A close-up photograph of two hands, likely belonging to a child, holding two interlocking wooden puzzle pieces. The pieces are light-colored wood and are being held up against a blurred background of more puzzle pieces and a soft blue light. The hands are positioned on either side of the puzzle pieces, with fingers gently gripping them.

## What to Expect from an Assessment at the Sheffield Adult Autism and Neurodevelopmental Service (SAANS)



People who have been assessed at SAANS have helped create this information booklet to let others know what to expect. Most people choose to bring this booklet with them to their appointment.



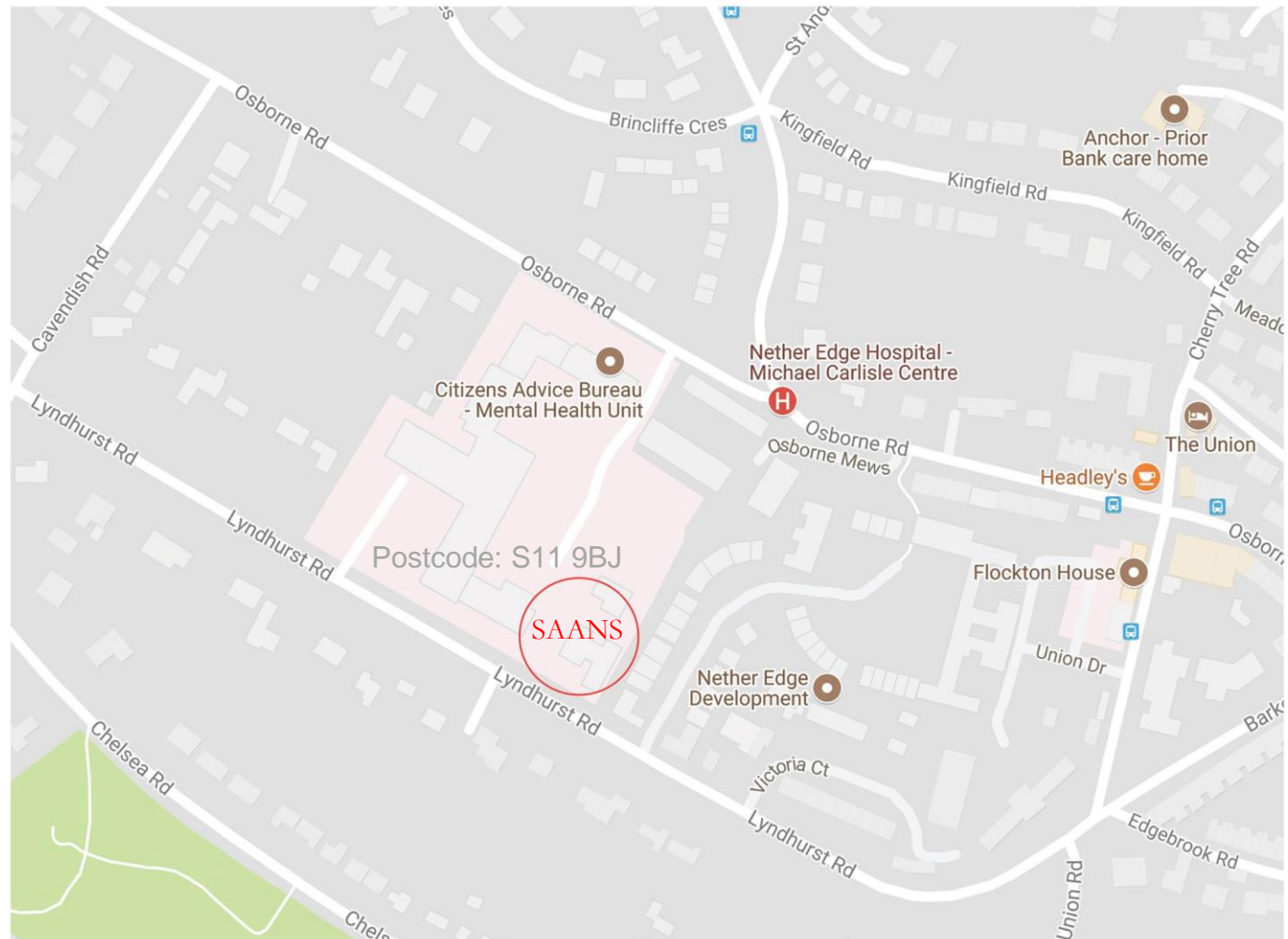
It's a good idea for people to plan their journey to SAANS so they don't get lost.

