

Autism Pathway and Assessment Process in Barnsley

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BEST meeting

May 2016

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





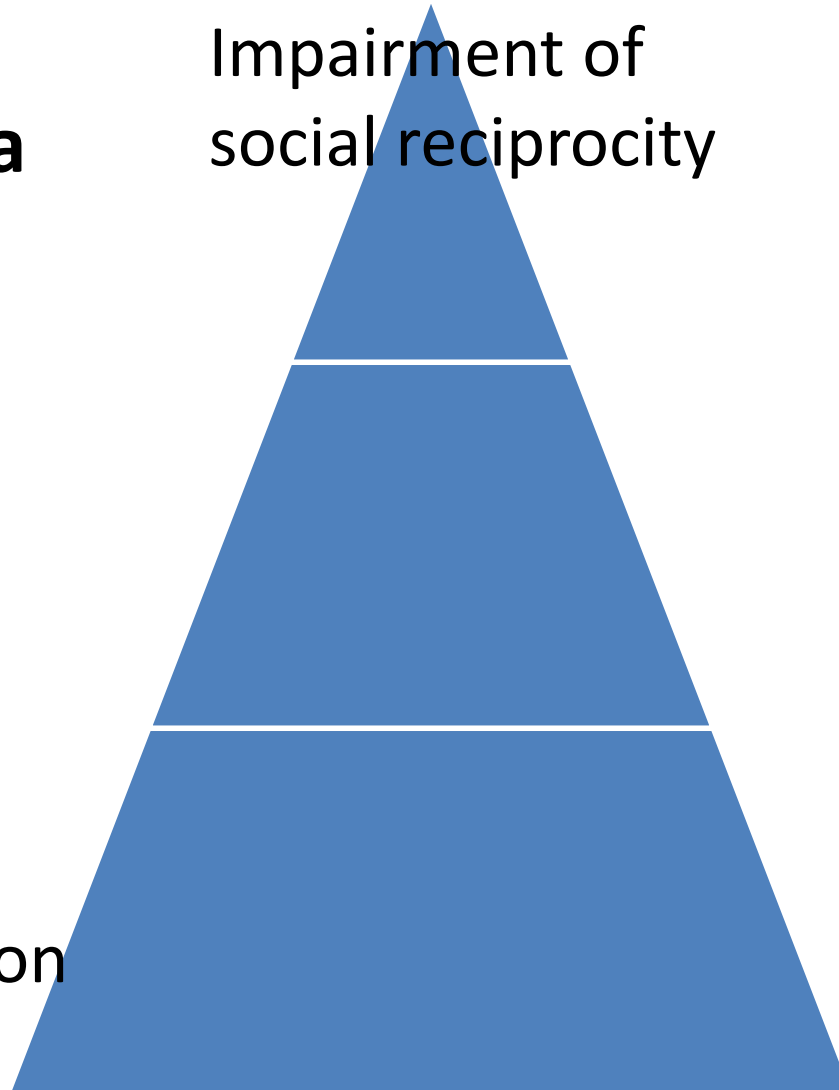
Childhood Autism

3 core criteria

Impairment of
social reciprocity

Impaired
Communication

Restricted
thinking
Interests/play



Parts of the Brain Affected by Autism

Cerebral Cortex:

