

@xia

Information Pack

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*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.*

## Introduction to Axia

### Who We Are

Axia is founded and co-directed by Dr Linda Buchan, a Consultant Clinical Psychologist with forty-years' 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. An example of this is the livestreams and podcasts published by the Anime Amigos. Axia has a neurodiverse team, and we passionately believe in valuing individual interests.

Four 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, *Mental Models of Reality: A Datribe* by Dream and *Penguins and Pigeons A Bird's Tale* by Jacqui Brett.

### What We Do

Axia ASD Ltd is a diagnostic service for:

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

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, you are 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 in the context of any pre-existing diagnoses that you may have and take this into account when reaching a diagnostic conclusion. In cases where the diagnostic criteria is not met, this will be explained to you / your family and you will be signposted to relevant resources and / or services.

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

**These additional services are subject to availability and charged independently of a Neurodevelopmental Assessment.**

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 as well as virtually, where appropriate.

*You can now watch the Axia ASD: An Introduction video*  
[www.axia-asd.co.uk/about/](http://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 monthly roundups.

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

*You may now watch the website tour*  
[www.youtube.com/watch?v=StnE4tgeWpo](https://www.youtube.com/watch?v=StnE4tgeWpo)

## Neurodevelopmental Assessment Diagnoses

### 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 Thinking
4. Unusual Sensory Experience

Throughout the assessment, as well as being informed by the diagnostic criteria, we are also informed by and looking for the three major theories of Autism. Current thinking suggests the following three theoretical underpinnings:

- **Mentalising (Theory of Mind)**, that is the ability to understand that others have different intents, beliefs or 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

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

### 'Portrayals of Autism in the Media'

Axia 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 Calvin's 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.

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
- To invite delegates to challenge their preconceptions of the quality of Autism and Mental Health portrayals in the media
- For delegates to 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'  
[www.youtube.com/watch?v=V62uFgpJtSs](https://www.youtube.com/watch?v=V62uFgpJtSs)

*Terminology commonly used when discussing Autism Spectrum Disorder can be found in the Glossary section of this document.*

## Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a lifelong condition, which can present itself differently across individuals. There are **three** main types of ADHD:

1. **ADHD: Combined Type** which refers to characteristics of hyperactivity, inattention and impulsivity
2. **ADHD: Predominately Inattentive** which is similar to other presentations of ADHD but is characterised primarily by problems with inattention, procrastination, forgetfulness and so on. This was previously known as ADD
3. **ADHD: Predominantly Hyperactive** which is similar to other presentations of ADHD, but is characterised primarily by hyperactivity, excessive talking / movements and impulsivity

In order to receive a diagnosis of ADHD, a person must meet the criteria for one of the types, in accordance with the DSM-5 and ICD-11.

### When can ADHD be Diagnosed?

According to the DSM-5, ADHD is determined based on the individual's age (7 and above), the number and severity of symptoms, and the presence of these symptoms across two or more settings. Therefore, at Axia we can typically diagnose ADHD for individuals aged 7 years and upward, especially those with the Predominantly Inattentive or Hyperactive Type.

### Evidence from a Second Setting

In line with the guidelines, we also try to ensure we gather as many observations as we can. If a child is home educated, or family do not want school to be involved in the assessment, these additional observations should come from a robust source, for example a tutor. Observations from extracurricular activities, e.g., after school clubs, can be used to supplement this but should not be used as the second setting.

Without sufficient evidence from another setting, we are unable to diagnose ADHD.

### Medication

**Axia is unable to comment on or prescribe medication for ADHD.**

Further information and guidance can be found in the FAQ section of this document.

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/](http://www.axia-asd.co.uk/what-is-attention-deficit-hyperactivity-disorder/)

*Terminology commonly used when discussing Attention Deficit Hyperactivity Disorder can be found in the Glossary section of this document.*

## Dyspraxia / Developmental Coordination Disorder (DCD)

The word Dyspraxia can be broken down to 'dys', meaning difficulty, and 'praxis' meaning action, i.e., difficulty with carrying out and executing physical action. Dyspraxia (sometimes called Developmental Coordination Disorder) is a lifelong condition that affects fine and gross motor coordination skills.

Difficulties with fine motor coordination skills include:

- Trouble with cooking such as measuring things, cutting, peeling, pouring
- Driving a car
- Using locks and keys, zips, fasteners and shoelaces

Difficulties with gross motor coordination skills include:

- Poor posture
- Bumping into things or people
- Tripping over
- Finding sports difficult e.g., struggling to ride a bike

In order to receive a diagnosis, a person must attend a **face to face assessment** and meet the criteria of the DSM-5 and ICD-11 due to difficulties in:

1. Fine motor coordination
2. Gross motor coordination

There must be evidence of prior input from a Paediatrician or equivalent before a diagnosis of Dyspraxia can be given.

Although not directly part of the diagnostic criteria, Dyspraxia can also cause difficulty with cognitive functioning. For example:

- Sense of direction and following left / right instructions
- Telling the time on a clock face
- Estimating, e.g., judging space or distance
- Losing their place when reading
- When saying a long word, sometimes finding it difficult to get the sounds in the right order
- Losing things and finding it difficult to remember where they were placed

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

[www.youtube.com/watch?v=nzOZnS4xdqo](http://www.youtube.com/watch?v=nzOZnS4xdqo)

*and*

*'The Living Contradiction' presentation by Calvin Atkinson*

[www.youtube.com/watch?v=w0NCE\\_7JvyE](http://www.youtube.com/watch?v=w0NCE_7JvyE)

*Terminology commonly used when discussing Developmental Coordination Disorder can be found in the Glossary section of this document.*

## No diagnosis

During the assessment, the clinician will take time to unpick your experiences, exploring all possibilities to ensure the correct outcome is reached. In some cases, this may mean that no diagnosis is given. To receive a diagnosis, the criteria set out by ICD-11 and DSM-5 must be met. Where appropriate, the clinician may make recommendations for further assessments, either at Axia or via your local services, and they will note their observations in the assessment report.

