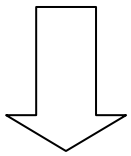
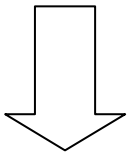
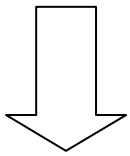
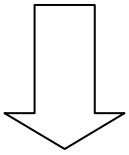
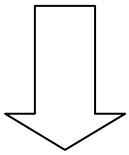
PATHWAY AND STANDARDS FOR ASSESSMENT AND DIAGNOSIS OF AUTISM SPECTRUM DISORDER IN ADULTS

PATHWAY	**STANDARDS**
ACCESS	• All health and social services in the health board area will be aware of the local assessment and diagnosis pathway • There should be a readily available leaflet advertising and describing the local diagnostic assessment service and pathway, which will include means for people who think they may have an ASD to seek advice/referral to services • All individuals seeking an assessment for ASD will be signposted to the access point or a person who can complete initial screening • Referral processes will be described to align with existing local practice • The time from point of contact with services to receiving an assessment (if indicated) should not exceed 14 weeks
SCREENING	• Screening tools are used by a range of professionals in appropriate settings (primary care, mental health gateway workers, social services, homelessness workers) • Self completed assessments indicating possibility of ASD are acceptable indicators for entry to pathway • Standardised screening tools will be used: AQ PDD-MRS SCQ

	RADS (?)
IF SCREENING NEGATIVE 	• If client satisfied then exit pathway • If other problems identified then there will be clear links and pathways to liaise with other service (e.g. Mental health) • If client not satisfied then they should continue to assessment
PRE-DIAGNOSTIC COUNSELLING 	• Will be offered to all individuals • There should be documented evidence of counselling having taken place and a record of issues covered • Will be carried out by an appropriately trained clinician (may be the same clinician conducting diagnosis) • Addresses the following issues: ▪ *Listening to individual / family members* ▪ *Reasons for seeking diagnosis / nature of presenting difficulties* ▪ *Perceptions of why diagnosis would make a difference* ▪ *Pros and cons of diagnosis* ▪ *Information about the diagnostic process* ▪ *Information about ASD* ▪ *Gathering of basic background history and information* ▪ *Previous experiences / expectations* ▪ *What help / adjustments may be needed to support individual through the process* ▪ *Capacity and consent to share information as necessary*

DIAGNOSTIC ASSESSMENT 	▪ Carried out by appropriately trained / experienced clinician ▪ Using standardised structured clinical interviews or diagnostic instruments ▪ Using standardised operational diagnostic criteria (DSM-IV or ICD-10) ▪ Supported by a range of professional skills ▪ Clinicians work in a supported reflective context giving opportunity for consultation and mutual learning ▪ Feedback from the assessment is given to the individual in written, verbal or other suitable format as preferred. ▪ Feedback is given to referrer
COMPLEX CASES (Co-morbidities, atypical presentations, disputed diagnoses) 	▪ Use of standardised clinical interviews and diagnostic tools will aid diagnosis ▪ If diagnosis unclear then refer to national diagnostic network ▪ Significant co-morbidities: there should be explicit links and liaison pathways with other services ▪ Disputed diagnosis or request for second opinion: ref to national network
POST-DIAGNOSTIC COUNSELLING	▪ Will be offered to all individuals ▪ There should be documented evidence of counselling having taken place and a record of issues covered ▪ Will be carried out by an

	appropriately trained clinician (may be the same clinician conducting diagnosis) ▪ Addresses the following issues: ▪ *Listening to individual / family members* ▪ *Impact (emotional and practical) of diagnosis and / or co-morbidity on individual and others* ▪ *Satisfaction with process* ▪ *What next?* ▪ *What has been learned from the process?* ▪ *How will the diagnosis be used?* ▪ *Sharing of information and diagnosis with others (eg employers)* ▪ *Needs for further information / education / training in contacts / networks* ▪ *Making available detailed knowledge of resources / supports available locally and nationally* ▪ *"Putting one hand into another" (enabling the individual to link with other sources of information/support)*
EXIT	▪ Formalised feedback and evaluation of the assessment process from client should be sought ▪ Discharged from distinct episode of care