

Autism and Neurodevelopmental Diagnosis

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1. Autism and Neurodevelopmental Diagnosis - The process to get a diagnosis

I understand the process has changed a bit over time. How would I go about getting a diagnosis now? It varies according to the age of a person, whether they're a young child or at school, and whether you go through the freely available public system or whether you go through other avenues. But if we took a preschooler now, there are two main ways. So parents can discuss concerns that they have with their child provider or with their GP, and a referral locally goes through to paediatrics. The other main way little children are referred is through their early childhood education provider, and that might go through the local Ministry of Education.

Thank you. What do you think, June? Yeah, so there's the other options as well of accessing the private assessments. So until a few years ago, people could only get a diagnosis through either a paediatrician or a psychiatrist. However, now psychologists are also able to do diagnostic assessments and make a formal diagnosis. So some families do choose to go down the private route. There's many reasons why they might choose to do that, but there are quite a few people around now who could do a private diagnostic assessment too. You usually don't need a referral. There's no referral from anybody else in order to access that.

There's usually no entry criteria. People can just make contact with someone who may advertise as being able to do that piece of work for them. Okay. And I think the only other thing that probably varies within Waitaha and Otatahi for little children, the wait for a paediatric review is quite short at the moment. But for older children and teenagers, the wait can be long, and the process is sometimes drawn out. But within the private sector, sometimes a shorter wait, particularly for those older ones, but there are costs involved.

2. Autism and Neurodevelopmental Diagnosis - How long does it take to get a diagnosis

How long does it take? The assessment itself? Yes. It all depends. Sometimes with a little child who presents between 18 months and 3, perhaps hasn't yet developed spoken communication and has some of those more clear-cut features we associate with autism, and maybe some little extra motor movements, or just sometimes that diagnosis can be quite clear and may be confirmed within an appointment of an hour to an hour and a half. If there's supporting information from family and from preschool and from grandparents that have seen the child, so if a really clear and consistent picture presents itself, then sometimes that diagnosis can be confirmed.

It can be made quite promptly. With older children through to young adults, people with stronger, more spoken language, sometimes with girls, sometimes it may not be as clear, and sometimes lots of additional information needs to be sought, either in terms of, sometimes that's sort of psychological tests, and other times it's just getting information from as many different people as possible. And that can end up being quite a long process. The other thing is sometimes we say, actually it's not clear right now, and we need to wait and see how someone's development improves over time. Thinking about maybe a school-age child or someone older, often there's more involved in that process, so they may wait longer to be seen within the public system.

And then it's often not clear from a one-off appointment. And the way that we would look to reach a diagnosis would be to collect as much additional information as we can, as well as from parents and from a child or young person themselves, but also from school and others involved, and then sometimes we need to do some additional testing. So that process can end up quite drawn out, and sometimes does end up taking more like one to two years. And privately as well, a lot of the children who are referred are ones where it's not clear, so they're often children who haven't been able to access a public assessment, often because their needs look quite different at school compared to home.

So we would also be looking at gathering information from different sources, often observing the child at school, working with the child, doing some more formal assessments. And for school-age children, there's often learning needs as well that need to be explored, so that can add further assessment onto that. So it's really dependent on what their needs are that the child is presenting with at the time. But generally within the private sector, we'd be looking at an assessment being done from initial appointment to having a report out between sort of four to eight weeks. So once we get underway, it's a lot quicker to get through the full assessment.

3. Autism and Neurodevelopmental Diagnosis - The role of the family in getting a diagnosis

What role does the family have in getting a diagnosis? Well they have a big role to play because the parents and any grandparents, aunts, uncles, any extended family, they've got the most information about the child. They are the experts on the child so we rely a lot on them to share their story and what they've experienced, what they've observed with the child. So they've got a really big role to play in sharing their knowledge about the child and just working together to make sense of what it is that they're seeing and whether autism is a good descriptor of what it is that they've been observing with their child. Sounds good. Yeah and I think that as parents you have unique insights and you know your child's story best.

