✓			✓

^a For nurses conducting a Comprehensive Needs Assessment, it is recommended that they be a nurse practitioner (with appropriate credentials in neurodevelopmental disorder assessment) or a clinical nurse specialist/consultant (practising under appropriate medical supervision).

^b To conduct a Diagnostic Evaluation, medical practitioners are recommended to have specialist registration in the field of community child health, general paediatrics, psychiatry or neurology, or have general registration with at least six years of relevant experience in the assessment of neurodevelopmental disorders.

^c To conduct a Single Clinician Diagnostic Evaluation, psychologists are recommended to have a practice endorsement in clinical psychology, educational/developmental psychology or neuropsychology.

The dark green shading indicates those professions are not eligible to do that component of the assessment.

Other Professionals

The Assessment Team will liaise with other medical, allied health, disability and/or educational professionals to obtain further information about the individual being assessed, to support the Comprehensive Needs Assessment and Diagnostic Evaluation. These other professionals are not part of the Assessment Team; however, their input may be helpful to obtain a more complete clinical picture of the individual's presentation in their everyday environment or provide specialist guidance to explore alternative explanations for presenting signs and/or symptoms. Other professionals may contribute information over a broad range of topics or in relation to a very specific topic. A clinician may meet the qualification and expertise requirements to conduct a Comprehensive Needs Assessment and/or Diagnostic Evaluation, yet their role in an individual's assessment will be limited to providing information if they are not involved in the full range of tasks conducted by the Assessment Team. The individual being assessed may have an existing working relationship with these other professionals (e.g. a treating health professional or teacher) or require new referrals for specific testing. These professionals typically require registration with a professional board and/or accreditation from the peak organisational body relevant to their discipline. Suitable professional disciplines include (but are not limited to):

- accredited practising dietitian
- audiologist
- board-certified behaviour analyst
- childcare worker
- dentist
- disability employment support person
- early intervention service provider
- gastroenterologist
- general practitioner
- geneticist
- Indigenous community health worker
- neurologist
- nurse
- occupational therapist
- ophthalmologist
- optometrist
- paediatrician
- physiotherapist
- preschool or early childhood teacher
- primary or secondary school teacher
- physiotherapist
- psychiatrist
- psychologist
- sleep and respiratory physician
- social worker
- special education teacher
- speech pathologist.

5. Assessment Settings

Clinic Setting

A clinic setting refers to a medical or allied health practice that an individual being assessed for ASD attends specifically for assessment purposes. A clinic setting consists of all spaces within the practice, such as interview and/or clinical rooms.

Recommendation 12

It is recommended that a clinic setting be considered an appropriate, but not essential, venue for an assessment of ASD concerns.

[Consensus-based Recommendation, Grade 1]

Community Setting

A community setting refers to familiar environments where the individual being assessed performs one or more of their usual activities. Examples of a community setting are (but are not restricted to) the individual's home, childcare centre, playground, friend or family member's home, leisure facility, social situation, school, tertiary institution, workplace, prison, youth justice centre or forensic mental health hospital.

Recommendation 13

It is recommended that information about an individual's presentation in all community settings relevant to their daily life be collected.

[Consensus-based Recommendation, Grade 1]

Recommendation 14

It is recommended that information about an individual's presentation in community settings be obtained by one or more members of the Assessment Team through a combination of:

- direct observation in the community setting
- asking the client(s) about behaviour in the community setting during an interview or through a questionnaire or survey
- observation of video recordings of the individual in the community setting that have been recorded and supplied by the client or other professional(s) with the client's permission
- verbal or written communication about the client's behaviour in the community setting from other professional(s).

[Consensus-based Recommendation, Grade 1]

Telehealth Setting

A telehealth setting refers to interactions using telephone conversations or video conferencing, and/or reviewing video recordings.

Recommendation 15

It is suggested that telehealth may be used to complement face-to-face meetings, but is not to be used as the sole medium for conducting a Single Clinician Diagnostic Evaluation and/or Consensus Team Diagnostic Evaluation. It is important that at least one face-to-face assessment session is conducted with a Single Diagnostician and/or member of the Consensus Diagnosis Team. The use of telehealth as the predominant medium for conducting an assessment of ASD concerns should be restricted to exceptional circumstances, such as when conducting a face-to-face assessment in a clinic or community setting would be very difficult. Examples include when a client lives in a regional or remote location without access to assessment teams, or other significant travel restrictions prevent a face-to-face assessment occurring (such as challenges related to sensory or anxiety symptoms). If telehealth is used as the predominant medium for conducting part of an assessment of ASD concerns or sharing the findings, it is recommended that a local clinician (or other professional with relevant expertise) be physically present with the client during the telehealth meetings.

