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Note Regarding Section 2: Assessment Standards and Guidelines:

This section includes descriptions of the assessment standards and guidelines for four (4) areas of practice, namely: children in the metropolitan area, private practice, children in remote and rural areas, and adolescents and adults.

The reader of this complete document will recognise a considerable amount of repetition of information across each of these four areas. This repetition is deliberate and highlights the commonalities of practice in each area. Relevant information and/or modifications are then included in each area as appropriate.

This formatting reflects the Working Party's decision to ensure that each of the four areas in this section can stand alone. We believe that this will facilitate use of the booklet by supporting those practitioners or individuals who may be interested in reviewing, in detail, those standards and guidelines relating to only one area of practice. In addition, this formatting was considered to be the most effective approach in ensuring the understanding and application of the included information.

Note Regarding Use of Titles Used: "Psychologist" and "Clinical Psychologist"

The title "Psychologist" has been used throughout this document to refer to practitioners registered with the Psychologists' Board of Western Australia, who provide Autism Spectrum Disorder assessment and diagnostic services. Where it is deemed essential that the psychological services required be provided by an individual with a Clinical Psychology specialist title, the term "Clinical Psychologist" is used. Please see pages 6-7 for additional comments.

SECTION 1:

DEFINITIONS AND

BACKGROUND INFORMATION

ABBREVIATIONS AND TERMINOLOGY USED

The following are descriptions and explanations of abbreviations and terminology, as used within this booklet, and in accordance with the understanding of the booklet's contributors and endorsers. This usage does not preclude alternative uses or intent within other publications or contexts.

Agency Abbreviations:

- **Department of Health (DoH) – Government of Western Australia**
 - **SCDC and CDC** – used as abbreviations for State Child Development Centre and Child Development Centre respectively. The SCDC is located in Rheola Street, West Perth. Additional CDCs are located in Armadale, Clarkson, Hamilton Hill, Joondalup, Koondoola, Lockridge, Queens Park, and Rockingham/Kwinana.

All of the CDCs (including the SCDC) provide a range of services for children with developmental concerns, however, the SCDC is the primary location for the provision of ASD assessments within the Department of Health. ASD assessments may also be available through other selected CDCs.
 - **CHC/N** – used as an abbreviation for Child Health Centres and Child Health Nurses respectively. These centres and their staff are located throughout the Perth metropolitan area. These centres do not provide Autism assessments however, the Child Health Nurses working within these centres are often an important referral source and an initial point of contact with families.
- **Disability Services Commission (DSC)** - is a Western Australian Government Agency that provides a wide range of services to individuals with disabilities and their families/caregivers. In some sections of this booklet the term DSC is also referred to as "The Commission". DSC provides Autism assessments through the following 2 services;
 - **DSC-MAS** – Disability Services Commission- Metropolitan Autism Services are located in Joondalup and Myaree and provide assessments to Perth metropolitan area residents.
 - **DSC- Specialist Country Services** – staff are located in DSC head office in West Perth. Teams visit country locations throughout the state on a scheduled basis to both provide autism related assessments and to provide support and professional development opportunities to local service providers.
- **Princess Margaret Hospital for Children (PMH)** – is a public hospital located in the Perth suburb of Subiaco. PMH is the state's tertiary paediatric hospital and provides a wide range of medical and health related services to children and their families/caregivers.

General Abbreviations and Terminology Used

DSM¹ – Diagnostic and Statistical Manual of Mental Disorders. This manual is published by the American Psychiatric Association. It is the standard system for classification of mental health disorders, for both children and adults, that is used by mental health professionals in the United States of America. It is also the standard classification system used within Western Australia. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria, and the descriptive text. Pervasive Developmental Disorders, which include all of the autism spectrum

disorders, is one of the diagnostic categories included in the DSM. Each new edition of the manual incorporates an identifying number into its expanded title. The latest edition of the manual in use (in 2004/05) is the DSM-IV-TR (i.e.: DSM –IV-Text Revised) published in 2000. Research, which both informs and is reflected in the content of the DSM, is ongoing. Accordingly, that content (which includes, but is not limited to, diagnostic information and definitions) is modified with ongoing editions of the DSM to reflect currently recognized knowledge and research outcomes.

PDD¹ – Pervasive Developmental Disorders is the formal diagnostic category used within the DSM classification system that includes Autistic Disorder, Rett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder and Pervasive Developmental Disorder Not Otherwise Specified. An individual’s past and present abilities, needs and strengths must reflect those characteristics described in the diagnostic criteria and the descriptive text of this category in order to meet the requirements of any of the identified disorders within this diagnostic category.

ASD^{7,3,4,5,6} – Autism Spectrum Disorders is not a formal diagnostic category, however it is widely in use, in both clinical practice and in the professional literature, as a descriptive term which refers to those disorders classified within the PDD diagnostic category of the DSM. The prevalence of the use of ASD as a descriptive term appears to reflect the current perspective (which continues to be vigorously discussed both locally and internationally) of those working within this field, that these disorders may reflect varying diagnostic positions, and presentations, along a continuum of complexity that none the less share core areas of impairment. This perspective is particularly significant when considering that two individuals with the same diagnosis of, for example, Autistic Disorder, can present very differently in terms of the severity and complexity of their symptomatology and the ways in which these impairments impact upon their daily functioning and ongoing developmental achievements. While ASD and PDD are often used interchangeably in everyday practice, PDD is the appropriate terminology to use when identifying a formal diagnostic category. ASD is a descriptive term which is used consistently throughout this booklet for the reasons identified above.

Differential diagnosis – this does not specifically refer to the identification of an underlying, medically recognized, organic aetiology as an explanation for the individual’s presentation. Rather, it refers to the process of investigation and clinical decision making that is undertaken by each of the assessors, and which takes into account their specific disciplinary perspective, training, assessment tools, strategies and diagnostic considerations.

Team – this does not refer to a geographically located group of service providers. Rather, it reflects the nature of professional collaboration necessary to ensure diagnostic accuracy and consensus in the identification and “best” explanation of an individual’s abilities, needs, and strengths relative to the assessment findings. Therefore, the “team” may be as varied as

- A) a group of assessors present in the same room with the individual, conducting two or more disciplinary assessments at the same time, and who may write assessment reports that are inclusive of the findings of two (2) or more of the present assessors, OR
- B) several individual assessors in their own private practices, which may be at some geographical distance from each other, but who nonetheless, confer, collaborate and coordinate their disciplinary findings to reach a consensus as to these findings.

Multidisciplinary Team – this term is used to specifically identify a team whose membership comprises individual professionals from two or more different disciplines (e.g.: psychology, speech pathology, medicine, and social work, etc). Within Western Australia, the Multidisciplinary Team providing ASD assessments usually comprises of the following three (3) "core" disciplines -

Psychology, Paediatrics and/or Psychiatry and Speech Pathology. These disciplines represent the skills necessary to specifically address the diagnostic criteria as stated within the DSM.

Family Functioning: in the provision of ASD assessment and diagnostic services within Western Australia, there is consensus among the relevant service providers regarding the following statements;

- (i) that the area of Family Functioning is recognized as significant to the ASD assessment process, and
- (ii) that specific exploration of this area as a part of the assessment process is necessary for the development of the assessment team's understanding of the systemic stresses, needs, and strengths that operate within each family unit, and
- (ii) that this area will usually be addressed by the Psychologist on the assessment team.

There is further consensus that, where possible, the inclusion of contributions from allied professions, such as Social Work and Occupational Therapy, represents an ideal in multidisciplinary assessment. For example, at SCDC the team approach to Autism assessment frequently involves a Social Work representative who assesses the area of Family Functioning. These allied professions provide a major contribution to the whole assessment process and the support of the family.

It is recognized that inclusion of all allied professions in the assessment team is not possible within many of the available service delivery models. In these instances, the representatives of the three (3) core disciplines work together to ensure that the area of Family Functioning is sufficiently addressed and that all relevant issues are taken into account in the evaluation and formulation of assessment findings and outcomes. Where deemed necessary, ongoing referral/s are made by the assessment team to appropriate allied professional/s.

Mental Health Issues: in the provision of ASD assessment and diagnostic services within Western Australia, it is recognized and acknowledged that:

- (i) the development of an understanding of the mental health issues (both strengths and needs) of the individual being assessed is essential in the consideration and formulation of an appropriate explanation for their abilities, strengths and needs and in arriving at an appropriate diagnosis, and
- (ii) that the investigation and evaluation of these issues is ideally conducted by a suitably qualified and experienced Clinical Psychologist and/or Psychiatrist or, by ongoing referral by the assessment team to a professional with this training, as necessary.

Psychologist: this term is used within this booklet to refer to registered psychologists who are:

- specifically qualified and skilled in the assessment of cognitive functioning and adaptive behaviour and,
- addressing the DSM criteria relevant to these areas in the formulation of a differential diagnosis.

It is to be understood that while 4-year trained psychologists (with appropriate experience, demonstrated skills and additional specialist assessor training) are frequently members of assessment teams (there are many practising within DSC and DSC country teams), it is always

preferable that the psychologist holds a recognized specialist title in Clinical Psychology (or Applied Developmental Psychology where appropriate). When assessing adolescents and adults, WAAD, Inc. has determined that the assessor in this area MUST be a Clinical Psychologist.

It is also understood that, as a matter of organizational policy and practice, all Autism Spectrum Disorder assessments conducted within the Health Department at SCDC, and other participating CDCs, are provided by a Clinical Psychologist.

CMHS Child and Adolescent Mental Health Service is a Western Australian Government Agency. This agency provides treatment and support to children and adolescents with mental health disorders and mental health issues, and to their families/caregivers etc.

WHAT IS AUTISM?

Autism is a neurologically based pervasive developmental disorder. Neurological means it affects the brain and pervasive means that it affects more than one area of development. At this time, there is no medical/blood test available to determine if a person has Autism. Autism is currently diagnosed by the presence or absence of certain behaviours. The criteria most widely used within Western Australia come from the Diagnostic and Statistical Manual or DSM-IV (American Psychiatric Association 1994)¹. The DSM-IV-TR (2000) identifies three (3) areas of difficulty associated with a diagnosis of Autism:

1. **Impaired Socialization:**
Individuals with Autism may have difficulty initiating interaction while others may have difficulty establishing relationships. They often do not understand the unspoken rules which govern relationships and social interactions. They may fail to discuss and share their interests and may not respond to social approaches from others.
2. **Impaired Communication:**
Some individuals with Autism have speech while others have experienced delayed development of speech or have no speech at all. Those who do not have speech may fail to use gestures and pointing to make themselves understood. Individuals who do have speech may have a limited number of words, repetitive speech or difficulty sustaining normal conversation. Often individuals with Autism have difficulty understanding or comprehending what other people say and mean and will often interpret more abstract language in very literal ways.
3. **Repetitive or restricted patterns of behaviour, interests or activities:**
Individuals with Autism may follow the same routine each day without many changes, they may play with objects in an unusual, restricted or repetitive way or repeat specific body movements (eg hand flapping, rocking, spinning). They may become very distressed by changes in routine or their environment and they may be very sensitive or respond in an unusual way to different sources of stimulation (eg stare fixedly at lights, become upset by specific sounds such as a baby crying or a vacuum cleaner).

Each of the 3 areas above contains 4 specific criteria, making a total of 12 criteria. To receive a diagnosis of Autism an individual must meet at least 6 of the 12 criteria (with at least 2 from the 1st area and 1 each from the 2nd and 3rd areas). Individuals can therefore meet a variety of different combinations of criteria and still receive a diagnosis of Autism. For this reason, individuals who have a diagnosis of Autism may vary a great deal in their personality, abilities and behaviours.

Autistic Spectrum Disorders or Pervasive Developmental Disorders:

There are a number of diagnoses which are classified Pervasive Developmental Disorders¹ (also known as Autism Spectrum Disorders) including:

- **Autism:** described above
- **Asperger's Syndrome:** These individuals usually do not show any clinically significant delays or differences in their language or cognitive development in the first 3 years of life. They tend to have less obvious speech and language difficulties, and higher overall abilities, than children with a diagnosis of Autism. However, they do have specific difficulties with social understanding and interaction, and the development of restricted, repetitive patterns of behaviour, interests and activities.