You may experience some traits of a diagnosis, however but do not meet the criteria. In this case, you may still find it beneficial to make use of strategies to support individuals with Neurodevelopmental conditions, for example:

- Visual materials
- Movement breaks
- Fidget toys
- Adapting your sensory environment

Recordings of our Post-Diagnostic Support Group can be viewed on our website, and you may find certain topics to be of interest to you. Examples of previous topics include:

- Stress, PTSD and Autism
- Navigating Mental Health services
- Masking and Reasonable Adjustments
- Autism and Later Life

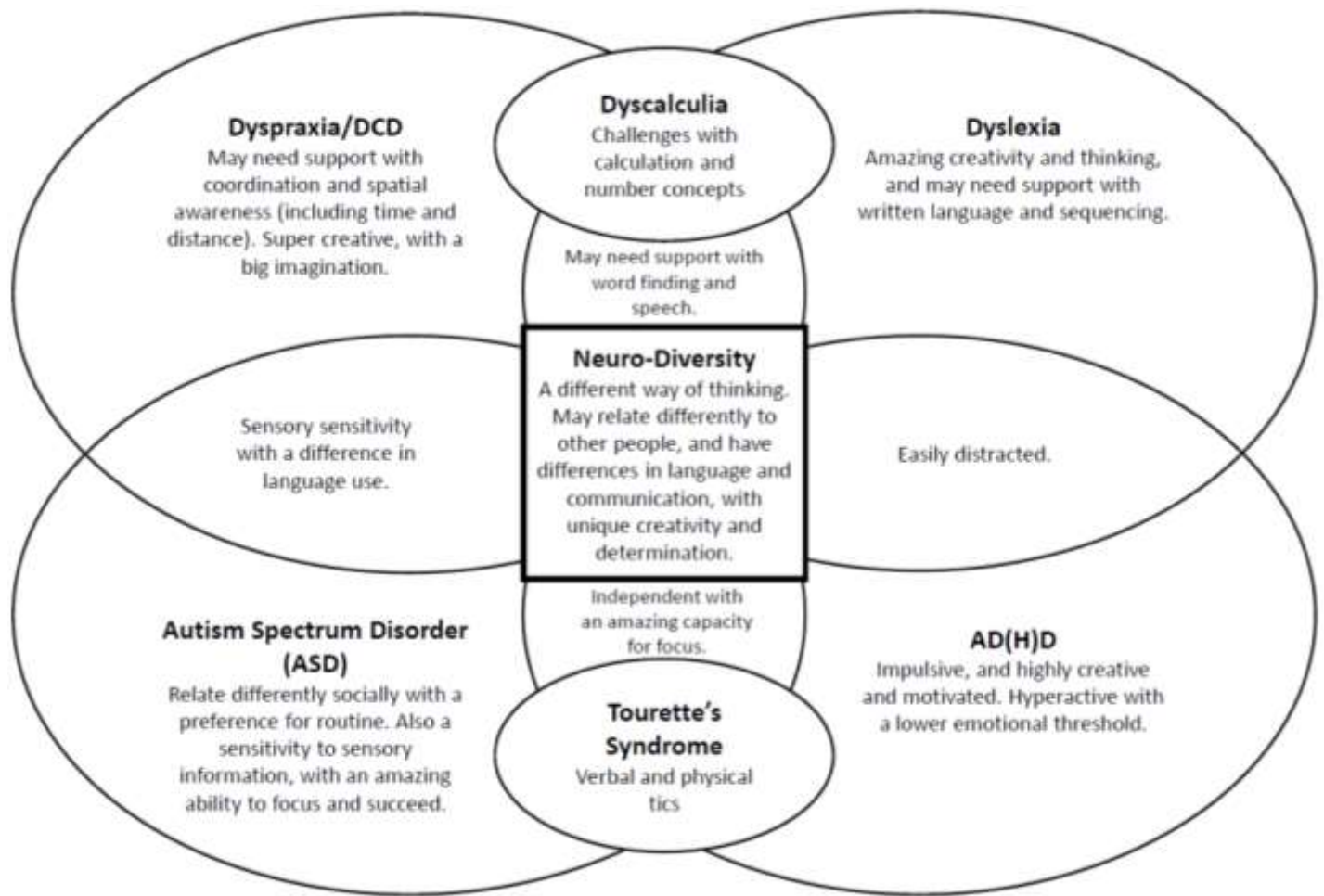
You may also find the 'Our Library' and 'Resources' sections on our website to be helpful, which cover a range of topics, such as:

- Employment
- Anxiety and Depression
- Women and Girls
- Sensory Processing



## Co-occurring Conditions / Venn Diagram

When a person has one neurological condition, there is a chance that they will also have another. The Venn diagram below illustrates how these conditions overlap and how the strengths and difficulties can seem to counter each other.



As illustrated in the Venn diagram, there is a strong overlap in some of the traits of Neurodevelopmental conditions. This means that in some cases, the outcome of your assessment may not be what you were expecting. For example, you may have attributed your dislike of change to Autism Spectrum Disorder, however after exploring your full profile, this may be better explained by a diagnosis of Dyspraxia. For example, an autistic individual may dislike change due to a need for routine, whereas someone with Dyspraxia may dislike change due to the impact this may have on other events / tasks.

