MONT ROSE COUNSELING

P. O. Box 742
Montrose, CO 81402

419 N. 1st St., Unit A
Montrose, CO 81401

Phone: (970) 275-2179
Fax: (970) 609-0944
helen@montrosecounseling.net
helensan.com

For Clinical Indications Only:
Please note that the following evaluation is being completed for clinical indications only. The findings of this report should be used for the purpose of diagnostic clarity and to inform treatment planning. The findings are not to be interpreted as a psychological evaluation or within the context of forensic decisions.

EVALUATION REPORT FOR THE PROFESSIONAL IDENTIFICATION OF AUTISM

Table of Contents:

Summary

Name:
Date of Birth:
Chronological age at time of testing:

Examiner:
Helen San, MA, LPC, LAC
Licensed Professional Counselor
Licensed Addiction Counselor

Date of Report:

Evaluation Dates:

Self-report measures:
WAIS-IV:
ADOS-2:
CPT & DKEFS:
Clinical interviews:
BRIEF-2A and SRS-2:
Interview with informant:

Summary of Evidence:

Wechsler Adult Intelligence Scale-4th Edition (WAIS-IV)
Autism Diagnostic Observation Scale-2nd Edition (ADOS-2)
Conners Continuous Performance Test, 3rd Edition Online (CPT-3)
Delis-Kaplan Executive Function System (D-KEFS)
Behavioral Rating Inventory Of Executive Function, 2nd Ed, Adult Version (BRIEF-2A)
Social Responsiveness Scale, 2nd Ed (SRS-2)
Clinical interview with Client using the MIGDAS-2
Interview with grandmother for collateral information
Adult Repetitive Behavior Questionnaire, 2nd Edition (RBQ-2A)
Camouflaging Autistic Traits Questionnaire (CAT-Q)
Ritvo Autism-Asperger's Diagnostic Scale-Revised (RAADS-R)
Systemizing Quotient-Revised (SQ-R)
Executive Skills Questionnaire–Revised (ESQ-R)
Monotropism Questionnaire (MQ)

Reason for Referral:

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Clinical Impressions:

Client presented for evaluation to determine if they meet criteria for autism and attention-deficit/ hyperactivity neurotypes (ADHD). The evaluation used the ADOS-2, WAIS-IV, CPT-3, D-KEFS, BRIEF-2A, SRS-2, interviews with client, an interview with an informant, and a battery of self-report measures. Based on all the information gathered to date, client meets criteria for autism and ADHD. They reported, and sometimes exhibited in person, differences in: social-emotional reciprocity, nonverbal communication, developing relationships, repetitive movements, comfort with sameness, high-intensity interests, and sensory sensitivities. These differences, along with trauma history, significantly impact their social and occupational functioning. This evidence was reported by them as having been present since childhood; some of these childhood differences were corroborated by their informant. It is the clinical judgment of this examiner that autism and ADHD supersede all other diagnoses because they are neurodevelopmental and explain their clinical picture in the most parsimonious way. Even though they may also have co-occurring diagnoses, it is likely that they are partially caused by autistic and ADHD needs not being met.

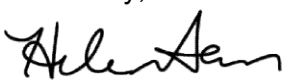
F84.0	**Autism** *Specification: Without accompanying intellectual impairment, without accompanying language impairment*
F90.2	**Attention-Deficit/Hyperactivity, Combined Presentation**
F43.12	**Post-Traumatic Stress, Chronic**

Signature:

Please note that I have intentionally avoided the use of the words “diagnosis” or “disorder” in order to frame this clinical evaluation in a neuroaffirming, non-pathologizing mindset, while still adhering to the standards of the DSM-V. I hope this information is useful. Please do not hesitate to reach out if I can answer any questions or provide additional information.

It was a great pleasure working with Client.

Sincerely,



Helen San, MA, LPC, LAC

Credentials:
Master of Arts in Clinical Psychology
(two years graduate coursework and supervised experience in psychometrics and assessment)
Licensed Professional Counselor (Colorado License LPC.0016781)
Licensed Addiction Counselor (Colorado License ACD.0001634)

Findings

Strengths and Stressors:

What is client like at their best?

What is stressful for Client?

The following are sources of stress for Client:

Occupational Recommendations: Learning Styles, Accommodations, and Supports

What brings out Client's best at work or school?

Client's testing results suggest the following profile.

- Auditory instructions:
- Hands-on:
- Not boring:
- Sequential:
- Rest:
- Precise instructions:
- More time and leniency to learn new tasks:
- Gentle coaching and reminders:

What accommodations or supports will be helpful to Client at work?

- Headphone breaks:
- Earplugs:
- Physical working environment:
- Support for time management:
- Predictable, reliable schedules would be ideal.
- Less "interaction time"; more parallel work:

What are some possible career pathways for Client?

