

Central London Adult Autism Service – Westminster

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AUTISM DIAGNOSTIC ASSESSMENT REPORT

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Name:	Ben Sonny Mak
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Date of report:	17/05/2023

Ben was referred to our service by Dr Tian Jiang (GP at Newton Medical Centre) for an autism diagnostic assessment. He met with **Dr Catherine Cheung (Principal Clinical Psychologist)** and **Enya Chan (Assistant Psychologist)** on 07/03/2023, and with Dr Catherine Cheung and **Appey Ogenyi (Assistant Psychologist)** on 11/04/2023 in-person to understand his presentation and needs. Information gathered from all the meetings was evaluated in accordance with the diagnostic criteria for Autism Spectrum Condition (ASC) in the Diagnostic and Statistical Manual for Mental Disorder – Fifth Edition (DMS-5).

Assessment schedule and presentation

Our assessment is guided by the recommendations in the National Institute for Health and Care Excellence (NICE) Guidance for adult autism assessments. The following sources of information helped to establish if there is sufficient evidence of autistic traits or difficulties are better explained by other psychological factors:

- Referral information provided by Dr Tian Jiang, General Practitioner, from Newton Medical Centre;
- Clinical interview with Catherine and Enya on 07/03/2023 in-person for 60 minutes;
- A social behavioural observation assessment using the Adult Diagnostic Observational Schedule (ADOS-2) Module Four with Catherine and Appey on 11/04/2023;
- Informant interview regarding Ben’s developmental history with his mother, Lynne, with Catherine and Appey via video call on 24/03/2023.

This report focuses on the information relevant to an autism assessment. The information gathered from all the meetings is compiled and laid out under the relevant sections. The report should be read alongside other existing health and social care reports for a holistic understanding of Ben's experiences and needs.

Summary of Findings

Current circumstances

Ben is a 34-year-old man who currently resides in London and studying his master's degree in Law. Ben shared that he spends majority of his time studying and reading. Ben also owns a business in fashion design with one studio located in Brighton.

Social communication and interaction

- *Ben's self-report*

Ben shared that he can often begin to feel extremely tired during conversations and reflected that he often speaks more than the other party. During conversations, Ben will prefer to speak about his interests and is unsure what amount of turn-taking is appropriate during these situations. This has led Ben to worry that others did not enjoy the conversation and whether they also shared their ideas and opinions. In this way, Ben thrives during social communication with others who are direct and who have shared interests.

- *Our behavioural observations:*

We experienced Ben as friendly and keen to engage with us, but benefited from having some time to settle into our meetings each time. He smiled a lot, which helped to build rapport. Yet, there were notable differences in Ben's use of non-verbal communication cues. His use of eye contact was inconsistent and poorly modulated. Ben's spontaneously and frequently used emphatic gestures to support his speech, but these could at times appear more exaggerated. Descriptive gestures were used less spontaneously or consistently. During the ADOS-2 evaluation, when asked to demonstrate a familiar routine using pretend objects, Ben struggled to do so.

Ben came across as articulate and mainly relied mainly on written or spoken words in expressing himself. He freely offered information about his experiences and opinions. He tended to follow his own train of thoughts, and at times, it could be difficult to follow his narratives.

Accessing the objective of our questions and gauging how much or what kind of information to offer appeared to be challenging. Instead, Ben would offer as much information as possible to ensure that the other person has a precise understanding of his experiences and thoughts. In between sessions, Ben may follow up with extensive emails and sometimes video recordings. However, when given clear and specific instructions and explanations, Ben proved himself to be extremely responsive and understanding of boundaries.

In conversations, turn-taking and allowing other people the opportunity to share information may be less intuitive. Picking up on other people's social "cliff-hanger's" (i.e., opportunities inviting the other person to ask more information about themselves), building on other people's sharing of information, enquiring about their experiences are less intuitive for Ben. This was especially the case with casual

chit-chats or unstructured discussions. This means that, despite Ben's best intentions, conversations were often stilted or one-sided. It also appeared less intuitive for Ben to figure out how to modulate his behaviours according to different social contexts.

