

Tier 2 Diagnostic Evaluation (ASD Diagnosed)

TIER ONE – REFERRAL INFORMATION

Anne is a 32 year old woman who lives alone. She successfully completed an accounting degree at university when she was 21, and was immediately employed by a government agency, where she has worked ever since. In a recent restructure, Anne was made redundant from her job with no provision made for redeployment within the organisation. The news was experienced as a shock for Anne. She became very emotional on first learning about it two months ago. Since then, she has not sought new employment, and has said she has difficulty in leaving the house and getting around the city. Her closest supports are her parents, who are both still working full time. Anne does not have a partner or children, but has a dog that she previously enjoyed walking every day.

Anne's parents had become concerned about Anne not leaving the house, and had urged her to see an occupational therapist. Anne made an appointment with an occupational therapist, who had the skills and experience required of an ASD Diagnostician. The occupational therapist served as both a **Diagnostician** and the assessment **Coordinator**.

TIER ONE - FILE REVIEW

Anne attended the appointment by herself, and brought along to the appointment medical certificates relating to her employment. Anne requested these certificates about 5 years ago to support her asking her workplace for a desk in a quieter location, as she was finding the noise of conversation around her to be extremely frustrating and stressful, often resulting in her developing a headache. Approximately 2 years ago, she again requested written advice from a doctor to support her asking her workplace for a more dimly lit work area as the lights and glare from the windows were distracting to her, interfering with her ability to do her work. Anne did not bring along any records of her early development, which she reported were lost when the family moved house 10 years previous.

TIER ONE – INDIVIDUAL INTERVIEW AND OBSERVATION

When attending the initial appointment at the occupational therapist's office (**Setting 1**), Anne made good eye contact and said hello politely but in a way that sounded rehearsed. She had very little variation in her facial expression throughout the interview. She began the interview by saying to the occupational therapist: "So you know about my failure."

As the interview progressed, it became evident that Anne believed she had been targeted for losing her job because people thought she hadn't done well enough. She also believed that loss of her job and income was a "punishment" for her failure and that she "deserved to be punished." In this context, she also expressed ideation about harming herself superficially with the intent to cause pain. She disclosed she had acted on these ideations "once or twice" in her lifetime, but not since her job loss. She returned numerous times to the theme of punishment throughout the interview.

When asked about her difficulties in leaving the house, Anne said that it was too loud out in public areas and that she found it stressful to face too much noise or visual "chaos." Anne said she had enjoyed her job because she thought she was good at it, it was predictable, and she could stay in a comfortable environment each day while she was working.

Anne said she occasionally participated in social activities, usually occurring after work with a group of colleagues, but she didn't consider anyone as a particularly close friend. When asked about any friends she may have made at school or university, or in early childhood, Anne replied she hadn't ever needed to have friends the way other people do, though she thought she was able to get on with people well enough.

Anne had little recollection of her school years, other than to recall that she was academically towards the top of the class, but heavily bullied throughout High School. She reported that she still experiences anxiety when she thinks back to her school years.

TIER ONE – MEDICAL EVALUATION

Anne's regular general practitioner completed a **medical evaluation** and also served as **Professional Informant 1**. Anne's weight was 68 kg, her blood pressure was 88/58, and her heart rate was 88. Her reflexes were slightly brisk bilaterally but there was no asymmetry of tone or power. Her skin was soft and slightly dry, particularly around the interdigital areas. The general practitioner confirmed that, while Anne had experienced a recent escalation in negative thoughts, the difficulties at work reported by Anne had been ongoing for several years. These findings were conveyed to the occupational therapist in a written report.

TIER ONE – DIAGNOSTIC DECISION

The occupational therapist determined that there was insufficient data to make or rule out an ASD diagnosis and she needed to ascertain further information about Anne's psychological state, particularly in relation to her pre-occupation with punishment and self-harm. Anne's belief about having been targeted to lose her job also could be indicative of unrealistic paranoia. Additionally, Anne's reluctance to leave her home to go into public could be indicative of an anxiety disorder. The occupational therapist discussed the need for additional assessment with Anne and she consented to a referral to a psychiatrist.

TIER TWO – STRUCTURED ASD DIAGNOSTIC INSTRUMENT

The occupational therapist conducted a second assessment with Anne, this time in Anne's home (**Setting 2**). The occupational therapist conducted a **standardised assessment of ASD symptoms**, the Autism Diagnostic Observation Scale – 2nd edition. This assessment revealed the presence of a number of ASD symptoms, including differences in social and communication skills, as well as restrictive behaviours, particularly related to highly fixated interests and hyper-reactivity to sensory input.