[Consensus-based Recommendation, Grade 2]

6. Initiating a Referral

Professionals' Involvement

Primary healthcare providers are clinicians who provide the first point of contact within the health system for community members with health concerns. While most Australians will receive primary health care through their general practitioner (GP), primary healthcare providers may also be nurses (including general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers.

Recommendation 16

It is suggested that a referral for an assessment of ASD concerns be initiated by a primary healthcare provider. This individual's professional discipline may differ between private and public healthcare settings, but they may need to meet specific professional requirements (e.g. be a general practitioner) to meet certain funding conditions, such as for Medicare.

[Consensus-based Recommendation, Grade 2]

Recommendation 17

It is recommended that the primary healthcare provider has received formal professional training in typical child development and the signs and/or symptoms of common neurodevelopmental and behavioural conditions, including those associated with ASD, as well as common co-occurring and differential diagnosis conditions. If the primary healthcare professional administers clinical assessments as part of the process for initiating a referral for an assessment of ASD concerns, they should have training and expertise in administering these assessments (with all prerequisites for using the instrument in clinical practice met).

[Consensus-based Recommendation, Grade 1]

Information Collection

Recommendation 18

It is suggested that the primary healthcare provider obtain information about ASD signs and/or symptoms in a structured way through client report and/or observation, along with administering a standardised developmental screening measure when age appropriate.

[Consensus-based Recommendation, Grade 2]

Decision-making and Outcome

Recommendation 19

It is recommended that the primary healthcare provider initiate an assessment of ASD concerns by discussing and obtaining the client's consent for the referral and then providing a written referral to the Assessment Team, including the reasons for referral and necessary information to efficiently commence the process.

[Consensus-based Recommendation, Grade 1]

Recommendation 20

It is suggested that, on receiving the referral, a nominated clinician (or their delegate) from the Assessment Team explain the process for assessing ASD concerns to the client, book the initial appointment (ideally within three months of referral), collate existing documents that may assist with the assessment (e.g. previously administered client questionnaires, reports from treating clinicians and school records) and give the client details for how to contact the Assessment Team.

[Consensus-based Recommendation, Grade 2]

7. Assessment of Functioning

The Comprehensive Needs Assessment comprises an Assessment of Functioning and a Medical Evaluation, with each component having different recommendations in terms of the professionals involved, information collection techniques and observation settings.

Professionals' Involvement

To enable flexibility within the assessment model, the choice of clinician(s) involved in the Assessment of Functioning remains a decision of the Assessment Team.

Recommendation 21

It is recommended that an Assessment of Functioning be conducted by a clinician or clinicians meeting one of the following eligibility criteria:

- medical practitioner who holds general or specialist registration with the Medical Board of Australia
- nurse practitioner who holds general registration with the Nursing and Midwifery Board of Australia and is endorsed as a nurse practitioner or as a registered nurse with relevant experience as a clinical nurse specialist/consultant and is practising under appropriate medical supervision
- occupational therapist who holds registration with the Occupational Therapy Board of Australia

- psychologist who holds general registration, with or without a practice endorsement, with the Psychology Board of Australia
- social worker who is eligible to be a member of the Australian Association of Social Workers
- speech pathologist who is eligible to be a Certified Practising Member of Speech Pathology Australia.

[Consensus-based Recommendation, Grade 1]

Recommendation 22

It is recommended that an Assessment of Functioning be conducted by a clinician who, in addition to the relevant training and expertise required by all members of the Assessment Team, has relevant training and expertise in:

- the impact of the signs and/or symptoms of ASD and other neurodevelopmental disorders on daily functioning and participation in age-appropriate activities
- the evaluation of the abilities, challenges, strengths, environmental context and support needs of individuals with ASD and other neurodevelopmental disorders (along with those of their caregivers and support people).

[Consensus-based Recommendation, Grade 1]

Information Collection

Recommendation 23

It is recommended that information be collected during an Assessment of Functioning on the following topics:

- medical and health history, including any existing diagnoses
- family history and family functioning
- language/s used at home and level of written/spoken proficiency in English and any other home language
- developmental and educational history
- ASD-specific signs and/or symptoms
- other relevant signs and/or symptoms
- developmental and functioning abilities/impairments across a broad range of domains (e.g. cognitive, language, social-emotional, motor and adaptive behaviour)
- activity-related and character strengths
- environmental facilitators and barriers
- observed and expressed support needs.

