Autism Spectrum Disorder (ASD) Diagnostic Guidance Document

Developed by Melanie Penner, Jessica Brian, & Lisa Kanigsberg (© 2021)

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'.

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Diagnostic Feature	Examples	Ask	Observe
Social- emotional reciprocity *Indicate in the check-box if there is a challenge in any of these areas	□Showing	 Does your child ever show you something that they are playing with? If so, do you think that they are showing in order to get help, or purely for a social purpose? Can you think of a time that they showed something of interest to you? For example, if they know that you like cars, will they show you a picture of your favourite car without being asked to? If they see an interesting new toy, will they pick it up and show it to you? 	 Notice if the child brings a toy over to you or the caregivers to show you/them, not just to get help. Showing involves orienting the item so as to be more easily seen by someone else, ideally combined with eye contact.
Depending on the item, it may be the presence or absence/ reduction that informs a diagnostic domain	□Giving	 Does your child give you toys because they are interesting, not just because they need help? If your child has a toy & another child approaches them, will they offer it to the other child? If child is older: will your child offer their video game, IPad, or snack to another child? 	 Giving involves bringing the item to someone and letting go of it, ideally combined with eye contact. Does the child give toys to caregivers or the examiner? For help or to share interest? Does the child share their snack with family members?
	□Initiating joint attention	Do you have examples of when your child tries to get your attention for social connection, not just when they want something? For example, if you're on a walk will they say "look there's a rainbow/airplane/dog!" or point to the interesting thing and then look back at you?	 Does the child point to something (such as a picture on the wall), look between what is being pointed to and the other person? Or do they just point and not look to another person? Does the child shift their gaze from something interesting to try to "pull" your attention to the item to make sure you see it too (this does not need to be combined with pointing)?
	☐Responding to joint attention	If you try to draw your child's attention to something, how does your child respond? Will they look over at you and then look towards what you are pointing at?	 Try to get the child's attention to a poster or a toy while saying "Oh, look over there!" Does the child's gaze follow your point? If this is not successful, ask parents/caregivers to try to get their child to look at something they point to (ideally out of reach).

Social- emotional reciprocity cont'd	□Responding to name	If you call your child's name, will they typically look toward you?	 Try calling the child's name in a friendly manner, when they are not directly interacting with you. Watch to see if they turn in your direction. Be careful NOT to try this when the child is overly focused on an intense interest.
*Indicate in the check-box if there is a challenge in any of these areas	□Comforting/ sharing emotions	 How does your child share with you how they feel? How does your child let you know if they are upset, happy, proud? How do they respond to affection? If someone close to your child is upset, or gets hurt, what does your child do? 	 How does the child respond to playfulness? If you play hide and seek (with a young child) will they smile and laugh? How does the child respond to a smile? Do they smile back? What if a toy doll gets "hurt", how does the child respond?
	□Initiation of play/interaction	 Does your child ever approach you in order to get you to play with them? What do they do to keep a fun interaction going? Can you think of a time when your child approached a peer to invite the peer to play? Would your child ever start a social interaction even if they didn't need anything? 	 With toys available, does the child try to include others in their play? For example, will they roll a ball to you to get you to throw it? What does the child do to keep an interaction going? Does the child try to make a connection with you or the caregiver, either starting a conversation or trying to involve you in a game?
	□Conversation	 What does a verbal exchange sound like with your child? If you are talking to them, is there back and forth babbling/conversation or is it one-sided? Will your child ever initiate a conversation? Can they have conversations about several different topics? Can they talk about something with you, with some back-and forth turns? Do they go off on tangents? Try to get information about the quality of these exchanges but keep in mind the developmental level of the child. 	 In toddlers, look for simple back-and-forth vocalizing/talking in response to comments (not just questions; e.g., if you say, "I like cookies," will the child comment about what they like); will they take turns in babbling with you or caregiver? What is the quality of conversation between you and the child or the child and family? Is there a back-and-forth flow? Or is it all questions and responses? Look for awkward and one-sided conversations. You may notice scripted language or echolalia, which may also inform criteria for Restrictive/Repetitive Behaviour.

