

Axia Information Pack



Who We Are

Axia is founded and co-directed directed by Dr Linda Buchan, a Consultant Clinical Psychologist with a forty-year experience in the field of Autism and neurodiversity, alongside Calvin Atkinson, Self-proclaimed Nerd Consultant and Head of Axia's Film Society.

Axia has a vastly experienced Multidisciplinary Team of diagnosticians including Clinical Psychology, Speech and Language Therapy, Mental Health Nursing, Occupational Therapy, Teachers and prestigious trainers, authors and researchers in the field of Autism. Our full team can be viewed on the ['Meet the Team'](#) section of our website.

Axia's model of working is informed by the Partnership Model developed by Professor Hilton Davis and Dr Linda Buchan in the 1980s. This means that parents are viewed as the experts on their children and individuals as experts on themselves. Our task is to share the mutual expertise that is in the room in the spirit of openness, honesty and genuineness. We do not adopt a deficit model in relation to neurodevelopmental difference but rather focus on the strengths that come with neurodiversity as well as some of the challenges.

Axia's team has a varied pool of interests, and we are able to use this to engage and connect with those who visit our clinic, for example, our Anime Amigos. Axia has a neurodiverse team and we passionately believe in valuing individual's interest.

Three of our team have written and published books; How Did That Happen? Memoirs of a Dyspraxic Diagnostician by Dr Linda Buchan, The Nerd Consultant's Guide to Anime by Calvin Atkinson and Mental Models of Reality: A Diatribe by Dream.

What We Do

Axia ASD Ltd is a diagnostic service for:

- Autism Spectrum Disorder¹ (ASD)
- Dyspraxia/Developmental Coordination Disorder (DCD)
- Attention Deficit Hyperactivity Disorder (ADHD)

We use the ICD-11 and DSM-5 diagnostic criteria to form a diagnostic opinion and use structured and unstructured interviewing, observations and developmental history taking. Dr Buchan has been involved in the writing of the NICE Guidelines in relation to Autism Spectrum Disorder and also part of an internet-based World Health Organisation Study with regards to the writing of ICD-11 diagnostic criteria.

When booking an assessment with Axia, the individual is arranging for a neurodevelopmental assessment to take place. This means that we will assess for the above but does not guarantee that a diagnosis will be given. We assess the individual in the context of any pre-existing diagnoses that they may have and take this into account when reaching a diagnostic conclusion. In cases where the individual does not meet the diagnostic criteria, this will be explained to them / their family and they will be signposted to relevant resources and / or services.

¹ We are aware that there is a move to change the term 'disorder' to 'condition'. Research conducted with autistic people suggests that there is a preference for 'disorder', therefore we will continue to use this term.

As well as Neurodevelopmental Assessments, we also conduct the following:

- Speech and Language Therapy Assessments
- Occupational Therapy Assessments
- Sensory Integration Assessments
- Cognitive Assessments
- Specialist Therapy Services

We can also screen for Dyslexia and Irlen's Syndrome.

We are able to conduct face to face appointments in our clinic rooms in Chester and Sheffield as well as virtually, where appropriate.

Post-Diagnostic Support

We offer a range of post-diagnostic support including a Post-Diagnostic Support Group, Film Society, interactive Facebook groups and our Anime Amigo vlogs and live streams.

Therapy sessions can also be used as a more personalised form of post-diagnostic support.

You can now watch the Axia ASD: An Introduction video
www.axia-asd.co.uk/about/

Our Website

Our website is a useful tool to find information and resources, as well as keep up to date with upcoming events via our news posts and weekly bulletins. You may wish to take some time to familiarise yourself with the layout of the website, as this may be helpful to you at all stages of the assessment process, and beyond.

You can now watch the website tour
www.youtube.com/watch?v=StnE4tqeWpo

The Anime Amigos

The Anime Amigos is a group made up of Cal, Ren, Reece and Elliot who produce monthly podcasts discussing the world of Anime. This, along with their live streams and game/film reviews, makes up part of our post-diagnostic support. Cal has also written a book 'The Nerd Consultant's Guide to Anime'.