- Helping professions:
- Hands-on professions:

What can DVR do to help Client get started?

Recommendations for Client:

Medical / Health

- Client may benefit from more medical attention to chronic pain and other unexplained medical symptoms. Over 60% of autistic adults have untreated physical health conditions compared to only 20% in non-autistics (Doherty et al, 2020). Their health care provider can check this list of

common medical issues in Autistic and ADHD adults. https://allbrainsbelong.org/clinician-resources/

Psychotherapy

- Reduce masking
- Reframe bipolar.
- Meet autistic needs.
- Research PDA.
- Note dissociation.
- Note mistrust.

Social

- Client needs relationships that are supportive of their style of communication. They need to feel validated in the way their brain works. They are recommended to explore in-person or virtual gatherings of the autistic community, where they can meet others whose brains work the same way. It is not that they need to socialize, but that positive social relationships can help provide corrective emotional experiences to provide a larger context for their pattern-seeking brain.

General Recommendations For All Autistic Persons:

These recommendations may be a restatement of some of the recommendations above.

1. Affirm Autism: The most important step for autistic adults can make is self-compassion to nourish their Autistic needs in an affirming way. Affirming means to validate those needs instead of seeing them as deficits, annoyances, or problems to be fixed. For example, on procrastination, instead of looking for ways to fight it or manipulate it to meet a deadline, one can change the deadline to accommodate a transition period to "warm up" to the task. Affirming models for autism include monotropism (Murray et. al., 2005).

2. Support monotropism: Monotropism is the tendency to allocate all attention resources to the same task and transition from anything to anything else very slowly. One way to support monotropism is to identify different "zones" one gets into and not switch from zone to zone and back again. One metaphor to describe this is skiing, where there are no brakes, and where transitions have to be made with ample advanced notice and eased into smoothly.

3. Look for gentle, patient relationships: Autistic persons need very gentle and nurturing relationships, in which they are given a lot of time to process and clarify new information. Instructions for tasks need to be short, simple, precise, and literal, and allow all the questions they need to ask to clarify their understanding. Once they understand something, they have it for life, but it takes time to integrate that information.

4. Reduce masking: Autistic persons need a social environment that is affirming of their differences and does not require them to mask or compensate in order to connect emotionally. Too much masking can result in autistic burnout. They need people in their lives where they can be completely be themselves without feeling rejected or abnormal or "disordered." Environments with highly empathic people and with other autistic people who are comfortable with being themselves are recommended.

5. Connect through special interests: Usually autistic persons connect with others through their special interests so they can talk about the subject as intensely and precisely as th ey want. Other autistic

people who share the same special interest may be hard to find, but connecting with them would yield the most rewarding and least demanding relationships.

6. Develop strong interoception: Interoception is the perception of internal processes in the body, nervous system states, emotions, thoughts, and the integration of all of the above. Interoception can be accessed through numerous strategies including mindfulness exercises, meditation, yoga, internal dialogues with parts, and EMDR therapy. Interoception skills would be critical to monitoring when mental energy is low, before the breaker switch trips and the system suddenly shuts down. They would also help slow things to accommodate processing needs until they flow at a comfortable pace.

7. Support executive functioning: Autistic persons may have difficulties accessing certain intellectual abilities in some settings because of spiky and uneven cognitive profiles, where visual processing is stronger than verbal processing, or vice versa. In many Autistic persons, working memory lags somewhat behind other intellectual abilities, so they are likely to think faster than they can remember what they thought. In other Autistic persons, some working memory and processing speed may be strong, and they do well with repetitive routines and tasks. It is important to know where the strengths and challenges are, to maximize the strengths, and to support the challenges. One way to support challenges is to use prosthetics and workarounds. For example, if working memory is weak, prosthetics can include writing lists, notes, calendars, and recording devices to help hold any information that needs to be managed. Workarounds can include more time to do everything, so they can feel safe in pausing frequently and slowing down.

8. Investigate bottom-up supports for the brain: Bottom-up means “from the body up to the brain.” Bottom-up includes anything that doesn’t require any choices to be made at when it is time to act (a decision-making instant called the *point of performance*). Examples include curating the physical environment to make it easy to complete tasks, taking medications as needed, and improving sleep and the circadian rhythm.

9. Support emotional processing and emotional regulation: For many autistic individuals, emotions can be felt very intensely. Giving themselves permission to slow down, identify emotions, and process those emotions as they show up is important. Combining this with interoception, Autistic persons can improve attunement to those signals and attend to their needs early in a self-nurturing way.

10. Reduce the sense of danger or helplessness: Autistic dysregulation happens when the nervous system senses danger and helplessness, which leads to the freeze response. Learning ways to reduce the sense of danger, be it from the environment or internalized pressures, is important. Permission to stim (engage in repetitive stimulating behaviors), seek sensory soothing, systematize, and research special interests can help reduce the sense of helplessness or lack of control.

