

Diagnosis

There are no medical or genetic tests that can detect autism. These can only rule out other conditions. A diagnosis of autism requires a sensitive and experienced doctor to observe the child very carefully, ask the parents about the development of the child, and then objectively follow internationally recognized criteria for diagnosis. Onset may occur at birth, or a child may have a period of normal development followed by a deterioration of verbal and social skills around 1 1/2-2 1/2 years. Where onset is at birth, the disorder can be detected as early as a year. Autism may occur alongside conditions such as mental retardation and hyperactivity, but the autistic traits in the person are typically what require attention.

Diagnostic Process

The majority of children with an ASD will have shown signs of the condition during the first three years of life. Their condition may not be diagnosed within this period, however. It is possible to recognize and diagnose an ASD by the age of 18 months but, in practice, the diagnosis is rarely made until after the age of 2 years, and the average age is 4-5 years. For children whose speech and academic skills develop at the usual age, or for those who are above average in some areas (like math, reading, accuracy, and memory for facts), the ASD may not be recognized. In these cases, the diagnosis is unlikely to be made until the child begins school. There are many adults who may have an ASD which has not been recognized, or who were diagnosed as adults. Having a diagnosis as early as possible benefits people with an ASD because it helps focus the interventions and support they receive.

Professionals look for the presence of the Core Triad of impairments by observing a child who is suspected of having an ASD. They will also speak with the caregivers of the child to establish a developmental history (mother's pregnancy history, when/if the child first spoke, when they began walking, smiling, etc.). The professional may also ask questions about seizures (fits), learning difficulties, hearing or visual difficulties, muscle tone, fine motor issues, and feeding difficulties, among other things. Specifically, the type of behaviours that professionals focus on when observing a child are:

- Delay or absence of spoken language, including loss of early acquired language
- Unusual uses of language – pronoun reversal (for example, saying 'you' instead of 'I'); echolalia (that is, repeating what other's have said over and over again); 'playing' with sounds
- Difficulties in playing with other children
- Inappropriate eye contact with others
- Unusual play activities and interests
- Failure to point out objects/third parties when sharing communication
- Failure to share in the interests or play of others
- Unusual response to certain sounds, sights and textures
- Resistance to changes in familiar routines
- Repetitive actions or questions
- A preference for following their own agenda.

There is no conclusive diagnostic test for autism and it is quite common for professionals to disagree over the diagnosis given to a particular child, which can add to the parents' distress. In practice, pediatricians, psychiatrists, speech & language therapists, clinical psychologists and occupational therapists may contribute to making a diagnosis of an ASD. Children often get referred for further assessment by family and/or teachers, people who see the child regularly. Some children may have co-occurring conditions (e.g., ADHD, Learning Disabilities) in addition to an

ASD diagnosis so there should be a strategy for ongoing assessment if the professional feels it is necessary.

Having an accurate diagnosis can help to focus support that is given to the child. It has the potential to help the family in a number of important ways and gives access to the relevant literature to parents and professionals with the opportunity to investigate useful forms of support. Knowing the underlying reasons for the child's behaviour is very important in helping caregivers and support-providers to devise strategies to help the child rather than merely reacting to and speculating on the causes of their behaviour as it occurs. It is important, though, that the ASD is seen as just one of the factors involved in influencing the child's behaviour. Other factors include the child's personality, the environment, family characteristics, and the child's strengths and interests.

A diagnosis can point the way to the type of difficulties a child will have but effective support can only be based on identification of the particular profile of the individual child's strengths and needs.
