Interdisciplinary Autism Evaluation Clinic: Meeting the Needs of Children and their Families

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ABSTRACT

The Interdisciplinary Autism Evaluation Clinic at Valley Medical Center was designed to provide a comprehensive and timely evaluation by an interdisciplinary team to children with suspected Autism Spectrum Disorder (ASD). The clinic was developed in response to a community need, indicating that children and families were encumbered by long waiting lists for appointments at tertiary medical centers and lack of communication between service providers. This program, which has been running for one year, has streamlined the process of diagnosis for children and families, enabling children to receive evaluation, diagnosis, and subsequent intervention in a single location. Customer and community satisfaction information has been highly positive, resulting in clinic expansion.

THE PROBLEM

- 1 in 1000 children nationally are diagnosed with an ASD (Bertrand et al, 2001);
- The number of children diagnosed with an ASD in Washington State is on the rise;
- Early diagnosis of ASDs is crucial for intervention planning (Filipek et al, 1999; 2000);
- Children in Washington State often wait in excess of 6 months for a diagnostic evaluation;
- Families have requested services more quickly and conveniently.

INTERDISCIPLINARY AUTISM EVALUATION CLINIC SCHEDULE

Client #1:	7:45 a.m.	Registration
	8:00 a.m.	Speech and Language Assessment (45 minutes)
	8:45 a.m.	Occupational Therapy Assessment (45 minutes)
	9:30 a.m.	Physician and Nurse Assessments (30 minutes)
	10:00 a.m.	Family Break (60 minutes)
	10:30 a.m.	Team Meeting (30 minutes)
	11:00 a.m.	Family Meeting (30 minutes)
Client #2:	7:45 a.m.	Registration
	8:00 a.m.	Occupational Therapy Assessment (45 minutes)
	8:45 a.m.	Speech and Language Assessment (45 minutes)
	9:30 a.m.	Family Break (30 minutes)
	10:00 a.m.	Physician and Nurse Assessments (30 minutes)
	10:30 a.m.	Family Break (60 minutes)
	10:30 a.m.	Team Meeting (30 minutes)
	11:30 a.m.	Family Meeting (30 minutes)

THE CLINIC TEAM

- A Pediatrician
- An Occupational Therapist
- A Speech-Language Pathologist
- A Registered Nurse
- A Clinical Lead

CLINICAL ASSESSMENT METHODS

- All assessment methods were chosen and/or developed based upon literature review and known best practices related to ASDs (Filipek et al, 1999; Miller-Kuhaneck, 2004);
- The physician assessment includes interviews, physical and neurological examination;
- The nursing assessment includes the Gilliam Autism Rating Scale (GARS) and Gilliam Asperger's Disorder Scale (GADS), as well as school visit information;
- The occupational therapy assessment includes the Short Sensory Profile and use of a clinic specific assessment protocol;
- The speech pathology assessment includes a clinic specific assessment protocol.
- Other team members, assessment tools, and specialized examinations may be involved on a case-by-case basis.

Figure 1: Demographic Information of Children Seen through the Interdisciplinary Autism Evaluation Clinic

Client	Gender	Age	Pre-Clinic Diagnosis	Post-Clinic Diagnosis	Therapy Recommended
1	M	12	Autism, Aspergers, Developmental Speech Delays	Aspergers Syndrome	SLP
2	M	8	Sensory Integration	SI Dysfunction	SLP, OT
3	M	12	ADD	Aspergers Syndrome	SLP, OT
4	M	5	Autism Spectrum	Speech Delays w/in context of typical child	SLP
5	M	12	ADHD	SI Dysfunction	SLP, OT
6	M	6	Possible Autism	SI Dysfunction, gross/fine motor & speech/language delays	SLP, OT
7	F	12	Possible Autism, PDD	High level Autism	SLP, OT
8	M	6	Possible Autism	Bipolar Disorder	SLP, OT
9	M	6	Autistic, ADHD	Autism	SLP, OT
10	M	2	Low Muscle Tone	Expressive Language & Sensory Delays	SLP, OT
11	M	3	Speech Delays	Autistic Spectrum Disorder	SLP, OT
12	M	8	Possible Autism, Learning Disability	Static Encephalopathy Non-Specific	SLP, OT
13	M	10	Possible Autism	Aspergers Syndrome	SLP, OT
14	M	10	Possible Autism	Aspergers Syndrome	SLP, OT
15	M	12	Possible ADHD	Aspergers Syndrome	SLP, OT
16	M	8	Aspergers Syndrome	Aspergers Syndrome	SLP, OT
17	M	7	Possible Autism	Global Developmental Delay	SLP, OT
* 2 No Shows					

CONCLUSIONS

Through the collaborative efforts of the Interdisciplinary Autism Evaluation Clinic Team, Valley Medical Center provided diagnostic services to 17 children and their families during the first year (refer to Figure 1). The demographics of the client population were diverse, resulting in a range of resultant diagnoses and recommendations. Referrals to the clinic have been steadily increasing, and the clinic will expand to meet community needs. Future plans also include an expansion of therapeutic offerings, based upon the clientele seen in the clinic.

REFERENCES

Bertrand et al (2001). Prevalence of autism in a United States population. The Brick Township, New Jersey, investigation. Pediatrics, 108, 1155-1161.

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Miller-Kuhaneck, H. (Ed.) (2004). Autism: A Comprehensive Occupational Therapy Approach, 2nd Edition.