11. Reduce the load: BIMS stands for burnout, inertia, meltdown, and shutdown. These are involuntary nervous system states that are similar to tripping a breaker box when the system is overloaded. Reducing the load can prevent these involuntary incapacitations. Learning to prevent overloading and recover from overloading is essential. Burnout can look a lot like depression, but the treatment is rest and withdrawal rather than activation.

Clinical Formulation:
Autism and ADHD

Discussion of Examination Results:

Appendices: Body of Evidence

Appendix A:
Background Information:

Current situation

Family of Origin:

Location History:

School:

Work:

Relationships:

Mental Health:

Substance Use:

Medical:

Appendix B:
Developmental History

Overview:

Client reported the following about their childhood:

Client's informant reported:

Appendix C:
Monteiro Interview Guidelines For Diagnosing The Autism Spectrum, 2nd Edition (MIGDAS-2):

The following information was obtained by an in-person interview with client for questions on the MIGDAS-2 (Monteiro Interview Guidelines for the Diagnosis the Autism Spectrum, 2nd edition).

What Client Loves

Sensory Use and Interests

All content in the table are quotations from Client, unless in brackets.

Sense	Interests	Aversions	Childhood
Visual details	•	•	same
Sounds	•	•	Same
Smells	•	•	Same
Touch	•	•	Same
Food	•	•	Same
Clothing	•	•	Same

Sleep Patterns

Body Boundaries

Pain Tolerance

Unexpected Events

Body Movements, Mannerisms, and Routines

Interference with Daily Life

Language and Communication

Social Relationships and Emotional Responses

Repetitive Patterns of Behavior

Observations of sensory use in session

Appendix D:
Wechsler Adult Intelligence Scale-4th Edition (WAIS-IV):

Behavioral observations:

Results:

Client obtained a Full Scale IQ score of 100 on the Wechsler Adult Intelligence Scale, Fourth Edition.

Their standard scores, with percentile ranks, are as follows. The 95% confidence interval means if Client were tested 100 times, 95 of them would fall in the range between the two numbers.

Composite Scores	Descriptive Classification	Standard Score*	Percentile Rank	95% Confidence Interval	
Verbal Comprehension Index	Average	100	50		
Perceptual Reasoning Index	Average	100	50		
Working Memory Index	Average	100	50		
Processing Speed Index	Average	100	50		
Full Scale IQ	Average	100	50		

**The Standard Score is a normalized score with a mean of 100 and a standard deviation of 15.*

Index	*Measures*
*Verbal Comprehension Index **(VCI)***	*Verbal concept formation, verbal reasoning, and knowledge acquired from one's environment.*
*Perceptual Reasoning Index **(PRI)***	*Perceptual and fluid reasoning, spatial processing, and visual-motor integration*
*Working Memory Index **(WMI)***	*Abilities to temporarily retain information in memory, perform some mental operation on that information, and produce a result*
*Processing Speed Index **(PSI)***	*Ability to quickly and correctly scan, sequence, or discriminate simple visual information; as well as short-term visual memory, attention, and visual-motor coordination*

Most individuals have relative cognitive strengths and vulnerabilities (weaknesses). Looking at subtest scores can help identify specific areas that contributed to the index scores and their discrepancies.

Table of Subtest Scores											
Score / Percentile Rank											
Verbal Comprehension			Perceptual Reasoning			Working Memory			Processing Speed		
Similarities			Block Design			Digit Span			Symbol Search		
Vocabulary			Matrix Reasoning			Arithmetic			Coding		
Information			Visual Puzzles								
(Comprehension)											

**The subtests score is a normalized score with a mean of 10 and a standard deviation of 3.*
Subtests in parenthesis are supplemental and not used for the FSIQ.

Unusually high strengths and/or unusually low vulnerabilities form what is commonly known as a **"spiky" cognitive profile** that has been associated with Autistic people (Wilson, 2023).

Some noteworthy patterns and behaviors were observed within the subtests.

These results offer a glimpse of how Client interprets instructions, tasks, words, and assumptions in unique ways.

Appendix E:
Autism Diagnostic Observation Scale – 2 (ADOS-2):

The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, and play, for the diagnosis of autism. Module 4 is appropriate for an adolescent or an adult who has fluent speech. For this assessment, all 15 tasks from Module 4 were administered. The descriptions below involve behaviors and clinical impressions obtained during the administration of ADOS-2 only.

The language used below includes the language of the ADOS-2, which focuses on behavior that is "limited" or different in some way from behaviors of the socially dominant neurotype. The inclusion of this language in the report is not an endorsement of a pathologizing perspective. It is included so that professionals trained to interpret the ADOS-2 can easily recognize the language and understand the scoring. The language is modified to be more affirming when possible.

