The Assessment and Diagnosis of Autism Spectrum Disorder (ASD) in Children and Young People

Information for GPs

This leaflet provides information about what you can do if you have concerns that a child or young person you know may be on the autistic spectrum.

What is ASD?

Autism is a lifelong developmental condition that affects how a person communicates with, and relates to, other people and the world around them.

It is thought to affect at least 1% of the population. It is a spectrum condition, which means that, while all people with autism share certain areas of difficulty, their condition will affect them in different ways. It is also recognised that females on the autistic spectrum may present with a different symptom profile and level of impairment than males on the autistic spectrum.

What is the process of assessment?

In Argyll and Bute we have developed a multi-disciplinary pathway for the assessment and diagnosis of Autism Spectrum Disorder in children and young people. This pathway has been developed using national guidelines and aims to provide timely diagnostic assessment close to home. This process usually involves medical assessment, speech and language assessment and gathering information about how the child presents at home and in school or nursery.

The process is usually initiated by a referral to the multi-disciplinary team. If there is doubt about the suitability of the referral it might be useful to have a discussion with professionals already involved with the child such as their speech and language therapist, paediatrician, educational psychologist or head of nursery/school.

Surveillance tools such as those noted in SIGN Guidance 145, Section 4.1.3 can be helpful to ensure relevant observations are noted (www.sign.ac.uk/pdf/SIGN145.pdf)

The local staged assessment process should be implemented as soon as possible. GIRFEC child planning meetings will make sure families are supported, regardless of diagnostic labels, as well as ensuring a joined-up approach between agencies for assessment and support. These planning meetings are co-ordinated by the child’s named person (their health visitor for preschool children and their head teacher or nominated senior teacher for school age children).

Who should I contact to make a request for assistance?

Your local team contacts are provided in this information sheet.
What type of difficulties might I see?

Pre-school Child
- Delay or absence of spoken language
- Looks through people; not aware of others
- Not responsive to other people’s facial expression / feelings
- Lack of pretend play; little or no imagination
- Does not show typical interest in other children
- Lack of turn-taking
- Unable to share pleasure
- Qualitative impairment in non-verbal communication
- Does not point at an object to direct another person to look at it
- Lack of gaze monitoring
- Lack of initiation of activity or social play
- Unusual or repetitive hand and finger mannerisms
- Unusual reactions, or lack of reaction, to sensory stimuli

Primary School-Aged Child

Communication Impairments
- Abnormalities in language development, including muteness
- Odd or inappropriate prosody
- Persistent echolalia
- Reference to self as ‘you’, ‘she’ or ‘he’ beyond three years
- Unusual vocabulary for child’s age/social group
- Limited use of language for communication and/or tendency to talk freely only about specific topics

Social Impairments
- Inability to join in play of other children, or inappropriate attempts at joint play (may manifest as aggressive or disruptive behaviour)
- Lack of awareness of classroom ‘norms’ (criticising teachers, overt unwillingness to cooperate in classroom activities, inability to appreciate or follow current trends)
- Easily overwhelmed by social and other stimulation
- Failure to relate normally to adults (too intense / no relationship)
- Showing extreme reactions to invasion of personal space and resistance to being hurried

Impairments of Interests, Activities and/or Behaviours
- Lack of flexible cooperative imaginative play / creativity
- Difficulty in organising self in relation to unstructured space (e.g. hugging the perimeter of playgrounds, halls)
- Inability to cope with change or unstructured situations, even ones that other children enjoy (school trips, teachers being away, etc)

Other Factors
- Unusual profile of skills / deficits
- Any other evidence of odd behaviours, including unusual responses to sensory stimuli

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1 other children
2 E.g. limited eye contact, facial expression or gesture
3 E.g. oversensitivity to specific sounds
4 rhythm, stress and intonation of speech
5 repetition of words and phrases
Adolescent Language and Communication
- Problems with communication, even if wide vocabulary and normal use of grammar
- May be unduly quiet, may talk at others rather than hold a ‘to and fro’ conversation, or may provide excessive information on topics of own interest
- Unable to adapt style of communication to social situations, e.g. may sound like ‘a little professor’ (overly formal), or be inappropriately familiar
- May have speech peculiarities, including ‘flat’ un-modulated speech, repetitiveness, use of stereotyped phrases
- May take things literally and fail to understand sarcasm or metaphor
- Unusual use and timing of non-verbal interaction (e.g. eye contact, gesture and facial expression).

Social Problems
- Difficulty making and maintaining peer friendships, though may find it easier with adults or younger children
- Can appear unaware or uninterested in peer group ‘norms’, may alienate by behaviours which transgress ‘unwritten rules’
- May lack awareness of personal space, or be intolerant of intrusions on own space
- Long-standing difficulties in social behaviours, communication and coping with change, which are more obvious at times of transition (e.g. change of school, leaving school)
- Significant discrepancy between academic ability and ‘social’ intelligence; most difficulties in unstructured social situations, e.g. in school or work breaks

Rigidity in Thinking and Behaviour
- Preference for highly specific, narrow interests or hobbies, or may enjoy collecting, numbering or listing
- Strong preferences for familiar routines; may have repetitive behaviours or intrusive rituals
- Problems using imagination, e.g. in writing, future planning
- May have unusual reactions to sensory stimuli, e.g. sounds, tastes, smell, touch, hot or cold (Information from SIGN Guideline 145. Annex 2)
Request for assistance can be directed to the local teams as below:

**West Team: North Argyll, Mid-Argyll, Kintyre and Islay**
Chris Tanner, Administrator
ASD Diagnostic Service
Islay Centre, Argyll and Bute Hospital
Blarbuie Road
Lochgilphead
PA31 8LD
TEL: 01546 704890

**Cowal and Bute**
Mrs Yvonne Crawford, Medical Secretary
Community Child Health
Victoria Hospital Annexe
Townhead
Rothesay
Isle of Bute
PA20 9JH
Tel: 01700 501543

**Helensburgh**
ASD Diagnostic Team Clerical Officer
Victoria Integrated Care Centre
93 East King Street
Helensburgh. G84 9 BU
Tel: 01436 655024

**Resources**


Autism Argyll. Available at-www.autismargyll.org.uk


Research Autism. Available at- http://researchautism.net/


Scottish Autism. Support for professionals. Available at- http://www.scottishautism.org/services-support


For information about autism, local services and support in Argyll and Bute, visit the Argyll and Bute Council website www.argyll-bute.gov.uk

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