You can now watch the Anime Amigos introduction
www.youtube.com/watch?v=hvYza8vqeQA

And

Have a look at the Film Society section of the website, where you will find film reviews, game reviews, podcasts and live streams from the Anime Amigos
www.axia-asd.co.uk/category/film-society/

Autism Spectrum Disorder (ASD)

Autism is a lifelong condition that affects how a person communicates and interacts with the world and those around them. In order to receive a diagnosis, a person must meet the criteria of the DSM-5 and ICD-11 due to difficulties in:

1. Social Communication
2. Social Interaction
3. Flexibility of Thought
4. Unusual Sensory Experience

You can now watch the 'What is autism?' video by the National Autistic Society
www.autism.org.uk/advice-and-guidance/what-is-autism

Portrayals of Autism in the Media - Presentation by Calvin Atkinson, Director, Self-proclaimed Nerd Consultant and Head of Film Society

Calvin views neurodivergent individuals as some of the most creative, talented, interesting and inspiring members of society. This presentation will try to demonstrate this value base, beginning with a description of his first book: "The Nerd Consultant's Guide to Anime". Calvin will explain why he was motivated to write it, and how it has been used clinically at his workplace. Calvin will go on to look at cross-culture representations of Autism and Mental Health in the media, including Japan, USA and UK.

This presentation was originally given at the NAS Professionals Conference in February 2020 with the following aims:

- To demonstrate how "Nerd Consultancy" can be used in a clinical setting to aid the diagnostic process. One example is the use of Calvin Atkinson's first book: "The Nerd Consultant's Guide to Anime"
- To invite delegates to challenge their preconceptions of the quality of Autism and Mental Health portrayals in the media
- That delegates will leave valuing the interests people have rather than seeing them as restricted interests or repetitive behaviours

With these aims in mind, you can now watch Portrayals of Autism in the Media
<https://www.youtube.com/watch?v=V62uFqpJtSs>

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a lifelong condition, with characteristics such as impulsivity, inattentiveness and hyperactivity. In order to receive a diagnosis, a person must meet the criteria of the DSM-5 and ICD-11 due to difficulties in:

1. Hyperactivity
2. Inattention
3. Impulsivity

*You can now watch the 'What is Attention Deficit Hyperactivity Disorder?'
video by Thomas E. Brown, PhD*

www.axia-asd.co.uk/what-is-attention-deficit-hyperactivity-disorder/

Dyspraxia / Developmental Coordination Disorder (DCD)

Dyspraxia / Developmental Coordination Disorder affects fine and gross motor coordination skills in children and adults. There may also be difficulties in time management, planning and organisation. In order to receive a diagnosis, a person must meet the criteria of the DSM-5 and ICD-11 due to difficulties in:

1. Gross motor coordination
2. Fine motor coordination

*You can now watch the 'What is Developmental Coordination Disorder (DCD)?' video by
Priscila Caçola, PhD*

