Autism Spectrum Disorder (ASD) Guidance Document for Older/School Age Children and Youth

Developed by Melanie Penner & Abbie Solish (© 2024)

The **Autism Spectrum Disorder (ASD) Diagnostic Guidance Document** is designed to provide prompts and questions to help you gather evidence and formulate your ASD diagnosis. In addition, we identify other dynamics and diagnoses that may complicate formulating a diagnosis and offer some guidance to clarify the diagnostic picture. Some tips to keep in mind when assessing children for ASD:

- Consider overall developmental level throughout your evaluation. Do not indicate that there is a challenge if that skill would not be expected at the child's developmental level.
- When recording a behaviour, determine whether it occurs in more than one context.
- Try to only assign a specific behaviour to one domain (unless it clearly satisfies two domains for unique reasons).
- Ask for examples of when a child demonstrated the behaviour in question.
- Be sure to ask about and record the child's strengths and interests.
- Consider cultural differences in determining whether a behaviour is differing from what is expected. For example, expectations for eye contact differ across cultures.
- Although diagnostic criteria and many systems discuss 'levels of severity,' keep in mind that the environment and context of a given situation can greatly influence the degree of challenges that a person experiences. Various stakeholders have expressed concerns about the use of these levels, including many autistic people.
- Families' views of autism will be informed by your questions to them and interactions with their child. It is important to note that just because a feature informs a diagnosis of autism does not mean it needs to be 'treated'.

Examples of activities that can be used to elicit characteristics of ASD in school-age children and youth.

Conversation	• Vary topics of conversation (not exclusively around youth's preferred interests)
	• Use visuals to help get conversation started (magazines, interesting pictures, drawing together)
	• **Conversational leads**
	  ○ Ask questions:
	  • *"What is your favourite TV show?" "What sports do you play?"*
	  • *Use these to start an interaction, but conversation cannot only be question and answer (MUST include statements and leads)*
	  ○ Make statements:
	  • *"I did something really fun last night"; "I am cooking my favourite dinner tonight"; "My dog did something very naughty this weekend"; "I love going swimming."*
	
	Focus on reciprocity (back-and-forth, youth offering information, asking questions about you, staying on topic, flexibility in topics, recognizing your perspective, repetitive language, shared enjoyment, eye contact, gestures…)

Reporting an event	• Child's ability to clearly articulate an event/story understanding their listener's perspective. • Tell me about… ○ The best thing you did for winter break; your last birthday; your school trip. **Focus on** clarity of description, perspective taking of the listener, integration of verbal and nonverbal communication, content (i.e., repetitive interests) **Note:** this is NOT a cognitive task – it is about articulating information in a way that others understand **Note:** children with language difficulties or ADHD may struggle with this

Questions about relationships	• Requires sensitivity; push gently for information, but know when to move on
	  ○ *"Is there anyone you like to play/hang out/spend time with?"*
	  ○ *"Is there anyone you would consider a friend?"; "What do you like to do together?"; "How do you know they are your friend?"*
	  ○ *"Has it ever been hard to get along with other children?"*
	  ○ *"Is it ever challenging to get along with other people at home?"*
	
	Focus on the youth's understanding of friendships, experiences with peers, willingness to engage in these discussions, insight into their role in the relationships and how their behaviours impact others.
	Consider how self-report relates to others' reports & own observation.

Imaginative play and creative activities	• Figurines, 'obvious' accessories to help the play (food, tools, vehicles, etc.), 'random' objects (e.g., paper clip, rubber band, popsicle stick, feather, pompom, etc.)
	• Consider asking the student to make up a story, act out a YouTube video etc. if hesitant to just 'play'.
	  ○ Remember to hang back and observe & take turns leading.
	  • *Follow the youth's lead.*
	  • *See if the youth can follow your lead.*
	
	Focus on initiations, flexibility, using objects beyond their intended purpose, creativity.
	Older youth will not want to do imaginary play – that's okay!
	Other ways to access creativity (stories, conversations)

Information and Behaviours to Consider when observing or interacting with Child/Youth for characteristics of ASD