Social relationships and emotional understanding

- *Ben's self-report:*

Ben described enjoying his own company most of the time. Ben shared that he currently has a limited social circle and does not leave his house often. Previously, when running his own business, Ben would be in contact with staff working for him. Ben queried the definition of a friend but shared that he would not have to explain himself and he will also understand the other person. Although his mother has encouraged him to meet up with friends from a young age, Ben much prefers to spend time alone engaging in his interests. He also emphasised that he tends to befriend one friend at a time rather than a group as he can often become uninterested in general chit-chat.

- *Our behavioural observations:*

Ben's insights into and understanding of social dynamics, relationships and situations were more pragmatic and less flexible or sophisticated than expected for his verbal fluency and intellectual abilities. This is not necessarily reflective of his desire to connect with other people, but rather, what may be more effortful to consider (e.g., emotional nuances or intrinsic qualities in relationships).

Similarly, Ben appeared less attentive to emotional cues both within himself and others. He could identify with experiencing different emotions, but struggled to elaborate on his internal emotional experiences (e.g., physiological experiences, associated cognition). There were limited references to other people's emotions in his spontaneous narratives. This is not to say that Ben is not concerned about how his actions impact other people or that he does not care for their feelings, but rather, it is more effortful for him to consider these aspects, especially within the moment.

Approach to everyday life and processing information; particular behaviours and use of language

- *Ben's self-report:*

Ben appears to have a preference for sameness and particularity in his approach to everyday life. It may be more effortful for Ben to approach new situations or embrace novel ideas.

Ben shared that he has a tendency to fixate on certain interests and ideas. In the past, he would often spend excessive time engaging in his interests. At the time of our assessment, Ben reported that he has been "fixating" on his goal of making a change to the social care system. This stems from his family's and own past adverse experiences with the social care system.

Ben may engage in repetitive speech or movements to regulate distress.

- *Our behavioural observations:*

Ben sometimes resorts to a "script" when describing his experiences, which means that he might provide the same answer to different questions. Ben also used words and phrases in an interesting manner, and it may be difficult for those not familiar with his use of language to understand his meaning.

When anxious, Ben was observed to rock back and forth in his chair. Ben intuitively finds it easier to attend to details and patterns, especially when the information does not fit in with his expectations or understanding of the world around him. During the ADOS-2 evaluation, he was drawn to counting the objects in the storybook (instead of narrating the story) or inaccuracy in the materials presented to him.

Living arrangements and managing the demands of independent living

At current, Ben resides alone in his flat in London. He is receiving benefits from Universal Credit which covers his rent in London. Ben also rents a studio property in Brighton.

During the assessment, Ben disclosed being in rent arrears, due to not engaging in work for a period and difficulty staying on top of bills when dealing with family issues. More recently, Ben stated that he has been in communication with his landlords and received extensions for his payments. He shared there is £1k outstanding in payment for the Brighton studio. He is confident that he will be receiving monies following some work in August. We reflected to Ben that these are difficult topics to hold in mind.

Ben described himself to be “mentally sharp” and does not require mental health support at present. However, he reported that he struggles to manage day to day tasks such as cooking, sleeping in appropriate places, managing hygiene. Ben explained that this is the result of spending extensive time and effort trying to achieve his current goal.

Mental health

Ben denies experiencing any kind of mental health difficulty at present. We explored his past contact with mental health services, which is well-documented in his health records. Ben explained that, for the past year, he did not feel heard or understood by professionals when sharing his own experiences with and concerns about his family members, specifically regarding his sister and his nephew. This resulted in his sending large volumes of information to services, usually in the form of emails and videos. Ben emphasised that his behaviours were not a function of mental health needs. When we recently met with Ben following his diagnosis of Autism, he described being more aware of how his communication approach with services may be inappropriate and ineffective.

Developmental history

- The following information was gathered from Ben’s mother, Lynne, to explore the presence of potential autistic traits during his childhood and adolescent experiences:

Pregnancy and early years

Lynne did not report any concerns during her pregnancy with Ben.