www.youtube.com/watch?v=nzOZnS4xdqo

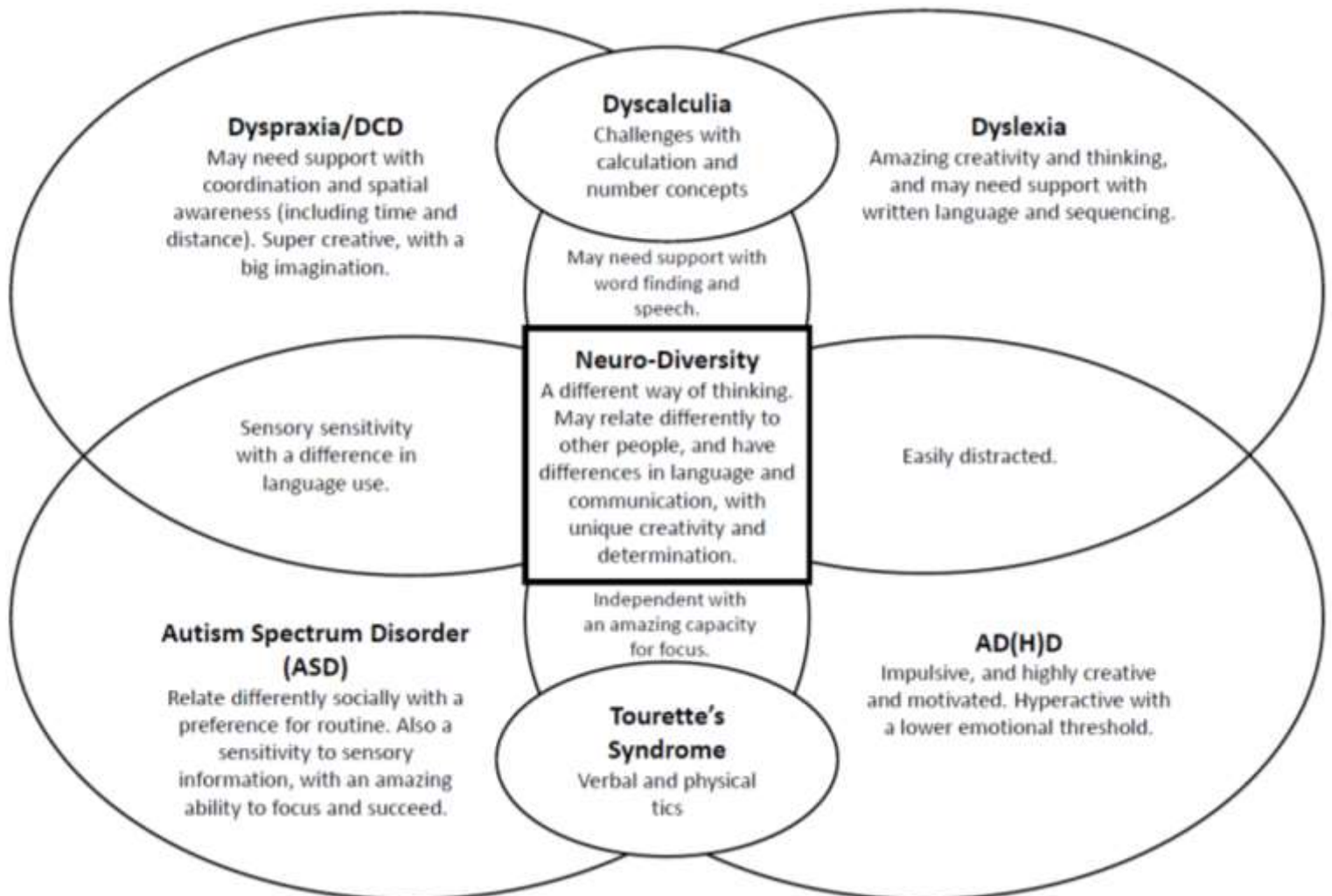
and

'The Living Contradiction' presentation by Calvin Atkinson

https://www.youtube.com/watch?v=w0NCE_7JvyE

Co-occurring Conditions / Comorbidity

When a person has one neurological condition, there is a chance that they will also have another. The Venn diagram shown below illustrates how these conditions overlap and how the strengths and difficulties can seem to counter each other, for example the impulsivity seen in Attention Deficit Hyperactivity Disorder and the preference for routine in Autism Spectrum Disorder. It is important to understand a person's full profile in order to provide the correct support.



Our Model of Assessment

Below is the 'Model of Assessment' document which is sent as part of our response to an initial enquiry. This document outlines what happens before, during and after the appointment.

Axia Model of Assessment

Our model of working is informed by the Partnership Model developed by Professor Hilton Davis and Dr Linda Buchan in the 1980s. This means that parents are viewed as the experts on their children and individuals as experts on themselves. Our task is to share the mutual expertise that is in the room in the spirit of openness, honesty and genuineness.

This model means that we openly discuss our thoughts and ideas in the room with you and between clinicians and also openly share how we have arrived at our conclusions.

We do not adopt a deficit model in relation to neurodevelopmental difference but rather focus on the strengths that come with neurodiversity as well as some of the challenges.