[Consensus-based Recommendation, Grade 1]

Recommendation 24

It is recommended that information be collected during an Assessment of Functioning through a variety of means, including:

- file review of existing assessment reports
- interview with the client
- observation of the individual undergoing assessment
- administration of standardised and non-standardised assessments as required
- communication with other professional(s) as required.

[Consensus-based Recommendation, Grade 1]

Recommendation 25

It is recommended that the use of standardised assessments that cover a broad range of developmental domains (e.g. cognitive, language, social-emotional, motor and adaptive behaviour) be strongly considered for the Comprehensive Needs Assessment.

[Consensus-based Recommendation, Grade 1]

Settings

Recommendation 26

It is recommended that the Assessment of Functioning take place in a setting where the client feels comfortable and confident to discuss their level of functioning and support needs. This may be in a clinic, community or telehealth setting. Information is to be collected about the individual's level of functioning in all relevant community settings, though it is not essential for the clinician to make direct observations at these locations.

[Consensus-based Recommendation, Grade 1]

Decision-making and Outcome

Recommendation 27

It is recommended that the Assessment of Functioning involve the following steps:

- the identification and prioritisation of observed and expressed support needs
- connection to appropriate services based on support needs where impaired functioning is identified, without the requirement for a clinical diagnosis of ASD.

[Consensus-based Recommendation, Grade 1]

Recommendation 28

It is suggested that when providing information to clients regarding services that may meet their support needs, clinician(s):

- disclose to the client any financial or other conflicts of interest in service recommendations
- provide information regarding a range of services available, where possible.

[Consensus-based Recommendation, Grade 2]

Repeated Assessment

Recommendation 29

It is recommended that the Assessment of Functioning be repeated throughout the individual's life to ensure that changes to level of functioning and support needs are identified and acted on in a timely manner. Further assessment can be conducted as required by clinicians engaging with the client at the particular time.

[Consensus-based Recommendation, Grade 1]

8. Medical Evaluation

Professionals' Involvement

Recommendation 30

It is recommended that a Medical Evaluation and investigations relevant to neurodevelopmental and behavioural disorders be conducted by a medical practitioner who holds general or specialist registration with the Medical Board of Australia.

[Consensus-based Recommendation, Grade 1]

Recommendation 31

It is suggested that a medical practitioner may receive assistance in collecting information for the Medical Evaluation from a nurse practitioner who holds general registration with the Nursing and Midwifery Board of Australia and is endorsed as a nurse practitioner or as a registered nurse with relevant experience as a clinical nurse specialist/consultant, practising under appropriate medical supervision.

[Consensus-based Recommendation, Grade 2]

Recommendation 32

It is recommended that a Medical Evaluation be conducted by a clinician who, in addition to the relevant training and expertise required by all members of the Assessment Team, has relevant training and expertise in medical evaluation relevant to neurodevelopmental disorders.

[Consensus-based Recommendation, Grade 1]

Information Collection

Recommendation 33

It is recommended that information be collected and synthesised during a Medical Evaluation on the following:

- overview of topics covered in the Assessment of Functioning
- neurodevelopmental and behavioural symptoms
- relevant biological investigations for aetiology and comorbid conditions (further testing may be indicated after Diagnostic Evaluation, e.g. chromosomal microarray)
- developmental and growth status
- congenital abnormalities and dysmorphic features
- neurological, general systems, skin, injury, vision and hearing status.

[Consensus-based Recommendation, Grade 1]

Recommendation 34

It is recommended that information be collected during a Medical Evaluation through a variety of means, including:

- file review of any relevant assessment reports
- interview with the client
- observation of the individual undergoing assessment
- physical examination
- standardised assessments
- communication with other professional(s) as required.

[Consensus-based Recommendation, Grade 1]

Settings

Recommendation 35

It is recommended that the Medical Evaluation take place in a private location within a clinic or community setting.

[Consensus-based Recommendation, Grade 1]

Decision-making and Outcome

Recommendation 36

It is suggested that if the Assessment of Functioning and Medical Evaluation indicate ASD is a queried diagnosis, the clinician in consultation with the client will make a referral for a Single Clinician Diagnostic Evaluation. If the client declines this referral, it is recommended this be documented by the clinician.