- **Rett's Disorder:** This disorder mainly affects females. It is characterized by the onset of a distinctive pattern of regression prior to age 4 (usually in the first or second year of life). There is also severe impairment of communication skills, loss of previously acquired hand skills with the subsequent development of stereotypic hand movements, and the appearance of poor gait and movement coordination. Rett's Disorder is now considered to be a genetic disorder and can be tested for by a blood test in many cases.
- **Childhood Disintegrative Disorder:** This is an uncommon disorder. It is characterized by normal development in all areas including speech until at least 2 years of age. Regression in all areas of development is noticeable before 10 years of age. Onset typically occurs between ages 3 and 4 years and may be insidious or abrupt. There is great disparity in the degree to which individuals are affected.
- **Pervasive Developmental Delay / Not Otherwise Specified (PDD/NOS):** is diagnosed when the child has a significant impairment in the development of reciprocal social interaction skills, in association with impairment in verbal or nonverbal communication skills, and/or the presence of stereotyped behaviour, interests and activities. These individuals do not fully meet criteria for Autism. To meet the diagnostic criteria for PDD-NOS at least 4 items must be met with at least one item in the social domain (W. A. standard).

A variety of organic, genetic and neurological factors have been investigated to establish what causes Autism.^{7,2,3} The exact cause is as yet unknown and it is likely that a number of different factors contribute to Autism.^{7,4,6} Autism is found throughout the world in people of different ethnic and social backgrounds.¹⁰

Autism is generally recognised to be 3-4 times more common in males than females.^{7,8,10} Estimates regarding the prevalence of Autism in the general population vary according to the reference used.^{8,9,10} Recent worldwide trends documenting significant increases in the number of individuals diagnosed with an Autism Spectrum Disorder are considered by many investigators and reviewers to most likely represent changes in diagnostic practices and boundaries rather than a true increase in the number of people with ASD,¹⁰ however, further well designed studies are needed to provide conclusive answers.^{9,11} In Western Australia, between January 1999 and December 2001, 536 people were diagnosed with an Autism Spectrum Disorder (Reference: Western Australian Autism Register, Annual Report, 2003).

Individuals who have a neurological disorder may display a cluster of behaviours and skill difficulties that resemble Autism. Individuals with Intellectual Impairment, Fragile X Syndrome, Tuberous Sclerosis or mental health problems may demonstrate severe speech and language problems and autistic-like behaviours.²

In summary, Autism is a diagnosis for which there is no specific medical test, rather it describes a cluster of specific behaviours.^{2,4,6} These behaviours are evident before the age of 3 years and continue, in some form, throughout the individual's life.

AUTISM ASSESSMENT

Why Do It?

Assessments for Children

Assessment referrals are often made because parents want an explanation for their child's behaviour or other specific challenges that they feel have not yet been completely explained. Parents may also be looking for information that will more effectively guide their selection of intervention or management approaches or strategies that best meets their child's individual needs.

Researchers and clinicians around the world are consistent in pointing out the advantages of the earliest possible diagnosis for children facing the challenges of ASD. These advantages may include;

- A clearer and more valid interpretation and explanation of the child's behaviours^{3,2}
- A child's family is often described as their "best resource"^{3,2}. Therefore, the earliest possible provision of any supports and education, tailored to each family's unique needs, which may result in a reduction in family stress and a growth in their knowledge, management and parenting skills¹², is to the child's advantage²
- Considering the strength of genetic factors in the development of ASDs, early identification may better equip health care professionals to recognize, diagnose and respond to related difficulties in siblings or other family members¹²
- Earlier initiation of appropriate, individually tailored educational and intervention planning^{5,2} can;
 - lead to an increase in the speed and complexity of the child's overall development;⁵
 - result in a reduction of inappropriate behaviours;⁵
 - ensure appropriate medical, educational, social and therapeutic interventions;^{5,2,3}
 - provide a baseline for measuring progress and the effects of intervention;³
 - minimise the development of later, secondary problems associated with Autism;¹² and
 - contribute to enhanced long term functional outcomes.^{5,2,3}

Assessments for Adolescents and Adults

While providing assessment and intervention services for children diagnosed with ASD may seem "obvious" to most professionals, family members and service providers, this is not always the case for older individuals. Clinicians working with adolescents and adults referred for ASD assessments are often asked "why bother doing such an assessment at this stage" and "what difference will it make?" Professionals providing these services cite the following as significant and important reasons for providing these evaluations for these age groups.

- ASD assessment and diagnosis can lead to enhanced functioning for the individual and lend support to their family and/or service providers by:
 - assisting both the affected individual and the significant people in their life to understand the nature of his/her challenges and how it impacts their daily life and future goals and plans;^{13,14}
 - facilitating successful intervention planning utilising strategies known to be effective for this population;^{13,14}
 - validating the family's and service providers' observations of the individuals' differences. This is especially important where the individual has, or is being evaluated for, a possible dual diagnosis¹⁴ (eg: Down Syndrome and ASD, or a

- specific mental health problem and ASD) and does not fit the “usual” profile most commonly seen in individuals with the co-occurring condition;
- leading to referrals to additional intervention and community resources that might not otherwise be considered.^{13,14}

Who Does It?

There is an increasing call for a dual-level process in the screening for, and detection of, autism in the preschool years.

Level 1 Developmental Surveillance involves the screening of all children during “well child” visits to both General Practitioners and Child Health workers.^{3,2,5,1} This surveillance would include specific awareness of the “red flags” which would prompt further investigation of a child whose developmental profile is atypical, including those who might be specifically “at risk” for an Autism Spectrum Disorder.^{3,2,5}

A Level 2 assessment is conducted after a child is identified as being “at risk” for an ASD. The assessment is provided for the specific purpose of assessing and diagnosing, OR ruling out, autism and/or to differentiate autism from other possible developmental disorders.²

The development of all individuals with an Autism Spectrum Disorder is characterised by the same core features of impaired socialization, impaired verbal and nonverbal communication, and restricted and repetitive patterns of behaviour.^{1,2,4} However, there may be marked variability in both the manifestation and severity of symptomatology, both across individuals and over time within the same individual.^{4,2,3} Adding to the complexity of the clinical picture is the fact that autism can exist within the context of a wide range of cognitive and functional abilities, and can also be associated with a wide range of other developmental and psychiatric conditions.^{4,2}

This complexity and variability of presentation, combined with the fact that currently there are no definitive biological markers^{2,4} for autism, nor a single behaviour that is consistent in its expression, absence or presence in all individuals with autism,⁴ creates the need for assessors with very specific skills. A diagnosis of autism depends on the clinical judgement of experienced clinicians^{2,13} whose observation and interpretation of the child’s past and current patterns of skills and behaviours^{2,4}, is guided by diagnostic aids such as the DSM-IV and the ICD-10, as well as the use of appropriately sensitive diagnostic instruments that also have good specificity for autism.^{2,4} This highly complex assessment process is implemented with the intent of developing a differential diagnosis that not only distinguishes autism from the other forms of pervasive developmental disorders, but also from other kinds of developmental disorders.^{2,5,3,4,13}

Clinicians with these skills must necessarily be experienced in the assessment and diagnosis of a wide range of developmental disabilities, with additional training and expertise in the very specific area of assessment and diagnosis of autism spectrum disorders.^{3,4,2}

It is also recognized that a comprehensive assessment is best provided by a collaborative, interdisciplinary approach to ensure that all aspects of the individual’s development – social, communication, behaviour, adaptive skills, cognitive, physical and mental health – are taken into account, as well as the strengths and needs of the individual’s family and support system.^{2,3}

What's Involved?

Completing an ASD assessment is a lengthy process which can be quite demanding for both the individual being assessed and his/her family. It involves an in-depth analysis of the individual's developmental and medical history, as well as an assessment of his/her current strengths and challenges. The areas that will be assessed include cognition (knowledge and understanding), communication, social, behavioural and adaptive skills. The information and feedback provided by family members and other caregivers (such as day care providers, teachers, employment support staff, residential staff and any current therapy staff) are crucial to developing the most complete picture of the individual. This information also assists in the formulation of recommendations for the individual's ongoing care and development once the assessment is completed, regardless of the final diagnosis..^{4,6}

The specific manifestations of the disorder may vary greatly over time, and also be influenced by the interaction of a variety of factors. These factors may include the developmental level, chronological age, presence or absence of any additional developmental or medical challenges, and relevant life experiences which, in combination, contribute to each individual's unique developmental pattern.⁶

In Western Australia, an individual is diagnosed with Autism if a team of professionals, all experienced in ASD assessment and diagnosis, agree on the diagnosis. Therefore, children must be seen by a paediatrician (and a psychiatrist if mental health concerns are also identified), a psychologist and a speech pathologist. Assessments for adolescents (aged 12 to 17 years) and adults (aged 18 years and older) are carried out by a clinical psychologist, a paediatrician (up to 17 years) and/or a psychiatrist. A speech pathologist is consulted as needed.

Autism assessments may be conducted within a multidisciplinary team setting (such as those provided at Disability Services Commission – Metropolitan and Country Autism Services or Child Development Centres) or by individual professionals who work separately but collaboratively (such as those in private practice). Regardless of the assessment model used, once the assessments are completed, the professionals involved communicate their findings with the other members of their assessment team and reach a joint decision regarding the most appropriate diagnosis.

Once a diagnosis of an ASD has been made, the assessing team forwards the individual's assessment results to DSC's Eligibility Officers. These officers then make a decision as to whether or not the referred person meets the agency's eligibility criteria for services. DSC then informs the individual and/or family or care providers accordingly. A member of the assessing team is also assigned to forward all appropriate information to the "WA Register for Autism Spectrum Disorders".

SECTION 2:

**ASSESSMENT STANDARDS
AND
GUIDELINES**

AUTISM ASSESSMENT STANDARDS FOR CHILDREN

*For Disability Services Commission– Metropolitan Autism Services
And State Child Development Centre*

ASSESSMENTS:

In recent years, the substantial increase in the number of children referred for assessment of Autism Spectrum Disorders has highlighted the need for efficient processes to manage their referral, assessment, diagnosis, eligibility and access to services. Regular liaison continues between the State Child Development Centre and Disability Services Commission – Metropolitan and Country Autism Services, as the primary government diagnostic agencies. This active liaison is designed to ensure efficiency and minimize assessment waiting times while quality is maintained by reference to international standards of assessment and diagnostic practise.

Multidisciplinary Assessments:

Assessments are carried out by a Psychologist, a Speech Pathologist and a Paediatrician (and/or a Psychiatrist as needed). Every member of the assessment team has a role in formulating a comprehensive picture of the child's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the child's behaviour.

Paediatric/Psychiatric Assessments:

The paediatric/psychiatric assessment includes the following:

- comprehensive developmental history, with a particular emphasis on global functioning and the achievement of developmental milestones: includes both interview/s with parents/care givers and a review of available case history information;
- comprehensive medical history with a particular emphasis on the exclusion of other possible medical diagnoses and/or conditions that may contribute to the individual's current presentation;
- general physical and neuro-developmental examination;
- review of mental status as needed (Psychiatrist);
- review of any laboratory testing and requests for additional testing if relevant;
- review, assessment (both formal and informal), and summary of past and current developmental strengths and needs;
- review and reporting of past and current assessments in the areas of socialization, communication and behaviour;
- Interviews with other relevant service providers as necessary (eg: teachers, child care staff, and therapists).

Psychological Assessments:

The psychological assessment includes the following:

- standardized assessment of adaptive functioning is required for children not yet in Year 1;
- formal assessment of intellectual functioning/development OR review of reported recent (within the last 2 years) assessments. If standardized assessment is not possible, informal assessment techniques should be utilized;
- developmental history, with a particular emphasis on behavioural and adaptive functioning, relevant background information, and history and context around the family's concerns, resulting from both interview/s with parents/care givers and a review of available case history information;

- review, assessment (both formal and informal) and summary of past and current developmental abilities, strengths and needs;
- review and reporting of current testing results in terms of diagnostic criteria (taking into account the systematic impact on the child's behaviour);
- interviews with other relevant service providers as necessary (eg: teachers, child care staff, other therapists);
- observation of the child in his/her home, educational or broader social setting (eg: school, day care, at the park, etc) as necessary.