4. Autism and Neurodevelopmental Diagnosis - The role of the Paediatrician

Why or when would my child be referred to a paediatrician? So there's several points along your child's journey. So like we talked about sometimes that initial referral is when they're very young so it might be sort of between 18 and 20 months when parents first have some concerns and so you often not always see a paediatrician around diagnosis. The other role I suppose that a paediatrician has sometimes is thinking about what might underlie differences in development or whether there are other things we should be thinking about. So Sharon said earlier that an important thing to think about is learning and that would be a good thing to talk to a psychologist or school around. The sorts of things you might talk about with a paediatrician are some what we call co-occurring conditions or things that run alongside autism and then I think the other role the paediatrician has is sometimes when people get stuck and are thinking what should the many things might be contributing to a hold up in progress and sometimes that's the point where you go and see a paediatrician. And even in accessing a private assessment we'd often refer to a paediatrician as well if we've got some other questions about the child that we feel maybe isn't fully explained by autism. So there's often reasons why we might recommend that a family still continues to see a paediatrician.

5. Autism and Neurodevelopmental Diagnosis - The role of a psychologist

What are some other reasons a child might be referred to see a psychologist? A psychologist is often, if they've already seen a paediatrician, they might then come to a psychologist to look at things like learning because that's not something that paediatricians or psychiatrists would be able to look at themselves. So if there's questions about things like dyslexia or intellectual disability or other

learning areas then that would be when they might come to see a psychologist. There might also be questions around anxiety that perhaps they need some psychology input to support them in those areas because those would probably be the main ones that they'd see a psychologist.

Cool. And the other person that you might see is a psychiatrist and there's a bit of an overlap between what a paediatrician would do and what a psychiatrist would do and it varies a bit around the country. So for instance if you are autistic and the question arises whether you have ADHD as well in Ōtāhiti often you might initially have that conversation with your child's paediatrician. In other parts of the country, particularly if they haven't seen a paediatrician for some time, then you might have that conversation. You might be referred to a psychiatrist to have that conversation. I think that's a really good point Catherine because ADHD is such a common comorbid diagnosis.

Autism and a lot of families struggle to know where to go so I think that's very relevant. Yeah that's probably with ADHD or anxiety of families that are wanting to look into medication options the only options are a psychiatrist or a paediatrician so it will be looking at who has the most accessibility in order and kind of what pathway we might need to refer someone on to but we would always need to be referring to a medical practitioner to look into that a bit more.

6. Autism and Neurodevelopmental Diagnosis - What difference does a diagnosis make

What difference does having a diagnosis make? What do you think? I think sometimes on an emotional level it's quite nice to know why your child is behaving the way they do or displaying the behaviour they do or why they say the things the way they do and it's nice to have a reason sometimes. Also accessing support as well. When you have we don't want labels, but when you have a label you can access people like yourself and yourself, like Live Links and Explore and lots of other different services. And often it's a shame that you know like for schools or for other people they need to look at the person and who's in front of them and you know work with what's there, but a lot of people do want a label or a diagnosis to be able to go forward.

And I think a lot of families that I see, like you say, they want that diagnosis so that then they know why. Why is my child the way they are? Let's get them some support. Oh absolutely. What I've seen a lot of families is that a diagnosis gives them some validation about what they have seen. Because a lot of the time, particularly by the time they might decide to come private, a lot of families have spent a lot of time trying to tell people that they're worried about their child and their development. And so having a diagnosis often validates that yes, they have seen some differences in their child, and yes, we can support them with that.

And that in itself reduces stress on the family as well as for the child who's Yeah, and I agree with that. You know, I see children from 0 to 19. So the children that I'm able to talk to, they suddenly realize, oh, there isn't something wrong with me. I've got autism. This is the reason why I'm like I am. And I think, you know, that's validation for them, and they're not feeling that they are wrong. And, you know, there is a reason. Yeah, having that name to put to their identity is really powerful for a lot of people. Some don't want it, you know, and don't like it, but then there are others who do.

And then it's really positive, a positive way of looking at it. And I think there's, it's something we could have an enormous philosophical discussion about. Yeah. And something that people themselves rightly point out that why, why should a label or diagnosis be necessarily on me, for instance. I think that you guys have really thought, brought up all of the things in discussion about some of the reasons why you, you have autism. Yeah. And I think that's a very good point. Yeah. And I think that's a very good point. And I think that's a very good point. Yeah. Yeah. Yeah. I think one of the things that I would have a diagnosis is that sometimes it provides, provides a framework, it provides a place to start, often for a, for a class teacher or for, for a parent around, around putting support in place.

And, yeah, and I think for young people themselves, it often is, it gives an understanding of their own identity. And, yeah, a lot of families don't like the autism spectrum disorder. Mm. They don't like that disorder. And I, when I'm talking to families, will often say, for me, it's a difference, it's a different way of thinking. Like you said, Catherine, it gives us support and it's a way, with a disorder, to be able to get support from the community, from Ministry of Health, Ministry of Education, wherever, because you're using that disorder word. Mm. Mm. Mm. Mm. Mm. Mm. Mm. Mm. Mm. Mm.

