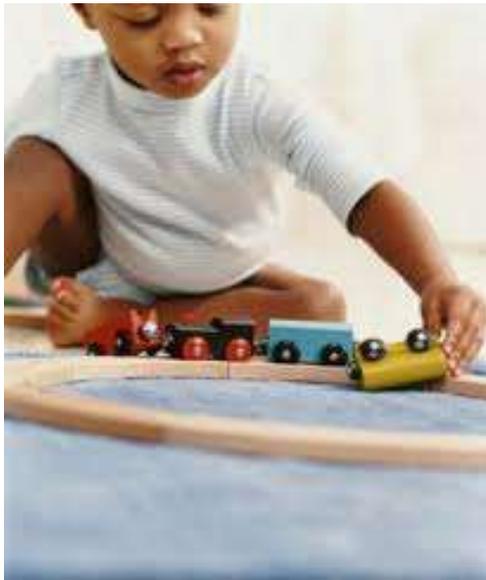


# Autism Spectrum Disorder (ASD)

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In Australia, about one in one hundred children are born with ASD<sup>1</sup>. This diagnosis is made when the child has difficulty understanding, learning and using language, relating socially to others, and also has repetitive play, interests and behaviour.



ASD emerges in early infancy. The diagnosis can be reliably made from about two years of age.

The terms Autistic Disorder (also known as autism), and Asperger's Disorder have been used in the past. In 2013, the diagnostic criteria were revised by the American Psychiatric Association and a new term, Autism Spectrum Disorder (ASD) has replaced the previous terms<sup>2</sup>.

## Why is having a diagnosis important?

Having a diagnosis is important for your child. A thorough and detailed assessment provides information about your child's behaviour and development.

A diagnosis helps to:

- create a pathway for help
- target areas of need as well as strengths to build on
- access ASD specific services and funding

## How is ASD diagnosed?

When parents become worried that their child is not developing the way children usually do, they turn to professionals who are ASD experts to find out what is happening.

The cause of ASD is unknown and diagnosis relies upon matching the child's behaviour and development with diagnostic criteria. A medical diagnosis of ASD is made by a diagnostic team according to specific criteria such as the *Diagnostic and Statistical Manual (DSM-5)* of the American Psychiatric Association<sup>2</sup>. DSM-5 guides the team in diagnosing ASD according to a specific number of symptoms that must be present in early childhood and impair everyday functioning.

To be diagnosed with ASD, children must have:

**A.** Persistent deficits in social communication and social interaction with:

1. Deficits in social-emotional reciprocity
2. Deficits in nonverbal communicative behaviours used for social interaction
3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers);

**B.** Restricted, repetitive patterns of behaviour, interests, or activities with at least two of these:

1. Stereotyped or repetitive speech, motor movements
2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behaviour, or excessive resistance to change
3. Highly restricted, fixated interests that are abnormal in intensity
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

In the DSM-5 there are three levels of severity: requiring “very substantial support”, or “substantial support”, or “support”. DSM-5 emphasizes that these levels should not be used to assess eligibility for services.

## What tests are used and who does them?

Because ASD is a complex disorder that affects the brain's normal development, the professionals who provide ASD assessments have been trained and are experienced. In Victoria, ASD assessment guidelines have been developed that advocate a multi-disciplinary approach to assessment using DSM criteria<sup>3</sup>.

A multi-disciplinary assessment team usually has a paediatrician or child psychiatrist, speech pathologist, occupational therapist, psychologist and special educator who will provide:

- Medical assessment including tests for known causes of developmental delay, audiology, vision and blood tests
- Interview to find out about the child's early developmental and family history
- Observation of the child's behaviour and interactions (ADOS)
- Developmental/cognitive assessment using appropriate standardized assessments
- Language assessment (expressive, receptive and pragmatic language)
- Assessment of emotions and behaviour including parent or teacher completed checklists
- Assessment of sensory problems, adaptive functioning, motor planning and co-ordination.

Observation and reports from parents/ caregivers, teachers and others who know the child well are necessary for a broad picture of each child.

Comprehensive and sensitive feedback to the parents and carers about the diagnosis is the first step in developing a plan of intervention and services required.

### Can the diagnosis change?

Children with ASD present differently depending on their current symptoms, their cognitive ability, and their educational and life experiences.

Research has shown that most young children diagnosed with ASD continue to have ASD symptoms in later life<sup>4, 5, 6</sup>

### Can my child have something else as well as ASD?

It is possible for a child to have ASD and other conditions at the same time. These are called co-morbid conditions.

Common co-morbid conditions include:

- developmental delay/intellectual disability
- anxiety and mood disorders
- communication disorders
- attention deficit disorders
- epilepsy

A number of conditions can exist together, e.g. a child may have a developmental delay and ASD. These co-morbid conditions may be related (e.g. there is an increasing likelihood of the onset of epilepsy in children with ASD<sup>7</sup>) or they may be independent of each other (e.g. the child has diabetes and ASD).

## References

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