Nonverbal communication *Indicate if there is a challenge in any of these areas	□Eye contact	 Have you ever noticed if your child looks at you in the eye when you are speaking or playing? Do they look at you when they are asking or telling you something? Is the eye contact connected with their language or gestures? 	0 0	Look for the child's eye contact with caregivers or family members. Notice whether the child makes eye contact with you during interactions. If so, does this eye contact seem prolonged or unusual? Is it difficult to get the child's eye contact? Does the child make eye contact when requesting, or do they just focus on the object?
	☐ Gestures ☐ Pointing (indicate this gesture specifically)	 Can you think of examples of gestures that your child uses at home or in daycare/school (such as: arms up to be lifted, waving, or head shaking/nodding)? Does your child point with their index finger? To ask for something? To show you something interesting? Do they understand when you use gestures? For example, when the parent/caregiver holds a hand out to ask child to give them something, do they understand what that means? 	0 0	Look for gestures such as, shaking head "no", waving good-bye, extending arms to show that something is "Big" indicating "come here" with the hand, etc. Look specifically for pointing with index finger. For older/ more verbal children, look for use of descriptive gestures (e.g., "big") that complement their verbal communication
	□Facial expression	 Can you tell me about your child's facial expressions? What kind of expression will your child make if they are having fun or if sad or scared? Can you tell, just from your child's face, how they are feeling? Do they show you their face to communicate their feelings to you? Does your child seem to notice and understand others' facial expressions? 	0 0	Notice whether the child uses a limited range of facial expressions or has expressions that do not match what is happening in the moment. For example, it may be hard to get the child to smile, or the child may have a forced, unusual smile. Make note of the different facial expressions the child uses, particularly those that go beyond happy/sad (e.g., teasing, coy, bored).
	□Integration of nonverbal strategies into communication	 When you are interacting and communicating with your child, will they combine their words with gestures, eye contact, facial expressions? Does your child understand other people's nonverbal communication, such as if someone has their back turned away then that may mean they do not want to be approached? Would they notice if someone they were talking to was getting bored (yawning, looking around)? 	0	Look for the child's use and understanding of nonverbal strategies in their communication. If upset will they cross their arms and look down? When happy, do they comment, look up, and smile, or nod? Do they combine eye contact with vocalizations or gestures to get your attention or request something (e.g., asking for more bubbles with eye contact and pointing)?
	Other:	(If child is verbal): Can you tell me about the way your child speaks? How does it sound when they speak? Is there anything unusual about the quality of their speech (pace, rhythm, tone)?	0	Notice the child's volume, pitch, and rate of speech. Do they speak at a really high pitch? Does the speech sound monotone? Choppy? Unusual in quality?

Nonverbal communication cont'd **Indicate if this is present	☐ Hand-leading (without eye contact)** ☐ Using others' hand as a tool**	looking up or looking back at you as you follow? How does your child request or ask for help? If they want	 Observe how the child gets help from family members. For example, do you see them take their parent/caregiver's hand to open a snack bag? To turn on a toy? If leading the parent/caregiver by their hand, is this combined with eye contact?
Relationships	□Interaction with caregivers	have with your child? When and how does your child	 Observe whether the child has exchanges with the caregiver outside of needs being met. Observe the quality of those interactions. Are they reciprocal?
*Indicate if there is a challenge in any of these areas	□Interest in peers	 Does your child show interest in other kids? Will they look over at other kids while they are playing? If you are on a playground, will your child watch or join other kids playing or do they prefer to play alone? If another child approached your child to play, how would they respond? 	 If there is a sibling/cousin/child in the waiting room then observe level of interest.
	□Adjusting behavior for situation □Preferred playmates	Would they know not to run and be loud in a library/church/ synagogue/ mosque/ temple?	 Notice child's behavior in the waiting room and office. Does the child move around, use a loud speaking voice and touch others (e.g., new people, strangers)? Note if the child mentions a best or favourite friend to you.
	□Interactive pretend play	or siblings?Will they participate in pretend play in a flexible, interactive way?	 If you set up an imaginative scenario with toys and invite the child to play, will they join the play? Does the child come up with creative parts of the play? Does the child follow your creative directions? Play will look different in a younger versus older child. Please keep this in mind when evaluating the quality of the play.