Google Maps is a website many people use to plan their journey. It has maps, directions, 'street view' and satellite images. The web address is:

[www.google.co.uk/maps/place/S11+9BJ](http://www.google.co.uk/maps/place/S11+9BJ)

Sometimes people think SAANS is in the Michael Carlisle Centre on Osborne Road. This is a mistake. **SAANS is located on Lyndhurst Road.**

In case of any problems, people can call SAANS on 0114 271 6964.



 = Bus stop





**SAANS**

Alexandra Gardens

Lyndhurst Rd

Victoria



There are four car parking spaces (and one disabled space) outside SAANS. There is also on-street parking available on Lyndhurst Road. These two photographs show what SAANS looks like from the outside:



The entrance at SAANS has automatic doors which are locked for security. When people arrive they press the button on the intercom and they can tell the person who answers they are here for an assessment:



The door on the far left will then slide open automatically. As people walk through this door, another door in front of them will open automatically.

Walking through the entrance leads to the reception area.



People can tell the receptionist they are here for an assessment for ASD. They may be asked for their name and address.



It's a good idea to leave plenty of time for the journey to the SAANS (in case it takes longer than expected).

Therefore, most people arrive a little early and have a short wait before their appointment.

The reception area is usually fairly quiet. However, people can choose to wait outside if they prefer.

People can also ask the receptionist if the sensory room is available and will be guided to this quiet space if it is available.

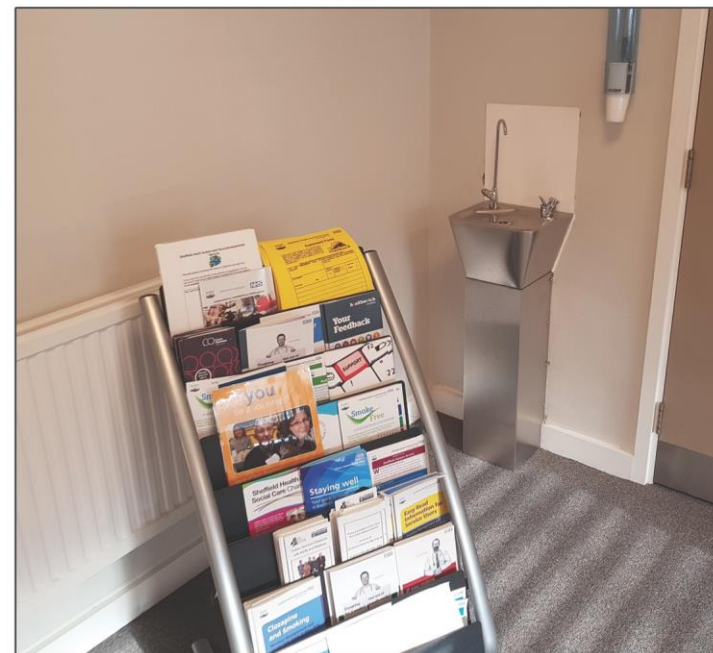


Tea, coffee and snacks are available on a table next to the reception.



There is a price-list above the table (coffee and tea are 50p per drink) and a small tin on the table for people to pay for the drinks and snacks.

To the right of the table is a water fountain and there are cups on the wall. There is no charge for water.



Each person will then be assessed by a clinician (either a psychologist or a psychiatrist).

The assessment will take place in a clinic room similar to ones shown in these pictures:



People can choose to have their family members/ friends accompany them to the clinic room. However, the clinician might ask the person if they would feel comfortable completing some sections of the assessment on their own.