[Consensus-based Recommendation, Grade 2]

9. Single Clinician Diagnostic Evaluation

Professionals' Involvement

Recommendation 37

It is suggested that a Single Clinician Diagnostic Evaluation be conducted by one clinician meeting at least one of the following eligibility criteria:

- medical practitioner who holds specialist registration with the Medical Board of Australia in the field of community child health, general paediatrics, psychiatry or neurology
- medical practitioner who holds general or specialist registration with the Medical Board of Australia *and* has at least six years of relevant experience, training or supervision in the assessment of neurodevelopmental and behavioural disorders
- psychologist who holds general registration with the Psychology Board of Australia and practice endorsement in clinical psychology, educational/developmental psychology or neuropsychology.

[Consensus-based Recommendation, Grade 2]

Recommendation 38

It is recommended that a Single Clinician Diagnostic Evaluation be conducted by a clinician who, in addition to the expertise required by all members of the Assessment Team, has relevant training and expertise in the following areas:

- clinical reasoning in weighing evidence, and performing diagnostic formulations and decisions
- signs and symptoms associated with common co-occurring or differential diagnosis conditions
- the criteria for ASD and co-occurring or differential diagnosis conditions described by the current version of international diagnostic manuals (e.g. DSM and/or ICD).

[Consensus-based Recommendation, Grade 1]

Recommendation 39

It is recommended that the Single Clinician obtain and maintain the additional skills and expertise listed in Recommendation 38 through peer observation, peer supervision and peer mentoring. Formal training courses and/or further qualifications may supplement these peer learning approaches.

[Consensus-based Recommendation, Grade 1]

Recommendation 40

It is suggested that a Single Clinician Diagnostic Evaluation involve the collection of information from at least one other clinician from a different discipline or specialty to the Single Clinician, if information from at least one clinician from a different discipline has not yet been obtained (for example, from the Comprehensive Needs Assessment).

[Consensus-based Recommendation, Grade 2]

Information Collection

Recommendation 41

It is recommended that information be collected during a Single Clinician Diagnostic Evaluation on the following:

- overview of topics covered in the Comprehensive Needs Assessment
- signs and/or symptoms specified in diagnostic criteria for ASD and potential co-occurring and/or differential conditions
- biological, personal and environmental factors relevant to the individual.

[Consensus-based Recommendation, Grade 1]

Recommendation 42

It is recommended that information be collected during a Single Clinician Diagnostic Evaluation through a variety of means, including:

- review of documentation from the Comprehensive Needs Assessment
- communication with clinicians who conducted the Comprehensive Needs Assessment
- file review of any additional assessment reports
- interview with the client;
- observation of the individual undergoing assessment
- communication with other professional(s) as required.

[Consensus-based Recommendation, Grade 1]

Recommendation 43

It is suggested that ASD-specific assessments not be used as a substitute for clinical judgement in diagnostic decision-making, nor as the sole investigation on which an ASD diagnosis is based, though they may provide considerable assistance in the direct observation of ASD symptoms. Their use in an assessment of ASD concerns is at the discretion of the Single Clinician.

[Consensus-based Recommendation, Grade 2]

Settings

Recommendation 44

It is recommended that the Single Clinician Diagnostic Evaluation take place in a setting that allows the clinician to make direct observation of symptoms. This may be in a clinic or community setting, and may be supplemented by telehealth. Information is to be collected about the client's level of functioning in all relevant community settings, though it is not essential for the clinician to make direct observations within these locations.

[Consensus-based Recommendation, Grade 1]

Decision-making and Outcome

A Single Clinician Diagnostic Evaluation will result in one of the following three outcomes:

- (1) high confidence that the individual does not meet diagnostic criteria for ASD or another clinical diagnosis
- (2) high confidence that the individual does meet diagnostic criteria for ASD or another clinical diagnosis, with noting of current specifiers and severity level if DSM-5 criteria are utilised
- (3) high confidence not yet being achieved as to whether the individual meets diagnostic criteria for ASD or another clinical diagnosis, and a Consensus Team Diagnostic Evaluation is required.

A number of factors may contribute to the perception that a Consensus Team Diagnostic Evaluation is required, including:

- uncertainty about whether behavioural symptoms meet diagnostic criteria for ASD
- current or previous exposure of the individual to personal or familial trauma and/or psychosocial risk
- a history or indication of complex medical conditions
- a history or indication of differential or co-occurring diagnoses.

Recommendation 45

It is recommended that the clinician conducting the Single Clinician Diagnostic Evaluation use their clinical judgement to reach their diagnostic decision by:

- taking into account all information collected in the Comprehensive Needs Assessment and Single Clinician Diagnostic Evaluation, in the context of a biopsychosocial framework
- integrating and weighing the available evidence against each diagnostic criterion (according to the current version of the DSM or ICD)
- testing alternative explanations for symptoms that may warrant co-occurring or differential diagnosis or alternative clinical pathways
- considering whether sufficient information is available to make a diagnostic decision with high confidence without progressing to a Consensus Team Diagnostic Evaluation.