When diagnoses co-exist, for example Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder, they may present differently than they would individually. It may be that traits of one diagnosis contradict traits of the other, for example the impulsivity seen in Attention Deficit Hyperactivity Disorder and the preference for routine in Autism Spectrum Disorder.

## Our 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, and 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 the appointment letter, you will 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
- Flexibility of Thinking - for example thinking in an abstract, flexible or imaginative manner, and having a 'black and white' thinking style. Many individuals with Autism find it difficult to adapt to change, and find surprises particularly hard to manage
- Attention and Concentration - for example any difficulties with following instructions, being easily distracted and giving up 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
- Executive Functioning - refers to planning, organisation and decision making
- Cognitive Functioning - refers to reasoning, problem solving, remembering and decision making as well as language comprehension
- Coordination (Gross Motor Activities) - gross motor skills involve the large muscle groups, for example legs, arms and torso. These movements include independent walking, jumping and sitting
- Coordination (Fine Motor Activities) - fine motor skills involve the smaller muscle groups, for example the hands, fingers and toes. These movements include writing, using buttons and zips
- 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 any skills and strengths
- Family Medical History
- Early Development - this looks at pregnancy to early childhood. For older people, this section may be quite sparse

This is a very lengthy document. 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.

### **Help with the Developmental History Questionnaire (DHQ)**

The DHQ can be overwhelming, but it is very useful for the clinician to have before the assessment. Delayed or incomplete DHQ's can result in an inconclusive assessment which increases the time it takes to receive a diagnosis, report and / or relevant support. If there is difficulty in filling out the DHQ, we offer our help either for particular sections or the whole document if need be. Please contact us by telephone (01244 567656) or email ([enquiries@axia-asd.co.uk](mailto:enquiries@axia-asd.co.uk)) to arrange.

### **Evidence from Other Settings**

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

### **Observations from an Educational Setting**

Working in Partnership is at the core of our practice and involving children'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 the child attends.

#### For ADHD there must be robust evidence from another setting

If your child is home educated, or you do not want school to be involved in the assessment, these additional observations should come from a robust source, for example a tutor. Observations from extracurricular activities, e.g., after school clubs, can be used to supplement this but cannot be used as the second setting.

### **Observations / Input from a Paediatrician or other Professionals**

If you / your child has 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.

Before a diagnosis of Dyspraxia can be given, there must be evidence of prior input from a Paediatrician.

## On the Day

The diagnostic appointment will last approximately two hours and take place at our Consulting Rooms in Chester or virtually. Our rooms can be viewed on our website and we try to control the environment to meet the sensory needs of our clients.

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

1. “*Why have you come to see me today?*”, so that we can all be sure what the expectations are
2. “*What difference would the diagnosis make?*”, so that can inform how we deliver the diagnosis
3. We then ask for 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

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 to represent something they are not).

Children’s assessments are multidisciplinary, and children 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.

We encourage you to attend the assessment with another person 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, you are arranging for a Neurodevelopmental assessment to take place. **This does not guarantee that a diagnosis will be given.**

We assess in the context of any pre-existing diagnoses and take this into account when reaching a diagnostic conclusion. In cases where the diagnostic criteria is not met, this will be explained to you / your family and you 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 referrer (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 6 working weeks of the assessment taking place. **With consent**, 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.

You will then also receive an Information Pack, as this can be used for reference. Within this pack is a 'Transition Curve' to help make sense of where you and your family may be in the adjustment process. Various family members may 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.

As seen previously in this document, there is a Venn Diagram which is also within the Information Pack, 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.

Reasonable Adjustments are also sent following a diagnosis with us. We have separate documents for children with a diagnosis of ASD, ADHD and DCD, and then an additional document for those in Higher Education and in the Workplace. These documents are used as guides / templates with advice that can be personalised in cooperation with schools, colleges, universities, or workplaces. 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.