Clinicians understand sensory needs. Some people being assessed ask for the lights to be turned off; some choose to sit on a large beanbag rather than a rigid chair; some play with fidget toys; and some take comfort breaks.

This is completely fine as clinicians want people to be as comfortable as possible.



Many people find the clinician's questions difficult to answer because they are anxious and in new surroundings. It's okay if people want to take a few moments to think, before answering a question.

People being assessed sometimes force themselves to make eye-contact and stop themselves from fidgeting. This is not necessary and usually increases their anxiety.

The assessment will take approximately 2 - 3 hours. At the start, the clinician will describe what the assessment involves and suggest ways of making the assessment more comfortable (for example, planning comfort breaks and giving out sensory toys).



There is a box of sensory toys (including a weighted blanket) that people can use to comfort themselves during the assessment.

The assessment includes a lot of questions and, therefore, it can be emotionally-draining for people.

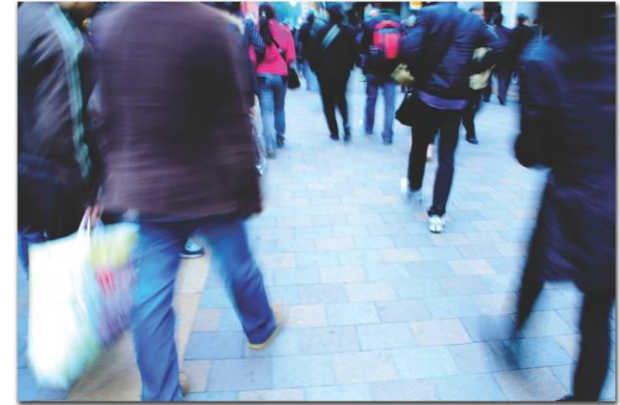
It's a good idea to rest before and after the assessment.

The assessment does not include a physical examination.



## Topics that might be discussed include:

- o Why the person has decided to have an assessment for ASD.
- o What sensory issues they find challenging.
- o Their thinking-style (e.g. do they often see things in a 'black or white' way).
- o Their history of relationships (e.g. describing relationships with friends, family, ex-boyfriends/girlfriends etc.).
- o Their strengths/difficulties in conversation and how they understand others.
- o Their daily life (e.g. their interests, their routines, and how they cope with change).
- o What they were like as a baby.
- o How they used to play as a child.
- o Risk issues (e.g. self-harm).



People often worry about giving the "right" answer to the clinician's questions. Although there are no "right" answers, people can struggle with this concept. There are no right (or wrong) answers because diagnosing ASD in adulthood is not a 'tick box' activity.

The clinician's job is to get to know people and to understand their unique strengths and difficulties and how they experience the world.

The clinician then considers whether a diagnosis of ASD is indicated.



Because no two people are the same, there are no right or wrong answers.



Sometimes the clinician is able to determine whether or not a diagnosis of ASD is indicated by the end of the first appointment. However, it often takes two separate appointments before this decision can be made.

The person will be told the outcome at the end of the assessment.

If the clinician identifies enough evidence for a diagnosis, this will be provided in a formal report.

The report will be posted to the person shortly after the assessment.

If a diagnosis of ASD is not indicated, the clinician will talk to the person about what else might be causing/maintaining their difficulties.



Many people attend an ASD assessment because they are keen to understand themselves better.

People usually acquire a better understanding of themselves from the assessment, even if a diagnosis of ASD is not given..



The clinician will always try their best to think with the person about the type of post-diagnostic support that might benefit them (e.g. counselling; a recommendation to another service; written information about their difficulties etc.).

The clinician will also think with the person about strategies for managing their difficulties and how they can build upon their strengths.

People commonly report finding the assessment a validating and empowering process.





After the assessment, people will be guided back to the reception area. They then exit the building through the same doors they used to enter.

Upon approach, the door on the far right will slide open automatically (from right to left). The second set of doors do not open automatically.

To open these doors, the button on the wall needs to be pushed.

