



We are registered as an Independent Sector Healthcare Provider - AUTISM ADHD TEST LTD (W713J) with NHS Digital

CLIENT - Child A - Direct observation in clinic Autism Diagnostic Observation Schedule (ADOS-2)

Pre-Assessment Consultation

A telephone consultation was undertaken with xxxxxx, the mother of Child A to establish whether her daughter, Child A would be suitable for an autism spectrum disorder assessment. (ASD) The AQ-10 questionnaire was completed to obtain a general result for suitability. Child A scored 7 out of a possible 10. A referral for an ADOS2 assessment was recommended. NICE recommends in section 1.5.1 Start the autism diagnostic assessment **within 3 months** of the referral to the autism team. [2011].

Assessment – 7th October 2023- Child A (4.3.2013) 10 years 7 months 3 days

Following the NICE National Institute for Health Care Excellence Autism spectrum disorder in under 19s: recognition, referral and diagnosis Clinical guideline Published: 28 September 2011.

Stephen Linus Dignam, Manjeet Kaur and Jane Miller – assessed Child A using the ADOS-2, (Autism Diagnostic Observation Schedule- second edition). This is a semi-structured, standardised assessment of communication, social interaction, and play or imaginative use of materials for children referred because of possible social communication difficulties. The ADOS consists of several structured activities and conversations with Child A that allows the professional to make observations in behaviour that are important in the diagnosis of ASDs at different developmental levels and chronological ages. ADOS2 is specifically designed to measure the young person's social and communication skills. However, it is important to emphasise it reflects the child's skills in one setting only, it may not fully reflect the whole range of a young child's strengths and difficulties.

Presentation during the ADOS2:

Commented [Id1]: The report will stated that a pre assessment questionnaire the AQ10 was completed and what the score was for the AQ10.

Commented [Id2]: A ADOS-2 report will state the exact age of the child or person on the day the assessment was carried out

Commented [Id3]: The NICE guidance should be referenced in the report

Commented [Id4]: The report will show who was present for the assessment and which assessment method they used. In this case you can see it's the ADOS-2

Child A presented as a happy, anxious girl. As she came into the room, she sat on the chair as Jane Miller offered. She showed interest in all the activities.

Child A did use verbal and nonverbal gestures for communication.

Child A was quiet, speaking softly and quietly. On entering the assessment room, once sat on the chair, Child A moved around a lot and it was noticed that she was rocking back and forth in her chair, constantly moving until near the end of the assessment where is slowed down. Child A did finally stop pulling at her feet. During the assessment process could see an opening conversation between Child A and Jane to build rapport and make her feel at ease on what they were going to do. She engaged in the conversation by using verbal conversation.

Commented [Id5]: The report will show how the child/person appeared during the assessment

Child A showed interest in all the activities though limited answers and creativity.

The overall rapport with Child A was comfortable and it was a real pleasure working with her.

Child A showed the following strengths and difficulties on the ADOD2:

Language & Communication

Commented [Id6]: There will be observations around the language used

1. Language & Communication

Strengths –Child A was keen to begin the first activity, the demonstration task. She understood the task, began, and completed it very quickly. Child A would answer when Jane asked if she would like more.

Child A engaged in conversations throughout the assessment.

Child A comprehends everything that is said to her. Understanding what to do for all the tasks, carrying them out.

Child A became more relaxed near the end of the assessment, where she engaged in conversation about things that were important to her in life examples of this included.....

Child A on a few occasions told Jane when she had finished the activity, like the story activity.

Difficulties While Child A was engaged in activities and communication, most of the time the conversation didn't flow and limited vocabulary from her, making it one sided.

Commented [Id7]: Examples of difficulties will also be shown

There were no speech abnormalities and no echolalia though Child A did speak in a younger child's voice. Language was particularly strong for Child A.

2. Reciprocal Social Interaction

Commented [Id8]: This section shows interaction between the assessor and the child/person assessed

Strengths – Child A presented herself as a very polite, personable young child.

Eye contact: Child A did make eye contact, however, her eye contact as down or away from the assessor. This improved during the assessment Child A's eye contact was limited when she talked about emotions and feelings.

Responsive social smile: Child A sometimes smiled when in conversation with others. Her responsiveness to the assessor's smiles were reciprocated as she became more comfortable.

Child A would smile a lot at family when asking her something she wasn't sure about or how to answer.

