

## Screening for ASDs

Screening involves the use of a questionnaire or an interview to determine a child's level of risk for an ASD. Currently, there are no medical tests available to detect ASDs, so no needles or painful medical procedures will be involved. Your doctor may engage your child in activities designed to draw out the symptoms of ASDs. If your child screens positive for ASDs, it means that they are at an increased risk of having an ASD. It does not necessarily mean that your child has an ASD. That can only be determined through a full diagnostic assessment.

## Diagnostic assessment

If your child's doctor determines that your child is at risk for an ASD, the next step is a diagnostic assessment. Your doctor may refer your child to an interdisciplinary assessment team, which may include pediatricians, psychologists, psychiatrists, speech-language pathologists, occupational therapists, audiologists, and other professionals who have experience with children with ASDs. Or, your child may be referred to an expert in ASDs, who will work with other professionals to achieve the most accurate picture of your child's strengths and challenges.

You will likely be asked a lot of questions about your child's early development as well as their current symptoms. Your child will also, most likely, go through a series of simple, non-medical procedures designed to allow the diagnostician to observe their behaviour.

The assessment may also include a *cognitive assessment*, to determine your child's level of intellectual functioning, strengths and areas of difficulty, and a process of differential diagnosis to make sure that your child's symptoms are not caused by another medical syndrome or disorder with similar symptoms, such as hearing loss, or are not better explained by another psychological or behavioural diagnosis, such as ADHD or social anxiety.

Other types of assessments may be conducted to better understand the unique physical, emotional, and behavioural needs of your child. It is important to understand the child as a whole and unique little person, with all of the characteristics that make them who they are.

## What can parents do?

Parents are very important to the success of the assessment. You should answer questions as honestly as possible.

Document any unusual behaviours using videotapes or by keeping logs or diaries. Ask questions to make sure you have a complete understanding of the procedures and results.

Most importantly, educate yourself on ASDs, their causes, symptoms, and treatment options. Accurate information can be found at the following Canadian websites:

Autism Central: [www.autismcentral.ca](http://www.autismcentral.ca)

Autism Connects: [www.autismconnects.ca](http://www.autismconnects.ca)

Autism Society of Canada: [www.autismsocietycanada.ca](http://www.autismsocietycanada.ca)

Canadian Autism Intervention Network:  
[www.cairn-site.com](http://www.cairn-site.com)

Health Canada's Autism website:  
[www.hc-sc.gc.ca/dc-ma/autism/index\\_e.html](http://www.hc-sc.gc.ca/dc-ma/autism/index_e.html)

## Need more copies?

For free downloads of this guide, please visit:  
[www.autismcentral.ca](http://www.autismcentral.ca)



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## About this guide

This parent guide was published by the Miriam Foundation. Established in 1970, the Foundation is a not-for-profit organization that supports rehabilitative, vocational, and residential services for children and adults living with Autism Spectrum Disorders and other developmental delays.



## What are the Autism Spectrum Disorders?

Children with Autism Spectrum Disorders (ASDs) demonstrate delays in social interaction and communication, as well as unusual patterns of behaviours, activities, and interests.

The ASDs include three related disorders: *autistic disorder*, *Asperger's disorder*, and *pervasive developmental disorder – not otherwise specified* (PDD-NOS).

Approximately 1 out of 166 children in Canada has an ASD. ASDs usually appear during the first three years of life. Although we still have a lot of work to do before we discover the true cause of ASDs, scientists have found a genetic basis, suggesting that it may run in families. But there is still a lot to learn about other possible causes.

Although the media has recently suggested a link between vaccinations and ASDs, scientific research has not found any support for the possibility that the ASDs are caused by vaccines. However, more research needs to be done to explore the influence of other environmental toxins.

## What signs should I look for in my young child?

In very young children, it's what they don't do that may signal a possible ASD, rather than what they do. Ask your doctor if your child **does not**:

- X Babble**  
by 12 months
- X Gesture** (e.g., pointing, waving bye-bye)  
by 12 months
- X Respond to their name**  
by 12 months
- X Have single words**  
by 16 months
- X Have two-word spontaneous phrases**  
by 24 months

Also ask your doctor if your child seems to lose previously developed language or social skills, at any age.

## Why is early detection of ASDs important?

Although it isn't possible to cure or outgrow ASDs, symptoms can be lessened and skills can be acquired with support. According to the Canadian Pediatric Society (2004), intensive behavioural interventions provided early in life may lead to improvements in functioning for many children with ASDs.

The earlier a treatment is provided, the more successful it may be, so it is very important to identify children with ASDs as soon as they begin to show signs. Recent research suggests that children as young as 18 months can be identified as having an ASD.

## Don't wait and see!

If you suspect your child may have an ASD, don't wait and see. Talk to your physician and ask that your child be screened immediately.

# The 3 categories of symptoms of ASDs

## 1 Difficulties with Social Interaction

Children with ASDs may withdraw from others and may not seek attention or actively engage with other children or adults.

They may not follow or initiate pointing to show interest in something, although they may point to get something that they want.

They may not turn to respond upon hearing their name.

## 2 Communication Problems

Children with ASDs have difficulties in both verbal and non-verbal communication, ranging from no speech at all to full sentences that may be odd in terms of their style or content.

These children's unusual communication styles may include language that seems robotic or scripted from television, **repetitive** or **echolalic language** (parroting or repeating what has been said), **"pop-up" words** (words said spontaneously with no obvious meaning), and **"giant" words** (multiple words said as a single word, such as "whatisthis").

Many children with ASDs do not start talking until much later than other children.

## 3 Unusual Behaviours, Interests and Activities

Children with ASDs may have highly specific and focused interests (e.g., obsessions with dinosaurs or maps) to the exclusion of other interests.

They may also demonstrate inflexibility with regard to routines (e.g., taking the same route to school every day), as well as strange behaviours (e.g., hand-flapping).

For video examples of symptoms associated with ASDs, see the Video Glossary at Autism Speaks:  
<http://www.autismspeaks.org/video/glossary.php>