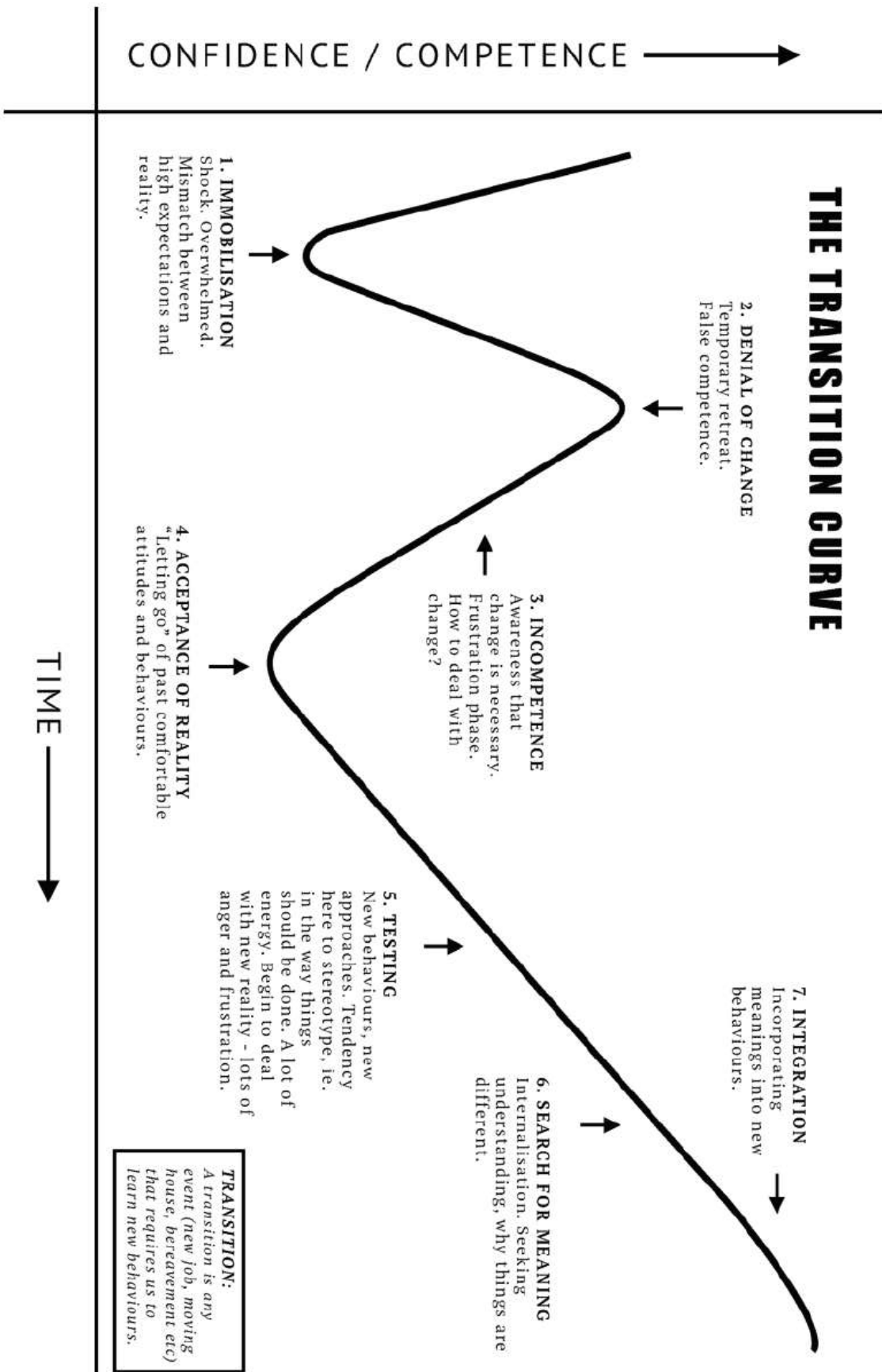
Our diagnostic report can also serve as the Post-16 diagnostic report for Further or Higher Education and trigger an Assessment of Need through Disabled Students Allowance. This process is initiated when Student Finance is requested.

## Follow-up Appointments

In some cases, a diagnostic conclusion may not be reached on the day, and a follow-up appointment may be required. Depending on the requirements, this could take place over the phone, virtually or face to face. For example, if the clinician notes traits of Dyspraxia during a virtual appointment, you may need to return for a face to face appointment in order to explore this further and reach a conclusion.

## The Transition Curve

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



## Post Diagnostic Support

### Post-Diagnostic Support Group

Our Post-Diagnostic Support Group takes place every six weeks virtually via Zoom and is for those who are aged 18+ and have been diagnosed through our service. Parents of children who have been diagnosed by Axia are welcome to attend, however the content of the sessions is aimed at autistic adults.

In order to join we require the name, date of birth and date of your assessment (or the person assessed i.e your child's date of assessment) to be sent to [social@axia-asd.co.uk](mailto:social@axia-asd.co.uk).

Once we have received these details, you can then be added to the group and will be sent the Zoom link for each session. There is no commitment to join every time and you are free to pick the topics that you are most interested in. The sessions run from 12pm-2pm, although there is no requirement to attend for the full duration.

Every session is recorded and uploaded to our website so that you can rewatch or catch up on anything you might have missed. This is available to everyone, not just members of the group.



### The Anime Amigos

The Anime Amigos is a group made up of Calvin, 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. Calvin 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](http://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/](http://www.axia-asd.co.uk/category/film-society/)



## Post-Assessment Leaflet

Regardless of the outcome of the assessment, you will be offered a 'Post- Assessment' leaflet, which can be seen below, describing the Post-diagnostic support we offer at Axia and some more additional information and helpful resources. This document is also available in Welsh.



## Social Media

Axia's social media account names can be seen below. Our Facebook and Instagram accounts are the most active.

Adults, and the parents of children, who receive a diagnosis through our service will be able to join our closed Facebook Group. Members are encouraged to share posts that they have found useful, and there is often interactive discussion around a range of topics.

We share Axia news and events, as well as other information via our Instagram page. This is a useful tool and many people have been able to connect with our service in this way.





## Alert Cards

Following a diagnosis, you / your child will be offered an alert card which can be used to share the diagnosis where you feel appropriate, without the need to share the full assessment report.

If you do not take a card on the day, or need to request a replacement card, you can contact us by telephone (01244 567656) or email ([enquiries@axia-asd.co.uk](mailto:enquiries@axia-asd.co.uk)) with your / your child's name and date of assessment. There is no charge for the cards.

There are five different cards in total, covering the possible diagnoses that someone may receive. On the reverse of the card, there is space for an emergency contact, our key contact details and a QR code to be taken to Axia's website.