Ben met all of his developmental milestones within the expected age ranges. Ben began speaking before the age of 2 years and his vocabulary was sophisticated for his age. Ben would often repeat words and actions he liked over and over. Ben would also play with his toys repetitively and enjoyed

organising his things. If unorganised or he was interrupted in his organisation, Ben would have started his task again.

Pre-school and school years

Ben began attend nursery from the age of 3 years and he was able to engage in more sophisticated conversations with his teachers than his peers. He progressed onto his local primary and secondary schools.

Academically, Ben performed well and loved learning new concepts and ideas. There were no concerns from his teachers regarding his performance. He was regarded as a well-behaved child who was very focused on his studies. This continued into secondary school, and he began playing taekwondo as he enjoyed the technical aspect of the game. Ben became one of the best in the country and would travel with other children to play in competitions. Ben would often spend time by himself and was happy to stay at home engaging in homework and studying.

Play and friendships

Lynne noticed differences in Ben's approach to peer relationships from an early age. He was able to form friendships, but struggled to spend extensive time with them or to consistently maintain friendships. He benefited from a lot of interventions from Lynne.

During his time in primary school, Ben would attend sleepovers but would often return early. In addition, Ben would invite his peers to his family home but would not want to share his toys or sleep in the same bed as his peers. After an hour, he would often ask his mother if she could drive them home. Due to Ben's preferences for spending time alone, his play dates with his peers stopped from 6 years old. Prior to 12 years, Ben would often end friendship prematurely and spend most of his time on his own. Ben enjoyed playing hide-and seek and imaginative play but hated physical games like football. Over time, Ben was able to play with his friends for longer periods of time and established friendships with two classmates.

Approach to everyday life

Lynne described Ben's routine to be extremely regimented throughout his childhood. From a young age, Ben loved paperwork and writing he would do this repetitively until everything was neat and correct. Ben would become frustrated when his routine would not go to plan, or his things were disorganised. He had a high attention to detail and often hyper focussed on specific details.

Diagnostic outcome

There was sufficient evidence to indicate that Ben does meet the diagnostic criteria for an Autism Spectrum Condition (ASC), in accordance with the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5). As Autism is a neurodevelopmental condition, this means that Ben is autistic, has always been and will continue to be autistic.

Autism is now often seen as a neurodivergent condition, rather than a disability. However, without appropriate support, autistic individuals can face significant challenges in their daily life, which can affect their physical and emotional well-being. We discussed this diagnostic outcome virtually on **13/04/2023**, Ben agreed with the outcome and described feeling relieved and understood.

We hope that a formal diagnosis will provide a useful framework for Ben and those around him to understand Ben's needs and for identifying coping strategies and support. It is important for professionals working with Ben to consider his presentation and needs and the impact of his neurodivergent traits.

Post-diagnosis support sessions

We have commenced post-diagnosis support with Ben. In addition to understanding his autistic traits and what a diagnosis means to him, we also recognised the impact of supporting his sister and nephew in the last three years on his own daily functioning, including his emotional well-being, his ability to work and study, and to manage everyday living activities. As such, we agreed upon the following goals:

- Being in the "here-and-now" and dealing with current challenges
- "Unhooking" from past experiences
- Referral to services he can engage in-between post-diagnostic support sessions
- Helping Ben and those supporting him to understand his autistic needs and preferences
- Consolidating Ben's communication tactics
- Identifying useful strategies and tips for accessing services and engaging with professionals in a meaningful way

We experienced Ben to be highly motivated and committed to making positive changes in his life and moving on from past difficult events. In our sessions, he was very responsive to our advice and suggestions. Outside of our sessions, he actively sought help from people around him and came up with useful strategies and tactics for managing communication. It struck us that Ben carries much love and care for the people around him – to the extent that he would give up his business to support his family.

