# Autism Pathway and Assessment Process in Barnsley

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BEST meeting

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Shhhhh....

### Introduction

Autistic Spectrum Disorders

"A group of disorders that have life long effects and have in common a constellation of behavioural symptoms affecting mainly communication, socialisation and range of interests"



# **Epidemiology**

- Prevalence 1 in 100 Baird(2006), Brugh (2009)
- 1 in 88
- Commoner in boys (3-4)
- Approx 700, 000 people in UK have Autism.
- >50% have average to high ability



- Multi factorial
- Physical/ Environmental
- Genetic
- True increase

Shhhhhh





### Childhood Autism

3 core criteria

Impairment of social reciprocity

Impaired Communication

Restricted thinking Interests/play

## Parts of the Brain Affected by Autism

#### Cerebral Cortex:

A thin layer of gray matter on the surface of the cerebral hemispheres. Two thirds of this area is deep in the tissues and folds. This area of the brain is responsible for higher mental functions, general movement, perception and behavioral reactions.

#### Amygdala:

This is responsible for all emotional responses including aggressive behavior.

#### Hippocampus:

This makes it possible to remember new information and recent events.

#### Brain Stem:

The Brain Stem is located in front of the cerebellum and serves as a relay station, passing messages between various parts of the body and the cerebral cortex. It controls the primitive funtions of the body essential to survival including breathing and heartt rate.

#### Basal Ganglia:

This is gray masses deep witin the cerebral hemisphere that connectes the cerebrum and the cerebellum. It helps regulate automatic movement.

#### Corpus Callosum:

This consists of closely packed bundles of fibers that connect the right and left hemispheres of the brain and allows them to communicate with one another.

#### Cerebellum:

This is located at the back of the brain, It fine tunes motor activity, regulates balance, body movements, coordination and the muscles used for speaking.

## Aetiology of ASD



### Biological disorder because:

- High concordance rate in twins
- Increased risk in siblings
- High incidence of associated learning disability
- Increased risk of epilepsy/ neurological problems.
- Association with certain syndromes.



## Autism is a Clinical Diagnosis

No biological marker

Core Team

**Paediatric Assessment** 

**Speech and Language Therapist** 

Clinical / Educational Psychologist



## Case study

- 4 year old girl referred with out bursts of behaviour including hitting, punching, kicking. Inability to make friends in nursery, poor socialisation, reasonable communication.
- Licking and stroking people, no stranger awareness
- Domestic violence, father in prison, family rehoused. EHA in place, previous social service involvement.
- Father back with the family

## History

- Ante natal
- Peri- natal
- Post natal—attachment, social issues, safeguarding.
- Early years-joint, shared attention.
- Developmental- reciprocal nature
- Family History of ASD/LD



### General Paediatric Assessment

Health needs

Consideration of differential diagnosis

Provision of genetic advice



### Physical status

- Current health
- Growth
- Dysmorphism
- Neurocutaneous markers
- Neurological signs
- Developmental assessment



# Investigations

- No evidence to do battery tests (NICE)
- Fragile x
- CGH array
- Rett's syndrome
- Metabolic screen
- CK
- EEG
- MRI / CT Scan



## Multidisciplinary Assessment

- Clinical expertise and experience
- ADI R / DISCO
- 3Di
- ADOS
- School/Nursery observation
- Qualitative school questionnaire
- Play based assessment



## MDT Feed back meeting

- Case coordinator
- Chaired by Paediatrician
- Professional discussion (SALT, Psychology, OT, Education, HV)
- Outcome discussed with parents including differential diagnosis
- Notification to Education Early support in partnership with parents
- Ideally Key worker



## MDT Feedback meeting

- Information re support services
- Written report sent to parents, GP, other agencies
- Follow up group by Case coordinator
- Followed up by Consultant Paediatrician



Sign posting –early birds course, websites

### Outcome

- Clear diagnosis may not be made at the end of the initial assessment
- Need based intervention plan and provision of appropriate support and intervention
- NOT A LABEL determine potential strengths and difficulties
- FAMILY CARE PLAN review annually

#### <u>Autistic Spectrum Disorders Multi Disciplinary Team Referral, Assessment & Diagnosis Pathway</u>

#### Recognition—Stage 1

Concerns about development and or behaviour Parent/Professionals concerned that a child has Autism

#### Recognition—Stage 2

Complete signs & symptoms checklist and collate observations/information that have lead to consideration of Autism including any concerns from parents/child (further information included in guidance)

#### Referral—Stage 1

Referral form to be completed and submitted to the Autistic Spectrum Disorders Assessment Team (ASDAT) with the specified information included.