Client exceeded the cut-offs for Communication, Reciprocal Social Interaction, and the Total Score to classify as Autistic.

Language and Communication:

- Intonation/volume/cadence:
- Conversation:
- Gestures:

Reciprocal Social Interaction:

- Eye contact:
- Facial expressions:
- Communication of affect:
- Insights and Responsibility:
- Social Overtures and Social Responses:

Regulating, Repetitive Behaviors and Imagination

Appendix F:
Social Responsiveness Scale, 2nd Edition (SRS-2):

The Social Responsiveness Scale, 2nd Edition (SRS-2) is a 65-item, Likert-scale measure of behaviors and emotions associated with autism. The T-score is a normalized score with a mean of 50 and a standard deviation of 10.

Description of Subscales

- *Social awareness (Awr): Ability to pick up on social cues; this category represents the sensory aspects of reciprocal social behavior. Example: is aware of what others are thinking or feeling.*
- *Social cognition (Cog): Ability to interpret social cues once they are picked up; this category represents cognitive-interpretive aspects of reciprocal social behavior. Example: take things too literally and doesn't get the real meaning of a conversation.*
- *Social communication (Com): Includes expressive social communication; this category represents the "motoric" aspects of reciprocal social behavior. Example: is socially awkward, even when they are trying to be polite.*
- *Social motivation (Mot): The extent to which a rated individual is generally motivated to engage in social-interpersonal behavior; elements of social anxiety, inhibition, and empathic orientation are included among these items. Example: would rather be alone than with others.*
- *Restricted interests and repetitive behavior (RRB): include stereotypical behaviors or highly restricted interests characteristic of autism. Example: thinks or talks about the same thing over and over.*

DSM-5 Compatible Scales

- *Social Communication and Interaction (SCI) is the sum of the first four subscales.*
- *Restricted interests and repetitive behavior (RRB) is the RRB subscale alone.*

T-score	Interpretation
59T and below	"Normal" range
60T - 65T	Mild range
66T - 75T	Moderate range
76T and higher	Severe range

Interpretation of severity is language from the SRS-2, based on their normalization data.

This examiner's prefers to rename the categories as "less" and "more" frequent behaviors assessed by the scale.

Rater: Client

	Subscales					DSM-5 Compatible Scales		
Scale	Awr	Cog	Com	Mot	RRB	SCI	RRB	Total
Raw								
T-score								

Rater: Informant

	Subscales					DSM-5 Compatible Scales		
Scale	Awr	Cog	Com	Mot	RRB	SCI	RRB	Total
Raw								
T-score								

Appendix G:
Conners Continuous Performance Test, 3rd Edition Online (Conners CPT3 Online):

The Conners Continuous Performance Test, 3rd Edition Online is an interactive computer test that assesses attention-related problems in individuals 8 or older. Individuals are seated in front of a computer and are required to respond when any letter, except the letter *X*, appears on the monitor.

Appendix H:
Delis-Kaplan Executive Function System (D-KEFS):

The Delis-Kaplan Executive Function System is a set of standardized tests for assessing higher-level cognitive functions. Client's scores are below. Standardized scores have a mean of 10 and a standard deviation of 3. Average scores mean Client performed about the same as other people who have taken this exam. Higher scores are highlighted in yellow, and lower scores are highlighted in orange.

Trail Making Test

	Scaled Score	Remarks
Visual Scanning		
Number Sequencing		
Letter Sequencing		
Number-Letter Switching		
Motor Speed		
Composite Number + Letter Sequencing		
Contrast Switching v Visual Scanning		
Contrast Switching v Number Sequencing		
Contrast Switching v Letter Sequencing		
Contrast Switching v Composite N+L Sequencing		
Contrast Switching v Motor Speed		

Verbal Fluency Test

	Scaled Score	Remarks
Condition 1: Letter Fluency		
Condition 2: Category Fluency		
Condition 3: Category Switching Total Correct		
Condition 3: Total Switching Accuracy		
Contrast: Letter Fluency v Category Fluency		
Contrast: Category Switching v Category Fluency		
Combined Conditions 1-3: First Interval 0-15 sec		
Combined Conditions 1-3: Second Interval 15-30 sec		
Combined Conditions 1-3: Third Interval 30-45 sec		
Combined Conditions 1-3: Fourth Interval 45-60 sec		

Design Fluency Test

	Scaled Score	Remarks
Filled Dots		
Empty Dots		
Switching		
Composite Sum: Filled Dots, Empty Dots, & Switching		
Combined Sum: Filled Dots & Empty Dots		
Contrast: Switching v Combined Sum		

Color-Word Interference Test

	Scaled Score	Remarks
Color Naming		
Word Reading		
Inhibition		
Inhibition/Switching		
Combined Color Naming + Word Reading		
Contrast Inhibition v Color Naming		
Contrast Inhibition/Switching v Combined Naming + Reading		
Contrast Inhibition/Switching v Inhibition		

Tower Test

	Scaled Score	Remarks
Total Achievement		
Mean First-Move Time		
Time Per Move Ratio		
Move Accuracy Ratio		

Appendix I:
Behavioral Rating Inventory Of Executive Function, 2nd Ed, Adult Version (BRIEF-2A):

The Behavioral Rating Inventory of Executive Function, 2nd Ed, Adult Version, is a set of standardized rating scale that captures an adult's view of their own executive functions or self-regulation in their everyday environment. It can also be administered by a knowledgeable informant's view of the adult.