[Consensus-based Recommendation, Grade 1]

Recommendation 46

It is recommended that any new support needs identified at the Single Clinician Diagnostic Evaluation be documented, communicated to the client and, if appropriate, communicated to the client's current support services (with the client's permission). If the client is not receiving any support services, it is recommended that they be connected to appropriate services based on support needs, without the requirement for a clinical diagnosis of ASD.

[Consensus-based Recommendation, Grade 1]

10. Consensus Team Diagnostic Evaluation

A Consensus Team Diagnostic Evaluation recognises that there are individuals whose presentation is more complex or subtle, and that an accurate diagnostic determination of these individuals requires assessment from a broader multidisciplinary team.

Professionals' Involvement

It is the decision of the Single Clinician as to which professionals are invited to join the Consensus Diagnosis Team; however, they should aim to ensure a broad range of expertise.

Recommendation 47

It is suggested that the clinician who conducted the Single Clinician Diagnostic Evaluation invite additional clinician(s) as required to participate in the Consensus Team Diagnostic Evaluation, based on the match between professional expertise and the area(s) of diagnostic uncertainty identified during the Single Clinician Diagnostic Evaluation. This should involve at least one other professional from a different discipline or specialty to the clinician who conducted the Single Clinician Diagnostic Evaluation.

[Consensus-based Recommendation, Grade 2]

Recommendation 48

It is recommended that a Consensus Team Diagnostic Evaluation include at least one additional clinician who meets at least one of the following eligibility criteria:

- medical practitioner who holds specialist registration with the Medical Board of Australia in the field of community child health, general paediatrics, psychiatry or neurology
- medical practitioner who holds general or specialist registration with the Medical Board of Australia *and* has at least six years of relevant experience, training or supervision in the assessment of neurodevelopmental disorders
- occupational therapist who holds registration with the Occupational Therapy Board of Australia
- psychologist who holds general registration, with or without a practice endorsement, with the Psychology Board of Australia
- speech pathologist who is eligible to be a Certified Practising Member of Speech Pathology Australia.

[Consensus-based Recommendation, Grade 1]

Recommendation 49

It is recommended that a Consensus Team Diagnostic Evaluation be conducted by clinicians who, in addition to the relevant training and expertise required by all members of the Assessment Team, have relevant training and expertise in all the following areas:

- clinical reasoning in weighing evidence, performing diagnostic formulations and making diagnostic decisions
- signs and symptoms associated with common co-occurring or differential diagnosis conditions
- the criteria for ASD and co-occurring or differential diagnosis conditions described by the current version of international diagnostic manuals (e.g. DSM and/or ICD).

[Consensus-based Recommendation, Grade 1]

Recommendation 50

It is recommended that members of the Consensus Diagnosis Team obtain and maintain the additional skills and expertise listed in Recommendation 49 through peer observation, peer supervision and peer mentoring. Formal training courses and/or further qualifications may supplement these peer learning approaches.

[Consensus-based Recommendation, Grade 1]

Information Collection

Recommendation 51

It is recommended that information be collected during a Consensus Team Diagnostic Evaluation on the following:

- overview of topics covered in the Comprehensive Needs Assessment and Single Clinician Diagnostic Evaluation
- additional information to further appraise behavioural symptoms specified in diagnostic criteria for ASD and potential co-occurring and/or differential diagnosis conditions
- further exploration of biological, personal and environmental factors relevant to the individual.

[Consensus-based Recommendation, Grade 1]

Recommendation 52

It is recommended that information be collected during a Consensus Team Diagnostic Evaluation through a variety of means, including:

- review of documentation from the Comprehensive Needs Assessment and Single Clinician Diagnostic Evaluation
- communication with clinicians who conducted the Comprehensive Needs Assessment and Single Clinician Diagnostic Evaluation
- file review of any additional assessment reports
- interview with the client as required
- observation of the individual undergoing assessment
- administration of standardised and non-standardised assessments as required
- communication with other professional(s) as required.

[Consensus-based Recommendation, Grade 1]

Recommendation 53

It is suggested that ASD-specific assessments not be used as a substitute for clinical judgement in diagnostic decision-making, though they may provide considerable assistance in the direct observation of ASD symptoms, and their use in an assessment of ASD concerns be at the discretion of the Consensus Diagnosis Team.

