

AUTISM DIAGNOSTIC ASSESSMENTS FOR PRIMARY SCHOOL-AGED CHILDREN: INFORMATION ON THE ASSESSMENT PROCESS FOR PARENTS AND CARERS

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 is 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 early childhood. It is for this reason that we ask for school reports if they are available, and to speak to a parent/carer. If a report is needed for 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 the report, and hence our fee.

The psychological assessment process usually takes place with a combination of in person and video call meetings. In person meetings may take place in West Sussex, Surrey or Kent. Depending on availability, and especially when the family have a tight timeframe, we cannot always guarantee that a preferred date will match the family's preferred location, and generally, a little flexibility is likely to be needed. As locations vary over time, we will confirm location at the point of booking. If the time and location does not meet a family's needs, we are always happy to recommend another service which may be able to help. 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 child 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 problems that are known to commonly co-occur with ASD.
2. Initial consultation - psychological assessment interview by video call. 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 meeting is with the parents/carers, but the child is invited to attend part of the meeting if they feel comfortable and/or confident enough to. 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 my 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 done with a parent/carer and the child does not attend. The meeting takes place by video call.
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, a recording may be made with your consent, and they may watch it 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. For children under the age of 12 we usually conduct the interview in person.
5. School reports or documentary evidence of childhood functioning are sent to us if available. If possible, we also like to speak to your child's teacher or special needs coordinator at school (SENCO).
6. Professionals meeting: the clinicians who were involved in the assessment meet to discuss whether we believe your child meets diagnostic criteria.
7. Feedback meeting 30 minutes. We will meet with you to share our opinion on whether your child has 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 your child has 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, your child 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.