The Assessment Process:

Before your appointment

Along with your appointment letter, you would be sent a detailed **Developmental History Questionnaire** for completion, which goes right from pregnancy through to present day and looks at the following areas:

- Social Communication - for example your first words, communication style and any speech and language difficulties
- Social Interaction - for example friendships, eye contact and reading other people
- Attention and Concentration - for example any difficulties with following instructions, being easily distracted and giving up easily if something is boring
- Impulsivity - for example finding it hard to wait your turn, acting without thinking and struggling to stop when on a course of action
- Hyperactivity - for example feeling restless, talking excessively and finding it hard to sit still
- Flexibility of Thinking and Executive Functioning - for example being able to learn from your mistakes, being organised and any struggles with change
- Sensory Processing - for example, being hypo/hyperresponsive (under or over responsive) in areas such as light touch, deep pressure touch, body awareness, balance and movement, sight, hearing, smell, taste and internal sensations (hunger/needing the toilet)
- Other Features - including any sleep disturbance, stimming, mannerisms, stomach and bowel problems or other features commonly seen but not necessary for the diagnosis
- Skills and Interests - for example things you enjoy spending your time doing and your skills and strengths
- Family Medical History
- Early Development - This looks at pregnancy to early childhood. For older people, this section may be quite sparse

Under each section, various prompts are given. However, we have open-ended sections so that you can write down anything you feel is relevant to us.

Evidence from other Settings

We would encourage you to share any information you already have regarding your child or yourself so that we can group together all of the evidence to assist us with arriving at a diagnostic conclusion.

Observations from an Educational Setting

Working in Partnership is at the core of our practice and involving your child's educational setting with the process can be particularly beneficial. We would recommend providing contact details for us to gain observations from nursery, school or college if your child attends. However, if you home educate your child, you may wish to provide contact details of any consenting tutors or other professional bodies, such as a GP, for us to discuss their observations.

Please note, if you are bringing your child for an ADHD assessment, particularly if following a diagnosis, you may want to explore the possibility of medication we would need to contact school (if they attend). Referrals for the ADHD pathway often begin with school and their involvement is preferred. Furthermore, if you think medication may be something you want to explore then you should consult your local services to check their policy on prescribing ADHD medication following a private diagnosis.

Axia ASD are not able to prescribe medication or to make recommendations about which medication GPs should prescribe.

Observations / Input from a Paediatrician or other Professionals

If you have had involvement from a Paediatrician, evidence of this can assist with reaching a diagnostic conclusion and we ask that, if possible, you provide documentary evidence of this.

Historical observations from other professionals, such as GPs, Speech and Language Therapists, Occupational Therapists, CAMHS and Teachers are always extremely useful in assisting with the diagnostic process.

On the Day

The diagnostic assessment will usually last approximately two hours and take place at our Consulting Rooms in Saltney, Chester, our Sheffield Office or via Microsoft Teams. Our rooms in Chester can be viewed on our website and we try to control the environment to meet the sensory needs of our clients.

We will share with you our thoughts and opinions throughout and usually arrive at a conclusion within that two hours. We also ask three questions which we record verbatim.

1. The first question is 'why have you come to see me today', so that we can all be sure what each other's expectations are.
2. Our second question is 'what difference would the diagnosis make', so that can inform how we deliver the diagnosis.
3. Our third question is the reaction to the diagnosis. We have written extensively about reactions to the diagnosis including a thematic analysis of the different reactions that we have recorded.

Throughout the assessment, as well as being informed by the diagnostic criteria, we are also informed and looking for the three major theories of Autism throughout our time with families and individuals. Current thinking suggests that the following three theoretical underpinnings, that is:

- **Mentalising (Theory of Mind)**, that is the ability to understand that others have different intents, beliefs are desires from one's own
- **Executive Functioning** including planning, organisation and decision making
- **Central Coherence**, that is, an excellent eye for detail but this may sometimes mean the person misses the context within which the detail is located

(We can explain the underpinnings in more detail during the assessment).