[Consensus-based Recommendation, Grade 2]

Settings

Recommendation 54

It is recommended that the Consensus Team Diagnostic Evaluation take place in a setting that allows the clinician to assess how symptoms manifest in a variety of contexts relevant to the client. This may be in a combination of clinic and community settings, which may be supplemented by information collected in a telehealth setting. This information may be obtained through communication with the client and/or other professionals, but direct observations by member(s) of the Consensus Diagnosis Team within some of these community settings is suggested where possible.

[Consensus-based Recommendation, Grade 1]

Decision-making and Outcome

A Consensus Team Diagnostic Evaluation will result in one of the following three outcomes:

- (1) consensus reached that the individual does not meet criteria for ASD or another clinical diagnosis
- (2) consensus reached that the individual does meet criteria for ASD or another clinical diagnosis, with a noting of specifiers and current severity level if DSM-5 criteria are utilised
- (3) consensus not being reached as to whether the individual meets criteria for ASD or another clinical diagnosis, and the individual being recommended for reassessment at a later time. In this case, all relevant information should be provided to the Assessment Team conducting the reassessment (where possible) to avoid unnecessary duplication of services.

Recommendation 55

It is recommended that clinicians conducting the Consensus Team Diagnostic Evaluation use their clinical judgement to reach a consensus diagnostic decision by:

- taking into account all information collected during all stages of assessments, in the context of a biopsychosocial framework
- integrating and weighing the available evidence against each diagnostic criterion (according to the current version of the DSM or ICD)
- testing alternative explanations for signs and/or symptoms that may warrant co-occurring or differential diagnosis or alternative clinical pathways
- considering if sufficient information is available to make a diagnostic decision with high confidence
- discussing the evidence until each member of the Consensus Diagnosis Team agrees on the same diagnostic outcome.

[Consensus-based Recommendation, Grade 1]

Recommendation 56

It is recommended that any new support needs identified at the Consensus Team Diagnostic Evaluation be documented, communicated to the client and, if appropriate, communicated to the client's current support services (with the client's permission). If the client is not receiving any support services, it is recommended that they be connected to appropriate services based on support needs, without the requirement for a clinical diagnosis of ASD.

[Consensus-based Recommendation, Grade 1]

11. Sharing Findings

Communication Style

Recommendation 57

It is recommended that findings of the assessment of ASD concerns be communicated to the client by the Single Clinician and/or at least one member of the Consensus Diagnosis Team in a comprehensive and understandable way through a face-to-face meeting (or via a telehealth setting) *and* a written report. This will ideally occur within three months of the first assessment appointment, or earlier in line with the clinician's existing professional standards. Findings of the assessment of ASD concerns should only be shared only with relevant stakeholders, such as the referrer, caregivers / support people, service providers or funding agencies, with the expressed consent of the client.

[Consensus-based Recommendation, Grade 1]

Content of Communication

Recommendation 58

It is recommended that the findings of the assessment conveyed to a client at a meeting (or meetings) and in a written report (or reports) include the following information:

- clear confirmation of the diagnostic outcome and a rationale for the diagnostic decision
- the diagnostic criteria utilised (e.g. DSM-5 or ICD-11)
- evidence that supports the presence or absence of each ASD diagnostic criterion
- evidence that supports the current severity level and specifiers (if DSM-5 criteria are utilised)
- the assessments conducted, including the name of the instrument, what it measures, the administering professional, the findings and their implications
- co-occurring conditions identified, diagnosed or requiring further investigation
- alternative conditions identified, diagnosed or requiring further investigation
- current developmental status / level of functioning across multiple domains and potential level of functioning with supports
- activity-related and character strengths
- environmental facilitators and barriers
- highest priority support needs of the client and related goals
- suggested timeframe for the Comprehensive Needs Assessment to be repeated
- recommendations with sufficient details for the client to action:
 - further assessments if required
 - informal and formal supports required
 - available funding and services.

[Consensus-based Recommendation, Grade 1]

12. Important Considerations

Age

Recommendation 59

It is recommended that all members of the Assessment Team consider the individual's behavioural presentation and needs in comparison to other individuals of the same chronological and developmental age.

[Consensus-based Recommendation, Grade 1]

Intellectual and/or Communication Capacity

Recommendation 60

It is suggested that all members of the Assessment Team consider the individual's cognitive/intellectual abilities and verbal language level when choosing standardised assessments and determining the individual's ability to provide valid consent.

[Consensus-based Recommendation, Grade 2]

Gender

The behaviours that characterise ASD may differ between genders, and females with ASD may be better able to 'camouflage' their symptoms by using compensatory strategies to mitigate communication and social difficulties.