- **Facial expressions directed to others:** Child A expressed smiles during the assessment and little face expression when describing certain events or situations in her life.
- **Shared enjoyment in interaction:** Child A at times showed excitement through assessment though mostly when talking about her toys at home.
- Child A enjoyed sharing what she did over the weekend with the assessor however was looking at her mother throughout the conversation. Child A told Jane she enjoyed horse-riding and playing bowls. Child A expressed her dislike of boys and scary stories.
- **Quality of social overtures:** Child A has good strengths in this area, mainly due to her social skills and has a good grasp of language and communication skills and the ability to engage in conversations.
- **Quality of social responses:** Child A engaged and responded well throughout the ADOS2 evaluation. However, there were times that her response appeared to be limited.
- **Level of engagement:** During the assessment Child A fully engaged with the assessment team.
- **Overall quality of rapport:** The overall rapport with Child A was comfortable and it was a real pleasure working with her. She was not observed to exhibit any oppositional or aggressive behaviours.

Difficulties: Child A presented difficulties in focusing on a some of the activities during the assessment.

Child A presented the same difficulties when reading and asked to describe what she thought was happening. She referred to what was in the images, for example, witches and flying broomsticks. Child A would sometimes pointed things that she saw in the book but when Jane gave her scenarios Child A would just agree with Jane by saying 'yes'.

Child A stated she doesn't get lonely. She likes being and playing with her two brothers and pet rabbit. She does not like having friends as if they fall out then she will be on her own anyway.

Child A stated she is on her own a break and lunch time at school.

3. Repetitive and Stereotyped Behaviour

Commented [Id9]: There should be a breakdown of observable behaviours that occurred in the assessment

Commented [Id10]: This is one of the core features of Autism, so there will be commentary on any behaviour that is typical of autism here.
Note you don't need to repeat behaviour that may already been included in other sections

Strengths- Child Adid not show any sensory or excessive behaviours displayed.

Difficulties – Child A expressed her difficulties in understanding her schoolwork due to which she finds completing schoolwork dull. This also is the reason why she dislikes school and finds it boring.

Child A fidgeted a lot, pulling at her feet a lot, rocking back and forth in her chair, constantly moving until near the end of the assessment where is slowed down. Child Adid finally stop pulling at her feet.

Overall, during the ADOS assessment Child A presented as a very likeable, young girl with many areas of unique strengths in character. She was happy to take part in all activities when asked without hesitation.

On this assessment, Child A presented to a specific pattern of unique strengths and some subtle difficulties we would expect to see in very intelligent young girls with ASC – Autism Spectrum Condition). It was a real pleasure working with Child A and the overall rapport with her was very comfortable. Information from this assessment will need to be considered in the context of detailed developmental history and information from other independent sources such as school.

ADOS 2 Classification and ADOS-2 comparison score

Child A exceeded the threshold for Autism on the ADOS 2 and is in the **Autism category for the ADOS-2 Classification.**

She has an ADOS-2 comparison score of **HIGH** for the level of autism spectrum-related symptoms.

Commented [Id11]: This section will clearly show if they are in the Autism category

Commented [Id12]: Some ADOS-2 modules also rate low-high symptoms- but not all the modules- so you may not get a low-high rating

Social & Developmental History

An interview carried out with xxx (Child A's mother) before the assessment also indicates behaviours consistent with ASD.

Commented [Id13]: As well as the assessment, there should also be a social and developmental history taken- to explore further any areas/issues

The findings were as follows:

- Child A has difficulty processing information at school. She stated that she cannot get the full understanding of it. School is boring as she doesn't understand what the teacher says.
- Child A has high-level language need stated in a report presented by a private speech and language therapist.
- Child A was identified as having dyslexia by 'xxxxx Midlands' in January 2023
- Child A worries that she is below age-related expectations in all her core subjects mainly in spelling in school as she gets distracted easily and her attention can drift.
- Child A tends to lose interest in activities when she struggles to understand the instructions.
- Child A's mother has expressed concerns about Child A struggling to make friends, and other children tend to leave her out a lot.
- Child A has presented evidence of speech therapy which states Child A struggles with answering simple 'who', 'what', 'where' and 'when' questions.
- Child A will spin round in circles when is social gatherings.
- Child A punches wardrobe and hits her head off the doors when having meltdowns.
- Child A will, 'lash out' verbally, in school.
- Child A will bottle things up as she may not be able to express her emotions and gets frustrated. This can cause her to scream and shout.
- Child A will cover her ears, throws herself about when loud noises. Like Motorbikes and balloons.
- Bright lights affect Child A. Blue LED lights suit her better.
- Must cut all labels off out of trousers, knickers. Rubs sequins and fluffy clothes.
- Child A won't sleep alone.
- Child A has dummy holders, smells them. Collects them.