A GP referral should be made via a referral letter containing the specified information and be submitted to the ASDAT.

#### Referral—Stage 2

Referral received and dealt with by a dedicated business support team attached to the ASDAT.

Referral information will be checked for sufficient detail as advocated in the guidance. Additional information will be requested if referral information is incomplete.

#### Referral—Stage 3

Referral passed to the ASDAT Referral Panel

#### Referral—Stage 4

Referrals will be discussed by two/three members of the ASDAT on a weekly basis (Paediatrician or Psychiatrist,

Clinical Psychologist, Speech & Language Therapist) and a decision taken whether to accept the referral or recommend different action. If young people present at the time of transition to adult services the autism team should consider carrying out the autism diagnostic assessment jointly with the adult team.

#### **Referral Declined**

Referral not appropriate alternative action recommended & communicated to refer/parent. CAF recommended if not already in place.

#### **Referral Accepted**

The referral is accepted and allocated to the ASDAT Case Coordinator. Assessments required to take place during the assessment process will be considered by the panel and arranged by the case coordinator.

Parents/carers and the referring professional will be contacted by the ASDAT case coordinator who will remain the main point of contact throughout the assessment process.

A home and school or settings visit will be arranged and a list of information required during the visit will be sent prior to the visit being made.

Appointments for assessments will be made with the family by the business support team.

#### Assessment

The child/young person will be seen by any member of the team within 12 weeks of acceptance at the referral panel. The most appropriate members of the ASDAT will be included in the assessment process.

#### The Core Autistic Spectrum Disorder Assessment Team Consists of:

Paediatrician and/ or Child and Adolescent Psychiatrist, Clinical Psychologist, Speech and Language Therapist, Case Coordinator (professional), Occupational Therapist Additional Team Members may include:

Paediatric Neurologist, Educational Psychologist, Disabled Children's Team

#### **Assessment Programme:**

- Home and school or settings visits. Feedback from the visits communicated to the appropriate members of the ASDAT.
- Session 1: Paediatrician or child Psychiatrist ASD specific history taken including medical examination
- Session 2: SALT & Clinical Psychologist clinical history taken + observation in clinic, school or setting.
- Session 3: Multi Disciplinary Team Assessment carried out by the core members of the ASDAT as per NICE guidance.
- •Multi Disciplinary Team meeting to discuss the outcome of the diagnostic assessment.
- •Feedback to parents/carers
- •Dictation of the report outlining the outcome of the assessment including next steps/and ongoing needs based management plan for the child/young person, all members together.
- •With parental consent the profile/plan will be made available relevant involved professionals.
- Session 4: Any further assessments which are needed including consideration of differential diagnoses and coexisting conditions. If suspected appropriate assessments and referrals will be made.
- The process from referral panel to diagnosis will be completed within a six month timeframe.

### **Red Flag Signs**





- No babbling by 12 months of age
- No back and forth sharing/ attention by 9 months of age
- No words by 16 months of age
- •No meaningful 2 word phrases by 24 months (not imitating or repeating)
- Any regression of speech, social skills
- •M CHAT- online

### The signs of Autism...



dealing with challenging behaviour

www.halcyon-foundation.org.uk

Tel: 02920 553919

Registered Charity No: 1148010 Support when you need it the most. www.autismpuzzles.co.uk Tel: 07971 045128

## Case study

- 5 year old boy difficulty with behaviour-anger outbursts- no triggers, sensitive to sounds, touch etc (J/K)
- Aggressive with siblings, does not share.
- Routine based, cannot change routes
- Parents use all strategies- end of their tether.
- In school-no behavioural concerns, emerging friendships, imaginative play is limited
- Some peculiarities noted.

# Barriers to early diagnosis

Failure to recognise

Denial

False reassurance

Long waiting times



## Priority

Severe behaviour problems

Barn door

Lack of Nursery placement / exclusion

Transfer from another area

### Resources

- www.autism.org.uk
- www.thegraycentre.org
- www.autismeducationtrust.org.uk
- www.autistica.org.uk

### Questions??

### Thank you.

