

Studio III Diagnostic Pathway **(Child)**

Referral Process

We accept referrals from families, the NHS, Local Authorities, and Non-governmental organisations. Where referral is made from an organization, we require the referral in writing on headed notepaper. For private families, a referral form will be sent out from our office.

The cost of a diagnosis varies depending on the amount of time required. Please contact our office to discuss basic costs and any additional cost that may be required by emailing admin@studio3.org or calling 01225 334 111.

The Pathway

A case coordinator in the diagnostic team will be identified for every child or young person who is to have an autism diagnostic assessment. This will normally be an Assistant Psychologist or another relevant qualified person under the supervision of a Practitioner Psychologist.

The case co-ordinator will:

- Act as a single point of contact for the parents or carers and, if appropriate, the child or young person being assessed
- Keep parents/child or young person, up-to-date about the likely time and sequence of assessments
- Arrange the provision of information and support for parents, carers, children and young people as directed by the psychologist and gather information relevant to the autism diagnostic assessment

Every diagnostic assessment will include:

- Detailed questions about parent's or carer's concerns and, if appropriate, the child's or young person's concerns
- Details of the child's or young person's experiences of home life, education and social care, obtained through parent interview or directly from the child
- A developmental history, focusing on developmental and behavioural features consistent with DSM-V criteria
- Assessment (through interaction with and observation of the child or young person) of social and communication skills and behaviours, focusing on features consistent with DSM-V criteria
- Where possible a medical history, including prenatal, perinatal and family history, and past and current health conditions
- Consideration of the differential diagnosis
- Communication of assessment findings to the parent or carer and, if appropriate, the child or young person.

Complex Diagnosis

For some children and young people, there may be uncertainty about the diagnosis, particularly in:

- Children younger than 24 months
- Children or young people with a developmental age of less than 18 months
- Children or young people for whom there is a lack of available information about their early life (for example some looked-after or adopted children)
- Older teenagers
- Children or young people with a coexisting mental health condition (for example ADHD, reactive attachment disorder), sensory impairment (for example severe hearing or visual impairment), or a motor disorder such as cerebral palsy

In such cases the Practitioner Psychologist may wish to use other assessment tools and/or additional observation time to rule out such conditions. They may also seek an opinion from a colleague with a specialist paediatric background.

Communicating Results

After the diagnostic assessment, the psychologist will discuss the findings with the child/young person and their parents. They will also explain the basis of conclusions in cases where a diagnosis was not reached.

The written report of the diagnostic assessment will also explain the findings of the assessment and the reasons for the conclusions drawn.

With parental and child or young person's consent, the psychologist will then share information with key professionals involved in the child's or young person's care, including those in health, education and social care.

The Diagnostic Process

Phase 1

Prior to a meeting with child and parent the case coordinator will compile relevant documentation for review by the Practitioner Psychologist. Any health information or Speech and Language Therapy reports will be given priority for the psychologist to review.

Phase 2

Following review by the psychologist, the case coordinator will arrange for parent and child to have an initial discussion with the Practitioner Psychologist and the case coordinator. This will allow the psychologist to discuss the process, observe the

interaction between parent/s and child, particularly paying attention to use of joint and shared attention, answer any questions and discuss early years development.

The case coordinator and psychologist will then discuss initial impressions and start to make notes on observation.

Phase 3

Administration of diagnostic tool by case coordinator and observation of child in naturalistic setting such as a play group, school, respite centre, home. The developmental history is an important component of any diagnostic assessment. Some assessments focus wholly on this area while others devote an equal amount of time on this and providing the client with tasks.

Phase 4

All diagnostic tools are psychometric. That is, they require a certain level of formal statistical qualification so that the scores can be translated and interpreted. Following the administration of any diagnostic tool, scores have to be compared to group and population norms and then interpreted to define what they mean in terms of a diagnosis.

Phase 5

Following scoring of the diagnostic tool, the case coordinator and psychologist meet to discuss all evidence. The psychologist will take into consideration observation of child and parent/s as well as data from diagnostic tool and comments by parent/s and relevant documentation and take a decision on diagnosis.

Phase 6

The findings of the diagnosis will then be written up by the case coordinator into a diagnostic assessment document and signed off by the practitioner psychologist.

Phase 7

A meeting will take place between the parent/s, where suitable the child, the case coordinator and psychologist. The psychologist will take the family through the diagnostic assessment document and explain the reason for the diagnosis or, in some cases, why the child was not diagnosed. Ample time will be given to discuss any questions any member of the family may have.

As discussed earlier, where the child presents with a more complex picture, then the practitioner psychologist may wish to invest more resources before making a final

decision on diagnosis. This may involve further assessment, discussion with a colleague or the child observed by another colleague with a specialism in this area.

For more information about Studio III Clinical Services or to discuss the diagnostic pathway in greater detail, please contact admin@studio3.org.