CAST Screening and Score at Assessment

Child A scored **26** on the Child Autistic Spectrum Test (CAST) screening. The Childhood Autism Spectrum Test is a 39-item, yes or no evaluation aimed at parents. The questionnaire was developed by (the Autism Research Centre) at the University of Cambridge, for assessing the severity of autism spectrum symptoms in children. It is based on a variety of behavioural descriptions of the core features of the autism spectrum (social impairments, communication impairments and repetitive or stereotyped behaviours) from the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

Commented [Id14]: Good assessments will also use other screening tools to support the assessment- here the CAST has been used

QBCheck

The NICE medtech innovation briefing (MIB 318) for QbTest for the assessment of attention deficit hyperactivity disorder (ADHD) Published: 07 March 2023. The innovative aspects are that it combines a continuous performance test with an objective and standardised measure of motor (physical) activity. The innovation of this technology is its objectivity compared with potentially subjective neurodevelopmental assessments.

The intended place in therapy would be for people who have been referred for an ADHD assessment. It would be used with the assessments that make up standard care and cannot be used as a separate, independent diagnostic assessment for ADHD. QbTest is also indicated for use as an aid in evaluating treatment effect for ADHD.

The main points from the evidence summarised in this briefing are from 8 studies (1 randomised controlled trial, 2 objective measure studies, 1 qualitative study of user experience, 1 audit, 1 diagnostic study, 1 national evaluation report and 1 real-world demonstrator project). Studies showed that using QbTest helped with clinical decision making and a more efficient diagnosis, and required fewer consultations.

QbTest is being used at 131 sites across 65 NHS trusts. The use of QbTest could improve the efficiency and speed of ADHD diagnosis as well as reduce assessment costs without loss of diagnostic accuracy. This may lead to an improvement in patient access to treatment. The QbTest is not suitable for people aged under 6 years and people who have visual impairment. Age and disability are protected characteristics under the 2010 Equality Act. QB Check is designed by a team of clinical psychologists to objectively measure the three core ADHD symptoms.

Child A completed the QB check, for ADHD. The rating scale results for Child A had 8 items in the inattentive category and 3 items in the hyperactive – impulsive category that are rated as “often” or “very often”.

The QBCheck rating scale adds a subjective perspective to the valuation process. The scales develop from the 18 questions in the DSM five, describing patterns of behaviour associated with ADHD. Each behaviour is rated over the last six months and graded as “never or rarely close quote, “sometimes,” “often” or “very often.”

NICE states in section 1.5.15 Consider whether the child or young person may have any of the following as a coexisting condition, and if suspected carry out appropriate assessments and referrals: ADHD

Commented [Id15]: The NICE guidance talks about having 2 conditions together- so we prefer to assess for BOTH Autism and ADHD

She scored a QBCheck ADHD total symptom score of 82. A score above 50 represents a high likelihood that having ADHD like symptoms.

Child A's total symptom score equals a **High ADHD** total symptom level. About 7% of the general population displacing the level of ADHD like symptoms. Therefore, Child A does meet the criteria for high ADHD symptoms according to DSM -5.

The QBCheck concludes that Child A meets the criteria for displaying ADHD like symptoms according to the DSM-5.

Commented [Id16]: The QBCheck is a main screening tools for ADHD- there are other that we also use such as CAARS and Connors 3- we prefer the QBCheck- we say that's the gold standard- the other are silver- still valid and we use those as not everyone is suitable for the QBCheck

Other evidence

Commented [Id17]: You may have other reports that we reference here as a source to support the assessment

An interview carried out with Child A's mother and information from her school before the assessment also indicate behaviours consistent with ASD.

The findings were as follows:

- Child A has difficulty processing information at school. She stated that he cannot get the full understanding of it.
- Child A was identified as having dyslexia by 'zzzzzzzzzz Midlands' in January 2023
- Child A tends to lose interest in activities when she struggles to understand the instructions
- Child A's school has stated that Child A tends to ask to visit the toilet a lot which they believe may be to avoid participating in activities or lessons.
- Child A's mother has expressed concerns about Child A struggling to make friends, and other children tend to leave her out a lot.
- Child A needs 1-2-1 support in class with understanding what to do.
- Child A finds it harder as she gets through the week xxxxxxxxxxxxxxxxxxxxxxxx
- Child A is below year expectations in all subjects, though works very hard.
- Mum has xxxxxxxxxxxxxxxxxxxxxx do or struggles with doing shoelaces, buttons, zips up. And getting dressed.