Recommendations for autism-related resources

- There are a number of resources to access for information regarding a diagnosis of Autism:
 - [An Adult with an Autism Diagnosis: A Guide for the Newly Diagnosed](#), Gillian Drew
 - [The Complete Guide to Asperger's Syndrome](#), Tony Attwood

- [The Guide to Good Mental Health on the Autism Spectrum](#), Emma Goodall and Jane Nugent. Forewords by Wenn Lawson and Kirsty Dempster-Rivett Jeanette Purkis
- [Developing Talents: Careers for Individuals with Asperger Syndrome and High-Functioning Autism](#), Temple Grandin. M.S. Duffy Kate
- [Unmasking Autism: The Power of Embracing Our Hidden Neurodiversity](#), Devon Price
- *Jessica Kingsley Publishers* is one of the largest publishing houses on autism-related books.
- There are also **podcasts** available;
 - Robyn Steward - <https://www.bbc.co.uk/programmes/p06sdq0x>
 - [John Offord - https://anchor.fm/differentminds/episodes/How-it-feels-to-be-diagnosed-with-Autism-later-in-life-en6qhb](https://anchor.fm/differentminds/episodes/How-it-feels-to-be-diagnosed-with-Autism-later-in-life-en6qhb)
- A useful explanation of Autism can be found via this link on youtube; <https://www.youtube.com/watch?v=6fy7gUIp8Msti>
- Useful information can be found on the National Autistic Society's website (<http://www.autism.org.uk/living-with-autism/adults-with-autism-or-asperger-syndrome/useful-resources.aspx>).

Recommendations for professionals

The following recommendations may be useful for those interacting with Ben:

- Be mindful that it may be difficult to interrupt Ben as he has the tendency to adhere to his own narrative. However, Ben finds clear expectations very helpful. He is very responsive to feedback and will become more aware of when the other person wishes to take a turn;
- Ben is keen for other people to understand his needs, preferences, and thought process. When Ben experiences not being heard or understood, he may repeat certain information and speak loudly. Understand that this is his way of communicating and is not ill-intended. Ben tries to be mindful and is often apologetic when he realises that his communication style is not as intended.
- It may be helpful to use close-ended questions and further prompts to gain specific information from Ben;
- Allow time for Ben to gather his thoughts and complete his narrative even if they may not appear immediately related to the question asked of him;
- Providing constructive and meaningful feedback to Ben about how his communication style may be experienced where appropriate;
- Allowing Ben plenty of time to manage changes and new routines;

Next Steps

- We are currently engaging with Ben for **post-diagnosis support**. We will use this opportunity to explore with Ben his emotional needs and whether psychological therapeutic interventions would be beneficial. We will also work on a “communication passport” to support Ben in expressing himself effectively, especially in the context of accessing services and seeking help. If appropriate, we will also make specific recommendations for reasonable adjustments to support Ben in accessing mainstream services.

- We run a **social group** where clients can meet with other autistic adults for 6 sessions every 2 weeks. Many clients find this useful as it allows them a chance to learn about other people's experiences of living with a diagnosis and how they manage various challenges.
- We host a regular **Westminster Autism Talking Space**. These are 20-minute virtual appointments for informal chats, advice-giving or signposting to other services. Please see attached invitation letter and get in touch with us to book a slot.
- Our service is available to attend any professional meeting or to provide **autism-specific consultation** to those supporting you. For instance, we can offer specialist advice around supporting Ben's communication needs and managing changes.
- There is useful information to be found on the National Autistic Society's website (<http://www.autism.org.uk/living-with-autism/adults-with-autism-or-asperger-syndrome/useful-resources.aspx>).
- Our service **does not** offer ongoing psychological therapy or social care provision or case management.
 - **Psychological support** for ongoing or co-morbid mental health needs warrant a referral **to mental health services** (e.g. IAPT, CMHT) as appropriate via the GP.
 - If there are concerns about daily functioning and independent living, a referral to **Adult Social Care Services** is recommended to see if there are needs eligible under the Care Act.
 - If in **crisis** or feeling unsafe, please contact the GP or **the CNWL Single Point of Access** on 0800 0234 650 or attend the nearest **A&E**. The **Samaritans** also offers a helpline on 116 123 or jo@samaritans.org for difficult times.

This report concludes Ben's autism diagnostic assessment. We will write again once we have completed the post-diagnosis support sessions. In the meantime, if you have any questions about his Autism diagnosis, please contact us: (clcht.westminsterautism@nhs.net)Y

Yours sincerely,

Electronically signed and delivered to avoid delays

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 CLAAS File