Client's informant report was completed by

Appendix J:
Diagnostic Interview for ADHD in Adults for the DSM-V (DIVA-5):

During the DIVA-5, Client reported the following. Items in green are examples from and comments about childhood. Items in black are examples from and comments about adulthood. "A" items refer to attention, and "H/I" items refer to hyperactivity / impulsivity. *Items in italics are true sometimes.*

Part 1: Attention	
A1. Attention to detail Careless mistakes	• Careless mistakes in schoolwork • Mistakes made by not reading questions properly • Leaves questions unanswered by not reading them properly • Leaves the reverse side of a test unanswered • Others comment about careless work • Not checking the answers in homework • Too much time needed to complete detailed tasks • Makes careless mistakes • Works slowly to avoid mistakes • Does not read instructions carefully • Difficulty working in a detailed way • Too much time needed to complete detailed tasks • Gets easily bogged down by details • Works too quickly and therefore makes mistakes
A2. Sustain attention on tasks	• Difficulty keeping attention on schoolwork • Difficulty keeping attention on play • Easily distracted • Difficulty concentrating • Needing structure to avoid becoming distracted • Quickly becoming bored of activities • Not able to keep attention on tasks for long • Quickly distracted by own thoughts or associations • Finds it difficult to watch a film through to the end, or to read a book • Quickly becomes bored with things • Asks questions about subjects that have already been discussed
A3. Not listening when spoken to directly	• Not knowing what parents/teachers have said • Dreamy or preoccupied • Only listening during eye contact or when a voice is raised • Often having to be addressed again • Questions having to be repeated • Dreamy or preoccupied • Difficulty concentrating on the conversation • Afterwards, not knowing what the conversation was about • Often changing the subject of the conversation • Others saying that your thoughts are somewhere else
A4. Fail to follow through or finish jobs	• Difficulty following instructions • Difficulty with instructions involving more than one step • Not completing things • Not completing homework or handing it in • Needing a lot of structure in order to complete tasks • Does things that are muddled up together without completing them

	• Difficulty completing tasks once the novelty has worn off • Needing a time limit to complete tasks • Difficulty completing administrative tasks • Difficulty following instruction from a manual
A5. Difficult to organize tasks and activities	• Difficulty being ready on time • Messy room or desk • Difficulty playing alone • Difficulty planning tasks or homework • Doing things in a muddles way • Arriving late • Poor sense of time • Difficulty keeping self entertained • Difficulty with planning activities of daily life • House and/or workplace are disorganized • Planning too many tasks or non-efficient planning • Regularly looking things to take place at the same time (double booking) • Arriving late • Not able to use a calendar or planner consistently • Inflexible because of the need to keep to schedules • Poor sense of time • Creating schedules but not using them • Needing other people to structure things
A6. Aversion to tasks requiring sustained mental effort	• Avoidance of homework or has an aversion to homework • Reads few books or does not feel like reading due to mental effort • Avoidance of tasks that require a lot of concentration • Aversion to school subjects that require a lot of concentration • Often postpones boring or difficult tasks • Do the easiest or nicest things first of all • Often postpone boring or difficult tasks • Postpone tasks so that deadlines are missed • Avoid monotonous work, such as administration • Do not like reading due to mental effort • Avoidance of tasks that require a lot of concentration
A7. Often lose things needed for tasks	• Loses calendars, pens, gym gear, or other items • Mislays toys, clothing, or homework • Spends a lot of time searching for things • Gets in the panic of other people move things around • Comments from parents and/or teachers about things being lost • Mislays wallet, keys, or agenda • Often leaves things behind • Loses papers for work • Loses a lot of time searching for things • Gets in the panic of other people move things around • Stores things away in the wrong place • Loses notes, lists, or telephone numbers
A8. Easily distracted by external stimuli	• In the classroom, often looking outside • Easily distracted by noises or events • After being distracted, has difficulty picking up the thread again • Difficulty shutting off from external stimuli