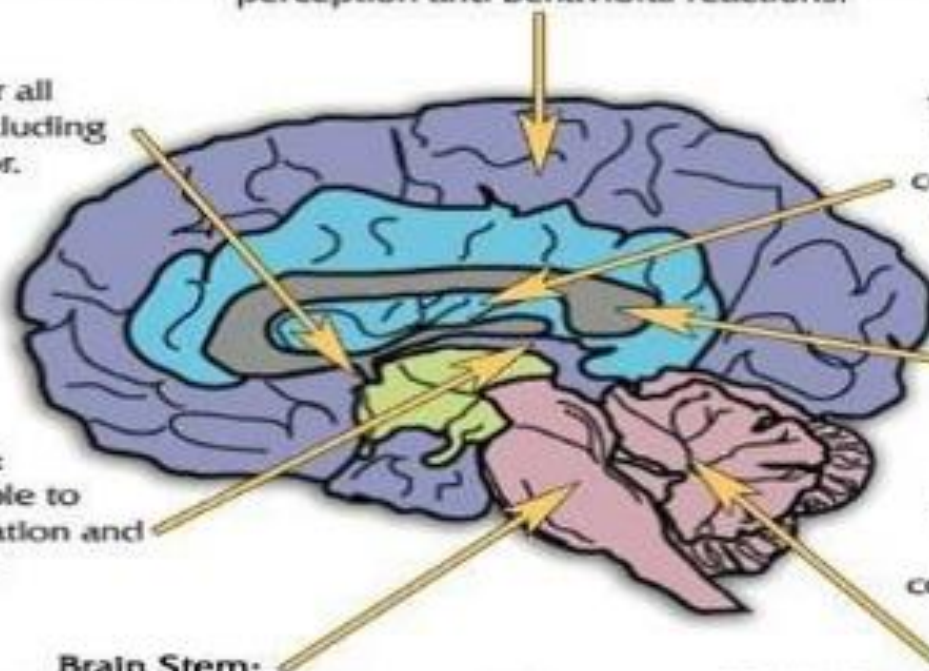
A thin layer of gray matter on the surface of the cerebral hemispheres. Two thirds of this area is deep in the tissues and folds. This area of the brain is responsible for higher mental functions, general movement, perception and behavioral reactions.

Amygdala:

This is responsible for all emotional responses including aggressive behavior.

Basal Ganglia:

This is gray masses deep within the cerebral hemisphere that connects 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.

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 functions of the body essential to survival including breathing and heart rate.

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

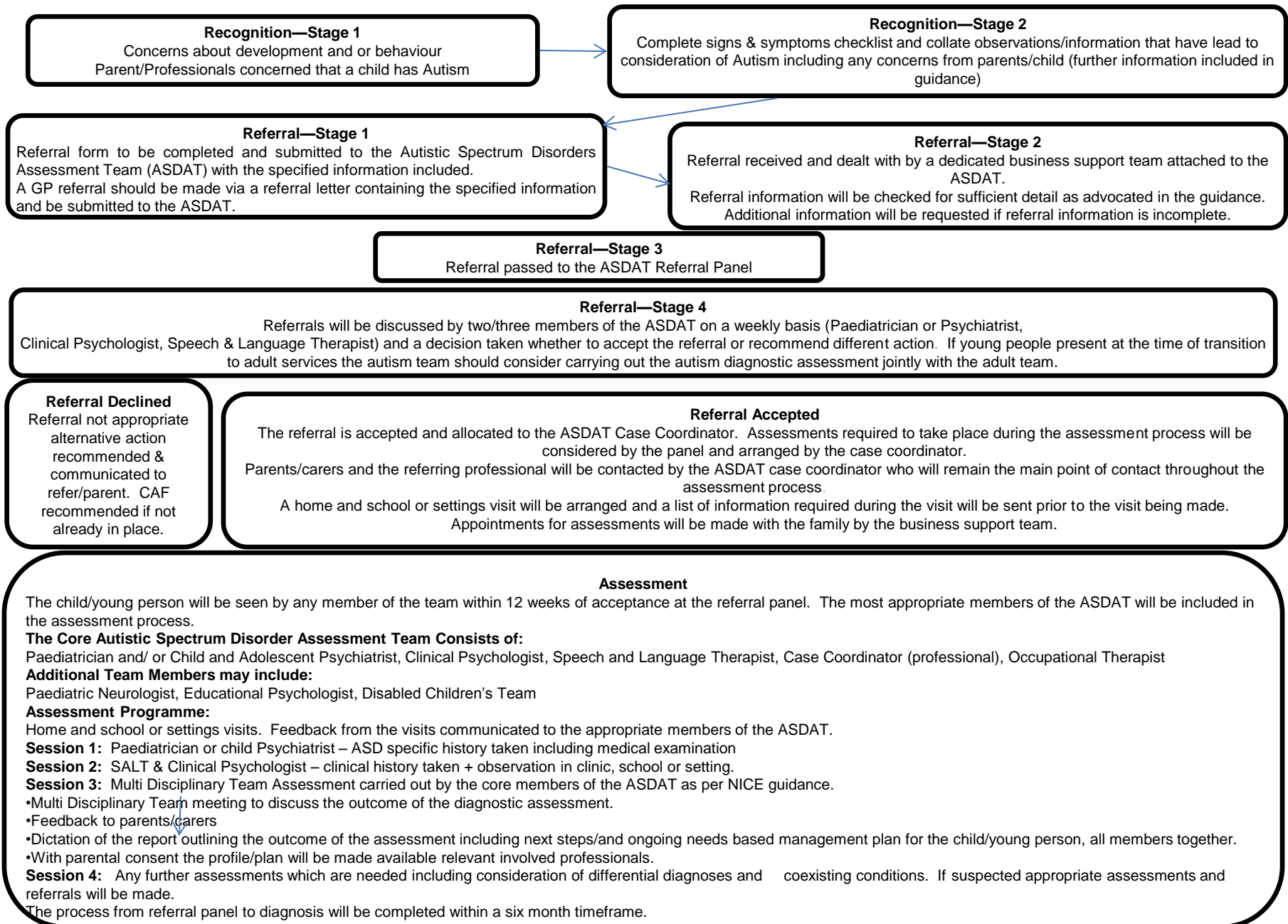
- Information re support services
- Written report sent to parents, GP, other agencies
- Follow up group by Case coordinator
- Followed up by Consultant Paediatrician
- Sign posting –early birds course, websites



