NON-PHARMACOLOGICAL INTERVENTIONS

PARENT-MEDIATED INTERVENTIONS

☑ Parent intervention programmes should be considered as they may help families interact with their child, promote development and increase parental satisfaction, empowerment and mental health.

COMMUNICATIONS INTERVENTIONS

D
- **Interventions to support communication are indicated, such as the use of visual augmentation, eg in the form of pictures of objects**
- **Interventions to support social communication should be considered, with the most appropriate intervention being assessed on an individual basis.**

☑ Adapting the communicative, social and physical environments of children and young people with ASD may be of benefit *(eg providing visual prompts, reducing requirements for complex social interactions, using routine, timetabling and prompting and minimising sensory irritations).*

BEHAVIOURAL/PSYCHOLOGICAL INTERVENTIONS

B **Behavioural interventions should be considered to address a wide range of specific behaviours, both to reduce symptom frequency and severity and to increase the development of adaptive skills.**

☑ Healthcare professionals should be aware that some aberrant behaviours may be due to an underlying lack of skills or may represent a child's strategy for coping with their individual difficulties and circumstances.

☑ Behavioural therapy should be considered for children and young people who experience sleep disturbance.

☑ Children and young people may benefit from occupational therapy, eg providing advice and support in adapting environments, activities and routines in daily life.

A
- **The Lovaas programme should not be presented as an intervention that will lead to normal functioning.**
- **Auditory integration training is not recommended.**
- **Facilitated communication should not be used as a means to communicate with children and young people with ASD.**

☑ Professionals should be aware that some interventions require a level of verbal and cognitive development which precludes their employment with some groups of children and young people with ASD.

NON-PHARMACOLOGICAL INTERVENTIONS

BIOMEDICAL AND NUTRITIONAL INTEVENTIONS

☑ Gastrointestinal symptoms in children with ASD should be managed in the same way as in children without ASD.

☑ Advice on diet and food intake should be sought for children and young people with ASD who display significant food selectivity and dysfunctional feeding behaviour, or who are on restricted diets that may be adversely impacting on growth, or producing physical symptoms of recognised nutritional deficiencies or intolerances.

PHARMACOLOGICAL INTERVENTIONS

The potential balance of risks and benefits from any pharmacological treatment needs to be considered for each individual child, and discussed as appropriate with them and their parents/carers, so that they can make an informed decision.

No pharmacological treatments have ASD as a licensing indication, and there are few drugs specifically licensed for use in children and adolescents. Pharmacological treatment may be considered when appropriate, for treatment of comorbid psychiatric or neurodevelopmental conditions in ASD or as a short to medium term intervention for specific severe aggression or other symptoms.

☑ Pharmacological treatment of children with ASD should only be undertaken by clinicians with appropriate training and access to pharmacy or other support as required.

RISPERIDONE

B
- **Risperidone is useful for short term treatment of significant aggression, tantrums or self injury in children with autism**
- **Weight should be monitored regularly in children and young people who are taking risperidone.**

METHYLPHENIDATE

B **Methylphenidate may be considered for treatment of attention difficulties/hyperactivity in children or young people with ASD.**

☑
- Use of a test dose to assess if methylphenidate is tolerated could be considered in children prior to any longer trial
- Side effects should be carefully monitored.

MELATONIN

B **Melatonin may be considered for treatment of sleep problems which have persisted despite behavioural interventions.**

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Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders

Quick Reference Guide

June 2007

RECOGNITION, ASSESSMENT & DIAGNOSIS

RECOGNISING POSSIBLE ASD

C **Population screening for ASD is not recommended.**

D **As part of the core programme of child health surveillance, healthcare professionals can contribute to the early identification of children requiring further assessment for ASD, and other developmental disorders:**

- **clinical assessment should incorporate a high level of vigilance for features suggestive of ASD, in the domains of social interaction and play, speech and language development and behaviour**
- **CHAT or M-CHAT can be used in young children to identify clinical features indicative of an increased risk of ASD but should not be used to rule out ASD**

☑ The assessment of children and young people with developmental delay, emotional and behavioural problems, or genetic syndromes should include surveillance for ASD as part of routine practice.