Stereotyped/ repetitive motor movements, use of objects, speech	□Flapping □Toe walking □Tensing	 Sometimes when kids get excited, they squeeze up their bodies (demonstrate), flap their hands (demonstrate), or walk on their toes. Does your child do anything like that? 	 Look for evidence of flapping, tensing and toe walking. Notice when the child does this. Look to see the child walking from the waiting room to your office. When the child is focused on something or excited, do you see them tensing their body? This is more likely to occur when the child is excited, so it is important to try to get an activity going that is exciting to the child (e.g., bubbles)
behaviour is present	□Rocking	 Sometimes kids will rock their body back and forth without an obvious reason. Does your child do that? Ask for examples during TV watching, settling to sleep, moments of anxiety/ excitement 	Look for evidence of back-and-forth body rocking.
	☐ Hand mannerisms	Do you ever see your child flap their hands or flick their fingers, or position their hands in an unusual way?	 Look for unusual hand mannerisms, such as hand flapping, contorting fingers, flicking fingers, etc. Some children will bring their fingers close to their eyes and look while flicking or moving the fingers.
	□Spinning self/items	 Do you ever see your child spinning their body, either while standing, or sitting on the floor? Does your child ever spin toys and watch them closely? 	 When you give the child a toy, will they try to spin it even if the toy's function does not include spinning? Do you see them spinning a wheel on a car repeatedly and watching it spin with intensity? Observe for whole body spinning.
	□Lining up toys	 What are your child's favourite toys and how do they play with them? Does your child regularly line up their toys or other items (e.g., kitchen items, shampoo bottles)? 	 What does the child do with the toys in your office? Will they take a group of cars or action figures and line them up? If the child does line up toys, how do they respond if you "accidentally" disrupt the line?
	□Stacking/ flipping/ dumping/ carrying items	 Do they stack up, or flip toys over? Flick items? Will they dump toys out of baskets repeatedly? Will your child hold onto particular toys while walking around the house? Do they hold onto a toy in each hand without playing with the toys? 	 Do they pick up two "similar" toys and hold one in each hand without playing with them? Will they go around your office dumping toy bins, and then dumping them again if refilled?

Stereotyped/ repetitive motor movements, use of objects, speech cont'd	□Echolalia	 Does your child ever repeat words or phrases spoken by another person right after they were said? Ask for examples of this and note the difference between true echolalia and prompted repetition of language, which may employed by children with language delays 	0	Notice if you say something to the child, whether they repeat it back to you in the same tone. Notice, particularly, if the child imitates a question verbatim, without reversing personal pronouns (e.g., "do you want some water?")
*Indicate if behaviour is present	□Scripted/ repetitive speech	 When your child talks, do they use lines memorized from movies, television shows or past events? Do they like to say the same things over and over? 	0	When interacting with the child, notice if they use lines from a movie or TV show. Does the child repeat the same phrase repeatedly?
	□Idiosyncratic/ made up words	Does your child use some words in unusual ways? Will they call something by a different name? Does your child have any made up words that they use consistently?	0	Listen for made-up words. For example, a child may say a word that you do not understand or may refer to a person by a seemingly random word or specific association ("red car"). Exclude examples of developmentally appropriate mispronunciations that have become words within the family context (e.g., 'pasgetti' for 'spaghetti').
	□Other:		0	Look for and ask about jumping, tooth grinding, head shaking, facial grimacing but do not include tics. Sometimes a repetitive movement (e.g., covering eyes) may better fit in "Sensory Differences". If the child covers their eyes repeatedly but only when in fluorescent lighting then this would be a sensory aversion and should be scored in that domain.
Insistence on sameness/ routines/rituals *Indicate if behaviour is	□Distress w/small changes	 What happens when something is out of place in the home? For example, moving the furniture to new places? What about changes in their own items (e.g., red cup instead of blue cup at dinner) How does your child react if their schedule or routine changes (e.g., snow day)? 	0	Does the child notice any changes in your office? Maybe their favourite toy is in a different place or the furniture has moved and they ask for you to put it back to where it was. Does the child ask you why you're wearing a different shirt than at the last visit?
present	□Transitions	 How does your child react when you are moving from one activity to another? Is it only hard to move on from a favourite activity, or generally hard to move from one thing to another? 	0	Observe how the child responds to the transition between rooms and activities. Does the child have a hard time with these transitions (e.g., tantrum, refusal to leave)?

