



## **Nottinghamshire Concerning Behaviours Pathway: NICE Guidance on ASD Signs and Symptoms, from: *Autism Spectrum Disorder in under 19's: recognition, referral and diagnosis (CG 128) Appendix C. Published 2011***

### **Introduction**

Awareness of the signs and symptoms of autism spectrum disorder can support early intervention and support and promote the appropriate referral to services if needed which may include the need for further assessment (For more information see the Nottinghamshire Concerning Behaviours Pathway at

[www.nottinghamshire.gov.uk/concerningbehaviourspathway](http://www.nottinghamshire.gov.uk/concerningbehaviourspathway)

Children and young people who are considered to be on the autism spectrum can be very different from each other. For example, intellectual ability can extend from the severely learning disabled range right up to normal or even superior levels of intellect. Similarly, linguistic or language skills can range from those who are mute (unspeaking) to those who display complex, grammatically correct speech. What is common however is that all children and young people with ASD will have difficulties in the following areas:

### **Social interaction**

This refers to an impaired ability to engage in reciprocal or shared social interactions. The most severely affected individuals may seem aloof and uninterested in people. Others desire contact, but fail to understand the reciprocal nature of normal social interaction. In consequence their attempts at social interaction are clumsy, awkward and one-sided. Some passively accept the attentions of others but do not reciprocate. Difficulties with social interaction can mean that people with autism find it hard to form friendships. Joint attention behaviours are attempts to monitor or direct the attention of another person. They include gaze monitoring, pointing and showing. These behaviours are normally present by age nine to 14 months but are rare or absent in children with autism.

### **Social communication**

The whole range of communicative skills may be affected i.e. both verbal and non-verbal communication. Some people with autism fail to develop useful speech. Others master the mechanics of language but struggle to use it for the purpose of communicating with others. Many have a very literal understanding of language and think people always mean exactly what they say. They may struggle to use or understand facial expression, gesture, body language and eye contact. They may also have difficulty understanding the two way, give and take, nature of conversation

### **Social imagination**

Many people with autism have difficulty thinking imaginatively and in young children this is often demonstrated by a lack of/or repetitive pretend play. However many people with autism are very creative for example as artists, musicians, writers etc. Their impairment is with social

imagination which means they have difficulty in understanding and predicting other people's behaviour, to imagine situations out of their daily routine or the 'here and now' and to make sense of abstract ideas. Other characteristics which may indicate ASD are 'repetitive and stereotyped behaviours' and 'joint attention behaviours'.

### **Repetitive and stereotyped behaviours**

People may be familiar with the image of children with autism obsessively lining up toys, repeatedly spinning objects or flapping their hands in the periphery of their vision. As development proceeds, however, the focus of attention tends to shift from physical activities to the collection of information. This is particularly true of more able children who may accumulate facts about specific topics. Characteristically, the themes of such preoccupations are unusual and the focus extremely restricted. Additionally, they do not become the currency of social exchange in the way that collecting football stickers or knowledge about computer games often does for typically developing children.

The NICE Guideline on recognition, referral and diagnosis of children and young people on the autism spectrum provides guidance on these signs and symptoms in the form of tables for the different age groups. These signs and symptoms are a combination of delay in expected features of development and the presence of unusual features in the different areas associated with an autism spectrum disorder. They intend to alert professionals to the possibility of an autism spectrum disorder in a child or young person about whom concerns have been raised.

**They are not intended to be used alone, or without offering early interventions, but may help you recognise a pattern of impairments in social interaction, communication and imagination that you can be aware of when supporting a child or young person, or which suggest further assessment may be considered.**

If a child or young person under consideration presents with concerns or is experiencing difficulty in more than one area you may wish to consider referring for possible ASD assessment - following the Nottinghamshire Concerning Behaviours Pathway. However, be aware that:

- The signs and symptoms should be seen in the context of the child's overall development
- They do not include all possible manifestations of autism so do not rule out autism if a child/young person doesn't have the exact features described
- the possibility of autism should not be ruled out if there are only one or two signs in each area /not all signs and symptoms are needed
- there may be other explanations for some of the signs and symptoms which will be explored during assessment and may not suggest autism