Speech Pathology Assessments:

The speech pathology assessment includes the following:

- formal and/or informal testing of speech and language skills;
- functional evaluation of communication skills in the individual's various relevant environments;
- developmental history, with a particular emphasis on communication development, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal), and summary of past and current abilities, strengths and needs in the areas of language, social communication and play;
- review and report current testing results in terms of diagnostic criteria;
- interviews with other relevant service providers as necessary (eg: teachers, child care staff, other therapists);
- observation of the child in his/her home, educational or broader social setting (eg: school, day care, at the park, etc) as necessary.

FORMULATING A DIAGNOSIS

In formulating a diagnosis, the team must take into account the following:

- the psychosocial impact of the individual's past and current environments;
- the information provided by an appropriate developmental history;
- the individual's current skills and needs as indicated by both formal testing and functional/adaptive skills, and;
- the consideration of an appropriate diagnosis or explanation for the individual's behaviour.

Each team member must also address both past and current presentation for each of the current edition DSM criteria relevant to their area of expertise.

REPORT WRITING

Formulating the assessment report is the responsibility of all members of the assessment team. Collaboration and coordination in developing a diagnosis or explanation for the individual's behaviour, and clearly describing this information in a written report, are essential.

It is recommended that reports contain the following general features:

- the report should be jargon free;
- the report should include a detailed case history (including all available developmental information), a detailed description of the current presentation of symptoms and current testing results. In addition, each of the current DSM criteria should be explicitly addressed with supporting examples;

- following consultation and collaboration between all the assessors, a concluding paragraph should be written summarizing the agreed-upon diagnosis or explanation, criterion ratings and recommendations;
- recommendations should be provided in sufficient detail so that:
 - a) families can access appropriate services as soon as possible, both for Early Intervention and other more global services;
 - b) families can maintain their current services until new services, which may be recommended, are available;
 - c) priorities for intervention are identified and clearly stated (for families and current/future service providers);
 - d) recommendations for additional and/or ongoing evaluation and consultation are clearly supported and documented;
- the report should be formatted so that the Summary and Recommendations sections can be readily separated for copying.

FEEDBACK SESSIONS

It is recommended that these sessions include the following general features:

- all assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options (including referral to the Local Area Coordinator – LAC), who to contact and how to access resources;
- all professionals will provide input for the feedback within their given field;
- following collaboration, the team members will decide who will provide the general feedback to the family (may include one or more team members);
- consideration needs to be given to the family's resources and expertise and how this may fit with the range of intervention and support services available.

STANDARDS:

The following standards address the need for ensuring and maintaining Paediatricians', Psychiatrists', Psychologists' and Speech Pathologists' skills and expertise in the specialty area of Autism Assessment and Diagnosis.

General Professional Standards:

Each assessor must:

- meet professional standards as outlined by their appropriate professional body;
- have experience in the areas of disability, developmental disorders and the relevant age group/s;
- have acknowledged skills in the assessment of socialisation, play and communication;
- have experience and knowledge of a number of variables that may impact on a child's presentation and development;
- if assessing adolescents or adults, the assessor will have acknowledged skills and experience in the differential diagnosis of psychiatric disorders;
- have experience in differential diagnosis relevant to their disciplinary field;
- **preferably** have experience in intervention, as well as assessment of, people with developmental disabilities and Autism Spectrum Disorders;

Additional for Psychologists

- have acknowledged skills in the assessment of intellectual functioning with complex children;
- have acknowledged skills in the assessment of Family Functioning and systemic influences on the individual's functioning and development.

Specialty Training Standards:

Each assessor must:

- be a currently recognized experienced Autism assessor (ie: be able to demonstrate specialty skills and knowledge in the area; please refer to WAADF, Inc for the current standards) OR
- have completed the currently available Autism Assessment Training Programme (please refer to WAADF, Inc for current training programme);
- have applied experience/knowledge of the current edition DSM criteria for Pervasive Developmental Disorders (PDD).

Ongoing Quality Assurance Standards:

Each assessor must:

- maintain the currently recommended minimum number of Autism assessments per year (please refer to the WAADF, Inc for the current standards);
- ensure validity of diagnosis by varying assessing partner/s to check on consistency of interpretation of diagnostic criteria;
- if absent from the Autism assessment field for more than 12 months, the clinician must re-familiarise themselves with the assessment process by participating in assessments with a recognized, experienced Autism assessor at a diagnostic centre. (Please refer to WAADF, Inc for current re-entry standards);
- conduct assessments in accordance with current DSC and SCDC (WAADF, Inc. ratified) assessment protocols, including responding within a recommended timeline. This includes;
 - a) the completion of reports within 2 weeks (DSC-MAS) to 4 weeks (SCDC);
 - b) the provision of feedback sessions within 4 - 6 weeks of the assessment, and;
 - c) the following of the current procedures, described within this booklet, in relation to the provision of feedback to families regarding the diagnosis and assessment report as well as information regarding the report's recommendations;
- maintain up-to-date knowledge in the area of Autism and PDD by attending and participating in case discussion meetings and formal meetings of professionals (please refer to WAADF, Inc. for current standards). Such meetings and discussions might include;
 - the Professional Diagnostic Meeting (PDM) at DSC, the Informal In-House Meeting at SCDC, and/or regular supervision or peer review meetings with experienced colleagues to discuss individual assessments (most likely model for private practitioners);
 - regularly attending the quarterly WAADF, Inc. meetings (either in person or via video/teleconferencing);
 - reading current journals and books relevant to the field;
 - attending workshops, seminars and conferences related to the field.

WESTERN AUSTRALIAN AUTISM REGISTER

Following collaboration, a team member will be designated to complete and submit all necessary documentation for the "WA Register for Autism Spectrum Disorders".

DSC ELIGIBILITY AND REPORTING REQUIREMENTS

For clients who meet the criteria for a diagnosis within the Autism Spectrum,

- An assessment team member will be designated to complete and submit all relevant information to the Senior Eligibility Coordinator at Disability Services Commission. Following review of the submitted information, eligibility will then be determined by The Commission.

AUTISM ASSESSMENT STANDARDS FOR SERVICES PROVIDED BY PRIVATE PRACTITIONERS

**(Speech Pathologists, Psychologists,
Paediatricians and Psychiatrists)**

MULTIDISCIPLINARY ASSESSMENTS:

A comprehensive assessment by a Psychologist, a Speech Pathologist and a Paediatrician and/or a Psychiatrist experienced in the area of Autism assessment and diagnosis is required. Assessments may be carried out separately or collaboratively, but always with consultation between all (at least three) relevant professionals.

Every member of the assessment team has a role in formulating a comprehensive picture of the individual's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the individual's behaviour.

Paediatric/Psychiatric Assessments:

The paediatric/psychiatric assessment includes the following:

- comprehensive developmental history, with a particular emphasis on global functioning and the achievement of developmental milestones, resulting from both interview/s with parents/care givers and a review of available case history information;
- comprehensive medical history with a particular emphasis on the exclusion of other possible medical diagnoses and/or conditions as contributory to the individual's current presentation;
- general physical and neuro-developmental examination;
- review of mental status as needed (Psychiatrist);
- review of any laboratory testing and requests for additional testing if relevant;
- review, assessment of (both formal and informal) and summary of current developmental strengths and needs;
- review and reporting of past and current assessments in the areas of socialization, communication and behaviour;
- interviews with other relevant service providers as necessary (eg: teachers, child care staff and therapists).

Psychological Assessments:

The psychological assessment includes the following:

- standardized assessment of adaptive functioning is required for children not yet in Year 1;
- formal assessment of intellectual functioning/development OR review of reported recent (within the past 2 years) assessments. If standardized assessment is not possible, informal assessment techniques should be utilized;
- developmental history, with a particular emphasis on behavioural and adaptive functioning, relevant background information and history and context around the family's concerns, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal), and summary of past and current developmental abilities, strengths and needs;

- review and report current testing results in terms of diagnostic criteria (taking into account the systematic impact on the child's behaviour);
- interviews with other relevant service providers as necessary (eg: teachers, child care staff, other therapists and/or psychologists);
- observation of the child in his/her home, educational or broader social setting (eg: school, day care, at the park etc) as necessary.

Speech Pathology Assessments:

The speech pathology assessment includes the following:

- formal standardized and/or informal testing of speech and language skills;
- functional evaluation of communication skills in the individual's various relevant environments;
- developmental history, with a particular emphasis on communication development, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal), and summary of past and current abilities, strengths and needs in the areas of language, social communication and play;
- review and report current testing results in terms of diagnostic criteria;
- interviews with other relevant service providers as necessary (eg: teachers, child care staff, other therapists);
- observation of the child in his/her home, educational or broader social setting (eg: school, day care, at the park, etc.) as necessary.

FORMULATING A DIAGNOSIS:

In formulating a diagnosis, the team must take into account the following:

- the psychosocial impact of the individual's past and current environments;
- the information provided by an appropriate developmental history;
- the individual's current skills and needs as indicated by both formal testing and functional/adaptive skills, and;
- the consideration of an appropriate diagnosis or explanation for the individual's behaviour.

Each team member must also address both past and current presentation for each of the current edition DSM criteria relevant to their area of expertise.

REPORT WRITING:

Formulating the assessment report is the responsibility of all members of the assessment team. Collaboration and coordination in developing a diagnosis or explanation for the individual's behaviour, and clearly describing this information in a written report, are essential.

It is recommended that the reports contain the following general features:

- the report should be jargon free;
- the report should include a detailed case history (including all available developmental information), a detailed description of the current presentation of symptoms and current testing results. In addition, each of the current DSM criteria should be explicitly addressed with supporting examples;
- following consultation and collaboration between all the assessors, a concluding paragraph should be written summarizing the agreed-upon diagnosis, criterion ratings and recommendations;
- recommendations should be provided in sufficient detail so that:

- a) families can access appropriate services as soon as possible, both for Early Intervention and other more global services;
- b) families can maintain their current services until new services, which may be recommended, are available;
- c) priorities for intervention are identified and clearly stated (for families and current/future service providers);
- d) recommendations for additional and/or ongoing evaluation and consultation are clearly documented and supported;
- the report should be formatted so that the Summary and Recommendations sections can be readily separated for copying.

FEEDBACK SESSIONS:

It is recommended that these sessions include the following general features:

- all assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options (including referral to the Local Area Coordinator – LAC), who to contact and how to access resources;
- all professionals will provide input for the feedback within their given field;
- following collaboration, team members will decide who will provide the general feedback to the family (may include one or more team members);
- consideration needs to be given to the family's resources and expertise and how this may fit with the range of intervention and support services available.

STANDARDS:

The following standards address the need for ensuring and maintaining Paediatricians', Psychiatrists', Psychologists' and Speech Pathologists' skills and expertise in the specialty area of Autism Assessment and Diagnosis.

General Professional Standards:

Each assessor must:

- meet professional standards as outlined by their appropriate professional body;
- have experience in the areas of disability, developmental disorders and the relevant age group/s;
- have acknowledged skills in the assessment of socialisation, play and communication;
- have experience and knowledge of a number of variables that may impact on a child's presentation and development;
- if assessing adolescents or adults, the assessor will have acknowledged skills and experience in differential diagnosis in psychiatric disorders;
- have experience in differential diagnosis relevant to their disciplinary field;
- **preferably** have experience in intervention, as well as assessment of, people with developmental disabilities and Autism Spectrum Disorders;

Additional for Psychologists

- have acknowledged skills in the assessment of intellectual functioning with complex children;
- have acknowledged skills in the assessment of Family Functioning and systemic influences on the individual's functioning and development.

