

Child and adolescent autistic spectrum disorder (ASD)

Priory offers a range of outpatient therapies to provide the best possible treatment for mental health conditions.

The information below provides you with the clinical specification for our child and adolescent ASD treatment, along with outcome measures, ongoing care options and details of the therapy itself.

We strive to deliver innovative treatment plans which can be paid for on a session-by-session basis. The prices at our wellbeing centres are as follows:

- 1:1 therapy starts from £109 per session (£132 in London)
- Consultant psychiatrist assessments start from £300
- Consultant psychiatrist follow-ups start from £150
- Group therapy starts from £65 per session (£77 in London)

Priory also offers an outpatient package for child and adolescent ASD, which provides a fixed price, includes a discount and provides you with certainty of cost for your initial treatment programme.

A simple GP referral process with 24/7 support

We have a simple process for GPs who would like to refer a patient, and our GP enquiry team can support you with any queries that you may have.

To make an online referral, visit priorygroup.com/gp-referral

The treatment that is offered across our wellbeing centre network varies. To discuss which Priory facility offers this specialism, please contact us today:

Call our 24/7 GP support line on 0800 090 1354

Email priory.referral@nhs.net

Fax 0844 770 6206

For more information visit priorygroup.com/gp

<p>Referrer guidance</p>	<p>+ It is recognised that early identification of an autistic spectrum condition in children is important for their future healthy progression. The aim of this specification is to provide the referrer with information regarding the specialist diagnostic service and therapeutic interventions that can be offered by Priory</p>
<p>Goals of assessment and treatment</p>	<p>+ To provide a comprehensive assessment of a child' or adolescent's communication, social interaction and social imagination</p> <p>+ Further assessment of sensory perception and processing and recommendations where indicated</p> <p>+ To assess for any co-morbidities</p> <p>+ To offer therapeutic input where indicated to strengthen social understanding, interaction and communication</p> <p>+ To provide psychoeducation to families and multi-agencies to allow various services to continue to work together to provide the best possible outcomes for the child</p>
<p>Referral criteria</p>	<p>+ Difficulties in social interaction or communication skills that are affecting functioning in the home or school setting. For example, being unable to relate to others in small groups, unable to manage unstructured time with peers, difficulties using language or modulating behaviours in social interactions</p> <p>+ Speech, language or communication difficulties which restrict social interaction</p> <p>+ Psychiatric or emotional disturbance thought to relate to social interaction or communication difficulties</p>

Evidence base: NICE or other guidance / references	<ul style="list-style-type: none"> + The National autism plan for children (2003) sets out the need for a coordinated approach for the identification, assessment and diagnosis of children with an autistic spectrum condition. This sets out best practice for diagnostic assessment + NICE guidance August 2013: Autism: the management and support of children and young people on the autism spectrum. This guidance sets out evidence-based advice on the care and management of young people with autism
Team	<ul style="list-style-type: none"> + Diagnosis: <ul style="list-style-type: none"> - Consultant psychiatric assessment, existing information from multi setting gathered, full psychiatric history taken for all referrals. Physical health investigations if warranted, including chromosome karyotyping and fragile X DNA test if indicated - ADOS by trained practitioner for all referrals - SaLT assessment if indicated - Psychologist cognitive assessment if indicated - Occupational therapist for sensory processing assessment if indicated + Post diagnosis: <ul style="list-style-type: none"> - Psychologist/occupational therapist as required for individual therapeutic input post diagnosis
Time	<ul style="list-style-type: none"> + Diagnosis: <ul style="list-style-type: none"> - Psychiatric assessment: 90 minutes plus report writing - 3DI, ADI, DISCO: between 90 minutes and 180 minutes plus report writing - ADOS: 60 minutes plus report writing + Post diagnosis: <ul style="list-style-type: none"> - 30-60 minute sessions on an individual bespoke basis
Process of care	<ul style="list-style-type: none"> + Diagnostic assessment + Bespoke packages of care tailored to individual areas of need post diagnosis
Outcome measure	<ul style="list-style-type: none"> + Patient satisfaction survey + HoNOSCA and CGAS
Options for ongoing care	<ul style="list-style-type: none"> + Further outpatient care + Inpatient care + Multi-agency meetings + Discharge to GP + Discharge to CAMHS + Discharge to GP and signpost to voluntary sector organisations

Priory offers an extensive number of evidence-based therapy treatments for a range of conditions.

Because every individual is unique we have a bespoke approach to helping people through their most difficult times, offering mental health assessments, individual, group and family therapies. Not all of these interventions will be appropriate or necessary for all people and collaborative tailored treatment options will be explored with referrals at the first assessment.

First, we assess and understand the particular needs of a person and then recommend an appropriate course of treatment that is underpinned by clinical specifications based on the latest research and guidance.