	• After being distracted, difficult to pick up the thread again • Easily distracted by noises or events • Easily distracted by the conversations of others • Difficulty in filtering and/or selecting information
A9. Often forgetful during daily activities	• Forgets appointments or instructions • Has to be frequently reminded of things • Halfway through a task, forgetting what has to be done • Forgets to take things to school • Leaving things behind at school or at friends' houses • Forgets appointments or other obligations • Forgets keys, agenda, etc. • Needs frequent reminders for appointments • Returning home to fetch forgotten things • Rigid use of lists to make sure things are forgotten • Forgets to keep or look at daily agenda
Part 2: Hyperactivity and Impulsivity	
H/I 1. Fidget or squirm	• Parents often said "sit still" or similar • Fidgets with the legs • Tapping with the pen or playing with something • Fiddling with hair or biting nails • Unable to remain seated in the chair in the relaxed manner • Able to control restlessness, but feels stressed as a result • Difficulty sitting still • Fidgets with the legs • Tapping with a pen or playing with something • Fiddling with hair or biting nails • Able to control restlessness, but feels stressed as a result
H/I 2. Leave your seat	• Often stands up while eating or in the classroom • Finds it very difficult to stay seated at school or during meals • Being told to remain seated • Making excuses in order to walk around • Avoids symposiums, lectures, church, etc. • Prefers to walk around rather than sit • Never sits still for long, always moving around • Stressed owing to the difficulty of sitting still
H/I 3. Often feel restless	• Always running around • Climbing on furniture, or jumping on the sofa • Climbing in trees • Feeling restless inside • Feeling restless or agitated inside • Constantly having the feeling that you have to be doing something • Finding it hard to relax
H/I 4. Often find it difficult to engage in leisure activities quietly	• Being loud-spoken during play or in the classroom • Unable to watch TV or films quietly • Asked to be quieter or calm down • Becoming quickly too cocky in public • Talks during activities when this is not appropriate • Becoming quickly too cocky in public • Being loud in all kinds of situations

	• Difficulty doing activities quietly • Difficulty in speaking softly
H/I 5. Often on the go	• Constantly busy • Excessively active at school and at home • Has lots of energy • Always on the go, driven • Always busy doing something • Has too much energy, always on the move • Stepping over own boundaries • Finds it difficult to let things go, driven
H/I 6. Often talk excessively	• Known as a chatterbox • Teachers and parents often ask you to be quiet • Comments in school reports about talking too much • Being punished for talking too much • Keeping others from doing schoolwork by talking too much • Not giving others room during a conversation • So busy talking that other people find it tiring • Known to be an incessant talker • Finds it difficult to stop talking • Tendency to talk too much • Not giving others room to interject during a conversation • Needing a lot of words to say something
H/I 7. Often give answer the four questions have been completed	• Being a blabbermouth, saying things without thinking first • Wants to be the first to answer questions at school • Blurts out an answer even if it is wrong • Interrupts others before sentences are finished • Coming across as being tactless • Being a blabbermouth, saying what you think • Saying things without thinking first • Giving people answers before they have finished speaking • Completing other people's words • Being tactless
H/I 8. Often find it difficult to await turn	• Difficulty waiting turn in group activities • Difficulty waiting turn in the classroom • Always being the first to talk or act • Becomes quickly impatient • Crosses the road without looking • Difficulty waiting in line, jumping in line • Difficulty in patiently waiting in traffic/traffic jams • Difficulty waiting your turn during conversations • Being impatient • Quickly starting relationships / jobs, or ending / leaving these because of impatience
H/I 9. Often interrupt or intrude on others	• Impinges on the games of others • Interrupts the conversations of others • Reacts to everything • Unable to wait • Being quick to interfere with others • Interrupts others • Disturbs other people's activities without being asked

	• Comments from others about interference • Difficulty respecting boundaries of others • Having an opinion about everything and immediately expressing this
Criterion C	
Education / Work	• Lower educational level than expected based on IQ • Staying back (repeating classes) as a result of concentration problems • Education not completed / rejected from school • Took much longer to complete education than usual • Achieved education suited to IQ with a lot of effort • Difficulty doing homework • Followed special education on account of symptoms • Comments from teachers about behavior or concentration • Limited impairment through compensation of intelligence • Limited impairment through compensation of external structure • Did not complete education / training needed for work • Work below level of education • Tire quickly of the workplace • Pattern of many short-lasting jobs • Difficulty with administrative work/planning • Not achieving promotions • Under-performing at work • Left work following arguments or dismissal • Sickness benefits/disability benefit as a result of symptoms • Limited impairment through compensation of intelligence • Limited impairment through compensation of external structure
Family / Relationship	• Frequent arguments with brothers or sisters • Frequent punishment or hiding • Little contact with family on account of conflicts • Required structure from parents for a longer period than would normally be the case • Tire quickly of relationships • Impulsively commencing / ending relationships • Unequal partner relationship because of symptoms • Relationship problems, lots of arguments, lack of intimacy • Divorced owing to symptoms • Problems with sexuality as a result of symptoms • Problems with upbringing as a result of symptoms • Difficulty with housekeeping and/or administration • Financial problems or gambling • Not daring to start a relationship
Social	• Difficulty maintaining social contacts • Conflicts as a result of communication problems • Difficulty entering into social contacts • Low self-assertiveness as a result of negative experiences • Few friends • Being teased • Shut out by, or not being allowed, to do things with a group • Tire quickly of social contacts