Specialty Training Standards:

Each assessor must:

- be a currently recognized experienced Autism assessor (ie: be able to demonstrate specialty skills and knowledge in the area; please refer to WAADF, Inc. for the current standards) OR
- have completed the currently available Autism Assessment Training Programme (please refer to WAADF, Inc. for current training programme);
- have applied experience/knowledge of the current edition DSM criteria for Pervasive Developmental Disorders (PDD).

Ongoing Quality Assurance Standards:

Each assessor must:

- maintain the currently recommended minimum number of Autism assessments per year (please refer to WAADF, Inc. for the current standards);
- ensure validity of diagnosis by varying assessing partner/s to check on consistency of interpretation of diagnostic criteria;
- if absent from the Autism assessment field for more than 12 months, the clinician must re-familiarise themselves with the assessment process by participating in assessments with a recognized, experienced Autism assessor at a diagnostic centre. (Please refer to the WAADF for current re-entry standards);
- conduct assessments in accordance with the current DSC and SCDC (Diagnosticians Forum approved) assessment protocols, including responding within a recommended timeline. This includes the following;
 - a) completion of reports within 3 - 6 weeks of the assessment;
 - b) the provision of feedback sessions within 4 - 6 weeks of the assessment;
 - c) following the current procedures, described within this booklet in relation to the provision of feedback to families regarding the diagnosis and assessment report as well as information regarding the report's recommendations;
- maintain up-to-date knowledge in the area of Autism and PDD by attending and participating in case discussion meetings and formal meetings of professionals. Such meetings and discussions might include;
 - the Professional Diagnostic Meeting (PDM) at DSC, the Informal In-House Meeting as SCDC, and/or regular supervision or peer review meetings with experienced colleagues to discuss individual assessments (most likely model for private practitioners);
 - regularly attending the quarterly WAADF, Inc. meetings (either in person or via video/teleconferencing);
 - reading current journals and books relevant to the field;
 - attending workshops, seminars and conferences related to the field.

WESTERN AUSTRALIAN AUTISM REGISTER

- Following collaboration, a team member will be designated to complete and submit all necessary documentation for the "WA Register for Autism Spectrum Disorders".

DSC ELIGIBILITY AND REPORTING REQUIREMENTS

For clients who meet the criteria for a diagnosis within the Autism Spectrum,

- An assessment team member will be designated to complete and submit all relevant information to the Senior Eligibility Coordinator at Disability Services Commission. Following review of the submitted information, eligibility will then be determined by The Commission.

AUTISM ASSESSMENT STANDARDS FOR CHILDREN IN RURAL AND REMOTE WESTERN AUSTRALIA

As provided by DSC – Country Services

ASSESSMENTS:

In recent years, the substantial increase in the number of children referred for assessment of Autism Spectrum Disorders has highlighted the need for efficient processes to manage referral, assessment, diagnosis, eligibility and access. Regular liaison continues between the State Child Development Centre and Disability Services Commission - (which includes both Metropolitan Autism Services and Country Services) - as the primary government diagnostic agencies, to ensure efficiency and minimal waiting time, while quality is maintained by reference to international standards of assessment and diagnosis. Liaison, networking, education and training between local health services, Local Area Coordination and other service providers is also essential in taking into consideration the unique issues that relate to families, service provision and the diagnostic process in rural and remote areas.

Multidisciplinary Assessments:

Assessments are carried out by a Psychologist, a Speech Pathologist and a Paediatrician (and/or a Psychiatrist as needed). Every member of the assessment team has a role in formulating a comprehensive picture of the child's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the child's behaviour.

Paediatric/Psychiatric Assessments:

The Paediatrician is typically the first discipline to provide assessment in rural and remote locations, and refers on for further assessment with the Speech Pathologist and Psychologist if concerns regarding Autism Spectrum Disorders are identified.

The paediatric/psychiatric assessment includes the following:

- comprehensive developmental history, with a particular emphasis on global functioning and the achievement of developmental milestones, resulting from both interview/s with parents/care givers and a review of available case history information;
- comprehensive medical history with a particular emphasis on the exclusion of other possible medical diagnoses and/or conditions as contributory to the individual's current presentation;
- general physical and neuro-developmental examination;
- review of mental status as needed (Psychiatrist);
- review of any laboratory testing and requests for additional testing if relevant;
- review, assessment of (both formal and informal) and summary of current developmental strengths and needs;
- review and reporting of past and current assessments in the areas of socialization, communication and behaviour;
- interviews with other relevant service providers as necessary (eg: teachers, child care staff and therapists).

Psychological Assessments:

The psychological assessment includes the following:

- standardized assessment of adaptive functioning is required for children not yet in Year 1;
- formal assessment of intellectual functioning/development OR review of reported recent (within the past 2 years) assessments. If standardized assessment is not possible, informal assessment techniques should be utilized;
- developmental history, with a particular emphasis on behavioural and adaptive functioning, relevant background information and history and context around the family's concerns, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal), and summary of past and current developmental abilities, strengths and needs;
- review and report current testing results in terms of diagnostic criteria (taking into account the systematic impact on the child's behaviour);
- interviews with other relevant service providers as required (eg: teachers, child care staff, other therapists and/or psychologists);
- observation of the child in his/her home, educational or broader social setting (eg: school, day care, at the park, etc.) as necessary.

Speech Pathology Assessments:

The speech pathology assessment includes the following:

- formal and/or informal testing of speech and language skills as required;
- functional evaluation of communication skills in the individual's various relevant environments;
- developmental history, with a particular emphasis on communication development, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal), and summary of past and current abilities, strengths and needs in the areas of language, social communication and play;
- review and report current testing results in terms of diagnostic criteria;
- interviews with other relevant service providers as required (eg: teachers, child care staff, other therapists);
- observation of the child in his/her home, educational or broader social setting (eg: school, day care, at the park etc) as necessary.

FORMULATING A DIAGNOSIS:

In formulating a diagnosis, the team must take into account the following:

- the psychosocial impact of the individual's past and current environments;
- the information provided by an appropriate developmental history;
- the individual's current skills and needs as indicated by both formal testing and functional/adaptive skills, and;
- the consideration of an appropriate diagnosis or explanation for the individual's behaviour.

Each team member must also address both past and current presentation for each of the current edition DSM criteria relevant to their area of expertise.

REPORT WRITING:

Formulating the assessment report is the responsibility of all members of the assessment team. Collaboration and coordination in developing a diagnosis or explanation for the individual's behaviour, and clearly describing this information in a written report, are essential.

It is recommended that the reports contain the following general features:

- the report should be jargon free;
- the report should include a detailed case history (including all available developmental information), a detailed description of the current presentation of symptoms and current testing results. In addition, each of the current DSM criteria should be explicitly addressed with supporting examples;
- following consultation and collaboration between all the assessors, a concluding paragraph should be written summarizing the agreed on diagnosis, criterion ratings and recommendations;
- recommendations should be provided in sufficient detail so that:
 - a) families can access appropriate services as soon as possible, both for Early Intervention and other more global services;
 - b) families can maintain their current services until new services, which may be recommended, are available;
 - c) priorities for intervention are identified and clearly stated (for families and current/future service providers);
 - d) recommendations for additional and/or ongoing evaluation and consultation are clearly documented and supported;

FEEDBACK SESSIONS:

- all assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options, who to contact and how to access resources;
- all professionals will provide input for the feedback within their given field;
- following collaboration, the team members will decide who will provide the general feedback to the individual, family, and/or care providers (may include one or more team members);
- It is essential that the person carrying out the feedback has a sound knowledge of:
 - the Local Area Coordinator's role;
 - rural service provision for all age groups;
 - the range of appropriate referral, support and intervention services available within the client's community, and in particular, how the Early Intervention Provider services link in with local Health Department service provision;
- consideration needs to be given to the resources and expertise of the individual's family are/or caregivers and how these may fit with the range of intervention and support services available.

STANDARDS:

The following standards address the need for ensuring and maintaining Paediatricians', Psychiatrists', Psychologists' and Speech Pathologists' skills and expertise in the specialty area of Autism Assessment and Diagnosis.

General Professional Standards:

Each assessor must:

- meet professional standards as outlined by their appropriate professional body;
- have experience in the areas of disability, developmental disorders and the relevant age group/s;
- have acknowledged skills in the assessment of socialisation, play and communication;
- have experience and knowledge of a number of variables that may impact on an individual's presentation and development;
- have acknowledged skills and experience in differential diagnosis in psychiatric disorders;
- have experience in differential diagnosis relevant to their disciplinary field;
- **preferably** have experience in intervention, as well as assessment of, people with developmental disabilities and Autism Spectrum Disorders;

Additional for Psychologists

- have acknowledged skills in the assessment of intellectual functioning with complex individuals;
- have acknowledged skills in the area of Family Functioning and systemic influences on the individual's functioning and development.

Specialty Training Standards:

Each assessor must:

- be a currently recognized experienced Autism assessor (ie: be able to demonstrate specialty skills and knowledge in the area; please refer to WAADF, Inc. for the current standards) OR
- have completed the currently available Autism Assessment Training Programme (please refer to WAADF, Inc. for current training programme);
- have applied experience/knowledge of the current edition DSM criteria for Pervasive Developmental Disorders (PDD).

Ongoing Quality Assurance Standards:

Each assessor must:

- maintain the currently recommended minimum number of Autism assessments per year (please refer to WAADF, Inc. for the current standards);
- ensure validity of diagnosis by varying assessing partner/s to check on consistency of interpretation of diagnostic criteria;
- if absent from the Autism assessment field for more than 12 months, the clinician must re-familiarise themselves with the assessment process by participating in assessments with a recognized, experienced Autism assessor at a diagnostic centre. (Please refer to WAADF, Inc for current re-entry standards);
- conduct assessments in accordance with the current DSC and SCDC (WAADF, Inc approved) assessment protocols, including responding within a recommended timeline. This includes the following;
 - a) completion of reports within 3 - 6 weeks of the assessment;
 - b) the provision of feedback sessions within 4 - 6 weeks of the assessment;
 - c) following the current procedures, described within this booklet in relation to the provision of feedback to families regarding the diagnosis and assessment report as well as information regarding the report's recommendations;
- maintain up-to-date knowledge in the area of Autism and PDD by attending and participating in case discussion meetings and formal meetings of professionals. Participation in all instances could be in person and/or via video/teleconferencing. These

meetings and discussions would vary according to the practitioner's location (i.e.: in the country or metropolitan area) but could include any of the following;

- the Professional Diagnostic Meeting (PDM) at DSC-Country Services (either in person or via video/teleconferencing); and/or the Professional Diagnostic Meeting at DSC-MAS, and/or the Informal In-House Meeting as SCDC, and/or regular supervision or peer review meetings with experienced colleagues to discuss individual assessments (most likely model for private practitioners);
- assessor team meetings to discuss assessment issues, protocols and provision of ongoing professional development;
- regularly attending the quarterly WAADF, Inc meetings (either in person or via video/teleconferencing);
- reading current journals and books relevant to the field;
- attending workshops, seminars and conferences related to the field.

WESTERN AUSTRALIAN AUTISM REGISTER

- Following collaboration, a team member will be designated to complete and submit all necessary documentation for the "WA Register for Autism Spectrum Disorders".

DSC ELIGIBILITY AND REPORTING REQUIREMENTS

For clients who meet the criteria for a diagnosis within the Autism Spectrum,

- an assessment team member will be designated to complete and submit all relevant information to the Senior Eligibility Coordinator at Disability Services Commission. Following review of all submitted information, eligibility will then be determined by The Commission.

AUTISM ASSESSMENT STANDARDS FOR ADOLESCENTS AND ADULTS

in METROPOLITAN *and* COUNTRY AREAS

ASSESSMENTS:

In recent years, the substantial increase in the number of individuals referred for assessment of Autism Spectrum Disorders has highlighted the need for efficient processes to manage referral, assessment, diagnosis, eligibility and access. Regular liaison continues between the State Child Development Centre and Disability Services Commission – (which includes both Metropolitan Autism Services and Country Services), as the primary government diagnostic agencies, to ensure efficiency and minimal waiting time, while quality is maintained by reference to international standards of assessment and diagnosis.