We are also looking for evidence supported by research such as evidence of regression (a loss of skills), a lack of proto-declarative and/or proto-imperative pointing (a lack of the ability to indicate what is wanted and a lack of joint attention), and a lack of symbolic play (using objects represent something they are not).

Children's assessments are multidisciplinary, and your child will be seen by or discussed with, at least two members of our clinical team. Adults are usually seen by one member of the team who can call upon other clinicians if there is a clinical need.

If there is difficulty in filling out the Developmental History Questionnaire that we give out, we encourage you to attend the assessment with another person who you trust and know well. This may be a parent, older relative, spouse or friend that you have known for a long time.

In exceptional circumstances there may be a need for evidence to be discussed at a multidisciplinary Team Meeting before a diagnostic decision is reached. This may result in a further appointment being required.

When booking an assessment with Axia, the individual is arranging for a neurodevelopmental assessment to take place. This does not guarantee that a diagnosis will be given.

We assess the individual in the context of any pre-existing diagnoses that they may have and take this into account when reaching a diagnostic conclusion. In cases where the individual does not meet the diagnostic criteria, this will be explained to them / their family and they will be signposted to relevant resources and / or services.

At the end of the assessment, if a diagnosis is given, you will receive confirmation in a 'To Whom It May Concern' letter.

After the Assessment

Our reports follow the structure of the Developmental History Questionnaire and will clearly state any diagnoses made, as well as making recommendations, including local support and other services, information sheets, websites and books for further information gathering.

We send our reports to the person who referred you or your child (which may of course be yourself), a copy to relevant professionals and a copy, of course, to the family and/or individual. The fully detailed assessment report is received within 4 – 5 weeks of the assessment taking place. We write separately to the GP, highlighting any concerns we have that we feel should be made known on medical records, such as pain sensitivity.

We send out a 'Transition Curve' to help people make sense of where they are at in the adjustment process and various family members will be at different places in the adjustment process and this can lead to some conflict, for example, if somebody is in the very early stages of adjusting and another member of the family is at a much later stage of adjusting.

We also send a Venn Diagram which illustrates the overlapping of conditions and diagnoses covered by the term 'neurodiversity'. This shows how traits of one condition are often seen in others and may help to show how an individual's complex neurodiversity manifests itself.

Where a child receives a diagnosis of Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder, we send a Reasonable Adjustments for School document. The adjustments described are meant to be used as a starting point for describing how a pupil should be treated so that their differences are not a barrier to meeting full potential. We recommend that a discussion happens between the child, school and family to decide which adjustments will be helpful and meaningful.

Our diagnostic report can also serve as the Post-16 diagnostic report for Further education or Higher education and trigger an Assessment of Need through Disabled Students Allowance which is triggered when Student Finance is requested.

What Next?

Post Diagnostic Information and Support

Adults and the parents of children who receive a diagnosis through our service, will be able to access our Post Diagnostic Support Group, which hosts stimulating themes and guest speakers. You will also be able to join our closed Facebook Group. Our website is regularly updated with posts, articles, reviews and news. You can subscribe to receive email updates from our website and can interact with us by posting comments.

Our website has links to [Resources](#) and our [Library](#) which provide ideas for further reading and websites on a range of topics.

The Anime Amigos stream live video games every week and also monthly vlogs which can be accessed through our website.

Psychological Intervention and Extended Assessment

Whilst interacting through our website and Social Media Forums can be just what many families and individuals need following an assessment, for others, they may wish to explore other areas of bespoke support. This could be Psychological Intervention in the form of therapy or exploration of other areas identified in the neurodevelopmental assessment.

Our services include:

- Psychological Interventions / Therapy
- Cognitive Assessments
- Intellectual Assessments
- Speech and Language Assessments
- Sensory Integration Assessments
- Occupational Therapy Assessments

You can now watch the presentation on our reports, theoretical underpinnings of autism and the transition curve by Dr Linda Buchan

https://www.youtube.com/watch?v=cK_dujGcDog

The Transition Curve

This diagram allows individuals and their families to gauge their emotional reaction to the diagnosis.