	• Difficulty maintaining social contacts • Conflicts as a result of communication problems • Difficulty initiating social contacts • Low self-assertiveness as a result of negative experiences • Not being attentive (i.e. forget to send a card / empathizing / phoning, etc)
Free time / hobby	• Unable to relax properly during free time • Having to play lots of sport to be able to relax • Injuries as a result of excessive sport • Unable to finish a book or watch a film all the way through • Being continually busy and therefore becoming overtired • Tired quickly of hobbies • Sensation seeking and/or taking too many risks • Contact with the police/courts • Increased number of accidents • Unable to relax properly during free time • Having to play lots of sports in order to relax • Injuries as a result of excessive sport • Unable to finish a book or watch a film all the way through • Being continually busy and therefore becoming overtired • Tire quickly of hobbies • Accidents/loss of driving license as a result of reckless driving behavior • Sensation seeking and/or taking too many risks • Contact with the police/courts • Binge eating
Self-confidence / self-image	• Uncertainty through negative comments of others • Negative self-image due to experiences of failure • Fear of failure in terms of starting new things • Excessive intense reaction to criticism • Perfectionism • Uncertainty through negative comments of others • Negative self-image due to experiences of failure • Fear of failure in terms of starting new things • Excessive intense reaction to criticism • Perfectionism • Distressed by the symptoms of ADHD

Appendix K:
Self-Report Measures

RBQ-2A (Adult Repetitive Behavior Questionnaire-2 for Adults)

The RBQ-2A is a self-administered test of 20 questions measuring restricted and repetitive behaviors. The mean score for an autistic person is 36. The mean score for a non-autistic person is 25.

Client's score was ____.

CAT-Q (Camouflaging Autistic Traits Questionnaire)

The CAT-Q is a self-administered test of 25 questions measuring compensation, masking, and assimilation.

Client's overall score was consistent with or lower than or higher than the average of other autistics of the same gender.

Client reported:	Camouflaging Behavior	Description
	Compensation	Try to make up for perceived shortcomings *example: uses scripts for social interactions*
	Masking	Hide perceived shortcomings *example: pressures self to make eye contact*
	Assimilation	Try to mimic the environment to fit in *example: pretends to be "normal" or forces self to interact with others*

	Client	Autistic Mean			Non-autistic Mean		
		Males	Females	Nonbinary	Males	Females	Nonbinary
Overall		110	**124.35**	122	96.89	**90.87**	109.44
Compensation		36.81	**41.85**	43.50	30.06	**27.18**	35.48
Masking		32.9	**37.87**	36.06	36.34	**34.69**	38.70
Assimilation		39.93	**44.63**	39.88	30.48	**29.00**	35.26

RAADS-R (Ritvo Autism-Asperger's Diagnostic Scale-Revised)

The RAADS-R is a self-administered test of 80 questions measuring language, social relatedness, sensory-motor, and circumscribed interests. ***Language*** *measures speech stereotypy, and difficulty with small talk and not taking things people say literally.* ***Social relatedness*** *measures difficulties and challenges with fitting in, nonverbal communication, bluntness, reciprocity, auditory processing, maintaining relationships, and camouflaging.* ***Sensory/motor*** *measures speech volume and intonation, motor coordination, and sensory sensitivities.* ***Circumscribed interests*** *measures preferences for details, sameness, and interests subject to intense and restricted focus.*

Overall, Client's scores were slightly higher than autistic averages.

	Client	Autistic Mean		Non-autistic Mean	
		Males	Females	Males	Females
Total Score		148.6	**160.4**	84.2	**91.6**
Language		11.9	**12.8**	6.6	**6.8**
Social Relatedness		71.3	**73.5**	43.0	**42.8**
Sensory/Motor		36.7	**43.1**	19.0	**24.8**
Circumscribed Interests		28.7	**31.0**	15.7	**17.2**

