

Diagnosis

Sue Larkey
TOP TIPS



Diagnosis can be a slow and difficult process. There is no blood test or quick way to detect ASD, it is through observations and assessments. Diagnosis should help a child get support, funding and understanding. I like what Dr Tony Attwood says "Without a diagnosis children are judged, with a diagnosis they can be supported."

Diagnosis and assessment is provided by a range of agencies, including specialised assessment services, state based autism associations and paediatricians and psychologists working in the private sector.

It is recommended families seek a professional opinion from a Paediatrician, Psychologist or other authorised autism specialists. If you are concerned about a child, I recommend you seek a professional opinion even if it is to "rule out" ASD, ADHD, ADD, ODD, etc.

Everyone on the autism spectrum is very different. If you look at the child you know on the spectrum and look

at the range of challenges below, all of us would have a different opinion as to where the child sits on different criteria. This is why it is often so difficult to diagnose ASD.

The Autism Spectrum table below shows the complex nature of ASD, and why each person on the spectrum is so different.

Characteristics of Autism Spectrum Disorder

These descriptions give a guide to many of the behaviours observed in children with autism spectrum disorder. As an educator I do not diagnosis children, but it is important to make observations and the list below hopefully will guide you in your observations.

It is important to remember that everyone is different and very few children or adults will show all of these characteristics. These are just a starting point for you to consider to see if further diagnosis and assistance is required.

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 Sue Larkey

The Autism Spectrum

Social :	aloof	passive	active/odd
Communication:	non verbal		highly verbal
Motor skills:	agile		awkward
Behaviours:	significant		mild
Sensory:	under-reacts hyposensitive		over-reacts hypersensitive
IQ:	disability		superior

Early Years

- Unusual responses to other people. A child may show no desire to be cuddled, have a strong preference for familiar people and may appear to treat people as objects rather than a source of comfort.
- The child tends not to look directly at other people in a social way. For example: use eye contact to get someone's attention – for example, doesn't look at a parent then at a snack to show he/she wants it. This is sometimes referred to as a lack of eye contact.
- Doesn't point to or hold up objects to show people things, share an experience or show that he/she wants something – for example, he/she doesn't point to a dog and look back at you to make sure you've seen it too, or he/she drops a toy in your lap and walks away instead of holding it up and looking at you.
- Doesn't understand simple one-step instructions – for example, 'Give the block to me' or 'Show me the dog'.
- The child often has marked repetitive movements, such as hand-shaking or flapping, prolonged rocking or spinning of objects.
- The child is easily upset by change and needs to follow routines – for example, needs to sleep, eat or leave the house in the same way every time.
- Many children develop an obsessive interest in certain toys or objects whilst ignoring other things. Has an intense interest in certain objects and gets 'stuck' on particular toys or objects – for example, he'll flick the light switch off and on repeatedly, or will play only with cars, or watch the same DVD over and over.
- Food problems. The child can be resistant to solid foods or may not accept a variety of foods in their diet.
- The child may appear to avoid social situations, preferring to be alone.
- There is limited development of play activities, particularly imaginative play.
- There may be an absence of speech, or unusual speech patterns such as repeating words and phrases (echolalia), failure to use 'I', 'me', and 'you', or reversal of these pronouns.
- There are often difficulties with toilet training.
- The child generally does not point to or share observations or experiences with others.
- The child may be extremely distressed by certain noises and/or busy public places such as shopping centres.
- Hyperactivity and a poor attention span are often observed, usually because the child has trouble understanding instructions.
- The child's difficulty in understanding other people and interpreting what is going on around them leads to significant levels of anxiety.
- These children have difficulty transferring skills learned in one setting to another setting, e.g. preschool/day care/school to home.

Adapted from "Autism – Perceptions & Reality" Presentation Kit, The Autism Foundation 1998 (out of print)

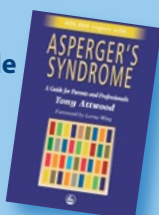
In children under two it can be hard to see the above characteristics/behaviour. Sometimes it is important to consider if they have reached certain milestones. For example, by 18 – 24 months of age are they:

- showing interest in his/ her siblings or peers.
- bringing you items to show you.
- following your gaze to locate an object when you point.
- engaging in 'pretend play' (e.g. feeding a doll or making a toy dog bark).
- using many spontaneous single words and some two-word phrases.

RECOMMENDED RESOURCES

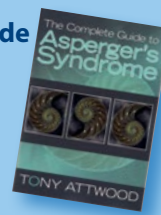
Asperger's Syndrome – A guide for Parents and Professionals

By Tony Attwood



The Complete Guide to Asperger's Syndrome

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Kids in the Syndrome Mix

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