A Psychological Assessment Report completed by xxxxxxxxxxxx – Educational Psychologist

- States that Child A needs additional support in all areas.

Commented [Id18]: Another good source of information

Occupational report assessment completed by xxxxxxxxxxxx

- States that Child A has been diagnosed with DCD Developmental Coordination Disorder by occupational therapist

SALT report xxxxxxxxxxxx:

- Child A has presented evidence of speech therapy which states xxxxxxxxxxxxxxxx
- Child A has xxxxxxxxxxxxxxxx.

These reports support the findings from the ADOS-2 assessment.

Summary. NICE states that 1.5.11 Do not rely on any autism-specific diagnostic tool alone to diagnose autism. [2011]. We have collected several sources of evidence for diagnosis

Commented [Id19]: A summary of the evidence used

1. The AQ10 screening assessment showed that Child A scored 7 out of a possible 10. A referral for an ADOS2 assessment was recommended.

2. Social & Developmental History- An interview carried out with Child A's mother following the assessment also indicates behaviours consistent with ASD.
3. The ADOS 2 Classification and ADOS-2 comparison score shows that Child A exceeded the threshold for Autism on the ADOS 2 and meets the diagnosis criteria for the Autism using the ADOS-2 Classification.
4. A school report, this supports the findings from the ADOS-2 assessment.
5. The QBCheck rating scale shows that Child A meets the criteria for displaying ADHD like symptoms according to the DMS -5
6. The QBCheck concludes that Child A has a total symptom score of 82 (A score above 50 represents a high likelihood that having ADHD like symptoms). Child A meets the diagnosis criteria for ADHD according to the DSM-5
7. The parental screening form on Child A confirms behaviours consistent with autism and ADHD.
8. The weekly eating diary for Child A confirms restricted diets, consistent with autism.
9. The observational checklist for Child A confirms social interaction, reciprocal communication behaviours, interactions, ideas and imagination, consistent with a diagnosis of autism and ADHD.
10. The weekly sleep diary for Child A confirms disturbed sleep consistent with ADHD.
11. The education screening form completed by Miss YYYY on xxxxxxxx 2023 confirms behaviour consistent with ADHD.
12. The behaviour log for Child A dated xxxxxxxx of September confirms behaviour consistent with a diagnosis of ADHD and Autism
13. A Psychological Assessment Report completed by xxxxxx – Educational Psychologist confirms and supports some of the findings in this assessment.
14. The ADOS 2 Classification and ADOS-2 comparison score, shows that Child A exceeded the threshold for Autism on the ADOS 2 and **meets the diagnosis criteria for the Autism on the ADOS-2 Classification**. She has an ADOS-2 comparison score of **HIGH** for level of autism spectrum-related symptoms.
15. The CAST Screening and Score at Assessment - Child A scored **19**. Scores in the 15-31 range indicate possible ASD or related social communication difficulties.

I certify that in my professional opinion, having consulted all the evidence listed in the summary section and conducted an ADOS-2 assessment, that Child A has exceeded the threshold for Autism on the ADOS 2 **Therefore, she meets the diagnosis criteria for the Autism, and is in the Autism category for the ADOS-2 Classification.** She has an ADOS-2 comparison score of **HIGH** for level of autism spectrum-related symptoms.

Commented [Id20]: Confirmation statement of the assessment- signed by authorised ADOS-2 assessors

L. Dignam

Linus Dignam GMBPs RQTU MSc BA BSc RMN cert Ed PGD BPS 139874
Clinical Lead
Autism ADHD Test ltd

NB we would include the QB test results print out - but these are omitted due to confidentiality.

RECOMMENDATIONS:

Commented [Id21]: We list recommendation to support the child/person

- 1.
- 2.
- 3.
- 4.
- 5.
- 5.
- 7.