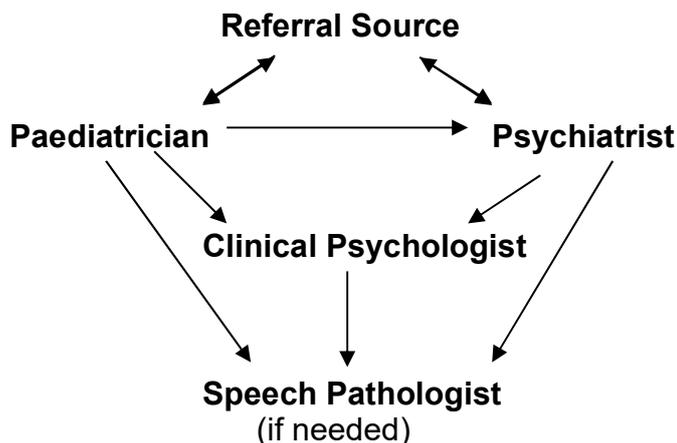
Multidisciplinary Assessments:

Assessments are to be carried out by a Clinical Psychologist, a Paediatrician and/or a Psychiatrist. A Speech Pathologist is consulted as needed.

Every member of the assessment team has a role in formulating a comprehensive picture of the individual's behaviour based on information provided by all informants and across a range of contexts. Each team member also participates in formulating the most appropriate diagnosis or explanation for the individual's behaviour.

Referral Pathways:

Under these assessment guidelines, all adolescents (aged 12 – 17 years) with identified psychiatric issues, and adults (aged 18 years and older), must be seen by at least two clinicians representing **the fields of psychiatry AND clinical psychology**, who are experienced in the assessment and diagnosis of Autism. Adolescents less than 18 years of age may be referred initially to a Paediatrician who then refers on to a Psychiatrist for additional assessment as necessary. The general referral process is as follows;



The general experience of the assessors must include the following;

- **Paediatrician:** ongoing experience in Pervasive Developmental Disorders (PDD) and adolescent medicine.

- **Psychiatrist:** ongoing experience in Pervasive Developmental Disorders (PDD) and the broader adult psychiatric area.
- **Clinical Psychologist:** preferably experienced in adult psychiatric services (including PDD) and be up to date with the range of services available for adults with Autism Spectrum Disorders.
- **Speech Pathologist:** ongoing experience in PDD and with adolescents and adults.

Paediatric/Psychiatric Assessments:

Due to the limited number of available service providers in the country, Psychiatric and Clinical Psychology services may only be accessible to country clients who are able to travel to the Perth metropolitan area.

The paediatric/psychiatric assessment includes the following:

- comprehensive developmental history, with a particular emphasis on global functioning and the achievement of developmental milestones, resulting from both interview/s with parents/care givers and a review of available case history information;
- comprehensive medical and psychiatric history with a particular emphasis on the exclusion of other possible medical and psychiatric diagnoses and/or conditions that may contribute to the individual's current presentation;
- general physical and neuro-developmental examination;
- comprehensive psychiatric/mental status examination;
- review of any laboratory testing and requests for additional testing if relevant;
- review, assessment (both formal and informal), and summary of past and current developmental and functional strengths and needs;
- review and reporting of past and current testing results in terms of diagnostic criteria;
- review and reporting of past and current assessments in the areas of socialization, communication and behaviour;
- review of reported observations of the individual in their educational, social, employment and/or home environments as necessary;
- interviews with other relevant service providers as necessary.

Psychological Assessments:

The psychological assessment includes the following:

- assessment of general level of functioning;
- formal assessment of adaptive behaviour;
- formal assessment of intellectual functioning/development OR review of reported recent (within the past 2 years) assessments. If standardized assessment is not possible, informal assessment techniques should be utilized;
- developmental history, with a particular emphasis on behavioural and adaptive functioning, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal,) and summary of past and current developmental abilities, strengths and needs;
- review and report current testing results in terms of diagnostic criteria (taking into account the systematic impact on the individual's behaviour);
- interviews with other relevant service providers (eg: educational, day placement and/or residential staff etc.) as necessary;

- observations of the individual in their educational, social, employment and/or home environment as necessary.

Speech Pathology Assessments:

Referral to a Speech Pathologist may occur if:

- there are concerns regarding the quality of the individual's communicative functioning, in particular their language and social-communication skills and/or;
- the individual has not been previously assessed by a Speech Pathologist.

The speech pathology assessment includes the following:

- formal and/or informal testing of speech and language skills;
- functional evaluation of communication skills in the individual's various relevant environments;
- formulation of a developmental history, with a particular emphasis on communication development, resulting from both interview/s with parents/care givers and a review of available case history information;
- review, assessment (both formal and informal), and summary of past and current abilities, strengths and needs in the areas of language, social communication and play;
- review and report current testing results in terms of diagnostic criteria
- interviews with other relevant service providers (eg: educational, day placement and/or residential staff, etc.) as necessary;
- observation of the individual in their educational, social, employment and/or home environment as necessary.

FORMULATING A DIAGNOSIS:

In formulating a diagnosis, the team must take into account the following:

- the psychosocial impact of the individual's past and current environments;
- the information provided by an appropriate developmental history;
- the individual's current skills and needs as indicated by both formal testing and functional/adaptive skills, and;
- the consideration of an appropriate diagnosis or explanation for the individual's behaviour.

Each team member must also address both past and current presentation for each of the current edition DSM criteria relevant to their area of expertise.

REPORT WRITING:

Formulating the assessment report is the responsibility of all members of the assessment team. Collaboration and coordination in developing a diagnosis or explanation for the individual's behaviour, and clearly describing this information in a written report, are essential.

It is recommended that the reports contain the following general features:

- the report should be jargon free;
- the report should include a detailed case history (including all available developmental information), and a detailed description of the current presentation of symptoms and current testing results. In addition, each of the current DSM criteria should be explicitly addressed with supporting examples;

- following consultation and collaboration between all the assessors, a concluding paragraph should be written summarizing the agreed upon diagnosis, criterion ratings and recommendations;
- recommendations should be provided in sufficient detail so that;
 - a) individuals, families and/or care providers can access appropriate services as soon as possible;
 - b) individuals, families and care providers can maintain their current services until new services, which may be recommended, are available;
 - c) priorities for intervention are identified and clearly stated (for individuals, families and current/future service providers);
 - d) recommendations for additional and/or ongoing evaluation and consultation are clearly documented and supported;
- the report should be formatted so that the Summary and Recommendations sections can be readily separated for copying.

FEEDBACK SESSIONS (for Metropolitan Area clients):

- all assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options (including referrals to the Local Area Coordinator – LAC), who to contact and how to access resources;
- all professionals will provide input for the feedback within their given field;
- following collaboration, the team members will decide who will provide the general feedback to the individual, family, and/or care providers (may include one or more team members);
- consideration needs to be given to the individual's, family's and/or care provider's resources and expertise and how this may fit with the range of intervention and support services available.

FEEDBACK SESSIONS (for Country Area clients):

- all assessors should be aware of the range of appropriate referral, support and intervention services available in the community, including eligibility requirements, anticipated waiting periods, service options (including referrals to the Local Area Coordinator – LAC), who to contact and how to access resources;
- all professionals will provide input for the feedback within their given field;
- following collaboration, the team members will decide who will provide the general feedback to the individual, family, and/or care providers (may include one or more team members). It is essential that the person carrying out the feedback has a sound knowledge of:
 - the Local Area Coordinator's role;
 - rural service provision for these age groups;
 - the range of appropriate referral, support and intervention services available within the client's community;
- consideration needs to be given to the resources and expertise of the individual's family and/or caregivers and how these may fit with the range of intervention and support services available.

STANDARDS:

The following standards address the need for ensuring and maintaining Paediatricians', Psychiatrists', Psychologists' and Speech Pathologists' skills and expertise in the specialty area of Autism Assessment and Diagnosis.

General Professional Standards:

Each assessor must:

- meet professional standards as outlined by their appropriate professional body;
- have experience in the areas of disability, developmental disorders and the relevant age group/s;
- have acknowledged skills in the assessment of socialisation, play and communication;
- have experience and knowledge of a number of variables that may impact on an individual's presentation and development;
- have acknowledged skills and experience in differential diagnosis in psychiatric disorders;
- have experience in differential diagnosis relevant to their disciplinary field;
- **preferably** have experience in intervention, as well as assessment of, people with developmental disabilities and Autism Spectrum Disorders;

Additional for Psychologists

- have acknowledged skills in the assessment of intellectual functioning with complex individuals;
- have acknowledged skills in the area of Family Functioning and systemic influences on the individual's functioning and development.

Specialty Training Standards:

Each assessor must:

- be a currently recognized experienced Autism assessor (ie: be able to demonstrate specialty skills and knowledge in the area; please refer to WAADF, Inc for the current standards) OR
- have completed the currently available Autism Assessment Training Programme (please refer to WAADF, Inc for current training programme);
- have applied experience/knowledge of the current edition DSM criteria for Pervasive Developmental Disorders (PDD).

Ongoing Quality Assurance Standards:

Each assessor must:

- maintain the currently recommended minimum number of Autism assessments per year (please refer to WAADF, Inc for the current standards);
- ensure validity of diagnosis by varying assessing partner/s to check on consistency of interpretation of diagnostic criteria;
- if absent from the Autism assessment field for more than 12 months, the clinician must re-familiarise themselves with the assessment process by participating in assessments with a recognized, experienced Autism assessor at a diagnostic centre. (Please refer to WAADF, Inc for current re-entry standards);
- conduct assessments in accordance with the current DSC and SCDC (Diagnosticians Forum approved) assessment protocols, including responding within a recommended timeline. This includes the following;
 - a) completion of reports within 3 - 6 weeks of the assessment;
 - b) the provision of feedback sessions within 4 - 6 weeks of the assessment;
 - c) following the current procedures, described within this booklet in relation to the provision of feedback to families regarding the diagnosis and assessment report as well as information regarding the report's recommendations;

- maintain up-to-date knowledge in the area of Autism and PDD by attending and participating in case discussion meetings and formal meetings of professionals. Participation in all instances could be in person and/or via video/teleconferencing. These meetings and discussions would vary according to the practitioner's location (i.e. in the country or metropolitan area) but could include any of the following:
 - the Professional Diagnostic Meeting at DSC-Country Services (either in person or via video/teleconferencing); and/or the Professional Diagnostic Meeting (PDM) at DSC- MAS, and/or the Informal In-House Meeting as SCDC, and/or regular supervision or peer review meetings with experienced colleagues to discuss individual assessments (most likely model for private practitioners);
 - assessor team meetings to discuss assessment issues, protocols and provision of ongoing professional development;
 - reading current journals and books relevant to the field;
 - attending workshops, seminars and conferences related to the field.

WESTERN AUSTRALIAN AUTISM REGISTER

- Following collaboration, a team member will be designated to complete and submit all necessary documentation for the "WA Register for Autism Spectrum Disorders".