☑ Healthcare professionals should consider informing families that there is a substantial increased risk of ASD in siblings of affected children.

C **The use of an appropriate structured instrument may be a useful supplement to the clinical process to identify children and young people at high risk of ASD.**

D **ASD should be part of the differential diagnosis for very young (preschool) children displaying absence of normal developmental features, as typical ASD behaviours may not be obvious in this age group.**

☑ If on the basis of initial assessment, it is suspected that a child or young person may have ASD, they should be referred for specialist assessment.

☑ Regardless of the findings of any earlier assessments, referral for further diagnosis of an ASD assessment should be considered at any age.

This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on **assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders**

Recommendations are graded A B C D to indicate the strength of the supporting evidence.

Good practice points ☑ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: **www.sign.ac.uk**

SPECIALIST ASSESSMENT

☑
- The use of different professional groups in the assessment process is recommended as it may identify different aspects of ASD and aid accurate diagnosis
- Specialist assessment should involve a history-taking element, a clinical observation/assessment element, and the obtaining of wider contextual and functional information
- The appropriateness of an assessment of mental health needs should be considered for all children and young people with ASD.

HISTORY TAKING

D
- **Healthcare professionals should take an ASD specific diagnostic history**

C
- **ASD specific history taking instruments may be considered as a means of improving the reliability of ASD diagnosis.**

CLINICAL OBSERVATION/ASSESSMENT

D
- **Healthcare professionals should directly observe and assess the child or young person's social and communication skills and behaviour**

C
- **Healthcare professionals should consider using ASD specific observational instruments, as a means of improving the reliability of ASD diagnosis.**

CONTEXTUAL AND FUNCTIONAL INFORMATION

☑ Information about children and young people's functioning outside the clinic setting, should routinely be obtained from as many available sources as is feasible.

INDIVIDUAL PROFILING

D **All children and young people with ASD should have a comprehensive evaluation of their speech and language and communication skills, which should in turn, inform intervention.**

☑ Practitioners should note that an individual's level of comprehension may be at a lower developmental level than that suggested by their expressive language skills.

D **Children and young people with ASD should be considered for assessment of intellectual, neuropsychological and adaptive functioning.**

☑ Occupational therapy and physiotherapy assessments should be considered where relevant.

SPECIALIST ASSESSMENT (CONTD)

BIOMEDICAL INVESTIGATIONS

D **Where clinically relevant, the need for the following should be reviewed for all children and young people with ASD:**

- **physical status, with particular attention to neurological and dysmorphic features**
- **karyotyping and Fragile X DNA analysis**
- **audiological status**
- **investigations to rule out recognised aetiologies of ASD** *(eg tuberous sclerosis)*

CONDITIONS ASSOCIATED WITH ASD

C Clinicians should be aware of the need to routinely check for comorbid problems in children and young people with ASD. Where necessary, detailed assessment should be carried out to accurately identify and manage comorbid problems.

☑ Healthcare professionals should recognise that children and young people with ASD may also have medical problems or emotional difficulties/disorders and should have access to the same range of therapeutic interventions as any other child.

SERVICE PROVISION

D **All professions and service providers working in the ASD field should review their training arrangements to ensure staff have up-to-date knowledge and adequate skill levels.**

☑ Social work contact with families should be instituted or extended during periods of transition.

INFORMATION AND SUPPORT

D
- **Professionals should offer parents good quality written information and an opportunity to ask questions when disclosing information about their child with ASD**
- **Parents should be provided with information in an accessible and absorbable form.**

☑ Children, young people and their parents should routinely receive written information. This may include copies of the letters sent to the various professionals who have been asked to assess their child.

B **Education and skills interventions for parents of pre-school children with ASD should be offered.**

☑ Education and skills interventions should be offered to parents of all children and young people diagnosed with ASD.

☑ Families should be advised of relevant legislation under the Adults with Incapacity Act (Scotland).