**If a child presents with developmental regression, proceed immediately with referral to the Community Paediatric Team via the GP and PCHT who will provide further guidance.**

# Preschool Children (Or Equivalent Mental Age)

Social interaction and reciprocal communication behaviours

## ***A child or young person may experience:***

Language delay (in babble or words, for example less than ten words by the age of 2 years)

Regression in or loss of use of speech

Non-speech like vocalisations

Odd or flat intonation

Frequent repetition of set words and phrases ('echolalia')

Reference to self by name or 'you' or 'she/he' beyond 3 years

Reduced and/or infrequent use of language for communication, for example, use of single words although able to speak in sentences

## ***In responding to others they may show:***

Absent or delayed response to name being called, despite normal hearing

Reduced or absent responsive social smiling

Reduced or absent responsiveness to other people's facial expressions or feelings

Unusually negative response to the requests of others (demand avoidant behaviour)

Rejection of cuddles initiated by parent or carer, although may initiate cuddles themselves

## ***In interacting with others:***

Reduced or absent awareness of personal space, or unusually intolerant of people entering their personal space

Reduced or absent social interest in others, including children of his/her own age – may reject others; if interested in others, may approach others inappropriately, seeming to be aggressive or disruptive

Reduced or absent imitation of others' actions

Reduced or absent initiations of social play with others, plays alone

Reduced or absent enjoyment of situations that most children like, for example, birthday parties

Reduced or absent sharing of enjoyment

## ***In relation to eye contact, pointing and other gestures they may have:***

Reduced or absent use of gestures and facial expressions to communicate (although may place adult's hand on objects)

Reduced and poorly integrated gestures, facial expressions, body orientation, eye contact (looking at people's eyes when speaking) and speech used in social communication

Reduced or absent social use of eye contact, assuming adequate vision

Reduced or absent joint attention shown by lack of:

Gaze switching

Following a point (looking where the other person points – may look at hand)

Using pointing at or showing objects to share interest

## ***Ideas and imagination***

Reduced or absent imagination and variety in pretend play

## **Unusual or restricted interests and/or rigid and repetitive behaviours**

Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing, spinning, finger flicking

Repetitive or stereotyped play, for example opening and closing doors

Over-focused or unusual interests

Excessive insistence on following own agenda

Extremes of emotional reactivity to change or new situations, insistence on things being 'the same'

Over or under reaction to sensory stimuli, for example textures, sounds, smells

Excessive reaction to taste, smell, texture or appearance of food or extreme food fads

# Primary School Children aged 5-11 (or equivalent mental age)

## Social interaction and reciprocal communication behaviours

### ***A child or young person may experience:***

Spoken language may be unusual in several ways:

Very limited use

Monotonous tone

Repetitive speech, frequent use of stereotyped (learnt) phrases, content dominated by excessive information on topics of own interest

Talking 'at' others rather than sharing a two-way conversation

Responses to others can seem rude or inappropriate

### ***In responding to others they may:***

Reduced or absent responses to other people's facial expression or feeling

Reduced or delayed response to name being called, despite normal hearing

Subtle difficulties in understanding other's intentions; may take things literally and misunderstand sarcasm

Unusually negative response to the requests of others (demand avoidant behaviour)

### ***In interacting with others:***

Reduced or absent awareness of personal space, or usually intolerant of people entering their personal space

Reduced or absent social interest in people, including children of his/her own age – may reject others; if interested in others, may approach others inappropriately, seeming to be aggressive or disruptive

Reduced or absent greeting and farewell behaviours

Reduced or absent awareness of socially expected behaviour

Reduced or absent ability to share in the social play or ideas of others, plays alone

Unable to adapt style of communication to social situations, for example may be overly formal or inappropriately familiar

Reduced or absent enjoyment of situations that most children like

### ***In relation to eye contact, pointing and other gestures they may have:***

Reduced and poorly integrated gestures, facial expressions and body orientation, eye contact (looking at people's eyes when speaking) and speech used in social communication

