

A Two Minute Toolbox



AUTISM SPECTRUM

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What is autism spectrum disorder?

Autism is not a single condition, but a spectrum of closely-related disorders with a shared core of symptoms, stemming from underlying neurodevelopmental problems, the causes of which are not yet fully understood. Children on the autism spectrum may have problems with social skills, empathy, communication, and flexible behaviour but the level of disability and the combination of symptoms, which can occur at all levels of intellectual ability, varies tremendously from person to person. Two children might both meet the diagnostic criteria for an autistic spectrum disorder but have very few symptoms in common. **Your child may have a few autism-like symptoms without having an autism spectrum disorder.**

Autism spectrum disorders are diagnosed based on the presence of multiple symptoms that disrupt your child's ability to communicate, form relationships, explore, play, and learn.

Many different terms may be used by doctors and therapists in different contexts, but no diagnostic label can tell you exactly what problems your child may have. Finding treatment that addresses your child's needs is more important than deciding what to call the problem, and you don't need a diagnosis to start getting help for your child's symptoms. For more information, please see the Toolkits on Additional Learning Needs, SEND Support and Individual Differences.

Signs and symptoms of autism spectrum disorders: Social skills

Basic social interaction can be difficult for children with autism spectrum disorders. Symptoms may include:

- Unusual or inappropriate body language, gestures, and facial expressions (e.g. avoiding eye contact or using facial expressions that don't match what he or she is saying).
- Lack of interest in other people or in sharing interests or achievements (e.g. showing you a drawing, pointing to a bird).
- Unlikely to approach others or to pursue social interaction; comes across as aloof and detached; prefers to be alone.
- Difficulty understanding other people's feelings, reactions, and nonverbal cues.
- Resistance to being touched.
- Difficulty or failure to make friends with children the same age.

Signs and symptoms of autism spectrum disorders: Speech and language

Problems with speech and language comprehension are a tell-tale sign of the autism spectrum disorders. Symptoms may include:

- Delay in learning how to talk.
- Speaking in an abnormal tone of voice, or with an odd rhythm or pitch.
- Repeating words or phrases over and over without communicative intent.
- Trouble starting a conversation or keeping it going.
- Difficulty communicating needs or desires.
- Difficulty understanding simple statements or questions.
- Taking what is said too literally, missing humour, irony, and sarcasm.

Signs and symptoms of autism spectrum disorders: Restricted behaviour and play

Children with autism spectrum disorders are often restricted, rigid, and even obsessive in their behaviours, activities, and interests. Symptoms may include:

- Repetitive body movements, such as hand flapping.
- Obsessive attachment to unusual objects (rubber bands, keys, light switches).
- Preoccupation with a specific topic of interest.
- A strong need for routines (e.g. lines up toys, follows a rigid schedule). Upset by change in routine.
- Clumsiness, abnormal posture, or odd ways of moving.



Identification

Autism spectrum disorder (ASD) identification is often a protracted process. Firstly, concerns must be raised with your GP or Community Paediatrician, who may decide to refer your child for additional evaluation. The next stage involves a thorough evaluation by a team of doctors and other health professionals with a wide range of specialties. At this stage, a child may be diagnosed as having ASD or another developmental disorder.

Children with ASD can usually be reliably identified by age 2, but sometimes, especially if symptoms are mild, early signs of ASD may be overlooked, in the hope that children will outgrow their problems. However, the earlier the disorder is identified, the sooner specific interventions may begin.

Comprehensive diagnostic evaluation

The next stage of diagnosis is conducted by a team of specialists, including a psychologist, neurologist, speech therapist, or other professional experienced in diagnosing ASD, who work together to complete an evaluation, which may include:

- **Speech and language evaluation** – A speech therapist may evaluate your child's speech and communication abilities for signs of autism, as well as looking for any indicators of specific language impairments or disorders.

- **Cognitive testing** – Your child may be given a standardised intelligence test or an informal cognitive assessment. Cognitive testing can help differentiate autism from other disabilities.
- **Adaptive functioning assessment** – Your child may be evaluated for their ability to function, problem-solve, and adapt in real life situations. This may include testing social, nonverbal, and verbal skills, as well as the ability to perform daily tasks such as dressing and feeding him or herself.
- **Sensory-motor evaluation** – Since sensory integration problems often co-occur with autism, and can even be confused with it, a physiotherapist or occupational therapist may assess your child's fine motor, gross motor, and sensory processing skills.

Because ASD is a complex disorder that sometimes occurs along with other learning disorders, the comprehensive evaluation may include brain imaging and gene tests. Children with any delayed development should also get a hearing test as part of the comprehensive evaluation.

Why does my child need an ASD diagnosis?

You may feel that your child is meeting all the academic, social and cultural expectations held by your family, therefore no additional help is required. Although you may be happy with your child's behaviour at home, the different expectations at school may be causing your child to behave differently, and it is at school, where your child is required to adapt their behaviour to meet school requirements, and cope with multiple viewpoint discussions, that problems may arise.

We understand that there may be a reluctance to accept suggestions that your child may have ASD, or consider obtaining a diagnosis, especially if there is any doubt or confusion about the benefits of such action, and if this is the case, we may agree between us to adopt a 'wait and see' approach. The teacher will complete a 'cause for concern' form, liaise with the SENDCo and try some different strategies in class, but unless there is an improvement in the behaviour and a reduction in disruption within class, this should not continue for more than a term. If at the end of the term the teacher still has concerns, you will be invited to a meeting with the class teacher and SENDCo, and the procedure set out in the SEND Support Toolbox will begin.