SOCIAL-COMMUNICATION SKILLS		**Source of Information**
Reciprocal interactions	**Social Motivation** • Is the youth motivated to interact with others? ○ With whom? (adults, peers, younger children) • How? (in person, online, through games or conversation) • Is there consistency across settings/people? • Do they have to direct (lead or be "in charge of") the interaction? • Factors that impact social motivation - (e.g., environmental factors, sensory factors, internal dysregulation)? • During the assessment, does the youth seem motivated to interact with you? Do they initiate conversation, offer information spontaneously about their experiences, share enjoyment? **Social Initiations** Does the youth approach others to initiate interactions? With you during the assessment? What is the quality of those interactions? • Focused on their own interests? • Repetitive (using the same language, showing the same items, talking about the same topics), or varied? • Others' interests? (shared excitement – requires insight) • With whom? (Only familiar/comfortable people? Adults? Peers?)	☐ Parent ☐ Teacher ☐ Self-report ☐ Observation/Interaction

	• Integration of verbal and nonverbal communication? (e.g., combining words and gestures with eye contact, checking in with you when they are talking) **<u>Social Responsiveness and Reciprocity</u>** In conversation, play, activities, does the individual… • Ask questions about others' experiences? • Build on ideas introduced by others? • Allow others to insert ideas? • Take turns? • Demonstrate interest nonverbally (e.g., nodding, smiling, checking-in in response)?	
Nonverbal Communication	• Integration of verbal and nonverbal communication strategies • Eye contact – quality and consistency; try to get insight into youth's internal experience of using eye contact (how do they feel?) • Gesture use – presence? exaggerated? integrated? • Facial expressions – directed? in sync with other communication strategies? Note: Parents may find it difficult to comment on nonverbal communication skills during the developmental history	☐ Parent ☐ Teacher ☐ Self-report ☐ Observation/Interaction
Relationships	**<u>Social Relationships</u>** • Presence and Quality • Comfort in interaction (one-on-one, groups, familiar/ unfamiliar) • Effort required to maintain relationships. • Adults? Younger children? Peers? • Not the number of friends, but quality of relationships • Insight into these relationships • Importance to the individual **<u>Social Understanding</u>** • Insight into relationships (what's working and what's not working) • Insight into others' emotions and preferences • Reading others' cues (their need for space, lost interest in the interaction, sarcasm) • Conflict (rigidity/misunderstanding) • Understanding the need for flexibility to maintain reciprocity.	☐ Parent ☐ Teacher ☐ Self-report ☐ Observation/Interaction

REPETITION, SAMENESS, & SENSORY NEEDS		

Repetitive language, motor behaviours and/or use of objects	**<u>Language</u>**
	• Immediate and delayed echolalia
	• Repetitive language
	  ○ Response to conversation with the same phrases
	  ○ Repeating own words (sometimes under breath/whispered)
	• Scripted language (may be integrated into context) (e.g., "scripts" from TV shows, YouTube clips)
	• Highly specific ways of describing things (sometimes related to intense interests)
	• Consider overly formal or sophisticated language (is it in keeping with age/developmental level?)
	• Differences in tone, speech patterns
	<u>Motor Mannerisms</u>
	• Tensing (hands, face, body), flapping, posturing, spinning, twisting (*note: these may not be seen during the assessment*)
	• Some individuals have learned to engage in these behaviours only at home/in a safe and comfortable environment
	• Can be subtle (e.g., finger posturing, tensing)
	• Often an expression of emotion (excitement, stress)
	• Sometimes not reported by parents (may not be aware of these behaviours)
	• Talk about these behaviours with sensitivity (individual/family may be sensitive to these overt behaviours)
	<u>Object Interactions</u>
	• Spends time arranging items; might have to be placed 'just-so'
	• Need to have a fidget with them?
		☐ Parent
		☐ Teacher
		☐ Self-report
		☐ Observation/Interaction

Sameness	• Desire for sameness; upset when things are moved
	• Distress with seemingly small changes
	• Challenges with transitions
	• Strict adherence to routines
	• Strong focus on order or sequence
	• Interference with activities and participation
	  ▪ *Challenges with turn-taking, sharing, changing play activity/plans/conversation → impact on social interactions and relationships?*
	  ○ *Are accommodations being made by family, school, peers?*
	  ○ *Does inflexibility lead to avoidance of situations?*
		☐ Parent
		☐ Teacher
		☐ Self-report
		☐ Observation/Interaction

