AbaTools

ATRI

AUTISM CLINICAL FRAMEWORK

ASSESSMENT • TRIAGE • REPORT • INTERVENTION

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Why ATRI Works

The ATRI framework brings clarity, structure, and clinical value to every stage of the autism evaluation process.

Structured

Clear step-by-step workflow from assessment to intervention.

Efficient

Reduces uncertainty and helps clinicians move through evaluations with confidence.

Evidence-Based

Built around widely used and validated autism assessment instruments.

Family-Centered

Supports meaningful treatment planning and communication with caregivers.

ONE FRAMEWORK. FOUR STAGES. BETTER CLINICAL OUTCOMES.

STAGE

A ASSESSMENT

Initial Assessment

The first stage focuses on gathering comprehensive information to understand the child's developmental, behavioral, and medical history.

TOOLS USED

M-CHAT-R

Parent-report screening tool for autism in toddlers (16–30 months).

CAST

Parent-report screening tool for children and adolescents (4–11 years).

CARS-2

Behavioral observation scale to identify autism spectrum disorder.

ATA

Semi-structured interview focused on autism symptoms.

SDQ

Strengths and Difficulties Questionnaire (screening tool).

PRIMARY OUTCOME

Identify early indicators, strengths, and areas of concern to determine whether advanced screening (Triage) is recommended.

Stage A establishes the foundation for accurate diagnosis and individualized treatment planning.

STAGE A

How to Conduct Assessment

Following a structured process ensures comprehensive information gathering and accurate clinical decision-making.

WHEN TO APPLY

Apply during the first contact with the family and before defining a detailed clinical plan.

KEY PRINCIPLE

Start broad, then narrow down as you gather more data.

SUGGESTED ORDER OF APPLICATION

1 Initial Interview with Caregivers

Collect referral information, reason for evaluation, developmental history, medical history, and family background.

METHOD
Clinical interview and anamnesis.

2 M-CHAT-R or CAST

Parent-report screening to identify risk indicators for autism.

INSTRUMENT
M-CHAT-R (16–30 months) or CAST (4–11 years).

3 CARS-2

Structured behavioral observation to assess autism severity.

INSTRUMENT
CARS-2 (Childhood Autism Rating Scale, 2nd Edition).

4 SDQ

Screen for emotional and behavioral functioning and psychosocial impact.

INSTRUMENT
SDQ (Strengths and Difficulties Questionnaire).

5 ATA

Semi-structured interview to explore autism-specific symptoms in more detail.

INSTRUMENT
ATA (Autism Treatment Evaluation Checklist).

EXPECTED OUTCOME

A comprehensive initial profile including developmental history, behavioral observations, and screening results to determine the need for advanced screening in Stage T (Triage).

NEXT STEP

Proceed to Stage T (Triage) for advanced diagnostic clarification.

STAGE

T

TRIAGE

Advanced Diagnostic Clarification

The second stage uses gold-standard and complementary instruments to clarify diagnostic indicators and rule out differential conditions.

TOOLS USED

ADOS-2

Gold-standard observational assessment of communication, social interaction, and restricted behaviors.

ADI-R

Structured caregiver interview for a comprehensive developmental history.

ASDQ

Screening questionnaire to identify autism spectrum symptoms and related developmental issues.

BAQO

Assessment of adaptive behavior across conceptual, social, practical, and motor domains.

ASQ-3

General developmental screening to identify delays across key developmental domains.

PRIMARY OUTCOME

Diagnostic clarification, determination of severity level, and identification of co-occurring conditions.

ABOUT TRIAGE

Triage confirms whether the child meets criteria for Autism Spectrum Disorder (ASD) and helps determine the intensity and type of support needed.

STAGE T

How to Conduct Triage

A structured triage process ensures accurate diagnostic clarification and helps determine the level of support needed.

KEY PRINCIPLE

Use multiple sources of information to reach a confident and comprehensive clinical conclusion.

WHEN TO APPLY

After Stage A (Assessment) indicates risk for ASD and before defining the intervention plan.

WHO SHOULD CONDUCT

Qualified clinicians trained in the administration and interpretation of autism-specific diagnostic tools.

SUGGESTED ORDER OF APPLICATION

1. **ADOS-2**

   Conduct the observational assessment to evaluate communication, social interaction, and restricted or repetitive behaviors.

   METHOD

   Structured observation with standardized activities.

2. **ADI-R**

   Conduct a comprehensive caregiver interview about early development and current behaviors.

   METHOD

   Structured interview with caregiver.

3. **ASDQ**

   Apply the screening questionnaire to identify symptoms and developmental issues related to the autism spectrum.

   METHOD

   Caregiver-report questionnaire.

4. **BAQO**

   Assess adaptive behavior across conceptual, social, practical, and motor domains.

   METHOD

   Caregiver-report assessment of real-life functioning.

5. **ASQ-3**

   Screen general development to identify delays across key developmental domains.

   METHOD

   Caregiver-completed developmental screening.

EXPECTED OUTCOME

Diagnostic clarification of Autism Spectrum Disorder (ASD), determination of severity level, and identification of co-occurring conditions or differential diagnoses.

NEXT STEP

Proceed to Stage R (Report) to integrate findings and prepare the clinical report.

STAGE

R

REPORT

Clinical Report & Documentation

The third stage organizes and integrates all information collected to communicate findings clearly, support diagnostic conclusions, and guide intervention planning.

DOCUMENTS & INFORMATION USED

DETAILED ANAMNESIS

Comprehensive caregiver interview covering developmental, medical, behavioral, family, and educational history.

SCHOOL INTERVIEW

Information from teachers and school staff about behavior, learning, social interaction, and academic performance.

