

ADOLESCENT & ADULT AUTISM DIAGNOSTIC ASSESSMENTS: INFORMATION ON THE ASSESSMENT PROCESS FOR CLIENTS

Our assessment and diagnosis process follows best practice guidelines of the UK National Institute for Health and Care Excellence (NICE, 2011, 2012). To assess and diagnose ASD in young people or adults information about the symptoms are gathered from various sources. It is important to have the perspective of the client as well as others significant in their life ('informants' or 'observers'). As ASD is considered a 'neurodevelopmental' condition, the symptoms must have started in childhood and have continued into adulthood. It is for this reason that we ask for school reports if they are available, and to speak to a parent. In the case of adults, it is also helpful to speak to a partner or friend who knows the client well and can comment on their symptoms now. If it is not possible to involve an informant live in the interview, then contact can be made by email and questionnaires completed instead. Sometimes adults are not able to include informants or find school reports. It is still possible to arrive at a diagnosis but having access to information from an informant increases the confidence with which the diagnosis can be given. If a report is needed for an employer, school/college, or to request NHS services, please let us know. The amount and detail of documentary evidence required by different bodies varies. This will be reflected in the length and complexity of our report, and hence our fee.

The psychological assessment process can take place in person, remotely by video call, or a combination of both. Research indicates that online administration is comparable to in person administration (Blackmore et al, 2023). We usually conduct assessments as a team; this means that it won't be a single person doing the entire assessment. Team assessments provide a more robust and objective assessment and allow for multidisciplinary input, crucial when meeting quality standards such as NICE. Sometimes the meeting is recorded. If this is to be the case, it will have been discussed with you first and consent gained. An ASD Full Diagnostic Assessment is broken down into two stages, each with smaller steps:

Part 1: Initial Consultation ('ASD Suitability Assessment' or 'Screening Assessment')

1. Questionnaires are sent out to you and your informants and returned to us ideally a minimum of two weeks prior to your first appointment. Sometimes the questionnaires are completed after the Initial Consultation if this suits your schedule better. They will include questionnaires on ASD, but also other difficulties that are known to commonly co-occur with ASD.
2. Initial consultation - psychological assessment interview. This lasts 60 minutes and amongst other topics will explore current problems, including any symptoms connected to potential neurodiversity and/or mental health issues experienced in the past or currently. Usually this is with you alone, but sometimes it is helpful to have another person who is close to you

present for part of the meeting. For assessments of children and young people the parent would be expected to be present for at least part of the interview. One of the aims of this interview is to check the 'suitability' of further diagnostic assessment, i.e. whether ASD is sufficiently likely to warrant further assessment.

Optional: Sometimes health insurers require this initial assessment before they will authorise payment for the full diagnostic assessment. If this is the case, your fee will include a brief report indicating our recommendations.

Part 2: ASD Full Diagnostic Assessment

3. Developmental history. We use either the Autism Diagnostic Interview-Revised (ADI-R) or the Developmental, Dimensional and Diagnostic Interview (3Di.) This can last between 90 to 120 minutes. Usually, it is conducted with a parent based on how you were as a child. If a parent is not available, then the interview can take place with someone else who knew you well as a child. If you do not have a childhood informant, then the interview can be conducted with someone who knows you well now, such as a partner or good friend.
4. ADOS-informed observational interview (Autism Diagnostic Observation Schedule, Second Edition) 60 mins. This may comprise two professionals: one conducting the interview and the other observing. If the second professional is not able to attend live, they may watch the recording later. The ADOS consists of a series of tasks which have been designed to elicit subtle social communication difficulties and to explore creativity. It also provides some opportunities in a semi structured session to observe repetitive behaviours and unusual interests.
5. School reports or documentary evidence of childhood functioning are sent to us if available.
6. Professionals meeting: the clinicians who were involved in your assessment meet to discuss whether we believe you meet diagnostic criteria.
7. Feedback meeting 30 minutes. We will meet with you to share our opinion on whether you have a diagnosis of ASD or not. We will then explain why we gave the diagnosis, or in cases where the diagnostic criteria have not been met, why we have not made the diagnosis. We will make recommendations for further treatment.

Optional: If the option of having a report has been chosen, our draft diagnostic report is shared with you by email within 30 days of your feedback appointment, and any requested amendments will then be made. The report is then finalised and can be shared with others. One of our recommendations may include therapy. This may be with the clinician leading on your assessment, or another colleague at NeuroDiverse Online if they are a better fit.

Please note: If you have multiple complex difficulties then further assessment sessions and/or liaison with other professionals or informants may be recommended. This will always be discussed with you first. For example, you may present with symptoms of an additional neurodevelopmental condition such as ADHD or Tourette's or have cognitive or executive function difficulties which require observational or performance-based assessments. In the case of children or young people seeking supporting evidence for an application for access arrangements/reasonable adjustments at school/college/university exams a cognitive assessment is very likely to be needed. These additional investigations will incur a further cost to be negotiated with you.

NICE, (2012). Autism spectrum disorder in adults: diagnosis and management. London: NICE.

NICE (2011). Autism spectrum disorder in under 19s: recognition, referral and diagnosis. London: NICE.

[Blackmore, C. E., Nolan, A., Stoencheva, V., Greenwood, N., Liu-Thwaites, N., Maltezos, S., & McAlonan, G. M. \(2023\). Comparison of an online adaptation of the Autism Diagnostic Observation Schedule-2 with its in-person version in an adult autism diagnostic service. *BJPsych Open*, 9\(2\), e51.](#)