

Neuro-Affirming Autism Screening Tool

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This neuro-affirming autism screening tool is designed to assist clinicians in the exploration of autistic traits using best practice recommendations for languaging and presenting autism as a neuro-type, not as a disorder.

Screening questions are based on a combination of the author's lived autistic and professional experience, as well as a synthesis of primary findings in clinical autism research conducted from 2014-2023 centering female autistic voices.

In efforts to present a solidly neuro-affirming screening tool, we have chosen not to include existing (pathologizing) descriptors of autism as presented in the DSM-V. Instead, we encourage the exploration of *“Autistic Ways of Being,”* which normalizes autistic preferences for communication, particular passions, sensory needs, and other aspects of the autistic experience.

For more guidance on the neuro-affirmative approach to adult autism assessment using a social disability model, we highly recommend *The Adult Autism Assessment Handbook: A Neurodiversity Affirming Approach*, by Davida Hartman, Tara O'Donnell-Killen, Jessica K. Doyle, et al, (2023).

Neuro-affirmative View of Autism (Based on DSM-V Criteria)

Adult clients who respond affirmatively to all 3 of criterion A - A1, A2, & A3 and at least 2 of 4 of criterion B - B1, B2, B3, &/or B4, would benefit from further exploration of autistic identity. Keep in mind that these criteria must be met across the lifespan.

A. Differences in social communication and interaction with others. Must be manifest by all 3 of the following (A1, A2, and A3):

A1. Differences in social communication with others, including tendencies to “talk passionately about special interests,” “go off on tangents,” or to prefer avoiding “small talk.”

A2. Differences in the experience of non-spoken communication, including tendencies to “avert eye contact when speaking” or engage in “stimming” while talking, and how facial expressions, body language, and gestures are used in conjunction with spoken communication.

A3. Differences in experiences of developing, maintaining, and understanding friendships and relationships with others.

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B. Preferences for particular calming and/or energizing and balancing movements or activities, particular tasks, special interests and/or sensory experiences. Must be manifest by at least 2 of the following (B1, B2, B3, and/or B4):

B1. Preferences for particular or repeated motor movements, use of objects, or vocalizations that might be balancing or regulating such as “stimming” or repeating particular words or phrases.

B2. Preferences for particular routines, schedules, or ways of doing things to enhance sense of comfort and security. Preferences for advanced notice of potential changes or transitions in order to be more prepared, and desires for sameness, such as taking the same route, or eating the same foods everyday.

B3. Particular interests or passions for specific topics or activities and a capacity for prolonged and intensive focus on these interests.

B4. Differences in ways of identifying and experiencing the senses. Includes all 8 sensory systems (sight, taste, touch, hearing, smell, interoception, proprioception, and vestibular); high sensitivity, low sensitivity, unique fascination with, and/or unique experiences of the senses.

C. Traits must be present since early childhood (but may not fully manifest until demands exceed capacities for masking)

The following pages offer screening questions for further exploration of the above diagnostic criteria. A longer version with additional screening questions is available upon request.

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Exploration of (A1):

Differences in social communication with others, including tendencies to “talk passionately about special interests,” “go off on tangents,” or to prefer avoiding “small talk.”

Autistic ways of communicating & interacting with others

- Do they often worry whether they are talking “too much” or “not enough” in social situations?
- Do they often wonder “what’s the right way to act?” and make significant efforts to observe or find out “the rules” prior to engagement in a new situation?
- Is it easier for them to talk at length about certain topics than others? Lose track of whether others are still listening if sharing about an interest area?
- Can they get easily bored or agitated when listening to others talk about things that are outside of their area of interest? Do they find “small talk” exhausting, pointless, or difficult?
- Do they often ruminate about past social interactions, replay conversations, or mentally prepare for future conversations by practicing what they are going to say?
- Do they prefer activity-based social events over less structured events, like parties?

Exploration of (A2):

Differences in the experience of non-spoken communication, including tendencies to “avert eye contact when speaking,” engage in “stimming” while talking, and how facial expressions, body language, and gestures are used in conjunction with spoken communication.

Autistic experiences of non-spoken, non-verbal communication

- What is their felt experience with giving or receiving direct eye contact?
- Do they shift their gaze when speaking or when listening? Do they describe eye contact as “intense,” “uncomfortable” or “distracting?”
- Do they find other forms of communication easier than speaking?
- Do they prefer catching up with friends via text or email communication to phone calls? Prefer to use emojis, gifs, or memes to communicate rather than words?