NEUROPSYCHOLOGICAL REPORT MODEL

Structured report template integrating assessment results, clinical impressions, and recommendations.

PRIMARY OUTCOME

A clear, comprehensive, and well-structured clinical report that synthesizes all data and supports decision-making for intervention and ongoing support.

ABOUT REPORTING

High-quality documentation ensures effective communication with families, schools, and other professionals, and is essential for treatment planning, funding requests, and long-term follow-up.

STAGE R

How to Conduct Reporting

A systematic reporting process ensures that all information is organized, integrated, and communicated clearly to support clinical decisions and intervention planning.

KEY PRINCIPLE

Translate data into meaningful insights that guide intervention and support.

WHEN TO APPLY

After completing Stage T (Triage) and gathering all relevant assessment data.

WHO SHOULD CONDUCT

Qualified professionals with expertise in ASD assessment and reporting.

PURPOSE

Integrate findings, communicate results, and provide clear recommendations.

STEP-BY-STEP PROCESS

1. **Organize All Information**
   Compile data from Stage A and Stage T, including interviews, observations, assessments, and questionnaires.

   FOCUS
   Ensure completeness and accuracy of all sources.

2. **Analyze and Integrate Findings**
   Review results across all instruments and identify patterns, strengths, challenges, and diagnostic indicators.

   FOCUS
   Look for convergence of evidence and rule out differential conditions.

3. **Complete Reporting Documents**
   Prepare the Detailed Anamnesis, School Interview summary, and use the Neuropsychological Report Model as the structure.

   FOCUS
   Use consistent language, objective data, and clinical reasoning.

4. **Formulate Conclusions**
   Summarize diagnostic conclusions, severity level, co-occurring conditions, and functional impact.

   FOCUS
   Be clear, specific, and aligned with diagnostic criteria (DSM-5-TR).

5. **Provide Recommendations**
   Outline individualized intervention goals, service recommendations, and supports for home and school.

   FOCUS
   Make recommendations practical, measurable, and family-centered.

6. **Review and Communicate**
   Review the report for clarity and accuracy, then share it with the family and relevant professionals.

   FOCUS
   Ensure understanding and answer questions from caregivers.

EXPECTED OUTCOME

A comprehensive, evidence-based clinical report that supports diagnosis, guides intervention planning, and facilitates collaboration with families, schools, and other professionals.

STAGE

I

INTERVENTION

Individualized Support & Skill Development

The final stage focuses on delivering evidence-based interventions tailored to the individual needs of the child and family, with ongoing monitoring and adjustments to promote meaningful progress.

PROTOCOLS & APPROACHES USED

ESDM

Early Start Denver Model – a naturalistic, developmental behavioral intervention for young children with ASD.

SUN-R

Start-Up Natural Learning – curriculum for teaching pivotal skills through natural routines.

PEDS

Parents Education in Developmental Disabilities – empowers parents through training and coaching.

OTCHD

Occupational Therapy for Children with Holistic Development – supports functional and adaptive skills.

PARENT GUIDE

Family intervention guide with strategies to support learning and generalization at home.

PRIMARY OUTCOME

Improved functional skills, meaningful participation in daily life, and measurable progress toward individualized goals.

ABOUT INTERVENTION

Intervention is individualized, family-centered, and data-driven. It integrates evidence-based practices to support communication, social skills, adaptive behavior, and independence.

KEY PRINCIPLE

Collaborate with families, celebrate small wins, and adjust plans continuously to maximize each child's potential.

FAMILY PARTNERSHIP

Families are active partners in every step.

STAGE I

How to Conduct Intervention

A structured, individualized intervention process ensures that support is effective, measurable, and meaningful for the child and family.

KEY PRINCIPLE

Match the right intervention to the right child at the right time — and adjust continuously.

WHEN TO APPLY

After completing Stage R (Report) and defining individualized goals.

WHO SHOULD CONDUCT

Qualified professionals including BCBAs, therapists, educators, and caregivers.

PURPOSE

Implement evidence-based strategies, promote skill development, and improve quality of life.

STEP-BY-STEP PROCESS

1. **Review and Confirm Goals**
   Review the clinical report and confirm priority goals with the team and family.
   FOCUS Ensure alignment with assessment findings and family priorities.

2. **Select Intervention Approach**
   Choose the most appropriate protocols and strategies based on individual needs and strengths.
   FOCUS Use the right protocols and evidence-based practices for the individual.

3. **Develop Individualized Plan**
   Define specific objectives, teaching strategies, settings, materials, and responsible team members.
   FOCUS Make the plan meaningful, functional, and achievable.

4. **Implement Intervention**
   Deliver services consistently using evidence-based practices and data-driven strategies.
   FOCUS Use naturalistic teaching, structured teaching, and play-based strategies.

5. **Monitor and Collect Data**
   Collect data regularly to track progress toward goals and inform decision-making.
   FOCUS Let data guide decisions, not assumptions.

6. **Adjust and Optimize**
   Analyze data and adjust goals, strategies, and supports to maximize progress.
   FOCUS Be flexible and responsive to the child's progress and needs.

7. **Engage and Support Family**
   Provide coaching, training, and resources to empower families and promote generalization across settings.
   FOCUS Families are essential partners in every step.

EXPECTED OUTCOME

Meaningful skill acquisition, improved independence, better participation in daily life, and measurable progress toward long-term goals.

CONTINUOUS IMPROVEMENT

Intervention is an ongoing cycle of plan → implement → monitor → adjust to ensure the best possible outcomes.

REMEMBER

Every child is unique. The power of intervention lies in personalization, consistency, collaboration, and celebrating progress along the way.