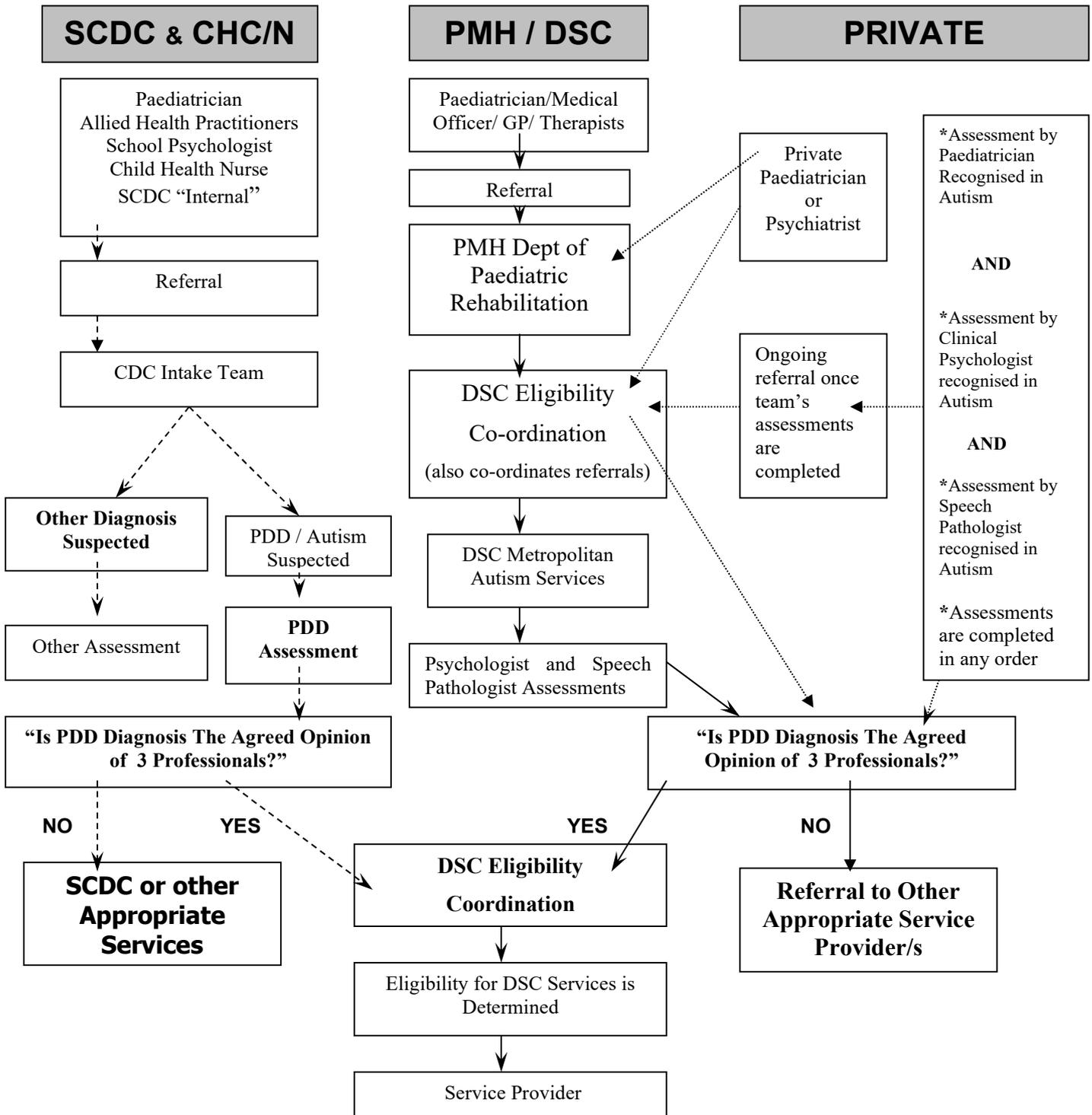
DSC ELIGIBILITY AND REPORTING REQUIREMENTS

For clients who meet the criteria for a diagnosis within the Autism Spectrum,

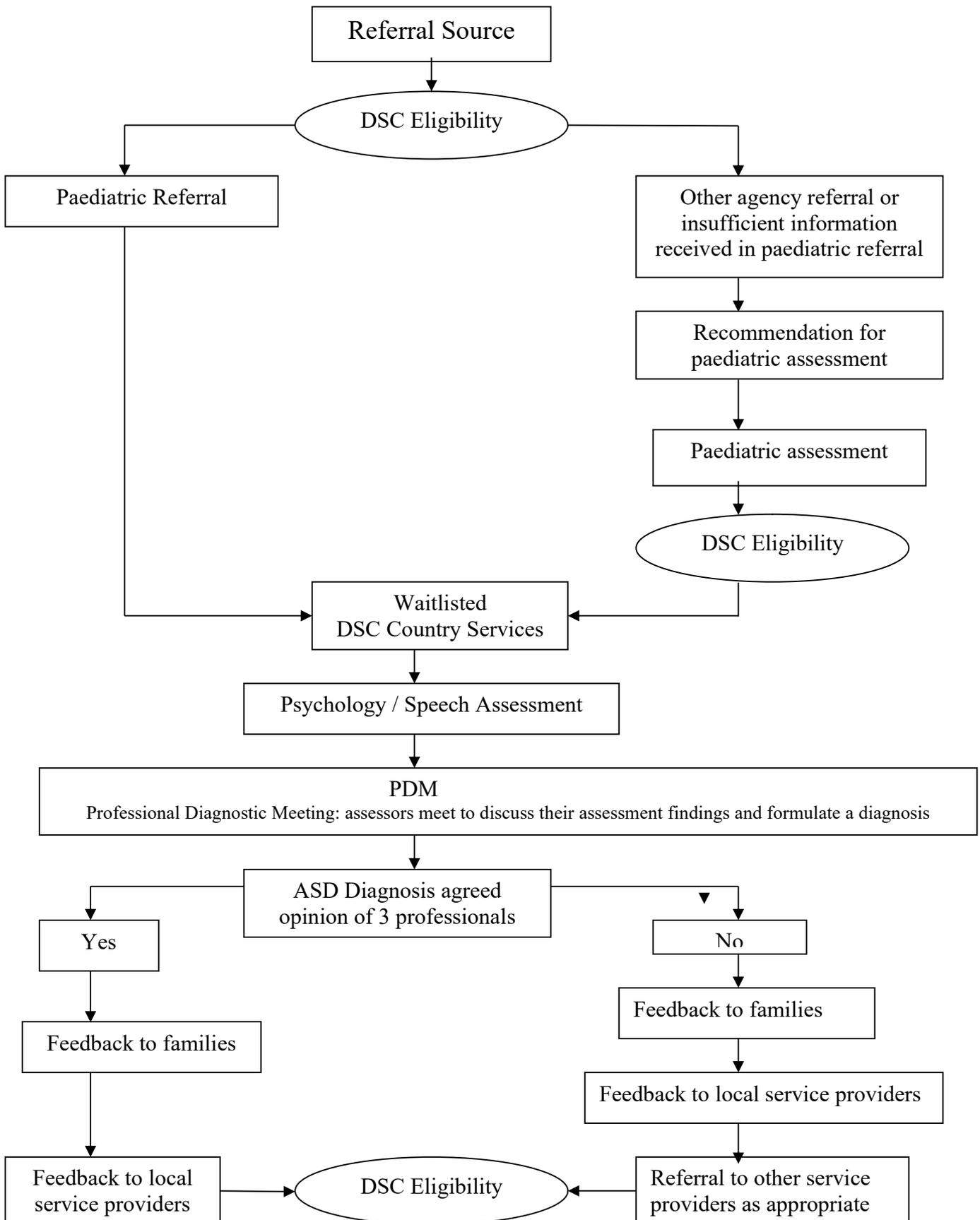
- An assessment team member will be designated to complete and submit all relevant information to the Senior Eligibility Coordinator at Disability Services Commission. Following review of all submitted information, eligibility will then be determined by The Commission.

AUTISM ASSESSMENT / DIAGNOSIS PROCESS

For SCDC & CHC/N, PMH/DSC and Private Practitioners



Autism Assessment/Diagnostic Process in Rural and Remote Western Australia



SECTION 3:

**ASSESSMENT PROVIDERS
AND
DSC ELIGIBILITY CRITERIA**

AUTISM ASSESSMENT PROVIDERS

CONTACT INFORMATION

Disability Services Commission (DSC)

Senior Eligibility Co-ordinator

Disability Services Commission

146-160 Colin Street, West Perth WA 6005

PO Box 441, West Perth, WA 6872

Telephone: (08) 9426 9223 Toll Free: 1800 998 214

Fax: (08) 9226 0391

For information regarding eligibility criteria and referral procedures for DSC Autism related services.

- **Metropolitan Autism Services (DSC-MAS)**

- Ph: (08) 9472-1598. As of October 1st, 2005, new offices will be located at;

South of the River

Contact: IFS Coordinator for the Autism Team

Myaree Office

Telephone: (08) 9329 2300

TTY (08) 9426-9315

North of the River

Contact: IFS Coordinator for the Autism Team

Joondalup Office

Telephone: (08) 9301-3800

TTY (08) 9426-9315

For general information regarding Autism and for DSC Autism related services including assessment procedures and waiting lists, eligibility criteria, referral procedures and parent training sessions.

- **Country Services (DSC- CS)**

P.O. Box 441, West Perth, WA 6872

Telephone: (08) 9426-9374 Fax: (08) 9226-2309

TTY (08) 9426-9315

For information regarding Autism, assessment procedures and waiting lists, eligibility criteria and referral procedures for DSC Country Services.

State Child Development Centre

Rheola Street West Perth

Telephone (08) 9481-2203

For general information and advice on child developmental problems, including but not limited to Autism Spectrum Disorders.

Private Practitioners

For information regarding private practitioners (Psychologists, Speech Pathologists, Paediatricians and Psychiatrists) who are currently recognized as experienced Autism assessors, please contact:

WAADF, Inc Secretary or Chairperson via link on website www.autismwa.org.au

DISABILITY SERVICES COMMISSION

ELIGIBILITY AND REFERRAL CRITERIA

ELIGIBILITY FOR SERVICES

To be considered eligible for Commission services to people with an autism spectrum disorder (or ASD), persons need to meet the following criteria.

- A person of pre-school age will have been assessed to have Autism, Asperger Syndrome or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) using the criteria specified in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- A person of pre-school age who is diagnosed with any of the above conditions is eligible for services whether or not they present with an associated intellectual disability.
- A person aged six years or older who will have been assessed to have Autism 299.00 (DSM diagnostic category), with or without intellectual disability.
- A person aged six years or older who will have been assessed to have PDD-NOS and intellectual disability.
- The condition will have become manifest in childhood and prior to the person's 18th birthday.
- The person and family must be permanent residents of Australia (or be eligible for permanent residency), and currently reside in Western Australia.

REFERRAL PROCEDURES

- A person of any age can be referred to the Commission. The referral can be forwarded by any person provided the consent of the applicant or family is given, however ASD referrals are generally forwarded by the paediatrician or other specialist already involved.
- Basic information is needed, including full name; date of birth; address; telephone and other contacts (mobile/fax/email); and full names of parents, guardian or next of kin, including any special contact instructions.
- Prior to the referral, consent must be given by the person being referred (if 18 years or over). In the case of children, or adults unable to give informed consent, this must be given by the parent or guardian. Consent should be clearly indicated at the time of referral (preferably in writing), with the understanding that the services available relate to autism spectrum disorder.
- Consent also should be given in writing for the release of information from other agencies where appropriate.

- If requested, evidence of permanent Australian residency eg copy of the Australian citizenship, visa, or passport must be provided.
- Referrals from anywhere in Western Australia can be forwarded to:

Senior Eligibility Co-ordinator

Disability Services Commission
146-160 Colin Street,
West Perth, WA 6872

PO Box 441, West Perth, WA 6005

Telephone: (08) 9426-9223

Toll Free: 1800 998-214

Facsimile: (08) 9226-0391

SECTION 4:

**PARENT SUPPORT,
INFORMATION
AND
RESOURCES GUIDE**

LOCAL AUTISM SUPPORT AND INFORMATION ORGANIZATIONS

The following are some of the more prominent and readily accessible support and information providing organizations and groups available to the Western Australian community.