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that disability word but actually it's not a disability or a disorder it's a difference it's a different way of thinking and there's nothing wrong with it we're all different that's how I explained it to my child um I said why do I think this way why aren't I normal and that's quite far reaching into my heart as a mother but um I do tell him I said it's not bad or wrong it's just different and he's normal for him yeah he's his normal yeah you know yeah that's perfectly all right yeah so there's a lovely book that I've um often read men to families called just right for you and it talks about the fact that you might flip but you might have different ways of thinking but those ways are just right for you and it's a book called by um melanie hayworth I think so it's a really good book for when you still look at and when we look at um things autism from a social disability model we're really looking at autism isn't a disability because the person is disabled but autism

can be a disability because society doesn't understand them and society isn't set up to support them so people can be disabled because of the way that the world is actually set up particularly schools for a lot of young people creates a lot of stress and a lot of difficulties so we're now looking at support models in terms of what can we do to make environments better for everybody and be the supportive of the autistic brain style and the differences that people experience

7. Autism and Neurodevelopmental Diagnosis - Why is an interim diagnosis made

Initially, you might see a child and give them maybe like an interim diagnosis. Why might that change as time goes on? There's a few reasons. Sometimes a child might have experienced a really significant event or events. So, for instance, a child who'd had a major physical illness or a child who had moved from living with their family to living with other caregivers. And they might present with being withdrawn, not using the same amount of language, having really struggling with the way they regulate their emotions. For a young child like that, even if we saw also quite clear, features of autism, it would be best for us to just wait and let them think again about it when they were in a more settled environment.

Sometimes what happens is that there are autistic features that are really clear in one setting but not seen at all in another setting. And, one of the inbuilt diagnostic keys in our system is time. And so as little children's brains are continuing to grow and develop, sometimes I like to just see how they grow and develop before we sort of look at is this primarily a problem with the way they process cognitive information? Is this about the way we use the term intellectual functioning? Or is it predominantly around how they process sort of sensory information and social communication, in which case we might think more about autism.

So that's the main reason why we use an interim diagnosis. I think the problem with it is that because of delays within our system, you can end up with an interim diagnosis for longer than we intended. The most common one we would use is a term called global developmental delays. And that's, it's even, global developmental delay is a diagnosis that covers a wide range of differences in development. And it allows a child to access support through the government, through needs assessment, and through various life links, until they're sort of eight years of age. And so that's, I guess our system almost permits us to use an interim diagnosis.

And waiting doesn't also mean waiting and doing nothing in the meantime. It's still waiting and working with them, supporting the child and giving them what they need, regardless of what the terminology is used around them. It just can sometimes then provide a bit of clarification as they get a little bit on there. The other thing that's really needed, about living in New Zealand, or in Aotearoa, is that you don't have to have a diagnosis to be able to access support from a child development service or from the Ministry of Education early intervention. So in some other countries you have to have a confirmed diagnosis to be able to access early intervention.

But we're really lucky in Aotearoa that you can access intervention as part of a journey. And I like that aspect of it.

8. Autism and Neurodevelopmental Diagnosis - What can be done while waiting for a diagnosis

In the meantime, as the wait times are quite lengthy at times, as a family, what should we be doing? Is there anything we can do? Yeah, well, there's services through places like Autism New Zealand or Altogether Autism that people can access, supports. They run quite a lot of really cool programs, and you often don't need a diagnosis in order to access those. People might, if they want to look at the private sector, there are speech-language therapists and occupational therapists or psychologists who they can still go to for support with working on what it is that they know their child is having a bit of difficulty with.

So people can still access those kinds of supports without having any form of diagnosis. Like we said, you can also access the mainstream supports as well. So a parent can self-refer to Ministry of Education, particularly for under-5s, but also later. You can discuss with your preschool or school what they're seeing and think together. You can share your insights with them, and that helps build a team around your child that's thinking together. And also you can discuss with... with your GP or anybody who's working for Ministry of Education, like a speech-language therapist, or another child development coordinator that might be around for having a referral to your local child development service to access some support, perhaps from an occupational therapist, around sensory and emotional processing or managing everyday routines.