**I am Autistic** 

This may mean:

- I require clear explanation as to what is happening and why
- My behaviour or reactions may seem unpredictable
- I can be extremely anxious in unfamiliar situations
- I can find dealing with change and transitions difficult
- I have sensory sensitivities that cause me pain or distress

Name:

Please turn over for more information

**I have ADHD** 


Attention Deficit Hyperactivity Disorder (Combined Type)

This may mean:

- I require more time to process some information
- I am easily distracted and find concentrating difficult
- I behave impulsively and have little sense of danger
- I can become restless when bored and need to move/fidget

Name:

Please turn over for more information

**I have ADHD** 


Attention Deficit Hyperactivity Disorder (Predominantly Inattentive Type)

This may mean:

- I need instructions/questions repeated to me
- I avoid tasks that require intense concentration
- I am often distracted and find focussing difficult
- I have a short attention span and forget/lose things often

Name:

Please turn over for more information

**I have ADHD** 

Attention Deficit Hyperactivity Disorder (Predominantly Hyperactive Type)

This may mean:

- I can be impatient and interrupt others
- I behave impulsively and have little sense of danger
- I am constantly moving or fidgeting
- I am restless and easily bored

Name:

Please turn over for more information

**I have Dyspraxia** 

This may mean:

- I have difficulty with fine and gross motor coordination
- I have trouble judging distance, space and time
- I find it difficult to organise myself and can mix up dates/times
- I lose track of conversations and can miss important details

Name:

Please turn over for more information

In an emergency please contact:

Name:

Telephone:




Scan QR code to be taken to Axia's website

 [enquiries@axia-asd.co.uk](mailto:enquiries@axia-asd.co.uk)
 01244 567656
  [www.axia-asd.co.uk](http://www.axia-asd.co.uk)

## **Reasonable Adjustments**

Reasonable Adjustments are also sent following a diagnosis with us. We have separate documents for children with a diagnosis of ASD, ADHD and DCD, and then an additional document for those in Higher Education and in the Workplace. These documents can be personalised for the client in cooperation with their school, college, university, or workplace. Whilst the children's document is a tick-box to be agreed with parents and school, the adult version is more of a guide or 'how-to' document.

### **Reasonable Adjustments for School**

The adjustments for children 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 their full potential. We recommend that a discussion happens between the child, school and family to decide which adjustments will be helpful and meaningful.

### **Reasonable Adjustment for Adults**

This document covers various topics such as what a reasonable adjustment actually is, what you can ask for and how to ask for this, guidance for further / higher education and employment and accessing other services. It also includes examples of adjustments that can be requested for an interview and the application process. Adjustments made in adult education or workplace settings should be recorded in the appropriate way for that setting, for example HR or student support.

At the end of the document, there is a list of useful resources for example guidance from the NAS, Disabled Students Allowance and government guidance on reasonable adjustments.

## FAQs

### Can you prescribe medication?

No, Axia is unable to comment on or prescribe medication. There is no medication for Autism Spectrum Disorder.

We are often asked about who can prescribe medication for ADHD, particularly for adults where the NICE guidelines recommend medication as the first line of intervention. The NHS website provides some useful information about the types of medication and potential side effects [www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/treatment/](http://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/treatment/)

It is usual for, in the first instance, a specialist such as psychiatrist, paediatrician or someone who has been trained in prescribing to recommend and monitor any medication prescribed. This can take some time in getting the right medication and right dose, (often referred to as titration). Once the correct medication and dose has been received it is then very common for the specialist to reach a Shared care agreement with the GP ([shared-care-protocol-02-adhd-v10-201810-hmmc.pdf](http://shared-care-protocol-02-adhd-v10-201810-hmmc.pdf) ([hpft.nhs.uk](http://hpft.nhs.uk))) so the GP can monitor the medication and any potential side effects, for example, taking regular blood pressure checks.

If you are interested in the possibility of medication for an ADHD diagnosis, you should first speak with your GP to ensure that they will prescribe following a private diagnosis.

### Where can I go for urgent mental health help?

There is an option to access mental health information on our voicemail if you are in need of urgent help. You can do this by selecting option '1' when calling the office or following the website address described.

If you are in need help for a mental health crisis or emergency, you should get immediate expert advice and assessment. It is important to know that support is available, even if services seem busy at the moment.

*Please be aware that Axia is **NOT ABLE** to offer a crisis or emergency service.*

There is also a page on our website signposting where to go for urgent help. This can be found by following this link <https://axia-asd.co.uk/where-to-get-urgent-help-for-mental-health/>

On the back of the Post-assessment leaflets we provide there is a range of information and resources including helplines and Apps, all of which are also on our website.

### I'm struggling with my Developmental History Questionnaire - can you help?

The DHQ can be overwhelming, but it is very useful for the clinician to have before the assessment. Delayed or incomplete DHQ's can result in an inconclusive assessment which increases the time it takes to receive a diagnosis, report and / or relevant support. If there is difficulty in filling out the DHQ that we give out, we offer our help either for particular sections or the whole document if need be. Please contact us by telephone (01244 567656) or email ([enquiries@axia-asd.co.uk](mailto:enquiries@axia-asd.co.uk)) to arrange.

### **Do you have to contact school?**

We do contact the school unless parents / carers state otherwise. However, to diagnose ADHD we will need observations from a second setting (the first being the clinic room). If parents / carers do not wish this to be school, or the child does not attend a school setting, we will require additional robust observations from a professional, e.g., a tutor.

### **Do you have to let my GP know?**

If you are a self-funded client does not want us to send a copy of your report to your GP, you should let us know by making a note of this on your appointment form or contacting the office. However, we would advise that you share any diagnoses with your GP so that your medical records can be updated. This is particularly important if, for example, you have an adverse reaction to pain.

If you or your child has been referred to us from your GP or Health Board we will share a copy of their assessment report with the referrer as standard.

### **Is this a recognised diagnosis?**

Yes – our neurodevelopmental assessments focus on the pertinent criteria outlined in DSM-5 and ICD-11. We acknowledge and work within the best practice guidelines for working with Autism, as set by the British Psychological Society (BPS) and follow the guidelines published by NICE. GPs, schools and workplaces should accept our diagnoses – if this is not the case, we'd ask that you get this in writing, with an explanation as to why the diagnosis is being disputed, and we can then clarify this.

