Diagnosing Autism in 2026: Partnering with Primary Care

JUNE 5, 2026

LISA ROOD, MD & JACK WELLS, PSYD

PROVIDENCE CHILDREN'S DEVELOPMENT CLINIC (PCDC)

Medical School

Residency

Lisa Rood, MD, FAAP

Pediatrician

Providence Children's Development Clinic 2024-present

John Muir Medical Group (in the SF Bay Area) 2006-2024

Jack Wells, PsyD

Pediatric Psychologist

Providence Children's Development Clinic

Autism Spectrum Disorder Prevalence: 1 in 31

CDC MMWR report published April 17, 2025

Based on data from the 2022 Autism and Developmental Disabilities Monitoring (ADDM) Network. Looked at 8 year olds at 16 sites across the US

Increased prevalence is thought to be due to changes in case definition and increased awareness/screening

Etiology: Genetics vs Environmental Factors

DSM-5 criteria for a diagnosis of Autism Spectrum Disorder

"**A Criteria": Persistent deficits in social communication and social interactions across multiple contexts (MUST HAVE ALL 3)**

- **Social-emotional reciprocity:** Deficits in back-and-forth conversation, sharing interests/emotions, initiating/responding to social interaction
- **Nonverbal communication:** Poorly integrated verbal/nonverbal communication, abnormal eye contact/body language, deficits in understanding and use of gestures, limited use of facial expressions.
- **Developing/maintaining relationships:** Difficulties adjusting behavior to social contexts, sharing imaginative play, lack of interest in peers, difficulty making friends.

"B Criteria": Restricted & Repetitive Behaviors (NEED AT LEAST 2 OF THE 4 CATEGORIES)

- **Stereotyped/repetitive movements:** Repetitive motor movements, object use, or speech (e.g., flipping toys, echolalia).
- **Insistence on sameness:** Inflexible routines, distress over small changes, or ritualized behaviors.
- **Fixated interests:** Highly restricted, intense interests (e.g., extreme attachment to or preoccupation with unusual objects or topics or perseverative interests with difficulty being redirected from these interests).
- **Sensory issues:** Hyper- or hypo-reactivity to sensory input (e.g., indifference to pain/temperature, aversion to sounds) or unusual interest in sensory aspects of the environment.

PLUS:

- Symptoms must be present in the early developmental period, though they may not fully manifest until social demands exceed capacity.
- Symptoms cause clinically significant impairment in current functioning.
- These disturbances are not better explained by intellectual disability or global developmental delay.

"A" Criteria

Persistent deficits in social communication and social interactions across multiple contexts (MUST HAVE ALL 3)

- **Social-emotional reciprocity:** Deficits in back-and-forth conversation, sharing interests/emotions, initiating/responding to social interaction
- **Nonverbal communication:** Poorly integrated verbal/nonverbal communication, abnormal eye contact/body language, deficits in understanding and use of gestures, limited use of facial expressions.
- **Developing/maintaining relationships:** Difficulties adjusting behavior to social contexts, sharing imaginative play, lack of interest in peers, difficulty making friends.

"B" Criteria

Restricted & Repetitive Behaviors (NEED AT LEAST 2 OF THE 4 CATEGORIES)

- **Stereotyped/repetitive movements:** Repetitive motor movements, object use, or speech (e.g., flipping toys, echolalia).
- **Insistence on sameness:** Inflexible routines, distress over small changes, or ritualized behaviors.
- **Fixated interests:** Highly restricted, intense interests (e.g., extreme attachment to or preoccupation with unusual objects or topics or perseverative interests with difficulty being redirected from these interests).
- **Sensory issues:** Hyper- or hypo-reactivity to sensory input (e.g., indifference to pain/temperature, aversion to sounds) or unusual interest in sensory aspects of the environment.

Additional Considerations

- Symptoms must be present in the early developmental period, though they may not fully manifest until social demands exceed capacity.
- Symptoms cause clinically significant impairment in current functioning.
- These disturbances are not better explained by intellectual disability or global developmental delay.

SPECIFY

- With/without Language Impairment
- With/without Intellectual Impairment
- Associated with a known medical or genetic condition (e.g., Rett Syndrome, Fragile X Syndrome)

Autism: Levels of support

Level 1: Requiring Support

Level 2: Requiring Substantial Support

Level 3: Requiring Very Substantial Support

Partnering with Primary care

- Please do developmental screening at well visits. The American Academy of Pediatrics (AAP) recommends formal developmental screening at 9, 18, and 30 months with Autism specific screening at 18 and 24 months.

- Recognize limitation of screening tools. Refer if you have clinical suspicion

Some "Red Flags" in young children

- Lack of response to name
- Limited eye contact
- Delayed use of gestures
- Lack of joint attention
- Atypical or repetitive behaviors
- Language delays and differences
- Regression in developmental milestones and skills

