

Somerset Protocol for Autistic Spectrum Disorders Assessment (ASDA)

1 Aims

- 1.1 To follow best practice guidelines for the assessment of children and young people around the diagnosis of complex communication disorders particularly a possible diagnosis of autistic spectrum disorder.
- 1.2 To be rigorous and reliable and fully involve the child's parents/carers in contributing their expert knowledge of their child/family to ensure that the assessment is both detailed and coherent.
- 1.3 To assess child in the context of his/her main environments, i.e. home and school/nursery also taking account of his/her development over time within this context and to provide a comprehensive picture of the whole child.
- 1.4 To provide an equitable and efficient assessment that is subject to audit.

2 Catchment area

- 2.1 ASDA Teams cover all of Somerset i.e. Taunton, Bridgwater, Yeovil and East Mendip.

3 Professionals who could be involved in the Assessment & Diagnosis Process

- Consultant Paediatrician and/or Consultant Child and Adolescent Psychiatrist
- Speech and Language Therapist
- Clinical Psychologist
- Educational Psychologist
- Occupational Therapist

All professionals will adhere to minimum standards and/or guidelines within their professional bodies. Roles of team members are outlined in the appendix.

4 The Assessment

4.1 Stages of Assessment

The National Audit Plan for children (2003) recommends a three stage assessment and diagnostic process:

- Stage 1 -the child's general developmental level is assessed
- Stage 2 -is a specialist multi-disciplinary ASD assessment
- Stage 3 -is a more comprehensive multi-disciplinary assessment (ASDAT)

4.2 Selecting the Assessment Level

Most children will be assessed at stage 1 and 2.

A Stage 3 Assessment or discussion with a multi-disciplinary team are required if:

- The Child is educated other than at school (home educated)
- An Adolescent is assessed and there are concerns about mental health needs
- There are complex family circumstances or issues (see checklist)
- A number of professionals are involved whose views differ
- The level of diagnostic doubt is particularly high or a diagnosis of atypical autism is being considered.

If the outcome of a stage 2 assessment is inconclusive, there is diagnostic doubt or a second opinion required then the child will be assessed at stage 3 (ASDAT)

4.3 A 'Stage 1 and 2' Assessment /Typical ASD Assessment

4.3.1 Information will routinely be sought from both parents/carers who have regular or frequent contact with the child. If there has been no contact for over 6 months then this information may not be sought.

4.3.2 The child/young person will usually be informed about the assessment process and when any observations are taking place. Any exceptions are to be discussed on a case by case basis.

4.3.3 Assessments can be carried out by a range of professionals (See 3). Those typically involved are noted in italics.

All assessments must consider the following:

- The Child's general level of ability

For pre-schoolers this might involve using:

Schedule of Growing Skills
Information from nursery settings
Griffiths or Bailey's developmental scales
Early Years Foundation Stage Competencies

For school-age children information on:

SATs or CATs
Most recent attainments

**Provided by school on referral*

- AND A Non-verbal cognition-based screen/checklist **Provided by school on referral*

Note: If concerns are raised by screen then a full cognitive assessment eg WISC/BAS strongly recommended.

- ASD Specific Developmental History

This might be the ASQ, ADI, 3-Di, DISCO, GARS **Usually Paediatrician or Psychiatrist*

- Observation of the Child in a Peer Setting

Reports of the child's presentation in structured and un-structured peer group situations. **Provided by SLT or Ed Psych*

- The Child's Speech and Language and Social Communication

Including information about communication strategies, social interaction and joint attention, learning style and readiness to engage, listen and attend, and play skills as well as receptive and expressive competencies. **Provided by suitably experienced SLT or SLT under expert supervisory arrangement*

- The Child's Behaviour and Mental Health and Environment

Temperamental characteristics, behavioural and psychiatric symptoms such as anxiety, OCD, mood disturbance. Family culture, expectations etc. *If concerns raised send Long Connors and/or consultation with CAMHS as necessary*

- The Child's Physical Health

Height weight and head circumference measured and information about hearing, vision, diet, sleep and bowel and bladder function.

**Considered by Paediatrician or Psychiatrist*

4.3.4 An option of an Observational Assessment of the Child (eg. ADOS) may be used if further clarification is needed.

4.4 A Stage 3 (ASDAT) Assessment

4.4.1 A Stage 3 (ASDAT) Assessment is completed by a team of professionals in each locality and includes all aspects of a stage 1 and 2 assessment. It takes place over a two month period with each team member completing their assessment in this time and culminating in parents meeting with the team to hear and be part of discussion about all of the assessments and conclusions regarding diagnosis.

4.4.2 Requests for a stage 3 (ASDAT) assessment are made directly to a team member and these requests discussed at least quarterly.

4.4.3 A key worker is allocated at the start of the process and each team member is responsible for arranging and completing their own assessment within the 2 months and preparing a draft report for the feedback session.

4.4.4 A Stage 3 Assessment may not be appropriate because:

- there are already appropriate professionals involved who are already in agreement regarding a diagnosis of ASD (or not) for the child.
- the parents do not want to pursue a diagnosis.
- there is insufficient evidence towards complexity of need
- other.

5 Diagnosis

5.1 Diagnoses are made with reference to ICD 10 Diagnostic Criteria and, if appropriate, a diagnosis of Autistic Spectrum Disorder is given or other diagnoses that become apparent. If possible further clarification is made with respect to Asperger's, Autism and Atypical Autism. If alternative diagnostic criteria are used these must be specified.

5.2 Where professionals are unclear as to whether a diagnosis is appropriate the diagnostic terms should be avoided until consensus is reached.

5.3 If a full ASDAT has taken place with assessments carried out by all members of the team then it is not routine practice to offer a second opinion within Somerset. Discussions about these issues will happen on a case by case basis at the Assessment and Diagnosis sub-group meeting – a subgroup of the ASD steering group.

5.4 Where parents are reluctant to have a diagnosis but the child fits the criteria permission should be sought to use non-identifying information for funding / planning purposes.

5.5 The clinician feeding back the results of the assessment should discuss with the family how and when the information is to be shared with the child or young person.

5.6 Check parental consent for multi-agency discussion (MACSAs etc)

6 Follow-up

6.1 Relevant and up-to-date information is provided to families.

6.2 Paediatric/Children's-Outreach-Nurses appointments will usually be offered.

6.3 On-wards referrals to CAMHS, OT etc may be discussed and made at this point.