Insistence on sameness/ routines/rituals cont'd *Indicate if behaviour is present	□Rigid thinking	 Does your child insist on following the "rules" with no exceptions? Does your child like to tell other kids about the "rules"? Does your child understand jokes or non-literal phrases ('hit the road')? 	 If you play with a toy in an unexpected way how does the child react? If you establish a play routine, and then change it, does the child get upset or insist on doing it the 'original' way? If you are playing a more structured game and take a turn out of turn, what do they do or say? Do they get visibly upset? If you use figurative language, how does the child respond?
present	☐ Rituals ☐ Things need to be done same way (ex)	 Is there anything your child <i>has to</i> have done the same way, every time? Like taking a particular route somewhere? Or doing something in a particular order? Any rituals around eating, like not wanting different foods to touch? Does your child seem to get "stuck" on one particular way of doing something? Do they get upset if things aren't done the same as they usually are? Does your child insist that you do something in a particular way? Such as, telling or showing you where to sit, what to say next or how to play? 	 Look for evidence of this. For example, if the child takes a specific path to your office, or they are distressed when they open their lunchbox and different food items are touching. Confirm with the family that this is a ritual or routine. If the child is reciting something, try inserting something out of order, for instance "A, B, C, D, G, L, Z" and see how they react.
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Restricted, fixated interests *Indicate if behaviour is present	□Attachment to unusual objects (ex:)	 Does your child seem to have a strong attachment to an object, such as part of a particular toy, or an item that is not typical for their age, that they need to have with them all the time? 	 See if the child brings an item to the appointment. If so, ask parents/caregivers about this item and the level of attachment and interaction with it. Could they leave home without it? Will they become very distressed if separated from it? Here, we are looking for an interest that is *unusual* in its content (pipes, doorknobs, parts of a toy, spoons).
	□Intense interest (ex:	 Does your child have an interest that they always talk about to anybody that they meet? Something that they always want to play with? For example, do they like something specific (e.g. letters and numbers) and that's all that they want to talk about and play with? Does your child have difficulty "moving on" from things they are thinking/ talking about? 	 Notice if the child brings up a certain interest in conversation. Notice if the child has particular items with them every time you see them. This item refers to an interest that is *intense* but may not be unusual in its content.

Sensory differences (sound, smell, texture, visual interest, pain) *Indicate if behaviour is present	Ex: Interest Aversion	 Some kids are bothered by bright lights, loud noises, or tags in their clothes. Is your child bothered by anything like that? Do you need to make your child a different meal than the rest of the family? Does your child become upset when they are in a room with fluorescent lighting? Do they seek out deep pressure? Do they like (or dislike) strong smells? How does your child handle pain? Do you think they have a high pain threshold? Do they look at objects very closely? Probe for any other sensory seeking behaviours or sensitivities. 	0 0 0	Present items with different textures (strings, blocks, shiny objects) to see how the child reacts to them. Observe for any visual inspection of items, such as if the child spends a long time looking at a part of an item, or if they look while turning the item over in their hands, or the child positions themselves differently to look at the item, such as lying on their side. Watch to see if the child squeezes items repeatedly or does this with items for which you wouldn't expect this (e.g., baby doll head). Observe any licking or mouthing of items, being aware that mouthing is developmentally appropriate before two years. Observe if the child sniffs things. Does the child demonstrate any aversions to toys that make noise?
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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.

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.

SPECIAL CONSIDERATIONS (CONTINUED):

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.