



preschool children were apparent at 20 months. They found that evidence of gaze shifting, awareness of distress in others, imitation, and sharing of positive experiences was greatly reduced among autistic children compared to children with PDD and other non-autistic developmental delays.

Screening methods

Physician estimates of the developmental status of children are usually much less accurate than when only clinical impressions, rather than formal screening tools are used.

Robins et al. 2001:132) cite various researchers having suggested that the primary deficit in autism is accounted for by deficits in language, arousal modulation and sensory responsiveness, theory of mind, motor functions, social/emotional development and other functions. These functions or their precursors were incorporated into the Modified Checklist for Autism in Toddlers (M-CHAT). This checklist is an authorised form of The Checklist for Children (CHAT).

The M-CHAT includes items which therefore assess certain functions or their precursors such as:

- Sensory abnormalities – under-sensitive to noise
- Motor abnormalities – unusual finger movements, climbing
- Social interchange – eye contact, smiling in response to parent's smile

- Early joint attention/theory of mind - bringing objects to show parents, pointing to objects of interest, following direction of adult's indication
- Early language and communication- pointing as instructed, understanding "no", indicating own wishes (Robins et al. 2001:132).

The M-CHAT is a simple screen which can be used on all children during visits to pediatricians or primary care physicians. It does not rely on the physician's observation of the child but on parents' report of current skills and behaviour using a 23 question checklist. The M-CHAT has been adapted for use in other cultures such as in China, where an additional 5 item physician observation checklist was added to the contribution made by the parents (Wong, Hui, Lee, Leung, Ho Lau, Fung and Chung 2004:166).

Although various other tools are available for screening children younger than 18 months, none are available for routine clinical use. The Infant/Toddler Checklist from the Communication and Symbolic Behaviour Scales Developmental Profile may be particularly well-suited for identifying 6 to 24 month old children who are at risk of ASDs as it focuses on social and communication skills.

It may be downloaded from the Internet at www.brookespublishing.com/store/books/wetherby-cs-bsdp/CSBSPD_Checklist.pdf ◆

References on request

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