TIER TWO – FURTHER SPECIALIST ASSESSMENT

Anne made an appointment to see a psychiatrist, who had the skills and experience required of an ASD Diagnostician (**Diagnostician 2**). The psychiatrist also provided a broader assessment of Anne's psychological state. The assessment, which was based around an interview of Anne, indicated that she met diagnostic criteria for ASD and a current major depressive episode, but not for a psychosis or an anxiety disorder. It was also identified that Anne gets limited sleep, averaging between 3 and 4 hours per night, and that these difficulties have become more prominent in the recent months. The difficulty appears to be in getting to sleep, and Anne reported that this causes her some distress.

With Anne's permission, the occupational therapist telephoned a registered psychologist (**Professional Informant 2**) who recently completed an Employment Services Assessment with Anne to determine if she had any incapacity to job seek whilst on Centrelink Newstart Allowance. He confirmed that Anne had stated to him that she could not engage in job seeking behaviours because she "couldn't handle going out into the noise." It was his view that she may have an anxiety disorder, but he acknowledged that some features of her style of interaction had made him consider ASD as well, in particular her lack of variation in facial expression and her occasional repetition of phrases.

TIER TWO – DIAGNOSTIC DECISION

As the Coordinator of the ASD assessment, the occupational therapist collated all information that was collated throughout the assessment process. The occupational therapist and psychiatrist then arranged a one-hour meeting via videoconference to discuss the information collected. Based on information from the interviews, direct observations and information from Professional Informants, the professionals concluded a diagnosis of ASD was warranted. The presence of ASD was considered sufficient for explaining the aversion to leaving the house (due to hypersensitivity to sensory input) and a rigid belief in having been targeted for the job loss (due to limitations in understanding the motives of others).

FUNCTIONAL ASSESSMENT

The occupational therapist (**Functional and Support Needs Assessor**) conducted the functional assessment with Anne through a semi-structured interview based on the ICF Core-Sets for ASD. Anne was previously independent and financially self-sustaining, though the loss of her employment has put both of these at threat. Anne's parents are very supportive of her, and are willing and able to provide financial and emotional support for Anne for the foreseeable future. Anne identified herself to be a funny and clever person, who didn't feel a great need to be surrounded by a large social network. She believes that she has very good attention to detail, which made her the 'go to' person for proof-reading documents in her previous job. Her mood is depressed, with the likely catalyst being the loss of her employment, and the continued rumination about "her failure". This has affected all aspects of her life, and her motivation to leave the house and pursue the activities she enjoys (e.g., walking her dog, going to the movies).

SUPPORT NEEDS ASSESSMENT

The Support Needs Assessment was conducted by the occupational therapist at the same time as the Functional Assessment. During this interview, Anne repeatedly stated that she really enjoyed her employment, and that she "doesn't know what to do" since she has been unemployed. Both the occupational therapist and the psychiatrist determined that her depressed mood and sleep difficulties were significantly impacting upon her quality of life and her ability to seek new employment, and addressing these issues is a priority for future clinical management. Another priority identified was the management of ongoing hypersensitivity issues that is restricting Anne's ability to leave the house.

COMMUNICATION OF ASSESSMENT FINDINGS

Both Diagnosticians contributed to an integrated written report that described the findings from the entire ASD assessment process. The findings from the assessment were communicated to Anne in a face-to-face meeting with the occupational therapist, in which Anne chose to have her parents present, and the written report was also provided to her on this occasion. As well as communicating the diagnostic decision, the occupational therapist discussed the priority support needs that were identified during the assessment, along with associated recommendations:

1. Management of Anne's low mood (including thoughts of self-harm) and sleep difficulties. It was recommended that Anne receives a referral to a clinical psychologist who has expertise with this issues.
2. Management of the hypersensitivity issues that are restricting Anne's functioning. It was recommended that Anne receives support from an occupational therapist with relevant expertise.
3. Enhancing Anne's understanding of ASD. It was recommended that Anne is provided with the opportunity to connect with services for autistic adults, including support groups and social networks.

4. Support for Anne to return to work when ready. It was recommended that Anne be referred to a Disability Employment Services provider in the future, once her low mood and hypersensitivity issues have been sufficiently addressed for her to commence vocational goal setting and job seeking.

Anne was provided with an opportunity to ask any further questions about the ASD assessment and the diagnostic outcome. Along with the written report, Anne was provided with the appropriate referrals, and information about further web resources and organisations that may provide her with additional support. It was recommended that Anne's support needs are reassessed in 6-months' time.