Interests	• Intensity of interests; topics of interest (unique? highly specific? similar to peers?)
	• Interference with activities and participation
	  ○ *Reduced interest in other topics or activities; exclusion of other interests*
	  ○ *Impact on learning?*
	  ○ *Willingness to try new things?*
	• Impact on relationships
	  ○ *Interaction with others (play, conversation); reduced reciprocity (i.e., interest in pulling in others, giving turns in interaction, wanting to know about the other person's interests, etc.)*
	• Social insight
	  ○ *Recognition of when communication partners lose interest.*
	  ○ *Sharing highly specific information without checking for understanding (or interest) of partner*
		☐ Parent
		☐ Teacher
		☐ Self-report
		☐ Observation/Interaction

Sensory Processing	• Visual, auditory, tactile, taste, smell, pain, movement… • Heightened or reduced experience of sensory input • Sensory-seeking (e.g., movement, visual inspection, mouthing objects) • Sensory aversions (e.g., noisy environments, foods, lights, clothing textures) • Internal sensations and experiences (even if not visible to others) ○ *Meltdowns, shutdowns, dysregulation* • Interference with activities and participation • Does the child/youth avoid situations because of sensory input? Do others need to provide accommodations? • Have they tried accommodations? What was helpful? What wasn't?	☐ Parent ☐ Teacher ☐ Self-report ☐ Observation/Interaction

SPECIAL CONSIDERATIONS:

DEVELOPMENTAL LEVEL: When formulating whether a child has a challenge in a certain domain, keep developmental level in mind. For example, a child functioning at a developmental level of a 2-year old would not be expected to have back and forth conversation.

SPEECH & LANGUAGE DELAY: Take into consideration the child's expressive and receptive language level and adjust your expectations for their behavior accordingly. Note that children with a limited vocabulary may not use as many descriptive gestures (demonstrating something with their hands) but should still demonstrate conventional gestures (nodding, pointing). When interacting with the child, keep your language simple.

HEARING IMPAIRMENT: It is important to have an audiology assessment done whenever there is a speech and language delay or question of ASD in a young child. Hearing impairment can affect the child's social responsiveness, such as responding to their name being called or responding to joint attention. If the child clearly meets all other diagnostic criteria, it is permissible to get the audiology assessment done after the diagnosis. For children with a diagnosed hearing impairment who use sign language to communicate, a sign language interpreter is required.

SPECIAL CONSIDERATIONS (CONTINUED):

VISUAL IMPAIRMENT: Visual assessment is strongly recommended for children with suspected ASD. Children with visual impairments may play with toys in unusual ways. They may look at lights in the room or look up close at objects. If the child clearly meets all other diagnostic criteria, it is permissible to get the visual assessment done after the diagnosis. For children with a diagnosed, visual impairment that cannot be corrected with prescription lenses, assessment should be undertaken by someone with expertise in working with people with visual impairments.

TICS/TOURETTE SYNDROME: Tics are sudden, repetitive movements or vocalizations that are often distressing to the child. In children with tic disorders, be cautious when determining whether the child has motor mannerisms or repetitive speech associated with ASD.

DEPRESSION: Depression can influence social communication and non-verbal communication. Exercise caution when attributing these difficulties to ASD and look for other supporting features for the diagnosis, such as restricted/repetitive behaviors, as well as long-standing social-communication challenges. Be aware that depression is a common co-occurring condition in ASD, particularly for older children and adolescents.

SHYNESS & ANXIETY: Shy children may be reluctant to engage socially and may exhibit reduced eye contact and reciprocal conversation (particularly early on in an assessment visit). Anxious children may show some sensory aversions, such as to loud noises. If possible, try to observe the caregiver and child without the child knowing you are watching. Look for restricted/repetitive behaviors that cannot be attributed to anxiety (e.g., echolalia, motor mannerisms, unusual play). Be aware that anxiety is a common co-occurring condition in ASD. History of skills at home/with familiar people is essential to making a diagnosis.

PHYSICAL DISABILITY: A child who has a physical disability may have difficulties with play (particularly manipulating small objects) and gestures. Be aware of this and make play items as accessible as possible.

ATTACHMENT DISORDERS: Children who have been abused, exposed to traumatic events, or neglected show atypical social approaches and responses. They have unusual behaviors, including attachment to unusual objects and hoarding. These children require extreme caution before applying an ASD diagnosis and likely require an in-depth assessment.

CULTURAL CONTEXT: Consider the norms of the child's culture and language. If the child is not comfortable speaking English, use an interpreter.