- **Autism Association of Western Australia:** 37 Hay Street Subiaco, 6008 Western Australia Ph: (08) 9489-8900 Email: autismwa@autism.org.au
- **Activ Foundation:** 41 Bishop St Jolimont, Wembly 6913 Western Australia. Mail: PO Box 446 Jolimont, WA 6014
Ph: (08) 9387-0599 Freecall: 1 800 800 523,
Email: activ@wantree.com.au Website: www.activ.org.au
- **The Autism Council of Australia:** Website: www.autismaus.com.au
- **WA Autism Research Group** Website: www.autismwa.org.au

- **Parent Support Groups** (current as at August 2003)
 - **Kalparrin Centre**, parent support group in Perth for children with disabilities. Corner Roberts Road and Thomas Street, on the grounds of Princess Margaret Hospital for Children, Subiaco WA 6001. Ph: (08) 9340 8094 Freecall: 1800-066-413
Fax: (08) 9380 6114 Email: kalparrin@iinet.net.au, Website: www.kalparrin.org.au
 - **FOCAS**, parent support group in Perth for children with ASD
Address: FOCAS, PO Box 5230, Canning Vale South, WA 6155.
Chairperson: Lisa McBride Ph: (08) 9317-4351 Email: lisa_mcbride@bigpond.com

- **Therapy and Inclusion Services**
 - **Therapy Focus** is a not-for-profit community organisation which provides speech pathology, physiotherapy, occupational therapy, clinical psychology and social work services for children. A range of services are available for children with autism spectrum disorders. For further information contact Therapy Focus Inc, Level 2, 161 Great Eastern Highway, Belmont W.A. 6104. Ph: (08) 9478 9500 Fax: (08) 9277 9555 Email: admin@therapyfocus.com.au Website: www.therapyfocus.com.au
 - **School Age Therapy Services** Therapy services are available for eligible school aged children in rural and remote areas of Western Australia. A coordinator is assigned to each district in the state. If you do not know the district Coordinator in your area contact: Manager of Disability Services Commission, Specialist Country Services. Ph: (08) 9426 9397 Fax: (08) 9426 9399
Email: crphys@dsc.wa.gov.au
 - **Resource Unit for Children with Special Needs (RUCSN)**, their mission is “to promote, support and enhance the inclusion of children with additional needs in appropriate children’s services and associated community activities”.
RUCSN House, 144 Railway Parade, West Leederville, WA 6007. Ph: 9388-7577
Email: inclusion@rucsn.org.au Website: www.rucsn.org.au

EDUCATION SUPPORT SERVICES IN WESTERN AUSTRALIA

● CENTRE FOR INCLUSIVE SCHOOLING

Hale House, Parliament Place, West Perth, 6005

Ph: (08) 9426 7111 Website: www.eddept.wa.edu.au/CIS/services/ser15.htm

TELEPHONE: (08) 9426-7111
EMAIL: cis@eddept.wa.edu.au
FACSIMILE: (08) 9426-7177
WEBSITE: www.cis.perthwa.net

Centre for Inclusive Schooling is a division of the Western Australian Department of Education and Training. The centre's website offers information regarding government funded services that may be available to children with disabilities (including but not limited to Autism) who are attending public schools within Western Australia.

AUTISM INTERVENTION TEAM

The Autism Intervention Team was established in response to one of the recommendations of the 1998 Autism Reference Group. This group reviewed the services being provided to students with Autism Spectrum Disorder in mainstream Government Schools. The Visiting Teachers – Autism, work together with schools to provide intensive intervention for students with high support needs.

Team members are experienced teachers with expertise in the area of Autism Spectrum Disorder. The team consists of a team leader and six (6) visiting teachers who work collaboratively with school communities and associated agencies to address the special educational needs of students with Autism Spectrum Disorder.

SCHOOL SUPPORT

A clearly defined referral system and process is in place to allow the Visiting Teacher – Autism to work collaboratively with the school community to allow whole school changes to occur. The level of support is negotiated with the Principal and classroom teacher to identify anticipated educational and behavioural outcomes.

PROFESSIONAL DEVELOPMENT

Visiting Teachers – Autism, conduct state wide professional development to raise awareness of the impact of Autism Spectrum Disorder on learning.

SERVICES

- Professional Development
- Specialist knowledge of current educational practice in the area of autism
- Teacher support for programming, classroom management and teaching strategies
- Assistance with developing and implementing Individual Education Plans

ACCESSING THIS SERVICE

Access to this service is through the Visiting Teachers from the Centre for Inclusive Schooling.

- **CATHOLIC EDUCATION OFFICE of WA**

50 Ruislip St Leederville 6007,
PO BOX 198 Leederville 6903

CONTACT PERSON: Maureen Thomson (Co-ordinator, Special Learning Needs Team)

TELEPHONE: (08) 9212-9239

EMAIL: Thomson.maureen@cathednet.wa.edu.au

FACSIMILE: (08) 9212-9298

REFERRAL PROCEDURE:

Open referral

ELIGIBILITY FOR AGENCY:

Child attends, or is intending to apply to, Catholic School

ORGANISATIONAL STRUCTURE:

Special Learning Needs Team of 9 members providing services to metropolitan and regional schools

Co-ordinator - Maureen Thomson 9212 9239

Autism Specialist - Val McKelvey 9212 9248 Email mckelvey.val@cathednet.wa.edu.au

PHILOSOPHY OF ORGANISATION:

To support Catholic school communities in the provision of appropriate inclusive education for students with special learning needs

SERVICES OFFERED:

- Consultancy support and advice to schools
- Curriculum support
- Professional Development and Training
- Advocacy for students with disabilities and their families
- Enrolment and Transition support
- Liaison with specialist agencies
- Accessing resources

SERVICE MODELS USED:

- Consultancy

CONTACTS WITH OTHER SERVICE PROVIDERS

- Close contacts maintained with Early Intervention and specialist providers

- **ASSOCIATION OF INDEPENDENT SCHOOLS OF WESTERN AUSTRALIA (aiswa)**

Suite 3, 41 Walters Drive, Osborne Park WA 6017
Phone (08) 9244 2788 Fax (08) 9244 2786
Website: www.ais.wa.edu.au

CONTACT PERSON: Wayne Revitt
Special Needs Consultant
TELEPHONE: 9244 2788 ext 119
EMAIL ADDRESS: wrevitt@ais.wa.edu.au
FACSIMILE: 9244 2786

REFERRAL PROCEDURE:

Referral through the school administration

ELIGIBILITY FOR AGENCY:

Enrolment in an independent school

ORGANISATIONAL STRUCTURE:

- Manager – Commonwealth Targeted Programmes - Valerie Gould
- Special needs Advisory Committee
- Special Needs Consultant - Wayne Revitt

PHILOSOPHY OF ORGANISATION:

To promote a strong independent school sector which offers high quality education appropriate to the needs of Western Australian children

SERVICES OFFERED:

- Consultancy services to schools
- Professional Development
- Advocacy for students with disabilities and their families
- Support with enrolment and transition

SERVICE MODELS USED:

Consultancy

CONTACTS WITH OTHER SERVICE PROVIDERS

Networks are maintained and promoted throughout each educational sector and with all relevant agencies

AUTISM SUPPORT, INFORMATION AND RESOURCES GUIDE

The following are some of the resources, including suppliers and web sites, that provide information and resources related to Autism, PDD and Asperger Syndrome.

These resources are provided for the readers' personal information only and should not be considered to be directly or indirectly endorsed by WAADF, Inc or any of the authors or other contributors to this booklet. It always remains the consumers' responsibility when choosing and using materials, programs or other resources to determine their suitability for the individual involved and to make decisions regarding their appropriate use and application.

General Resources for Toys, Materials, Books and Videos:

Toys and Materials

- **Noah's Ark:** toy library and resource centre for children with special needs. 73 Angove Street, North Perth, WA 6006. Ph: 9328-1598, Fax: 9227-1107, Email: natl@icenet.com.au
- **Windmill** – general children's equipment and toy store and catalogue, Shop 2, 11 Station Street, Cottesloe 6011 Ph: 9284-5966
- **Kiddywink Toys** – Preloved and new toys, buy, sell and swap. 12 Mumford Place, Balcatta 6021 Ph/Fax: 9240-2919 Email: kiddywinktoys@primus.com.au
- **EdSource** – 1/15 May Holman Drive, Bassendean WA 6054 Ph: 9379-1500 Email: edsources@inet.net.au, Website: www.edsource.com.au
- **Unicom Education** – PO Box 153 Applecross Ph: 9316 8300
- **Pro Ed Australia** – Ph: (07) 5596-0966
- **Compic** – an Australian based computer programme used to develop generic and individualized visual support and communication systems. Information may be available from your Speech Pathologist OR via the manufacturer, Compic, 10 Roper St, Moorabbin Victoria 3189. Ph (03) 9553-6182, Fax: (03) 9553-6183, Email: compic@bigpond.com, Web: www.compic.com
- **Boardmaker** - a USA based computer programme used to develop generic and individualized visual support and communication systems. Information may be available from your Speech Pathologist or via the manufacturer, Mayer-Johnson Inc Email: mayerj@mayer-johnson.com, Web: www.mayer-johnson.com. OR the Australian distributor: Crippled Children's Association of South Australia: Regency Park Rehabilitation Engineering division Website: www.regencypark.org.au

Some Well-Known Intervention Approaches

- **ABA: Applied Behaviour Analysis** -. This approach frequently includes the use of strategies such as Discrete Trial Training, PECS, and Incidental Teaching. Your child's therapists will be able to provide you with more information regarding this approach. The internet also provides a huge range of resources and information about ABA.
- **PECS** - information regarding the Picture Exchange Communication System may be available from your Speech Pathologist or can be obtained from PECS Australia, PO Box 4115, Norwood South, South Australia, 5067. Ph: (08) 8331-7727, Fax: (08) 8331-7757, Email: areed@pecsaustralia.com or admin@pecsaustralia.com, Web: www.pecsaustralia OR the original USA organization website at www.pecs.com
- **TEACCH** - Treatment and Education of Autistic and Related Communication Handicapped Children; more information may be obtained from your child's therapists. Two useful

websites are www.nas.org.uk/pubs/factsheet/docs/teacch.pdf and the TEACCH home page at www.teacch.com at the University of North Carolina.

Books and Videos

- Local Public Libraries
- Local bookstores can order many titles on request
- ACTIV Library – 116 Jersey Street (PO Box 446) Jolimont, WA 6014
Ph: 9387 0458 Website: <http://www.activ.org.au/library/>
- Book in Hand – (07) 3885 8525
- Australian on-line bookstore relating to Autism, Aspergers Syndrome and Special Education: www.australianbooks.info
- **“Autism Spectrum Quarterly”** – a direct subscription magazine. Aimed at parents and professionals involved with Autism Spectrum Disorders; practical articles focusing on everyday issues.
4 issues per annum. Cost: \$45Aust includes postage & GST
Local order via: Giant Steps Tasmania, PO Box 300, Deloraine TAS 7304.
Fax: (03) 6362-3200 Ph: (03) 6362-2522 Website: www.ASQuarterly.com
- **“Autism Asperger’s Digest Magazine”** – a direct subscription magazine. Aimed at parents and professionals. Covers a wide range of assessment, intervention, research and social topics. Includes columns authored by adults who have an ASD.
6 issues per annum. Cost \$59.95US includes postage.
Order: by fax with credit card 0011-1-817-277-2270; by international bank cheque to: ADD, Future Horizons, 721 W.Abram St, Arlington, TX 76013 OR online at www.autismdigest.com

Books

A Mind of One’s Own	Digby Tantum
Autism – A Family Affair	Joan Curtis (1992)
Autism and Asperger’s Syndrome	Uta Frith
Autism – Explaining the Enigma	Uta Frith
Autism Handle With Care	Gail Gillingham
Autism – Information and Resources for Parents, Families and Professionals	Richard Simpson and Paul Zions
Autism – Nature, Diagnosis and Treatment	Geraldine Dawson
Autism – PDD More Creative Ideas	Janice Adams
Autism – The Facts	Dr Simon-Baron Cohen (1993) Dr Patrick Bolton
Asperger’s Syndrome	Tony Attwood (1998)
Activity Schedules for Children with Autism	L McClannahan and P Krantz (1999)
Behavioural Interventions for Young Children With Autism	Catherine Maurice (1996)
Children with Autism – A Parents Guide	Michael Powers (1989)
Communication Problems in Autism	Eric Schopler, Gary B Mesibov
Emergence – Labelled Autistic	Temple Grandin (1986)
Thinking in Pictures	Temple Grandin (1995)
Face to Face	Lurline Morphett (1986)