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	<ul style="list-style-type: none"> - Do they find it easier to communicate and/or listen in 1:1 interactions than in groups?
<p>Exploration of (A3):</p> <p><i>Differences in experiences of developing, maintaining, and understanding friendships and relationships with others.</i></p>	<p style="text-align: center;"><i>Autistic experiences of developing, maintaining, and understanding friendships and relationships</i></p> <ul style="list-style-type: none"> - Have they been bullied or deliberately excluded by others? - Have they often felt “different,” “like I don’t belong” or “not normal?” Feel alone even with others? - Do their friends tend to be older than them in which they take a “mentee” type role or much younger than them in which they take a “mentor” type role? - Do relationships feel like “hard work?” Do they feel like managing multiple relationships is “exhausting?” - Do they struggle to understand how someone else thinks or feels about them unless it is obviously displayed or stated? - Do they feel highly sensitive to the energy or emotions of others?
<p>Exploration of (B1):</p> <p><i>Preferences for particular or repeated motor movements, use of objects, or vocalizations that might be balancing or regulating such as “stimming” or repeating particular words or phrases.</i></p>	<p style="text-align: center;"><i>Autistic preferences for particular or repeated motor movements, use of objects or vocalizations that might be regulating</i></p> <ul style="list-style-type: none"> - Do they ever notice certain parts of their body moving in rhythmic or repetitive ways? - Does engaging in repetitive, rhythmic movements occur in a variety of states, including <i>contentment, boredom, or overwhelm?</i>

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<p>Exploration of (B2):</p> <p><i>Preferences for particular routines, schedules, or ways of doing things to enhance sense of comfort and security. Preferences for advanced notice of potential changes or transitions in order to be more prepared, and desires for sameness, such as taking the same route, or eating the same foods everyday.</i></p>	<ul style="list-style-type: none">- Do they hum, make certain noises or vocalizations, count numbers, or say certain words or phrases when content, bored, or to soothe?- Do they have any unique flexibility of the joints? <hr/> <p><i>Autistic preferences for routines and sameness; particular ways of managing change & transitions</i></p> <ul style="list-style-type: none">- What are their experiences with big transitions, like relocating, relationship ending, job loss, etc.? What about small transitions, like shifting from one task to another?- Do they have particular habits, patterns, schedules, or daily routines that are hard to change? What happens if a daily routine is disrupted?- Do they tend to “get stuck on details” via ruminative thinking about past, current, or future events?- How do they react to unexpected events, like cancellation of plans or unpredictable behavior in others?
<p>Exploration of (B3):</p> <p><i>Particular interests or passions for specific topics or activities and a capacity for prolonged and intensive focus on these interests.</i></p>	<p><i>Autistic special interests or passions for particular topics or activities</i></p> <ul style="list-style-type: none">- Are there certain subjects, topics or hobbies they get very excited about and can engage in deeply or talk about for long periods of time? Conversely, is it difficult to engage in or discuss non-interest-area topics?- Do they have a lifelong tendency to dive “all-in” to certain areas of interest or get hyper-focused or “obsessed” with a specific person, topic, or activity for a period of time, avidly pursuing additional information and gaining expert-level knowledge in particular topics?

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	<ul style="list-style-type: none"> - Do they have a particular fondness or empathy for animals, the climate, and/or other vulnerable populations? - Do they engage in various forms of activism or get extremely passionate about particular socio-political issues? - Is their thinking about social issues black & white? Is it difficult for them to maintain relationships with others who don't share their views?
<p>Exploration of (B4):</p> <p><i>Differences in ways of identifying and experiencing the senses. Includes all 8 sensory systems (sight, taste, touch, hearing, smell, interoception, proprioception, and vestibular); high sensitivity, low sensitivity, unique fascination with, and/or unique experiences of the senses.</i></p>	<p style="text-align: center;"><i>Autistic ways of sensing and experiencing the senses</i></p> <ul style="list-style-type: none"> - Do they have high sensitivity or intense reactions to certain sounds, smells, images, textures, or tastes that are perceived as negative? - Do they have intense reactions to sensory inputs that they perceive as positive and pleasurable? - Are they a selective eater, with particular types of foods that they eat or don't eat? Were they told they were a "picky eater" growing up? - Do they have a tendency to notice or get irritated by seams or tags in clothing? - Do they have intense (positive or negative) reactions to certain types of touch or physical contact?

To review, (adult) clients who respond affirmatively for all 3 of criterion A - A1, A2, & A3 **and at least 2 of 4** of criterion B - B1, B2, B3, &/or B4, **and** traits have been present across the lifespan would benefit from further exploration of autistic identity.

The following are additional screening tools that have been clinically validated with female samples though they do not (yet) reflect recommendations from the autistic community for incorporating a neuro-affirmative approach.

- **Camouflaging Autistic Traits Questionnaire (CAT-Q)**
<https://link.springer.com/article/10.1007/s10803-018-3792-6>

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- **Girls Questionnaire - Autism Spectrum (GQ-ASC)**
<https://www.liebertpub.com/doi/10.1089/aut.2019.0054>

Thank you for your interest in learning more about neuro-affirming approaches to autism assessment. We hope our screening tool is useful. We are available for additional consultation or training on the integration of this material into your practice.

