

## AUTISM INFORMATION GUIDE

### PART III

## DIAGNOSTIC EVALUATIONS OF AUTISM SPECTRUM DISORDERS

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Securing a proper diagnosis for a child can often be a daunting task. It is important that parents and professionals know the steps to take in order to ensure that a child receives the most accurate diagnosis. .

### I) STEPS TO GETTING A DIAGNOSIS

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#### Contact Your Pediatrician First

- If you have concerns about your child's development, you should immediately raise your concerns with your pediatrician.
- Try to make a specific appointment to discuss your concerns, rather than bringing them up at your "well baby visit."
- If they do not do so already, your pediatrician should be encouraged to use a screening tool to determine if your child shows any developmental delay and is in need of further evaluation.
- The following screening tools are commonly endorsed:
  - Ages and Stages Questionnaire (ASQ); Bricker (99), Paul H. Brookes Publishing
  - Checklist for Autism in Toddlers (CHAT); Baron-Cohen (92), British Journal of Psychiatry
  - Modified Checklist for Autism in Toddlers (M-CHAT); Robins, Fein, Barton & Green (01); Journal of Autism and Developmental Disorders
  - Parents Evaluation of Developmental Status (PEDS); Glascoe, Ellsworth & Vandermeer Press, Ltd

#### Pursue a Clinical Diagnosis

- Pediatricians do not typically make a formal diagnosis. Rather, they screen the child to determine if further evaluation is needed.
- The diagnosis is generally made by a:
  - Child Psychiatrist
  - Child or Clinical Psychologist
  - Child Neurologist
  - Developmental Pediatrician
- One of the most important parts of the evaluation is learning about the child's development
- To be prepared for the evaluation, you should bring in baby record books, and early videotapes (such as a first birthday party).

## II) DIAGNOSTIC EVALUATION

### Things to Keep in Mind in Seeking a Diagnosis:

- No specific “test” can be given to determine if a child has ASD.
- The diagnosis is based on observing the child in several different environments.
- The clinical judgment of the professional doing the diagnosis is extremely important. In other words, because there is no clear test for ASD, professionals must rely on their knowledge and experience with other children with ASD to make an accurate diagnosis.
- Remember there is not one symptom that leads to a diagnosis (e.g. lack of eye contact). A child must display several symptoms in the three core areas (language, social, behavioral) in order to receive a diagnosis within the autistic spectrum.
- The earlier a diagnosis is made and treatment is started, the better the prognosis. Recent studies have shown that a reliable diagnosis may be possible as early as t 18 months of age, however many professionals may not feel comfortable giving a definitive diagnosis until the child is 2 to 2 ½ years of age.

### Preparing for the Diagnostic Evaluation

- A thorough diagnostic evaluation will take between four and five hours and includes reviewing the child’s medical records, taking a history of the child’s development and observing and interacting with the child. When necessary, the evaluation may also include cognitive, academic, language and motor skills assessments. Finally, the clinician may want to observe the child in the school setting to better assess his/her social skills. A feedback session to relate the findings and impressions of the clinician, provide recommendations for treatment options and to answer any questions from the parents is the final step.
- The professional making the diagnosis may use many different tools during the evaluation. The Help Group recommends the following assessment tools:
  - Autism Diagnostic Inventory (ADI) (Lord & Rutter)
  - Autism Diagnostic Observation Schedule (A-DOS) (Lord, Rutter & DiLavore)
  - Asperger’s Syndrome Diagnostic Scales (Myles)
  - Vineland Adaptive Behavior Rating Scales
  - Behavior and Social Skill Rating Checklists
- As a parent, your knowledge will provide the clinician with critical information. You will need to be prepared to share information regarding your child’s developmental history. The attached questionnaire includes some of the most common questions that you may be asked. You can use the questionnaire to help prepare your answers in advance of your visit.

(cont.)

## FREQUENTLY ASKED QUESTIONS

1. At approximately what age did the child first smile back when you smiled at him/her?
2. Does your child use facial expressions to communicate with you?
3. Does your child make and maintain eye contact during play or social interactions?
4. Is your child interested in watching and playing with other children?
5. Does your child ever use your hand as an object, such as putting it on a door handle to indicate he/she wanted to leave the room?
6. Does your child try to comfort others when they are crying or upset ?
7. Does your child try to share his interests, such as showing a toy or pointing to an airplane?
8. Does your child look from an interesting object, to another person, and then look back at the object (joint attention)?
9. Does your child follow your eye gaze (parent's) to see what you are looking at?
10. Does your child use gestures (nods/shakes head, waves bye-bye)?
11. Does your child imitate others without being asked to?
12. When did the child start to babble?
13. At what age did they say his/her first words (and what were they)?
14. Does your child "echo" or continually repeat what he/she hears?
15. Does your child confuse pronouns such as "you" and "I"?
16. Does your child show appropriate play, such as pretend or imaginative play?
17. Does your child engage in the same behaviors over and over again?
18. Does your child seem "obsessive" or have odd preoccupations (light switches, air vents)?
19. Does your child hand-flap or show other unusual motor movements?
20. Does your child seemed bothered by certain sounds, light, or textures?
21. Does your child have a limited number of foods that he/she will eat?

NOTE: The above questions are amongst the most asked during the diagnostic evaluation, whether or not formal or informal tools are being used.