Autism and Attachment Disorder Assessment

Introduction

There is some diagnostic concern that children with autistic features with backgrounds of maltreatment also demonstrate features of attachment disorder or vice versa. This assessment helps clarify the relative contribution of both and provide an individually tailored formulation of the child or young person, their needs in home and in school for those referrers seeking more clarification on the nature of the presenting needs of the child. The clinical and social implications of missing a diagnosis of either of these significant conditions can have long reaching ramifications for the child and their family at home and in education. Understanding the child's needs by taking a wide reaching look at the potential for these conditions, can help alleviate the distress associated with missed diagnoses and provide routes for informed and realistic treatments and interventions notwithstanding informed school provision.

This assessment can diagnose attachment disorder, clarify features of autism (excluding a physical examination) based on the available information and provide an assessment of other potential conditions which may contribute to a diagnosis and individual understanding of the child or young person.

This assessment would be helpful to:

- Parents or associated professionals concerned about the emergence or long standing presence of difficulties with the child's ability to sustain social relationships.
- Parents who consider their child's education would be informed by an assessment to establish more resources in school.

About this assessment

This assessment model has been developed with reference to the NICE Guidance (Clinical guideline CG128) on Autism spectrum disorder in under 19s: recognition, referral and diagnosis (published September 2011) as a guide for the assessment process and uses the International Classification of Mental and Behavioural Disorders (ICD-10) as the criteria for a diagnosis of both autism and attachment disorder.

This assessment cannot give a diagnosis of autism as there is no facility for a physical exam which is required for a complete diagnostic assessment. A physical examination would seek to identify skin stigmata, signs of injury such as self-harm or child maltreatment and congenital abnormalities and dysmorphic features including macrocephaly or microcephaly. The assessment can provide robust evidence to assist with a referral to diagnose this should this be in the child's best interests and with appropriate consents. The assessment will offer support to facilitate this process with referral letter and calls to the assessing physician.

In line with clinical experience and the NICE Guidance (Clinical guideline CG128) on Autism spectrum disorder in under 19s: recognition, referral and diagnosis (published September 2011), there `may be uncertainty about the diagnosis of autism, particularly in 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' (1.5.12.). Therefore it may be possible that whilst features may be identified, a full confidence of the diagnosis may be undermined by a lack of corroborative information about early signs of autism before three years of age.

What will the assessment involve?

The assessment will involve four appointments. These assessments are conducted by Consultant Clinical Psychologist or Clinical Psychologist, a Paediatric OT and a Senior or Therapeutic Social Worker.

Prior to the first assessment appointment we send out several questionnaire measures including:

- A measure of the child's executive function: - planning, working memory, emotional regulation and self-organisation (*using the* BRIEF-2),
- Measure the emotions and behaviour of their child (*using the* Strengths and Difficulties Questionnaire and the Assessment Checklist for Children/Adolescents).
- Sensory Processing (*using the* Sensory Processing Measure)
- A measure of the understanding, skills and confidence in the relationship with their child including three specific concerns rated for their impact and intensity *(using the* Thinking About your Child Questionnaire)
- A measure of the attachment patterns and styles *(using the* Expression of Feelings Questionnaire)
- Independence skills (*using the* Roll Evaluation of Activities of Everyday Living)
- We will comprehensively review the child's chronology and any relevant medical or psychiatric/psychological reports.

The first appointment involves a comprehensive assessment with parents to understand their primary concerns, sets out goals for the assessment, obtains a working understanding of the young person and will involve standardised interviews regarding attachment (using the CAPA RAD) and to obtain a history of features of possible autism and other disorders. Permission to speak with school and relevant professionals is also obtained at this appointment alongside permission to video record the assessment of the child.

The second and third appointment will involve a direct assessment of the child using standardised measures as appropriate but usually involving:

- Cognitive assessment (either direct assessment or review of any recent standardised assessment of cognitive function) using the Wechsler Intelligence Scale for Children Fifth UK Edition.
- Autism Diagnostic Observation Schedule Second Edition - which is a direct assessment to provide structured observations of the child in relation to features of autism.
- Structured observations of the child's openness to relationships and parenting.
- Semi-structured interview with young person and may include assessment of psychological well-being.

In addition to the psychological questionnaires we additionally undertake:

- Observation of a structured parent and child task
- Story Stems assessment
- Interview with parents
- Interview with the child's school

Once the assessment has been completed we analyse all the data and complete a comprehensive report, which will include our findings and recommendations for treatment. Lastly a feedback appointment with the parents and the referring social worker will share observations undertaken in the assessment and involve a plan to action any recommendations based on the opinion given in the assessment. A therapeutic support plan will be developed in collaboration with the family. A full and comprehensive report will be made available and circulated as appropriate to relevant services.