And there's also a program... run by Explore for 0-9 year old children, for families. You don't need a diagnosis to be able to do their course called Exploring Autism, which can give you some more insights and some ideas as well. So that's... You need to be thinking along the autism line for that. So for someone with an interim diagnosis or anything like that, then you can access that without the diagnosis. Not just anyone, but if you're... if you're thinking autism, then that's... Yeah, and they get that support. And there's a teen life program as well. You generally need a diagnosis for that one, but for the Exploring Autism one, you don't.

And another cool program that both preschools and parents can do is Incredible Years Autism, and that's for two- to five-year-olds, and that you don't either need a formal diagnosis for. And I think you can self-refer, can't you? So that makes it easy. You don't need to... You don't need to go to a senior paediatrician or anything like that. But young people themselves, or say you had a young person who was 10 or 12 or 14, together just looking at information about autism and thinking about whether that makes sense to them. And often people self-identify and don't have a formal diagnosis or self-identify in the process.

Mm-hmm. Mm-hmm. Mm-hmm. And being able to look at that. And being able to look at that together as a parent and a young person and just thinking about what that means for me can often be really empowering.

9. Autism and Neurodevelopmental Diagnosis - What support is available after diagnosis

Once you have a diagnosis, what support is available for the individuals themselves and also for siblings and parents? So all around Aotearoa there's government-funded autism coordinators and that's what Helen's job is, so I'm going to let her start with this. Oh great, okay. So yes, so a referral can come to me and the referral can come to me from a paediatrician, from a private practitioner, from parents themselves if they haven't heard from me. Sometimes I'll get a referral from Lifelinks if they've had a referral that way and they'll just check in and make sure that I know about the family.

And then I will either invite them to a group session which I will run along with Fiona who is the other coordinator in Canterbury who's just joined us, joined me recently, which is fantastic because I was over work before. But we will then see them in a group situation which allows them the opportunity to be able to see, meet other families. And I think for you, you said on a previous occasion we'd talked that would have been quite cool to have been able to meet other families. And then you can connect in with those families if you want to, depending on your child's age, where you live, those sorts of things.

Or alternatively, I will come and see you on an individual basis, so that might be because you've got lots of children, you live a bit more remotely, English might be your second language. There are a number of reasons why we might come and see you on an individual basis. And I think Helen, you often go and visit young people themselves when they've had a diagnosis when they're slightly older. Totally. When we get the referral come in with triage and any children from high school age up we consider, would they be interested in meeting with us at themselves? And I think that's really good and I get a lot out of it.

I love meeting the young person and being able to hear their side of why the diagnosis was good for them and what questions they might have. But at that point, either at the group or the individual session, I'll tell you about what's available in Canterbury. That includes services that come through Whakaha, which is the new Ministry for Disabled People, and that includes the Inlands Assessment and locally that's LifeLinks. And they will meet with you to think about your young person and for you as a whānau, and there's some funding that comes with that. The system's always trying to be more flexible and it is becoming more flexible with time, but as you might have mentioned there are some limits to that and then also through Winston there's often other financial allowances that are available.

So there might be the child disability allowance and then there's those education programmes that we were thinking about, wasn't it? Through Explor? yeah you're exploring autism for children zero to nine and then teen life which is 10 to 15 year olds so and that's for families to do as opposed to the child themselves um but it's yeah and then yeah i y autism for under five and for school teams as well there's something in the seesaw which is run through new zealand so that's a course for parents and teachers to attend together so that they can all have a chance to learn about autism in general as well as other autism might mean for that child and actually work together to put some plans in place to support the child and there's also an online one called tips for autism but not anymore okay

10. Autism and Neurodevelopmental Diagnosis - Services that have helped

Kim, I was wondering, of the services that are available, which ones have you found useful or which ones have you wished that you knew about earlier? You just mentioned before about the Incredible Years for Autism. Is that a new thing? Relatively new. See, I would have loved that event 10 plus years ago. I would have loved that. I did the Incredible Years course and it was great. But specifically to autism would have been great. We've had services from Explore. They were helpful for me for strategies, but they did not help my child. Big fish to fry, I think we had going on with that. Had some success with Autism New Zealand, again, for me.

And we're just waiting on Team Life. I'm going to be doing it in May. And that's really exciting that it's for parents because, again, my son would like to attend. I think it probably speaks to something that's a bit trickier about the way our services are, which is I think that traditionally they were parent and family oriented. And I do think I'd love to see in the future that we had services that were oriented for autism. And that's something, Catherine, that I hear a lot from families, that that's what they wish was available. A program that their child could go to just attend, not necessarily to learn anything, but to just be with other people like them.