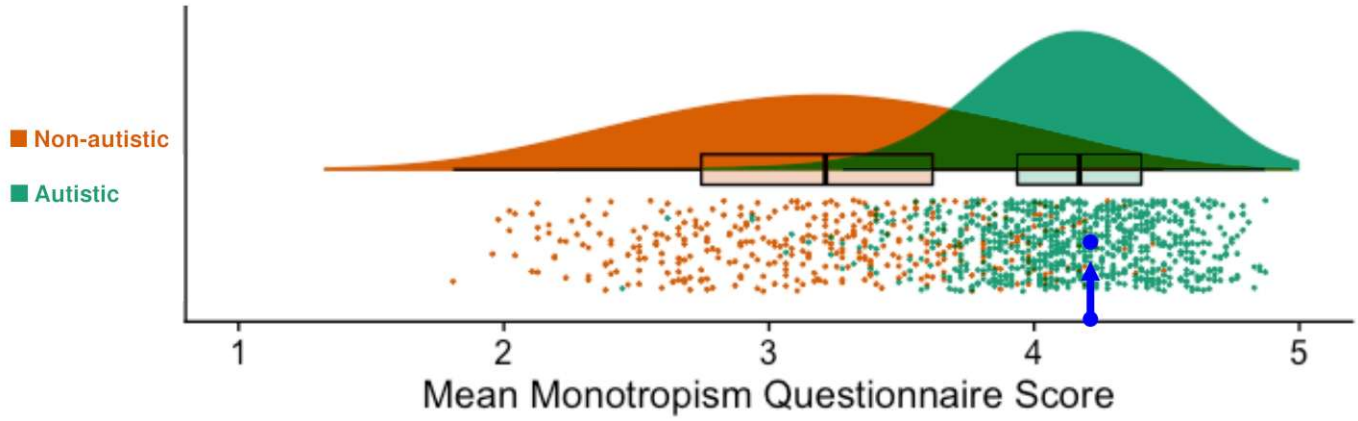
SQ-R (Systemizing Quotient-Revised)

The SQ-R is a self-administered test of 75 questions measuring a systemizing cognitive style, which is the drive to think in terms of systems; and to analyze and construct systems and classifications. A systemizing thinker may tend to pay great attention to details, to sort and organize, and to collect things. The mean score for an autistic person is 77.8 (male) / 76.4 (female). The mean score for a non-autistic person is 61.2 (male) / 51.7 (female).

Monotropism Questionnaire (MQ)

The Monotropism Questionnaire is a pre-print instrument from researchers at the University of Edinburgh that is awaiting peer review. It is based on the monotropism model of autism, which hypothesizes that monotropics allocate attention resources in higher concentrations than polytropics. The questionnaire measures eight factors: special interests, rumination and anxiety, need for routines, environmental impact on the attention tunnel, losing track of other factors when focusing on special interests, struggle with decision-making, anxiety-reducing effects of special interests, and managing social interactions. The mean score for autistics is 4.15, and the mean score for non-autistics is 3.19.

Client's score was about average compared to other autistic persons.



ESQ-R (Executive Skills Questionnaire–Revised)

The ESQ-R is a self-administered instrument designed to assess strengths and challenges in executive functioning. Executive function skills measured include planning, managing time, organizing, regulating emotions, and controlling behavior. The scores range from 0 to 3, with 0 indicating no problems and 3 indicating substantial difficulty. Average score for all who take the ESQ-R is 1.23.

Client scored as follows.

Descriptions for Executive Skills measured by the ESQ-R are as follows:
Plan Management: *This skill area refers to the ability to create and manage plans for accomplishing tasks. It includes individual executive skills such as planning/prioritizing, sustained attention, flexibility, metacognition (awareness of one's own thought processes), and goal directed persistence.*
Time Management: *This skill area refers to the ability to manage various aspects of time, including time estimating, time allocation, and being able to work within time limits and time constraints. It includes the individual executive skills of time management, task initiation, and working memory.*
Organization: *This skill area refers to the ability to create and maintain systems to keep track of information or materials. It incorporates the executive skills of organization and working memory.*
Emotion Regulation: *This skill area is identical to the executive skill of emotional control. It refers to the ability to manage emotions in order to achieve goals, complete tasks, or control and direct behavior.*
Behavior Regulation: *This skill area refers to the ability to exhibit self-control and to think before acting or responding to consider the consequences of one's actions. It includes the executive skills of response inhibition and goal-directed persistence.*

Summary

Client's scores on these measures are consistent with the presentation of autism.

Measure	Score	Autistic Mean	Non-autistic Mean
RBQ-2		36	25
CAT-Q		110 m /124 f	97 m /91 f
RAADS-R		148.6 m / 160.4 f	84 m / 91.6 f
SQ		77.8 m / 76.4 f	61.2 m / 51.7 f
MQ		4.15	3.19
ESQ-R		2-3 indicates difficulty	

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Resources

General Online Resources

https://neurodivergentinsights.com/
https://thinkingautismguide.com/
https://www.aspergerexperts.com/
https://autismacceptance.com/
https://autisticadvocacy.org/
https://embrace-autism.com/
https://www.spectrumnews.org/
https://wrongplanet.net/
https://www.dralicenicholls.com/

PDA

https://pdanorthamerica.org/
https://www.pdasociety.org.uk/

Monotropism

https://monotropism.org/

Double Empathy

https://www.spectrumnews.org/news/double-empathy-explained/
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