NICE states in section 1.9.1 Provide individual information on support available locally for parents, carers, and autistic children and young people, according to their family's needs. This may include contact details for: — local and national support organisations (who may provide, for example, an opportunity to meet other families with experience of autism, or information about specific courses for parents and carers and/or young people)

- organisations that can provide advice on welfare benefits
- organisations that can provide information on educational support and social care

Sources of help

Commented [Id22]: We list sources of support for you

Jane, Kharris and Helen can provide additional private support in the following areas, please contact them directly for information on services and costs. We have also included a list of relevant support organisations who can assist you (or your child) and would **strongly recommend** that you contact the National Autistic Society, and the west Midlands support available on the All-Age Autism website- <https://www.aadirectory.co.uk/>

Jane Miller Parent Coach and Mentor

Jane Miller is a parent coach and mentor who helps parents to understand and support their children. It can be difficult to manage behaviour of your child, understand what they do and why. Jane can help with all this with 1-2-1 coaching and mentoring. Individual sessions or packages. Jane works with parents through her parent group coaching and mentoring membership.

To have a free call with Jane ring **074xxxxxxx** or email Jane@autismadhdtest.co.uk

Kharris Miller (no relation)

Kharris Miller is a qualified counsellor; she can help you to explore how best to move forward following an assessment.

To contact Kharris please email her on Kharismiller.counselling@outlook.com

Social Care Officer

Helen Williams - Helen is an experienced Social Care Officer, in supporting parents and families within the community who require one to one support with Welfare benefit advice and services. She can help you to apply for DLA for under 16s and PIP for over 16s. In addition, she provides advice on DWP assessments and appeals where applicable.

To have a free call with Helen ring on 0794xxxxxx or email helen@autismadhdtest.co.uk

Please watch all 4 videos- 2 are for adults and 2 focuses on children- but you see lots of example of good practise- I know some of you will be doing that already- but a recap is always good.

- Although it's very challenging the importance of maintain routines is crucial, please review the social care institute for excellence videos on working with people with professionals https://youtu.be/QG6A5c8_1YY
- And the video working with people the autistic perspective https://youtu.be/68qSnG_MaoQ
- The positive behaviour support approach <https://youtu.be/PQMuNtJegcw> for children with ASD
- The positive behaviour support- jack story <https://youtu.be/bMJZjYEUDKo>
- Understanding Kevin <https://youtu.be/nKjNlre1k8c>

<https://www.aadirectory.co.uk/> - support services that are available within Birmingham and Solihull

Autism ADHD test ltd 0121 284 1094 www.autismadhdtest.co.uk

Autism West Midlands Kings Norton Business Centre Imperial Court Sovereign Road
Kings Norton B30 3ES Reception 0121 450 7582 Helpline 0121 450 7575
Email info@autismwestmidlands.org.uk

National Autistic Society 393 City Road London EC1V 1NG UK

Tel: +44 (0)20 7833 2299

Fax: +44 (0)20 7833 9666

Email: nas@nas.org.uk

Ambitious about Autism - For autistic children and young people, their parents, and carers.

Call: 020 8815 5444

E-mail: info@ambitiousaboutautism.org.uk

Website: www.ambitiousaboutautism.org.uk

[The NHS website - NHS \(www.nhs.uk\)](http://www.nhs.uk) for information on support

Facebook

- [National Autistic Society Facebook group](#)
- [Ambitious about Autism Facebook group](#)
- [Actually Autistic](#) for autistic adults
- [Autism Centre of Excellence \(ACE\)](#)

[How to use Facebook](#) if you are new to it.

Twitter

- [National Autistic Society Twitter group](#)
- [Ambitious about Autism Twitter group](#)
- [Autistic](#)

[How to use Twitter](#) if you are new to it.

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Forums and communities

- [National Autistic Society Community](#)
- [Autism Support \(Health Unlocked\)](#)

ADHD support

[Support Groups | Tshe UK ADHD Partnership](#)

[Living with ADHD | AADD-UK \(aadduk.org\)](#)

[Attention deficit hyperactivity disorder \(ADHD\) - NHS](#)
<https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder>

Addup

Addup was set up to bring families together, to guide parents in the right direction to find the practical help they need for their children and to promote both public and professional awareness of ADHD.

<http://www.addup.co.uk>

ADD / ADHD Online Information
www.adders.org

ADDISS, The National Attention Deficit Disorder Information and Support Service
www.addiss.co.uk

ADHD Foundation
www.adhdfoundation.org.uk

www.mindroom.org

PATOSS - The professional association of teachers of students with specific learning difficulties

www.patoss-dyslexia.org