### **Do you accept referrals through Right To Choose?**

We can accept referrals through Right To Choose however this is only for adults and we can only diagnose Autism.

We need written confirmation from the CCG for funding, and this is often done via the GP.

### **How much is the assessment? Can the price be reduced if I am only looking for one specific diagnosis?**

If you come to us as a self-funded client, a full Neurodevelopmental assessment will take place, assessing for Autism, ADHD and Dyspraxia. We can also recommend assessments for other conditions such as Dyslexia or Irlen's Syndrome but cannot diagnose them here.

A full assessment with us costs £1500 and this cannot be at a reduced rate for those only interested in an assessment for Autism for example.

### **Can I choose who does the assessment?**

Self-funded clients complete an appointment form prior to their appointment being made, and on this form, they can make a note of any requests they have, whether this be an afternoon appointment, a room with reduced lighting or even a particular clinician.

For clients who have been referred, this may be more difficult for this to be brought to our attention as they do not complete the same appointment form, but if they contact us with enough time, we will always try and be as accommodating as possible.

It is important to note that particular requests may increase the waiting time of your appointment due to clinicians' availability.

Certain clinicians are only available to assess virtually, and some can only do F2F appointments, so it is important to check the clients preferred method beforehand. This is often done when the call list is done a few weeks prior, to check clients can still attend their appointments.

### **I can't make it to Chester, can I have the appointment virtually?**

We are able to conduct appointments both face to face and virtually. This is particularly useful for those who do not live locally, but also can help to avoid cancellations, for example if someone is unable to travel at the last minute, they can have a virtual appointment rather than cancelling or rearranging.

Those who choose to have a virtual assessment are sent a 'how-to' guide as part of their appointment pack. The link for the meeting is sent to the client 1-2 weeks prior to their appointment (when they are called to confirm their attendance).

Where possible, we advise that children are assessed in person. Please note we are unable to assess for Dyspraxia virtually. If you choose to have a virtual appointment and the clinician sees traits of Dyspraxia, you may need to return for a face to face appointment to confirm this.

### **Can you diagnose PDA?**

Pathological Demand Avoidance is not a standalone diagnostic label and as such we are not able to give a diagnosis of PDA. If the clinician observes traits of PDA throughout the assessment, they may word the diagnosis as 'Autism Spectrum Disorder with a Demand Avoidant Profile', for example. The clinician will discuss the pros and cons of having this wording as part of the diagnosis, for example possible implications on employment.

Please reference the recent guidance: [www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf](http://www.pdasociety.org.uk/wp-content/uploads/2022/01/Identifying-Assessing-a-PDA-profile-Practice-Guidance.pdf)

### **How long is the assessment?**

The assessment lasts around 2 hours, and a conclusion is usually reached within this time. In some cases, an additional appointment may be required – this could take place in person, virtually or over the phone. If a diagnosis is given, you will be given a To Whom It May Concern letter as confirmation of this, as well as being offered the relevant Reasonable Adjustments document and alert card.

### **I didn't receive a diagnosis through Axia – what support can you offer me?**

The Post-Assessment leaflet may be of help to someone if they did not meet the criteria for diagnosis, or were diagnosed elsewhere. They are unable to join our PDSG sessions and

private Facebook group as this is for those diagnosed (or parents of) via Axia only, however they can watch previous recordings and follow our public social media accounts.

## Glossary

ADD	Attention Deficit Disorder – the previous name for ADHD Inattentive Type.
Alexithymia	The inability to identify and describe one’s own emotions.
Asperger’s / Asperger’s Syndrome	Previous name for a form of Autism Spectrum Disorder. This term was removed from the DSM in 2013, although some people diagnosed before this time still choose to refer to themselves as ‘Aspie’.
Aspie	Short for Asperger’s - a term used by some people to refer to themselves. This is commonly used in online communities.
Autie	Short for Autistic - a term used by some people to refer to themselves. This is commonly used in online communities.
BCUHB	Betsi Cadwaladr University Health Board – the referrer for North Wales clients.
BPS	British Psychological Society – a representative body for Psychologists and psychology in the United Kingdom.
CAMHS	Child and Adolescent Mental Health Service - is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.
CCG	A Clinical Commissioning Group is responsible for commissioning the hospital and community NHS services within a particular locality including, for example, neurodevelopmental assessments, therapy and intervention.
Central Coherence	Refers to an excellent eye for detail but this may sometimes mean the person misses the context within which the detail is located. This is sometimes referred to as “missing the bigger picture”.
Cognitive Functioning	This term refers to abilities such as reasoning, problem solving, remembering and decision making as well as language comprehension. This may cause difficulty with things like estimating space / distance, keeping track of belongings and being able to get the sounds out in the right order when saying long words.
CPD	Continuing Professional Development - is a combination of approaches, ideas and techniques that will help you manage your own learning and growth.

