

Children's Services

# Diagnosis of Autism Spectrum Conditions

Neurdevelopmental Service,  
CAMHS

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# Neuro CAMHS Referral Pathway for ASD

- Referral received into YOUUnited.
- Triage to ensure all documentation is included in referral.
- Primary aged referrals currently go to the Community Paediatrics for a General Developmental Assessment (GDA) if they have not already had one and there is a request for assessment of ASD. If GDA highlights possible neuro diagnosis they are referred to the team.
- Referral management team in neuro will triage referrals and decide whether there is sufficient evidence of possible ASD features to warrant further assessment or whether difficulties might be better explained by other things.
- Referral may be:
  - Accepted for assessment with clinicians identifying which assessments are needed- i.e ADOS-2, ADI-R, BOSA, School observations, Voice of Child
  - Declined with reasons why and possible signposting
  - Held on pending whilst additional information sought

# What is ASD?

NAS: Autism is a lifelong developmental disability that affects how people perceive the world and interact with others

- Affects communication, reciprocal social interactions and play, interests and behaviour
- Early onset: Symptoms present in early childhood, but higher-functioning children able to compensate, tends to be picked up later
- Spectrum disorder
- May or may not have a learning disability

# Neuro CAMHS Diagnostic Pathway

- Once a young person reaches the top of the list, we schedule all appointments as close together as possible
- Assessment components will vary depending on age, complexity and need
- Once all assessments have been concluded, the young person's case is discussed in our ASD formulation meeting attended by Consultant Psychiatry, Clinical Psychology, Mental Health/Learning Disability and General Nursing, Support Workers, Social Worker and Team Manager
- During the formulation all collated information and all assessments are discussed and reviewed alongside the DSM-V diagnostic criteria for Autism – discussions can take anywhere between 20 minutes and an hour depending on complexity

# DSM-5 diagnostic criteria

Currently, or by history, must meet criteria A, B, C, and D

- **A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:**
  - 1. Deficits in social-emotional reciprocity
  - 2. Deficits in nonverbal communicative behaviours used for social interaction
  - 3. Deficits in developing and maintaining relationships (beyond those with caregiver)
- **B. Restricted, repetitive patterns of behaviour, interests, or activities as manifested by at least two of the following:**
  - 1. Stereotyped or repetitive speech, motor movements, or use of objects
  - 2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behaviour, or excessive resistance to change
  - 3. Highly restricted, fixated interests that are abnormal in intensity or focus
  - 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment;

# DSM-5 Diagnostic Criteria Continued

- Criteria C: symptoms must be present from early childhood (but may not become fully manifest until social demands exceed limited capacities)
- Criteria D: Symptoms together limit and impair everyday functioning
- Criteria E: These disturbances are not better explained by intellectual disability or global developmental delay. Intellectual disability and ASD frequently co-occur; to make comorbid diagnoses social communication should be below that expected for general developmental level.

# Possible Outcomes from Formulation

- Formulation discussions can have several different outcomes
  - Diagnostic criteria met and diagnosis to be given – appointment will be arranged
  - Diagnostic criteria not met and alternative diagnosis to be given – appointment will be arranged
  - Diagnostic criteria not met, and differences better explained by other things – appointment will be arranged
  - Insufficient information and further information to be gathered or further assessments to be undertaken – telephone conversation to parents to explain and further appointments to be arranged. Once further appointments completed, and additional information gathered then we would reformulate.



# Differential Diagnosis

Consider the following differential diagnoses for autism and whether specific assessments are needed to help interpret the autism history and observations:

- Neurodevelopmental disorders:
  - specific language delay or disorder
  - a learning (intellectual) disability or global developmental delay
  - developmental coordination disorder (DCD)
- Mental and behavioural disorders:
  - attention deficit hyperactivity disorder (ADHD)
  - mood disorder
  - anxiety disorder
  - attachment disorders
  - oppositional defiant disorder (ODD)
  - conduct disorder
  - obsessive compulsive disorder (OCD)
  - psychosis



# Differential Diagnosis continued

- Conditions in which there is developmental regression:
  - Rett syndrome
  - epileptic encephalopathy.
- Other conditions:
  - severe hearing impairment
  - severe visual impairment
  - Maltreatment, severe neglect, trauma
  - selective mutism