

**Diagnosing Autism Spectrum Condition**

**Formal diagnosis**

It is up to each individual to decide if they want a formal diagnosis. Children, young adults, adults and their families often benefit from having a formal diagnosis of Autism. A formal diagnosis allows families to have an explanation for the individual’s difficulties. Formal diagnoses also mean that individuals can get easier access the services that they need to. For adults this may mean that they are more likely to access employment, housing and community services. For children this may mean they are more likely to receive educational support.

In some circumstances an adult may not feel the need to have a formal diagnosis of Autism Spectrum condition if they feel they have gone through their life without one. NICE (2012) recommends that adults should consider assessment if they have one or more of the following:

- Persistent difficulties in social interaction

- Persistent difficulties in social communication

- Stereotypic behaviours, resistance to change or restricted interests

And one or more of the following:

- Problems obtaining and sustaining employment or education

- Difficulties in initiating or sustaining social relationships

- Previous or current contact with mental health or learning disability services

- History of a neurodevelopmental condition or a mental disorder

**Age of diagnosis**

Individuals can be diagnosed with Autism at any age. Some children may be diagnosed as early as two years old but it is also common for older children and adults to be diagnosed with Autism too. It is never too late to get a diagnosis (National Autistic Society, 2014).

**Diagnostic criteria**

Diagnoses are given to people on the Autistic spectrum if they meet diagnostic criteria. Diagnostic criteria is set and revised by a team of experts who review the most current research. The main diagnostic criteria used in the UK to assess people up to the age of 19 is the International Classification of Diseases (ICD-10) by the World Health Organisation (WHO). When a diagnosis of Autism is being considered, clinicians may also be influenced by the criteria listed in The Diagnostic and Statistical Manual fifth edition (DSM-V), although this is not the main set of criteria used in the UK. The professionals in the diagnostic team will also use their clinical judgement when making a diagnosis.

When assessing adults, clinicians will use diagnostic criteria set out in assessment tools (NICE 2012). Such tools include the Autism Spectrum Quotient – 10 items (AQ-10), the Adult Asperger Assessment (AAA), the Autism Diagnostic Interview (ADI), the Autism Diagnostic Observation Schedule – Generic (ADOS-G).

**NHS assessment**

The process for getting a diagnosis of Autism is dependent on the referral route that an individual wishes to take. If an individual wishes to have a referral via the NHS they will first need to speak to their GP or health visitor (if a young child). If the individual is a child of school age, the parents should make an appointment with the special educational needs coordinator to discuss their concerns. The GP or health visitor may run a screening test for Autism Spectrum condition. If the GP or health visitor feels that the individual would benefit from an assessment for Autism they will make a referral for a formal assessment. There can be long waiting times for assessments (National Autistic Society, 2014).

**Integrated Treatment Services assessment**

At Integrated Treatment Services, individuals can contact our head of clinic and discuss whether an assessment would be suitable. Our head of clinic can then arrange a mutually convenient time to start the assessment process.

**Professionals in the multidisciplinary team**

NICE (2011) recommends that the multi-disciplinary team in a paediatric assessment should include at least: a paediatrician and/or a child and adolescent psychiatrist, a speech and language therapist and a clinical and/or educational psychologist.

The guidelines also state that the paediatric team should have regular contact with a paediatrician or paediatric neurologist, a child or adolescent psychiatrist, educational psychologist, clinical psychologist and an occupational therapist if they are not already in the core team.

The guidelines state that other professionals should be included in the team if they would be able to contribute to the assessment.

A professional in the team will be selected to be the team leader. This individual will be responsible for bringing all of the findings together.

**Medical investigations**

Medical investigations are not part of the assessment process but the team may recommend such investigations.

**The assessment**

At Integrated Treatment Services, the assessment route may be slightly different depending on whether a multi-disciplinary assessment or single professional assessment is selected. On most occasions a multi-disciplinary assessment is chosen. Should a diagnosis of Autism Spectrum condition be given, multi-disciplinary assessments are more readily accepted by those in authority.

When the individual is referred for an assessment, first of all the team will decide what kind of assessment is required. The individual may require an Autism diagnostic assessment and/or an alternative assessment; the assessment chosen will depend on the individual’s age and their presenting language, communication and social skills.

When it has been agreed that an Autism diagnostic assessment will be completed, the multidisciplinary team will need to gather information from relevant professionals and agencies (NICE, 2011).

