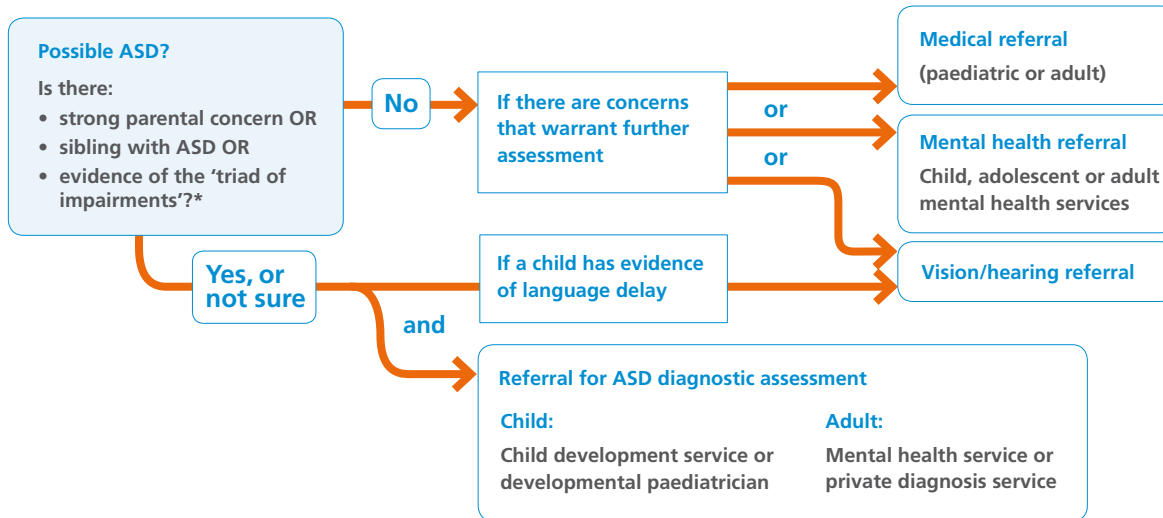


The ASD referral process



* The three core areas of development affected by ASD: communication, socialisation and cognition.

More information at: www.nzgg.org.nz/asd

This Quick Card is based on a summary e-booklet drawn from 'New Zealand Autism Spectrum Disorder Guideline' (NZ ASD Guideline) called 'Does this person have ASD?' Order copies free by phoning 04 496 2277; Order no. HP5054. All guideline resources are available online at: www.nzgg.org.nz/asd



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What is autism spectrum disorder?

Autism spectrum disorder (ASD) includes autism and Asperger syndrome, as well as some other disorders with similar features.

ASD is a developmental disorder. Presentation will vary with age and will vary over time.

Many studies suggest that parental concerns about developmental delays in their children are usually well-founded.

The wider spectrum of ASD is thought to affect about 1% of the population or more than 40,000 New Zealanders.

Defining characteristics of ASD

People who have ASD show difficulties in **all three** of the following areas, commonly known as the 'triad of impairments':

- understanding and using verbal and non-verbal communication
- understanding social behaviour, which affects their ability to interact with other people
- thinking and behaving flexibly, which may be shown in restricted, obsessive or repetitive activities or interests.

Children aged 1–3 years: signs and red flags for referral

All children aged 1–3 years with **any** of the following findings **must** be referred for a general developmental assessment:

- 🚩 no babble, pointing to or showing of objects or other gesture by 12 months
- 🚩 no meaningful single words by 18 months
- 🚩 no 2-word spontaneous (non-echoed or imitated) phrases by 24 months
- 🚩 **any** loss of any language or social skills at **any** age.

Signs of possible ASD to be alert to

A person of any age with ASD will have some delay or difficulty in **all three** development areas. For example, they might:

Communication	Social interaction	Thinking (cognition) or behaviour
<ul style="list-style-type: none">• be delayed in developing communication or language• have unusual ways of making themselves understood (may use objects or another person's hand to indicate what s/he wants)• find difficulty in understanding others (can sometimes appear to ignore or not to hear)• use language in an unusual way (monotone voice, copy or echo what others say, use overly formal or academic language).	<ul style="list-style-type: none">• not join in with play or social opportunities• prefer to do things alone• not respond to other people's greetings, smiles or waves• not show toys, objects or share their interests with other people• have difficulty with social situations, conversation or social rules.	<ul style="list-style-type: none">• need unusual rituals or routines (such as lining things up, completing tasks in a particular pattern, shutting doors etc)• get very upset when moving from one task or place to another or when routines are interrupted• make unusual movements near their eyes or face• over-react to loud noises or be very sensitive to particular smells, tastes or textures• have poor problem-solving or organisation skills• have a strong interest which s/he likes to talk about and takes up a lot of time• have poor coordination or motor skills.

ASD shows up differently with each individual depending on their age, gender, personality, family and cultural circumstances, severity and intellectual ability.

More information at: www.nzgg.org.nz/asd

Notes for consultation and referral

General Points

- All people with ASD will have some difficulty with communication
- They may have no verbal communication or be very articulate – but not necessarily on topic or responding appropriately
- To minimise stress, help with understanding and get as much information as possible:
 - use short simple direct instructions
 - role-play procedures on another person (parent, carer, sibling, nurse)
 - use a written or visual checklist of your planned consultation
 - have someone who knows the person well accompany them.

Further information for referral

For information about screening tests, information for a referral and the diagnostic criteria for ASD, see the e-booklet 'Does this person have ASD?' at the website below.

Support during and after referral

Families and supporters need:

- access to quality information about ASD (see e-booklet 'Does this person have ASD?' at the website below)
- referral to agencies for financial assistance, respite and assistance with interventions.

Family preferences, values, knowledge and cultural perspectives need to be respected and acknowledged.