For contact information:

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[Addendum]

Though not part of the formal DSM-V criteria for diagnosis, the following domains of experience are commonly reported by (female) autistics across the clinical literature and are included below for further exploration:

<p>Multiple experiences of victimization, across the lifespan</p>	<ul style="list-style-type: none"> - Do they have a chronic history of being bullied, excluded by peers or colleagues? Experiences of sexual harassment, sexual assault, or other forms of intimate partner abuse, including financial exploitation? - What has been their experience with asking for or receiving support for any of these issues?
<p>Masking & Camouflaging</p> <p><i>*may not be a conscious behavior</i></p>	<ul style="list-style-type: none"> - Do they put a lot of effort into learning to understand or mirror other people and why they act or do what they do? (e.g. “give the right amount of eye contact,” “don’t talk too much about interests, hide stimming?” - Put a lot of effort into people- pleasing, dressing like others, trying to “fit in,” etc.? Do they easily pick up on “catch phrases, accents, or mannerisms of others?” - Do they use alcohol, cannabis, or other substances to help them feel more at ease in social situations or interpersonal interactions?
<p>Alexithymia</p>	<ul style="list-style-type: none"> - Is it easy to identify their feelings? - How do they experience the feelings of others? - Do they feel emotions really strongly to the point of overwhelm but struggle to verbalize them? Or explain them to others?
<p>Hyper-Empathy</p> <p>Strong sense of social justice, loyalty, and honesty</p>	<ul style="list-style-type: none"> - Do they identify as a Highly Sensitive Person? - Have strong intuitive capacities? (even if they have been told their intuition is wrong via gaslighting?) - Experience strong affective, somatic, or responsive empathy for others ? - Are they “generous to a fault?” Do they care deeply & intensely about others? The underdog? Animals? - Would they be described by others as “sensitive, caring, and honest?” Do they value fairness, honesty, loyalty, and integrity? Do they struggle to lie or experience distress about telling minor “untruths” (e.g., calling in sick to work; etc.)?

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<p>“Spiky” Profile</p>	<ul style="list-style-type: none"> - What are their experiences with navigating the various domains of life, including school, work, relationships, and home life? Are there areas of significantly high achievement, contrasted with areas of more difficulty? - In their academic history, were there large discrepancies in comprehension of different subjects? - Labeled as being a “Black and White” thinker? Or Creative, “out of the box,” “original thinker?”
<p>Executive Functioning and Attention Differences</p>	<ul style="list-style-type: none"> - Have they been screened for or diagnosed with ADHD? - What systems have they developed in order to be more effective in executive functioning tasks, like planning, organization, or managing time? - What is their experience with initiating, switching, or stopping tasks? - Do they report a need to write things down to help them remember verbal instructions? Do they have preferences for visual aids or tech support to remember appointments, etc.? - Have they had experiences of “flow state” and/or hyperfocus when engaging in areas of interest in which other external stimuli or interoceptive cues fade from awareness (e.g., unaware of hunger, thirst, physical posture)
<p>Rejection Sensitivity Dysphoria</p>	<p><i>Real or perceived experiences of social rejection experienced as extraordinarily painful and intolerable, with acute physical and emotional pain and significant nervous system dysregulation akin to death-like experiences.</i></p> <ul style="list-style-type: none"> - Have rejection experiences been a trigger for suicidal ideation or self harming behavior like hitting themselves, head-banging, or cutting? - Do they over apologize for perceived mistakes, saying “I’m sorry” all of the time? - Do they have a long history of being “people pleasing” and/or “conflict avoidant?”
<p>Energy Management Differences & Fluctuating Needs</p>	<ul style="list-style-type: none"> - Have they had periods of intense work followed by periods of extreme exhaustion and burnout? - Do they often need long periods of rest after being “out in the world?” <p><i>Support needs may vary widely depending on the nature of the demands ;sensory issues, time of day; or other factors</i></p>
<p>Common Physical Health &/or Other Medical Conditions</p>	<ul style="list-style-type: none"> - Were they premature? - Any personal or family history of epilepsy or other neurological disorders? - Chronic Gastrointestinal issues, like Irritable Bowel? - Chronic sleep difficulties? - Ehlers-Danlos syndrome? Hyper-mobility?
<p>*Sex/gender nonconforming or gender-related distress (“Gender Dysphoria” in DSM 5)</p> <p><small>*Aly edited this section December 2024</small></p>	<ul style="list-style-type: none"> - Have they had a recent or past period of gender questioning, confusion about gender norms, or of being “gender” non-conforming? - Do they currently identify as being gender fluid, non-binary, or transgender due to believing they relate more to the opposite sex?

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Prosopagnosia <i>"Face Blindness"</i>	<ul style="list-style-type: none">- Do they have difficulty putting faces to names?- Do they have a hard time recognizing someone when they see them out of context, like running into a colleague at the grocery store?
Emotional Regulation Challenges	<ul style="list-style-type: none">- Do they struggle with emotional regulation and/or have a tendency to become easily dysregulated into an anxious or shut down state?- Do they have a history of "tantrums" (e.g., "autistic meltdowns") as a child?- Do they have a history of suicidal ideation or self-harm in periods of intense emotional distress?
Disordered Eating	<ul style="list-style-type: none">- Do they have periods of time in which they experience no appetite or "disgust" for certain foods? Or times in which they have more difficulty eating or "forgetting to eat," resulting in unintended weight loss?- Do they have a history of diagnosis with avoidant-restrictive food intake disorder (ARFID), anorexia nervosa, or another eating disorder?- Is it difficult to "feel full" or know when they are hungry?- Are there periods of time in which they experience intense hyperfocus on a perceived body imperfection or body dysmorphia?

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