<p>DHQ</p>	<p>Developmental History Questionnaire – this document is given upon receiving an appointment. It is an opportunity to note down information about yourself or your child, regarding your communication, interests, sensory sensitivities, family history and so on. It is a lengthy document but very beneficial for the clinician to have prior to their assessment. Should you need assistance with this document, please contact us on 01244 567656 or <a href="mailto:enquiries@axia-asd.co.uk">enquiries@axia-asd.co.uk</a></p>
<p>DNA</p>	<p>Did Not Attend – this is used when a client did not attend their appointment with us. When a client does not attend, they will be discharged from our service and their GP will be made aware.</p>
<p>DSM-5</p>	<p>Diagnostic and Statistical Manual of Mental Disorders is an official classification system of mental disorders used around the world. It contains descriptions, symptoms, and other criteria for diagnosing mental disorders. The current revision is 5, hence DSM-5.</p>
<p>Dyslexia</p>	<p>Dyslexia is a common learning difficulty that can cause problems with reading, writing and spelling. A person with dyslexia may read and write very slowly, confuse the order of letters in words or put letters the wrong way round (such as writing "b" instead of "d"). They may have poor or inconsistent spelling and difficulty with information once written down.</p>
<p>Echolalia</p>	<p>Repetition of words, phrases or sounds. Echolalia could be Immediate for example responding to “Would you like juice?” with “Like some Juice?” in the same intonation. Delayed echolalia, on the other hand, is when an autistic person hears something and later repeats it at another time. For example, a child may occasionally repeat favourite quotes from a movie or TV show.</p>
<p>Echopraxia</p>	<p>Echopraxia is a tic characterized by the involuntary repetition of another person's behaviour or movements. A person with echopraxia might imitate another person's fidgeting, style of walking, or body language.</p>
<p>Ehlers-Danlos Syndromes</p>	<p>Ehlers-Danlos syndromes are a group of conditions that cause very flexible joints (hypermobility) and stretchy and fragile skin.</p>
<p>Executive Functioning</p>	<p>This refers to planning, organisation and decision making. Many individuals with Autism show real strength in their ability to think logically and methodically, however this can lead to decision making being difficult, especially when there are a number of options.</p>



Flexibility of Thinking	Individuals with Autism may have difficulties with being able to think in an abstract, flexible or imaginative manner, and may be described as ‘stubborn’ or having a ‘black and white’ thinking style. Many individuals with Autism find it difficult to adapt to change, and find surprises particularly hard to manage.
F2F	Face to Face - This is used to indicate the method of the assessment. Clients can indicate on their appointment forms if they would prefer a F2F appointment in our clinic rooms in Chester, or a virtual appointment. Some of our clinicians are only able to do F2F and some can only do virtually, so it is important to identify this from the outset.
GDD	Global Developmental Delay – The term ‘developmental delay’ or ‘global development delay’ is used when a child takes longer to reach certain development milestones than other children their age. This might include learning to walk or talk, movement skills, learning new things and interacting with others socially and emotionally.
Gross and Fine Motor Coordination	<p>Gross motor skills involve the large muscle groups, for example legs, arms and torso. These movements include independent walking, jumping and sitting.</p> <p>Fine motor skills involve the smaller muscle groups, for example the hands, fingers and toes. These movements include writing, using buttons and zips.</p>
High / Low Functioning	<p>People with Autism are sometimes described as being ‘high-functioning’ or ‘low-functioning’, however these are no longer official diagnostic labels. Those with ‘high-level functioning’ generally display incredibly mild autistic symptoms and usually have a high IQ. They also tend to excel academically. ‘Low-level functioning’ refers to autistic people who usually require support and have limited or no verbal communication, for example.</p> <p>These terms are no longer used, rather the umbrella term ‘Autism Spectrum Disorder’ is used to describe all Autistic people, regardless of their specific skills or difficulties. Labelling autistic people as either high or low-functioning can be detrimental to their wellbeing as it may prevent them from receiving the support or adjustments they need. See ‘<i>Spikey Profile</i>’ below.</p>
Hyperactivity	Hyperactivity is a state of being unusually or abnormally active. Typical behaviours may include: Fidgeting or constant moving, wandering and talking excessively.

<p>Hypermobility</p>	<p>Hypermobility syndrome is where you get pain and stiffness from having very flexible joints.</p> <p>Symptoms of joint hypermobility syndrome include joint pain and stiffness, and regularly spraining or dislocating your joints.</p>
<p>Hyper / Hypo Responsive</p>	<p>People who are hypersensitive experience sensory overload. Therefore, a child with hypersensitivity will feel things from one or more sense too much and avoid them. On the other hand, a child with hyposensitivity will not feel things from one or more sense enough, and seek them out.</p>
<p>ICD-11</p>	<p>International Classification of Diseases provides a method of classifying diseases, injuries and causes of death. The current revision is 11.</p>
<p>Idioms</p>	<p>An idiom is a phrase or expression that typically presents a figurative, non-literal meaning attached to the phrase. Examples of idioms are 'it's raining cats and dogs' / 'pull your socks up'.</p> <p>These can be confusing for individuals with a literal thinking / communication style.</p>
<p>Impulsivity</p>	<p>Impulsivity can cause people to interrupt conversations and find it hard to wait their turn. Acting without considering the consequences, engaging in risky behaviours and struggling to see possible dangers are also features of impulsivity.</p> <p>Examples of this include crossing the road without looking, climbing at height and spending money without consideration of the outcome.</p>
<p>Inattention</p>	<p>The main signs of inattentiveness are, having a short attention span and being easily distracted, making careless mistakes – for example, in schoolwork.</p> <p>It can also mean appearing forgetful or losing things, being unable to stick to tasks that are tedious or time-consuming, and appearing to be unable to listen to or carry out instructions.</p>
<p>Interoception</p>	<p>The ability to pick up on inner body signals, for example hunger, thirst and needing to go to the toilet.</p>
<p>Irlen's Syndrome</p>	<p>Irlen syndrome is a difficulty with visual perceptual processing and is not an 'eye' problem. It affects well over half of autistic people but also occurs in approximately 15% of the neuro-typical population.</p>