High Functioning Individuals With Autism	Eric Scopler & Gary Mesibov
Let Me Hear Your Voice	Catherine Maurice
Managing Feeding Difficulties In Autistic Children	Sutherland House, Nottingham UK
Music Therapy For the Autistic Child	Julliette Alvin (1992)
Nobody Nowhere – The Remarkable Autobiography of an Autistic Girl	Donna Williams (1992)
Somebody Somewhere	Donna Williams
Performance Anxiety: The Invisible Cage	Donna Williams 2002
Pervasive Development Disorders	Mitzi Waltz (1999)
Russell is Extra Special	Charles Amenta III
Some Interpersonal Social Skills	Nancy Dalryhple
Some Social Communication Skill Objectives	Nancy Dalryhple
Sibling of Children with Autism	Sandra Harris (1994)
Somebody Somewhere – a Sequel to “Nobody Nowhere”	Donna Williams
Teaching Children with Autism – Strategies to Enhance Communication and Socialisation	Kathleen Ann Quill
Taming the Recess Jungle	Carol Grey
The Biology of Autistic Syndromes	Christopher Gillberg and Mary Coleman (1992)
The Original Social Stories Book	Carol Grey
The Picture Exchange Communication System (PECS)	Lori Frost and Andy Bondy
The Autistic Spectrum	Lorna Wing (2001)
Treatment of Autistic Children	Patricia Howlin (1991)
Understanding And Teaching Autism	Jordan and Powell
Children with Autism and Asperger’s Syndrome	Patricia Howlin
More than Words	Fern Sussman (1999)
Educating Children with Autism	Catherine Lord & James P. McGee Eds (2001)
Play and Imagination in Children with Autism	Pamela J. Wolfberg (1999)
Unraveling the Mystery of Autism and PDD	Karen Seroussi (2000)
Keys to Parenting and Child with Autism	Marlene Targ Brill (1994)
Activity Schedules for Children with Autism	Lynn E. McClannahan & Patrician J. Krantz (1999)
Targeting Autism	Shirley Cohen (1998)
Facing Autism	Lynn M. Hamilton (2000)
The Oasis Guide to Asperger Syndrome	Patricia Romanowski Bashe & Barbara L. Kirby (2001)
Baby Talk	Sally Ward (2000)
Steps to Independence	Baker & Brightman (1997)

Forging Friendships: A Social Skills Manual for Children with Autism Spectrum Disorders.	Therapy Focus, Level 2, 161 Great Eastern Highway, Belmont WA 6104. Ph: (08) 9478 9500
Asperger Syndrome: A practical guide for teachers.	Cumine, Leach & Stevenson
Profile of Services for Children with Autism Spectrum Disorders, 2003.	Therapy Focus, Level 2, 161 Great Eastern Highway, Belmont WA 6104. Ph: (08) 9478 9500
Autism in the Early Years: A Practical Guide.	Cumine, Leach & Stevenson
Autism for All Teachers	KLIK Enterprises, PO Box 1702 Canningvale WA 6970. Email: klik@iinet.net.au Web: www.iinet.net.au/~klik
Lucy's Story: autism and Other Adventures	Publisher: Book in Hand, Queensland www.accessin.com.au/~paris/bih/
Blue Bottle Mystery (a fiction story for children aged 8 – 10 years. Main character is a boy with Asperger's Syndrome).	Kathy Hoopman
The Curious Incident of the Dog in the Night Time (a fiction story for adolescents and adults. The main character is a teenage boy with Asperger's Syndrome).	Mark Haddon, 2002
Sleep Better: A Guide to Improving Sleep for Children with Special Needs	V. Mark Durand, 1998
Raising a Child with Autism.	Shira Richman, 2001

Videos

A to A: A Video About Families and Approaches to Autism	National Autistic Society Available from ACTIV Library
Against All Odds: 2 days in the Life of an Autistic Boy	Available from ACTIV Library
Autism: A World Apart	Channel 4, London Available from ACTIV Library
Autism Behind and Invisible Wall	National Autistic Society Available from ACTIV Library
Autism the School Years – A Video Resource Package for Those Responsible for Teaching Children with Autism in Mainstream Classes	Disability Services Commission
Autism – Life with Strangers	Available through DSC – Country Services
It's a Long Road	Carers Association of WA (1800 242 636)
I'm Not Stupid – A Video on Asperger's Syndrome	Available through DSC – Country Services

Web Sites

Other information can be obtained from the internet. There is A LOT of information on the net and it is wise to keep a critical and enquiring attitude when accessing sites. It is always helpful to talk information over with a trusted family member, friend or service provider. The following is a very brief sampling and includes some useful addresses to start with.

General Information

- OZAutism: an Australian site with monthly updates. Provides listings of general information, articles, resources and associations related to Autism and Asperger's Syndrome. www.hunter.apana.org.au
- Autism fact sheet provided by National Institute of Neurological Disorders and Stroke <http://mhsource.com/hy/autism.html>
- references to Autism, resources and other web sites <http://edu/jmwobus/autism/more.html>
- Autismconnect at Yale University: <http://mhsource.com/hy/autism.html>
- Yale University general information site: <http://info.med.yale.edu/chldstdy/autism/page11.html>
- The Autism Link Page <http://members.tripod.com/~transmil/alp.htm>
- PDDNOS Information: <http://www.autism.org/pdd.html>
Also try <http://www.bsc.net/jaynamom/PDDNOS2.html>
- General information: <http://www.autism-resources.com>
- Autism Info: wide range of general information plus lots of links to other Autism and Asperger's Syndrome related sites: <http://www.autisminfo.com>
- Future Horizons: general information and online books about Autism, Asperger's Syndrome and other special needs, also has lots of related links: www.FutureHorizons-Autism.com

Australian Autism Groups and Associations

- Autism Association of Western Australia
Locked Bag 9, Post Office, West Perth, WA 6872
Ph: 08 9489 8900 Fax: 08 9489 8999 Website: www.autism.org.au
- Autism Queensland
PO Box 363, Sunnybank, QLD 4109
Ph: 07 3272 8306 Fax: 07 3273 8306 Website: www.autismqld.asn.au
- Autism Association of South Australia
3 Fisher Street, Myrtle Bank, SA 5064
Ph: 08 8379 6976 Fax: 08 8338 1216 Website: www.autismsa.org.au
- Autism Victoria
PO Box 235, Ashburton, VIC 3147
Ph: 03 9885 0533 Fax: 03 9885 0508
Website: www.autismvictoria.org.au
- The Autism Association ACT (inc)
c/o SHOUT, PO Box 717, Mawson, ACT 2607
Ph: 02 6286 8887 Fax: 02 6286 4475
Website: <http://autism.anu.edu.au>
- Autism Tasmania
Post Box 1552, Launceston, TAS 7250
Ph: 03 6423 2288 Website: www.autismtas.org.au

- Autism Association of NSW
41 Cook Street (PO Box 361), Forestville, NSW 2087
Ph: 02 8977 8301 Fax: 02 8977 8399
Website: www.autismnsw.com.au
- Northern Territory
(via Northern Territory Carers Office)
Ph: 08 8948 4877 Website: www.ntcarers.asn.au

Organizations – information and support

- National Autistic Society, UK http://www.oneworld.org/autism_uk/
- Online Asperger Syndrome Information and Support <http://www.udel/bkirby/asperger/>
- Activ Foundation Perth, parent portal; information for families on a range of disability issues <http://www.activ.org.au/parentportal>
- Active Foundation Perth: has an excellent library covering disabilities including Autism and PDD <http://www.activ.asn.au>
- The National Autistic Society (UK) for information and references on Autism, PDD, and Asperger's Syndrome <http://www.oneworld.org/autism>

Organizations - Research

- W.A. Autism Research: Current and completed WA research <http://www.autismwa.org.au>
- Centre for Study of Autism in Oregon, USA <http://www.autism.com/>

Intervention and Treatment

- Information about the TEACCH program <http://web.syr.edu/jmwobus/autism/TEACCH.html>
- Social Stories <http://www.canterbury.ac.uk/xplanatory/seminars/ss1menu.htm>socialstory
- The Hanen Centre, Canada (a parent training programme that supports language development through the parent and child's interaction) Email: info@hanen.org Website: www.hanen.org

Parent to Parent

- resource guide prepared by a parent of a child with Autism <http://pages.prodigy.com/dporcari/index.html>

Educational Software

Information on Computer Software can be obtained from many local as well as specialist suppliers. A brief listing includes the following;

- **Random Access**
Educational Supplies Department
69 Adelaide Terrace, Perth 9278 1080
- **Spectronics**
PO Box 88, Rochedale, QLD (07) 3808 6833
- **Educational Software**
PO Box 658, Armidale, NSW 1800 023 069
- **Regency Park**
PO Box 2483, Regency Park, SA 1800 243 246
- **Compic** (b/w and colour drawings for developing visual support tools) 10 Roper Street, Moorabbin, Victoria 3189 Ph: (03) 9553-6182 Email: compic@bigpond.com

SECTION 5: REFERENCES AND SOURCE DOCUMENTS

REFERENCES

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14. Iwnicki, A. and Manning, M. (2003). Asperger Syndrome: the process of assessment and diagnosis and issues raised for clinicians working in an adult mental health service. *Good Autism Practice*; 4 (1), pp 53-62

ORIGINAL SOURCE DOCUMENTS

Used in the development of this booklet

Document Title	Author/s	Date/s
Minutes: Autism Clinical Diagnostic Forum DSC/SCDC Working Party	Minutes taken by: Kate Smith	23/9/1998
The Autism Diagnostician's Forum	John Wray and Ritu Campbell	11/12/2002
School Age Info Pack	Justine Doust	
Autism Assessment Standards across Disability Services Commission Autism Centre and State Child Development Centre	DSC- Autism Centre (now DSC-MAS), and SCDC staff	4/12/2000
The Diagnostic Process for Children Referred for Assessment of Autism Spectrum Disorders	Ritu Campbell, Kate Smith & Richard May and signed off on by Angus Buchanan,	12/12/2002
Private Practice Standards	Derek Cohen, Clinical Psychologist & Sandy Gray, Speech Pathologist	12/8/2001
Guidelines for Private Practice in the Psychological Assessment of Autism Spectrum Disorders	Derek Cohen, Clinical Psychologist	2001
Diagnostic Assessment of Children with Autism – Eligibility for Early Intervention Funded Services for Autism	Drafted by Dr. Philip Montgomery, DSC	15/2/2000
Autism Assessment Standards across Disability Services Commission – Autism Centre and State Child Development Centre	DSC-AC and SCDC staff collaboratively	4/12/2000
Disability Services Commission Diagnostic Assessment of Children with Autism – Checklist for Diagnosticians (Flowchart)	DSC-MAC staff	
Literature review related to Autism Accreditation Project	Compiled by Sarah MacDermott, Project Officer DSC-MAS	Nov 2002-March 2003
Feedback from Subgroup of Autism Diagnosticians Re: Adult Diagnosis	Subgroup members: Hugh Cook, Psychiatrist; Joan McKenna- Kerr, Autism Assoc; Carrie Buckland, Speech Pathologist; Martin Exell, Clinical Psychologist; Kate Smith, Clinical Psychologist	22/06/1999 & 20/07/1999
Process recommended in WA at Autism Diagnostician's Forum for Assessment of Adults and Adolescents in Terms of Autism Spectrum Disorders	Compiled by Kate Smith, Clinical Psychologist, DSC-MAS	August 2002
The Diagnostic Process for Adolescents and Adults referred for Assessment of Autism Spectrum Disorders (DSC)	Developed by Ritu Campbell, Clinical Psychologist; signed off on by Angus Buchanan, Director Metropolitan Services Co-ordinator DSC	Nov 2002
Autism Assessment Standards – Specialist Country Services	Document prepared by Debbie May, following discussion between Carrie Buckland, Speech Pathologist; Trish Webb, Speech Pathologist and Lelle Taffyn, Psychologist	30/01/2000
ASD Brochure – Eligibility Criteria and Referral Procedures for People who may have an Autism Spectrum Disorder (ASD)	DSC Eligibility Coordination staff	
Email communication regarding WAADF's history	Kate Smith, Clinical Psychologist, DSC	08/04/2004

Email communication regarding WAADF's history	Jura Tender, Clinical Psychologist, ISSAD	03/08/2005
DSC: Committees- Special Subject Files "Autism Diagnosticians' Forum" Volumes 1 - 3	Various authors	1998 - 2004
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