Reduced or absent social use of eye contact, assuming adequate vision

Reduced or absent joint attention shown by lack of:

Gaze switching

Following a point (looking where the other person points to – may look at hand)

Using pointing at or showing objects to share interest

### ***Ideas and imagination***

Reduced or absent flexible imaginative play or creativity, although scenes seen on visual media (for example, television) may be re-enacted

Makes comments without awareness of social niceties and hierarchies

### ***Unusual or restricted interests and/or rigid and repetitive behaviours***

Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing, spinning, finger flicking

Play repetitive and orientated towards objects rather than people

Over-focused or unusual interests

Rigid expectations that other children should adhere to rules of play

Excessive insistence on following own agenda

Extremes of emotional reactivity that are excessive for the circumstances

Strong preferences for familiar routines and things being 'just right'

Dislike of change, which often leads to anxiety or other forms of distress (including aggression)

Over or under reaction to sensory stimuli, for example textures, sounds, smells

Excessive reaction to taste, smell, texture or appearance of food or extreme food fads

### **Other factors that may support a concern about autism**

Unusual profile of skills or deficits (for example, social or motor coordination skills poorly developed, while particular areas of knowledge, reading or vocabulary skills are advanced for chronological or mental age)  
Social and emotional development more immature than other areas of development, excessive trusting (naivety), lack of common sense, less independent than peers

## **Secondary School Aged 11+ (or equivalent mental age)**

Social interaction and reciprocal communication behaviours

### ***A child or young person may experience:***

Spoken language may be unusual in several ways:

Very limited use

Monotonous tone

Repetitive speech

Frequent use of stereotyped (learnt) phrases

Content dominated by excessive information on topics of own interest

Talking 'at' others rather than sharing a two-way conversation

Responses to others can seem rude or inappropriate

### ***In interacting with others:***

Reduced or absent awareness of personal space, or usually intolerant of people entering their personal space

Long-standing difficulties in reciprocal social communication and interaction: few close friends or reciprocal relationships

Reduced or absent understanding of friendship; often an unsuccessful desire to have friends (although may find it easier with adults or younger children)

Social isolation and apparent preferences for aloneness

Reduced or absent greeting or farewell behaviours

Lack of awareness and understanding of socially expected behaviour

Problems losing at games, turn-taking and understanding 'changing the rules'

May appear unaware or uninterested in what other people his or her age are interested in

Unable to adapt style of communication to social situations, for example may be overly formal or inappropriately familiar

Subtle difficulties in understanding others' intentions; may take things literally and misunderstand sarcasm or metaphor

Makes comments without awareness of social niceties or hierarchies

Unusually negative response to the requests of others (demand avoidant behaviour)

### ***In relation to eye contact, pointing and other gestures they may have:***

Poorly integrated gestures, facial expressions and body orientation, eye contact (looking at people's eyes when speaking) assuming adequate vision, and spoken language used in social communication

### ***Ideas and imagination***

History of lack of flexible social imaginative play and creativity, although scenes seen on visual media (for example, television) may be re-enacted

### ***Unusual or restricted interests and/or rigid and repetitive behaviours***

Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing spinning, finger flicking

Preference for highly specific interests or hobbies

A strong adherence to rules or fairness that leads to argument

Highly repetitive behaviour or rituals that negatively affect the young person's daily activities

Excessive emotional distress at what seem trivial to others, for example change in routine

Dislike of change, which often leads to anxiety or other forms of distress including aggression

Over or under reaction to sensory stimuli, for example textures, sounds, smells

Excessive reaction to taste, smell, texture or appearance of food and/or extreme food fads

**Other factors that may support a concern about autism**

Unusual profile of skills or deficits (for example, social or motor coordination skills poorly developed, while particular areas of knowledge, reading or vocabulary skills are advanced for chronological or mental age)

Social and emotional development more immature than other areas of development, excessive trusting (naivety), lack of common sense, less independent than peers