<p>Masking</p>	<p>Masking is a term commonly used to describe the behaviours of many people with Autism. It refers to the individual hiding or ‘masking’ their true characters, in a bid to fit in with the norms of society. This is common in women and children, trying to blend in with their peers.</p> <p>Masking can involve forcing a behaviour which may make them uncomfortable such as eye contact and smiling, scripting conversations and mimicking others, but also minimizing personal interests or their stimming behaviours (such as tapping foot or flapping hands).</p> <p>Individuals may mask to increase social connections and relationships, to avoid stigma/ mistreatment and to feel safe or ‘normal’.</p>
<p>MDT</p>	<p>Multidisciplinary Team – We have an MDT at Axia, with a range of clinicians of different professions and skills.</p> <p>Children’s assessments require an MDT discussion to take place during the assessment period, to help confirm a conclusion.</p> <p>This can also be done with adults where necessary, for example if the clinician would like to clarify something with a colleague from a different discipline.</p>
<p>Meltdown / Shutdown</p>	<p>A meltdown is an intense response to overwhelming circumstances—a complete loss of behavioural control. People with autism often have difficulty expressing when they are feeling overly anxious or overwhelmed, which leads to an involuntary coping mechanism—a meltdown.</p> <p>If meltdowns are equivalent to the fight response, then shutdowns are similar to the freeze response.</p> <p>An analogy for a shutdown is like a computer trying to turn on but it can't because there isn't enough power to do so. In a shutdown, an autistic person might not seem themselves because they're so overwhelmed that their focus has shifted to the basic functions. As they are at a reduced ability to process what is going on they may struggle to communicate as they normally do, which can mean they are mute or have a lot of difficulty forming coherent sentences.</p>
<p>Mutism (Elective and Selective)</p>	<p>Elective mutism is defined as a <i>refusal</i> to speak in almost all social situations (despite the ability to do so), and is often attributed to defiance or the effect of trauma</p> <p>Selective mutism is considered to be the <i>inability</i> to speak in specific situations and is strongly associated with social anxiety disorder.</p>

NAS	The National Autistic Society is the leading charity in the UK for autistic people and their families. They provide support, guidance, advice, and training. Some of this training has been mentioned previously in this document (see page 5).
Neurodiverse	An individual, or community, who does have a diagnosis of neurodevelopmental difference. Additionally, some people choose to self-diagnose as Autistic, for example, and they would be included within this group.
Neurotypical	An individual, or community, who does not have a diagnosis of any neurodevelopmental difference.
NICE	National Institute for Health and Care Excellence – The NICE guidelines are evidence-based recommendations for health and care in England and Wales.
Non-Binary	<p>Non-binary is an umbrella term for gender identities that are neither male nor female i.e., identities that are outside the gender binary.</p> <p><b>'Mx'</b> is a title which can be used for non-binary individuals before their name, as it does not indicate gender.</p>
Partnership Model	<p>This is Axia's model of working which means that we work in partnership with the client. We believe parents are the experts on their children and individuals are experts on themselves.</p> <p>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.</p>
PDA	<p>Pathological Demand Avoidance is widely understood to be a profile on the autism spectrum, involving the avoidance of everyday demands to an extreme extent and the use of 'social' strategies as part of this avoidance.</p> <p>This is not a standalone diagnostic label and is not recognised in either DSM-5 or ICD-11.</p>
Preferred Pronouns	Preferred pronouns refer to the set of pronouns (in English, third-person pronouns) that an individual wants others to use in order to reflect that person's gender identity.
Proprioception	The body's ability to sense movement within joints and joint position – an ability which enables us to know where our limbs are in space.

Proto-declarative pointing	To ask for joint attention i.e., to share an activity or to show someone something, such as a drawing or a bird.
Proto-imperative pointing	To indicate what is wanted, for example a toy or food / drink.
Regression	A loss of skills. This can refer to development, language / communication, social engagement or motor skills.
RTC	<p>'Right to Choose' is a referral service which gives you the right to choose an appropriate healthcare provider if your GP agrees you need to be referred to a specialist.</p> <p>We can accept referrals through Right To Choose however this is only for adults and we can only diagnose Autism.</p>
Self-Regulation	This term refers to the ability to monitor and manage emotions and behaviour. Self-regulating actions may include engaging senses (see <i>Sensory Seeking</i> below) and refocussing on a task.
Sensory Avoiding	This term describes ways in which people manage sensory input. Examples of this may include wearing headphones to manage sound, or sunglasses to manage light.
Sensory Seeking	Some people find pleasure in engaging their senses, for example using specific smells, fabrics or movements. This can be calming and provide reassurance.
Sensory Sensitivity	Unusual sensory experience is commonly reported by Autistic people, for example, a person may be over or under sensitive to a particular sense.
Spikey Profile	This term is used to describe the different levels of ability that an individual has in different areas, for example, being very skilled at problem solving and organisation, but finding verbal communication difficult. If you were to plot these abilities on a chart, the result would be a 'spikey' line.
Stimming	<p>The word 'stimming' refers to self-stimulating behaviours, usually involving repetitive movements or sounds. This is common in many but more often in Neurodiverse individuals.</p> <p>Examples of stimming in a Neurodiverse person may involve rocking, flapping hands, pacing and repetitive blinking/actions/speech.</p>
Symbolic Play	Using objects to represent something that they are not i.e., a water bottle becoming a rocket.

Synaesthesia	Synaesthesia refers to the stimulation of one sense causing a response from another, i.e., smelling or tasting colours or letters. For example, a person may see the number 6 as red.
Theory of Mind / Mentalising	The ability to understand that others have different intents, beliefs and desires from one's own.
TWIMC	These are our 'To Whom It May Concern' letters which are sent to clients following a diagnosis. These can be used at your requirements if you wish to show your diagnosis to an employer for example, without having to show the full report.
WNB	Was Not Brought - this is used in the same way as DNA but for children under 18, as they are required to be 'brought' to the appointment.