The professionals will each assess the individual separately; therefore the individual may need to go to several different appointments over a period of time (National Autistic Society, 2014)

The assessment process can vary depending on the age of the individual being assessed. If a child or young adult is being assessed, professionals will ask the parents or carers detailed questions about their concerns. In an adult assessment, if possible, the professionals will wish to question the individual’s family about their concerns. If it is appropriate to, the professionals may ask the individual directly about their specific concerns.

In all assessments, the professionals will try to establish details about the individual’s life and their experiences of education, employment and social care. A developmental case history will be taken; this will be detailed and will focus on developmental and behavioural features consistent with the diagnostic criteria set out in the ICD-10 and DSM-V or assessment tools. In addition to this, a medical case history will also be taken. The professionals will interact with and observe the individual in order to assess their social and communication skills and behaviours as relevant to the criteria set in the ICD-10 and DSM-V or assessment tools. Areas that may be assessed include: intellectual ability and learning style, academic skills, speech, language and communication skills, fine and gross motor skills, mental and emotional health, physical health, nutrition, sensory needs. A general physical examination will be part of the assessment process too (NICE 2011,2012).

Whilst clinicians will be looking to assess the three features on the triad of impairment (social and emotional, language and communication, flexibility of thought), they will also consider routines, sensory difficulties, specific interests and any other co-existing conditions (National Autistic Society, 2014).

In an adult assessment, the clinicians may assess other areas that they would not routinely assess in a paediatric assessment. These areas may include self-harm, harm to others, self-neglect, family and residential support.

If the team find discrepancies between the signs and symptoms reported and the assessment findings, the team may wish to gather further information before making a diagnosis (NICE, 2011). In adult assessments, on some occasions the team may wish to seek a second opinion (NICE, 2012).

**After the assessment**

The multi-disciplinary team will use all of the information to consider a differential diagnosis and may wish to assess further for any conditions that coexist alongside Autism Spectrum conditions.

All of the assessment findings will be collated and contrasted against the criteria set out in the ICD-10 and DSM-V or assessment tools. The team will also use their clinical judgement to decide whether the signs and symptoms fit a diagnosis of an Autism Spectrum condition.

The results of the assessment will then be communicated in person to the family and the individual (if appropriate). If a diagnosis of Autism Spectrum condition was not given, the reasons for this decision will be explained. The family will also receive a written report. If the individual and their family consent to other professionals seeing the assessment results, the multi-disciplinary team will share the results with the people who have a genuine need to know.

In adult assessments, if a diagnosis of Autism spectrum condition is given, the team will often develop a care plan, a health passport and may develop a 24 hour crisis management plan. In paediatric assessments, if a diagnosis is given, the team will also develop a management plan.

In some cases, the team may not be certain about a diagnosis of Autism Spectrum condition. This is especially true for children younger than 24 months, children with a developmental age of less than 18 months, children for whom there is a lack of information about their early life and individuals with a complex coexisting mental health disorder. When a team is not certain about the diagnosis, they would keep the individual under review. The team would review new information as it arises

Some individuals may not receive a diagnosis of Autism if they do not have the diagnostic criteria set out in the ICD-10 or DSM-V or other assessment tools. In these cases, the team would make a referral to the relevant services (NICE, 2011, 2012). .

**Differential diagnosis**

Some conditions share similar symptoms. Therefore, when a health professional is assessing an individual’s strengths and needs they have to consider whether the symptoms could be attributed to another condition. This is called a differential diagnosis.

At Integrated Treatment Services, we will not assess for one diagnosis alone. We will use the assessment to make a differential diagnosis that will help to draw the most accurate conclusions about the individual. It is essential that the correct diagnosis is made so that appropriate initial recommendations and targets are set.

The following are some of the differential diagnoses for Autism as stated in the NICE (2011) guidelines:

Neurodevelopmental disorders: specific language delay or disorder, global developmental delay, developmental coordination disorder.

Mental and behavioural disorders: attention deficit hyperactivity disorder, anxiety disorder, obsessive compulsive disorder, attachment disorder.

Conditions in which there is developmental regression: Rett syndrome, epileptic encephalopathy.

Other conditions: hearing impairment, visual impairment, selective mutism.

**Appealing against a diagnosis**

If an individual or their family does not agree with a decision made by the multi-disciplinary team, they may wish to seek a second opinion.

**Further information**

For further information, advice, support please contact a member of our team on 0845 838 2921. Alternatively you may wish to visit the National Autistic Society website: http://www.autism.org.uk/

**References**

National Autistic Society (2014) All about diagnosis [online]. Accessed 28th September 2014. Available from: < http://www.autism.org.uk/about-autism/all-about-diagnosis.aspx>

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