Recommendation 61

It is recommended that all members of the Assessment Team consider the individual's behavioural presentation and needs in comparison to other individuals of the same gender, and be aware of how ASD may manifest differently in males and females.

[Consensus-based Recommendation, Grade 1]

There is accumulating evidence that being transgender or gender diverse is more common in children, adolescents and adults on the autism spectrum compared to the broader population.

Recommendation 62

It is suggested that all members of the Assessment Team have a good understanding of gender diversity and its potential impact on the individual's behavioural presentation and needs.

[Consensus-based Recommendation, Grade 2]

Culturally and Linguistically Diverse Backgrounds

The majority of published research has concentrated on families with European heritage and little is understood about whether symptom expression varies by cultural background, and whether there are support services that may be more acceptable, feasible and effective for individuals and families of particular racial or ethnic backgrounds.

Recommendation 63

It is recommended that all members of the Assessment Team consider the racial or ethnic background of the individual, including Aboriginal people, and how cultural factors relevant to the individual and their caregiver(s) may guide or influence the process of assessing ASD concerns. For Aboriginal people in particular, it is recommended that the role of the family, extended family and community be acknowledged and empowered by identifying attitudes and beliefs that the individual and family have surrounding ASD.

[Consensus-based Recommendation, Grade 1]

Recommendation 64

It is recommended that a client receive cultural support from a community member or appropriate professional (e.g. Aboriginal health worker) if this is requested or identified as potentially beneficial during the assessment of ASD concerns. It is suggested that this support be available from the receipt of referral through to the communication of assessment findings and connection to support services.

[Consensus-based Recommendation, Grade 1]

Recommendation 65

It is recommended that interpreter services and translated educational materials be made available for all clients from a non-English speaking background (including those who speak an Aboriginal language).

[Consensus-based Recommendation, Grade 1]

Regional or Remote Location

In regional and remote settings, there may not be any medical or allied health professionals with clinical expertise in ASD. In some remote settings, a relevant clinician may visit the community only a limited number of times each year.

Recommendation 66

It is recommended that in circumstances where a clinician with the professional background and assessment expertise prerequisites to being a member of a Consensus Diagnosis Team is not present in the local community, a partnership between local clinicians and an assessment team in another location be facilitated through telehealth or other methods.

[Consensus-based Recommendation, Grade 1]

Recommendation 67

It is recommended that before conducting an assessment of ASD concerns, professionals within the Assessment Team have a good understanding of the support services available for individuals in the local regional or remote community.

[Consensus-based Recommendation, Grade 1]

Complex Psychosocial Factors

Recommendation 68

It is recommended that all members of the Assessment Team have a good understanding of complex psychosocial factors and their potential impact on the individual's behavioural presentation and needs.

[Consensus-based Recommendation, Grade 1]

Differential Diagnosis and Co-occurring Conditions

The behavioural signs and/or symptoms that define ASD are often observed in individuals with other clinical conditions, and individuals on the autism spectrum often present with signs and/or symptoms that are characteristic of other clinical conditions.

Recommendation 69

It is recommended that, at each stage of the Diagnostic Evaluation, the clinicians collect and evaluate information to consider the full range of clinical explanations for the presentation of signs and/or symptoms, and test these possible explanations against the evidence for an ASD diagnosis in the context of other differential and co-occurring diagnoses.

[Consensus-based Recommendation, Grade 1]

Recommendation 70

It is recommended that members of the Assessment Team be highly familiar with the range of differential diagnoses for ASD. Clinicians without the clinical qualifications or expertise to adequately evaluate potential differential diagnoses for a given individual should not undertake the assessment of ASD concerns.

[Consensus-based Recommendation, Grade 1]

13. Practice Points for Clinical, Research and Policy Settings

For Clinical Practice

Local Clinical Training. It is important that clinicians and other professionals undertake appropriate training to ensure they have the appropriate knowledge and skills to implement the Guideline within their service. This may involve tailoring the available resources to meet the needs of their local community and type of service (see the Dissemination and Implementation of Guideline section below for available resources). This will help ensure ongoing capacity within all communities (including regional and remote communities).

Clinical Networks. It is important to develop in-person or online clinical networks to facilitate the training of new members of an assessment team and maintain required expertise and mentoring systems. This is in recognition that peer-to-peer learning is critical to developing and maintaining high levels of clinical skills, in particular through peer observation, peer supervision and peer mentoring. One model of such a clinical network is the Western Australian Autism Diagnosticians' Forum (<http://www.waadf.org.au>).