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

Autistic Spectrum Disorders Multi Disciplinary Team Referral, Assessment & Diagnosis Pathway



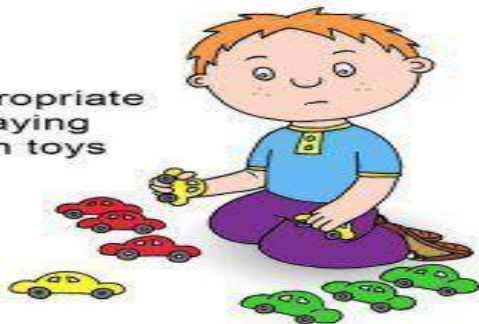
Red Flag Signs



- 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..

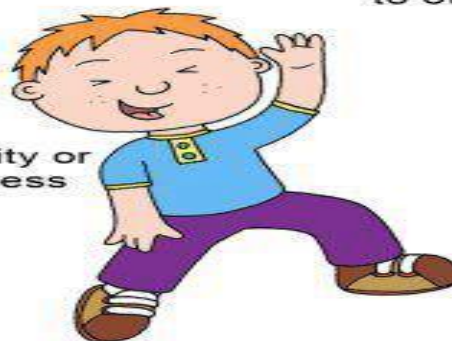
Inappropriate playing with toys



Inability to relate to others



Hyperactivity or Passiveness



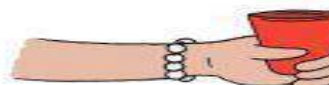
Oversensitive or undersensitive to sound



Inappropriate laughing or crying



Poor speech or lack of speech



Difficulty dealing with changes to routine



Strange attachment to objects



Lack of awareness of danger



AUTISM PUZZLES

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

halcyon

Registered Charity No: 1141655
Providing accredited training to people
dealing with challenging behaviour
www.halcyon-foundation.org.uk
Tel: 02920 553919

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.



The Autism Awareness Ribbon

The puzzle pattern of this ribbon reflects the mystery and complexity of autism.

The different colors and shapes represents the diversity of people and families living with this disorder.

The brightness of this ribbon signals hope - hope through research and increasing awareness in people like you.