That they can do other things. There are a couple, Autism New Zealand does one for over 20-year-olds, but that's for more adult. And it would just be good if there was just something. Yeah, I think that is still a big gap in services, whether you're public or private. And a lot of the current support options are still very focused on teaching social skills, which really means teaching neurotypical social skills, which we know is not at all beneficial or healthy in any way for the autistic person. So we're still quite a way off having neurodiversity affirming supports available for autistic individuals.

Said that much better to Sharon. What I would recommend to parents is, that you always talk to whoever you choose to work with for support. Talk to them about what their goals are, how they're going to work with your child, their philosophies. Always monitor their progress. And just check and see, is your provider making a positive difference for your child? And if not, stop and find somebody else. Because you will always find people who you and your family and your child gels with. And then there might be people who actually aren't a good fit. So I would say, don't just stick with somebody. Yeah.

Just because they seem to be the person who might look like they're helping, when actually they might not be making much of a difference. And sometimes families can spend a lot of money on something that is actually not beneficial. I was just going to say that. There's money involved. Yes. And there's money involved. Then give up if it's not working for you. Yeah. And try something else. You're allowed to. It's okay. Yeah. Even within the, and there's so many waitlists involved in the public system, it's just part and parcel of how we're structured at the moment. However, if you are working with a professional, be it within health or within education, and you feel that you haven't gelled together, it's often good to have a conversation with them.

And also perhaps with their team lead. And just see whether there is, an option to work with someone else within a service. Because it happens all the time. We all have people for whom we align with more easily, and other people that we don't. And rather than, I think often in that scenario, if I know we'll move out of the service, because it's a tricky conversation to have, isn't it? But there are options often to work with them. So it's good to have that conversation. And the understanding of autism has changed a lot over the last 10 years. And not all professionals have kept up to date with how we now understand autism.

And particularly listening to autistic people and how they're experiencing the world. So you might find that as a parent going in, meeting a professional, you might actually have more knowledge about autism than what this professional does. So don't be afraid to have those conversations with that person and upskill them if perhaps they haven't kept up to date. Talking about the not gelling, I personally actually changed my life as coordinator when my daughter was quite small. Many, many years ago now, because I didn't feel like she was even listening to me. And I changed that. And now, seven years plus, she's still the same way.

And she has been amazing for us. Finding someone that speaks your language. Yes. And that's... for our young people too, that's helping them to find something.

11. Autism and Neurodevelopmental Diagnosis - What ongoing support is available

What sort of ongoing support will I get from paediatricians, psychologists, ASD coordinators after diagnosis? We can start with an autism coordinator because that's sort of mandated, eh? Yeah, so following a diagnosis a family gets referred to us and we'll look after them for up to two years following diagnosis because there's a slight difference in time of when we might be able to make contact or a Diagnostic letter is completed and written. We will say that we will see them for two years following referral to ourselves but that makes it fair on the family if we don't get a clinic letter because we all know how many letters everybody and how busy we all are to write all these things.

So for up to two years we will look after them and at their what they need, what they want. So we can either say to them, You can contact me when you're ready if there's something, we'll meet them first or if they're not interested then that's okay. But they can come back to us within that two-year period of first referral and come back and say, We're ready now. Sort of the models changed a bit over the years with intensive paediatric follow-up, but the AUG can see a developmental paediatrician up until the point that your child turns 16. A child might not be under active follow-up for that period now and so often you might see your paediatrician once after diagnosis or you might have a phone follow-up after diagnosis or they might say, I'll leave you in Helen's capable hands but then people come back as milestones arise as what's on top for you as a family?

It's different when your child is three versus when they're five versus when they're 12. And so that's at those sort of key points as often when a parent might go to their GP or talk to another professional involved, maybe the therapist from their child's special school or or the special educational needs coordinator at their child's primary school and say, hey we feel like we need to think about this more so the process then is you go to your GP and make a referral back and so I think that mostly between a child being two and 16 it varies but they might be seen two or three times and they might be seen more than ten times and I guess to carry on with that we just recently had developed some little kitty that we'll take a family to a website that tells them what different resources are available for different age stages which is fantastic and you should be able to just ask your doctor we're hoping that the schools we're getting it up to schools as well it should be available and there's also going to be email updates. I think that we're planning on yeah so that happens and following