For Policymakers

Dissemination and Implementation of Guideline. It is important to prioritise a nationwide plan for the dissemination and implementation of the Guideline recommendations. This should occur both nationally and within state-based systems (e.g. education, disability and health) that may currently have different requirements for diagnostic evaluations. Implementation should include use of resources and templates that employ visual representations and simple English (and other common languages) suitable for clients and other professionals with limited knowledge of the process for the assessment of ASD concerns. Chapter 11 of the Administrative and Technical Report outlines the Guideline documents and Web Resources that will be available on the dedicated project webpage (<https://autismcrc.com.au/national-guideline>), along with future dissemination and implementation activities. Relevant national peak bodies, including those engaged in the key stakeholder feedback process, will be invited to support future dissemination and implementation projects. It will be important that an implementation process incorporates sufficient time for clinicians, professional bodies and health, education and disability systems to make adequate adjustments to accommodate the recommendations made in the Guideline.

Endorsement of Guideline. It is important that national and state-based government departments (e.g. education, disability and health), along with service providers, consider endorsing the Guideline as a minimum standard for ASD assessment and diagnosis. In addition, it is important for national peak bodies to consider endorsement of the Guideline. This will help ensure the universal uptake of this Guideline.

Funding for Neurodevelopmental Assessments. It is important that there is a review of the public funding mechanisms for neurodevelopmental assessments (e.g. through Medicare and other mechanisms) and whether this is adequate to meet the need for the assessment process described in the Guideline. Such funding may be used to support the services provided by the assessment team (including coordination), interpreter services and other professionals/services supplying additional information. The Guideline and accompanying documents will be submitted to the Medicare Benefits Schedule Review Taskforce and it may be beneficial for relevant national peak bodies to make reference to this Guideline in their feedback submissions on funding items for assessments of ASD concerns. It is anticipated that aligning funding mechanisms with the Guideline will minimise leaving clients with substantial out-of-pocket expenses and help ensure the universal uptake of this Guideline.

Accreditation and Regulation Programs. It is important that relevant professional bodies prioritise the development of accreditation programs that teach and evaluate competencies for clinicians involved in the assessment and diagnosis of neurodevelopmental disorders, such as ASD. Key stakeholders strongly support collaboration in the development of competency frameworks for clinicians. Relevant national peak bodies, including those engaged in the key stakeholder feedback process, may be invited

to explore the benefits and barriers to developing accreditation and regulation programs, and, if appropriate, collaborative partnerships may be formed for this purpose.

For Researchers

Evaluation of Guideline. It is important that an ongoing evaluation process monitor whether the Guideline is meeting the objectives described under 'Scope of the Guideline'. Chapter 11 of the Administrative and Technical Report outlines a plan for a preliminary evaluation of the acceptability and feasibility of the Guideline. In addition, this chapter suggests future evaluation projects to explore the extent to which Guideline recommendations are adopted into routine practice and the subsequent impact on service provision and assessment outcomes. Relevant national peak bodies, including those engaged in the key stakeholder feedback process, may be invited to assist with these evaluation projects.

Guideline Updates. It is important that Guideline recommendations be reviewed and updated on a regular basis to respond to new clinical and/or research evidence, and the first review will take place three years after the publication of this original version. Relevant national peak bodies, including those engaged in the key stakeholder feedback process, will be invited to contribute to Guideline updates.

Instrument Development and Validation. It is important that a psychometric tool be identified that provides a reliable and valid assessment of functioning in an Australian context. This will involve investigating the psychometric properties of existing tools that assess functioning, and may require the development and validation of a fit-for-purpose tool based on the ICF 'ASD core sets'. The development and validation of assessment of functioning tools will promote funding decisions made on the basis of functioning, and will hopefully discourage the use of diagnostic severity-level labels for funding decisions.

Withdrawing a Diagnosis of ASD. Longitudinal research into individuals who no longer meet ASD diagnostic criteria is needed within an Australian context, with clinical pathways to be developed to accommodate these circumstances. Accumulating international evidence points to a small proportion of individuals diagnosed with ASD who may no longer meet diagnostic criteria when assessed at a later time.

National Register of ASD Diagnoses. It is important that researchers have access to accurate and rich data to help inform government policy. A national register of new ASD diagnoses would facilitate population-level monitoring of ASD prevalence and provide a baseline for longitudinal research. One example of an ASD register is the Autism Register collated by Telethon Kids Institute (<https://autism.telethonkids.org.au/autismregister/>).