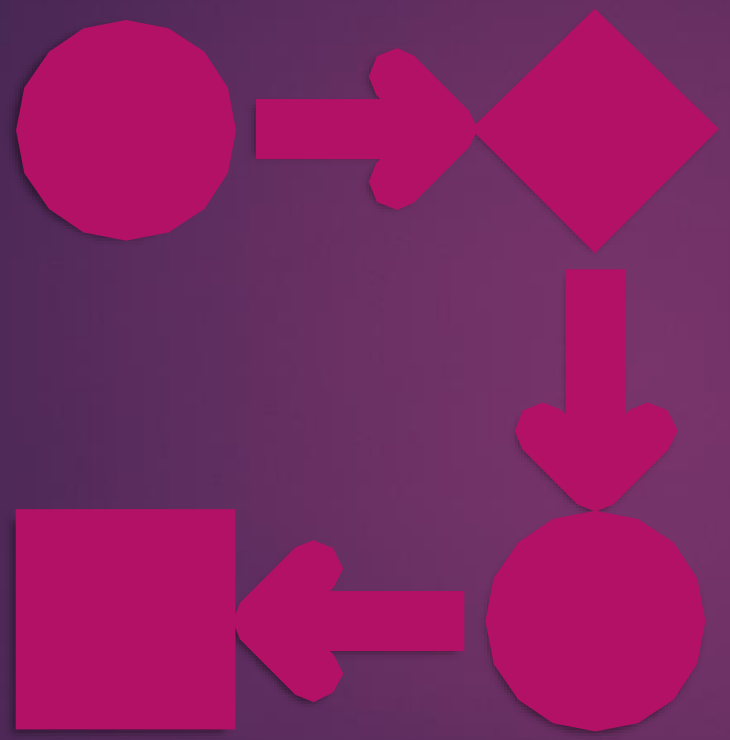
If you have suspicion for Autism Spectrum Disorder

- Do referral to the county Early Intervention/Early Childhood Special Education Program
- Order formal Audiology evaluation
- Start in private developmental therapies (Speech Therapy, Occupational Therapy, Feeding Therapy, Physical Therapy)
- Consider referral to us or another Developmental Clinic

Early intervention is associated with improved outcomes!

Current Autism Assessment Process at our clinic

- Initial visit is with MD/NP to meet with the child and family and to determine next steps in evaluation process.
- After that first intake visit, patients that are referred for formal Autism evaluation are seen by psychology, medical providers, and therapists in different teams depending on the complexity of the child's presentation
- Current wait list is approximately 150 patients waiting for Autism evaluations (down from ~800 in 2021). These are patients who have already completed the initial MD/NP intake visit. With our current system, we can flex our teams to meet the needs of the specific patients on the wait list. Currently children are waiting an average of 3-6 months between initial MD/NP assessment and Autism evaluation
- Last 6 months PCDC has averaged 40 Autism evaluations per month, and we expect to be able to continue at that rate.



Why might there be delays in the process?

Possible Reasons for Delays

- Delay in passing audiology evaluation
- History of unstable living situation
- Younger child who has not yet done any developmental therapies
- Family is not ready

Autism:
Medical diagnosis vs educational eligibility

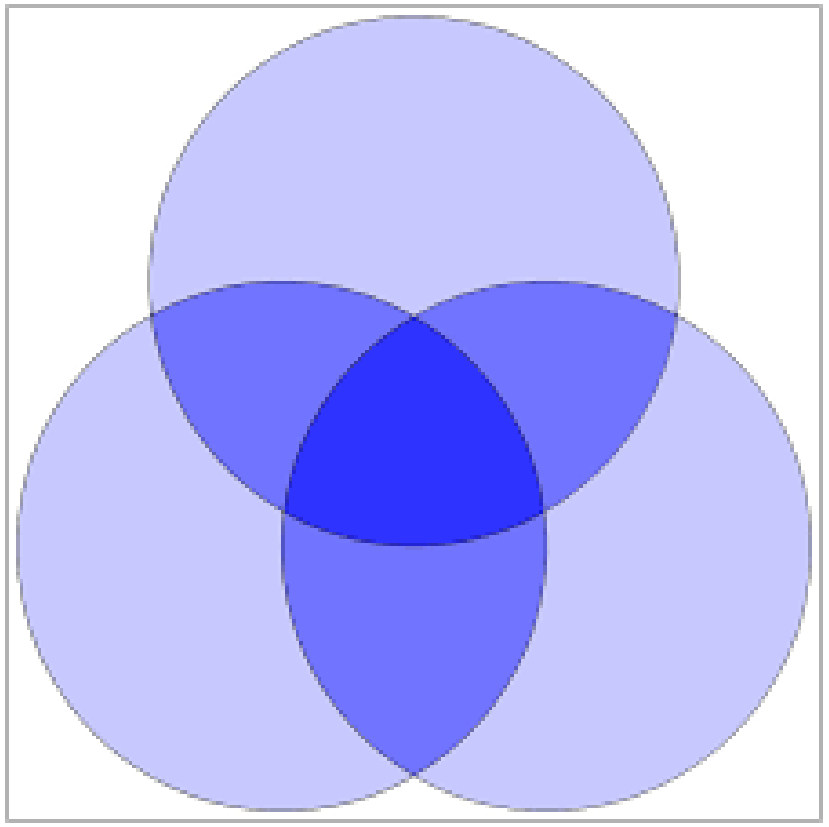
A **Medical Diagnosis** of Autism Spectrum Disorder based on DSM-5 criteria. This is based on extensive parent interview, parent questionnaires, review of records, direct observations of child, and standardized Autism testing (ADOS-2). We include standardized cognitive screening or testing as part of the Autism evaluation.

A medical diagnosis is important for getting insurance coverage for certain services (such as ABA therapy) and, in certain cases, Developmental Disability Services through their County

Educational Eligibility for Autism Spectrum Disorder is based on testing and observations done through the Early Intervention or Early Childhood Special Education program (for children < 5 years) or through the School District (older children). It is similar to, but not the same as, the testing that is done in a medical setting.

An Educational Eligibility is what is needed to have an IFSP (Individualized Family Service Plan) through the EI or ECSE program or an Individualized Education Plan (IEP) through the school district to get special education services.

Autism vs ADHD vs Anxiety vs …



Questions?