the two-year period with me then we will that you basically your point of call is lifelinks and your GP and of course which is in New Zealand sometimes when you contact your GP about anything you could email them or you could make an appointment to go and see them they'll send through a referral to us through the electronic referral system and sometimes what we'll do is just say hey there's a really good service for that and it's this for instance right now I probably recommend teen life just in terms of age and stage but at other times we might think oh this needs a bit more of a discussion so one of the child development coordinators might give you a call and just talk through what is in place and what might be some other options to think about and other times it's really clear that it would be really good to see to see a paediatrician again and just think around that sort of intersection of sort of health needs life stage age sort of some of those other conditions that or things that might become an issue like anxiety I just think about both things together it may be that we say actually know sounds like the psychiatrist would be or a mental health every sort of super so that's that's how it in terms of other professionals like the psychologist speech therapist or the patient therapist it's very much the LG dark the time so people might come in and out of their life always be encouraging the families to look at what's top for them because sometimes people can end up with an overload of too many people on board so don't be afraid to say to someone actually we don't need your support right now we're just focusing on this area and always look at what it is that's most important for you at that time and finding the right people

12. Autism and Neurodevelopmental Diagnosis - Gender differences

So one of the questions that I've had from feminists is, how does autism appear differently with different genders? Yeah, that's a really good question, because we know now that there's a lot of different presentations of autism. And there's what's now been described as internalised autism, which is what's often thought about autism in girls. But we also see this form of autism presenting in boys as well as gender diverse individuals. And what it really looks at is that it's autism that isn't often easily observed by other people. So they often have got much more internalised experiences in terms of how they're experiencing their sensory systems.

So they might have a lot of sensory overload that isn't noticed by other people, a lot of anxiety. They often have a lot of difficulties with understanding various forms of social communication. But they're not showing that in externalising ways that might be noticed by other people. So. We get a lot of people who tend to be missed for assessment and diagnosis, who might be diagnosed with other things such as anxiety or obsessive compulsive disorders or bipolar disorders. So there's a lot of other mental health names that can get put on to people who do experience more of this internalised autism.

And we often see a lot of young people who do what's been described as masking. So what that means is that they might be trying really hard to hide some of their characteristics. And just follow along with what other people are doing. So in a classroom that might look like a young child who's just following what everybody else is doing without fully understanding what the teacher has told them. They might be doing things such as scripting, which is learning scripts and phrases from YouTube or TV or from conversations that they have heard and using those in conversations so that they can appear to be coping really well.

But often these young people are swelling over as soon as they hit mum and dad and grandparents who were speaking up at the end of the day.

people are saying what was happening today um but often we hear from schools where there was nothing we didn't notice anything and they often don't because sometimes that young person is doing a really good job of hiding that they're really really struggling so that's where a lot of that difference can come in so understanding that child's experiences and what's been happening for them in the early childhood becomes really important to help um to help you to understand them and what it is that they're actually experiencing even though they're not showing that to other people and i think masking is something that a lot of people don't understand because they're doing really well at school they come home why are they always naughty why are they having meltdowns with me why is it me that gets their behavior why is and so therefore they don't get that support because school don't see it yeah but they have just what happens as well as that it's the parents you could tell well you need to be parenting better because they're okay at school so maybe you need to change your parenting style and actually the child is exhausted you need to be parenting better because they're okay at school so maybe you need to change your parenting style and actually the child is exhausted from all the masking they're doing yeah and so they're now home and it's like oh and yeah that's what it um and the other thing that reminds us is to just i mean i think because autism sort of how we came about our sort of diagnostic system was spotting a pattern and so right at the start it was stopped spotting that pattern that perhaps was associated with language not developing as expected um not responding to non-verbal communication in the same in the same way um sort of little um motion routines and the way people move their bodies or play with their toys or with objects that was that formed our initial diagnostic criteria and then we got used to thinking about a pattern that was sometimes common in small boys which was really strongly developed interests um back in the early 2000s it was all it was thomas the tank engine and so but it was that um we got we we started to see that passion and to incorporate that into the diagnostic criteria but it's always it's been hard for people that don't fit that passion perhaps if you're someone who identifies as male but you're not um really good with technology sometimes people would almost think oh and whereas there are lots of artists and comedians and and and actors who um that um have used creativity to make sense of of their pattern and development so it's just that we need to always be yeah thinking about um our diagnostic frameworks and the diagnostic criteria was initially developed based on research with white middle-

class boys so we are now trying to apply that diagnostic criteria to people who didn't fit who that criteria was initially designed in mind um and the diagnostic criteria has not yet caught up to people who have different presentations and who are gender diverse or culturally diverse or any other part that forms people different early experiences yeah yeah so there's a lot that the criteria has not caught up with and yes there's there's quite a distinction between how autism is actually presenting as autism should look like.