

# COULD I BE AUTISTIC?

The ultimate  
guide for  
women and  
AFABs



# Table of Contents



Introduction	02
Chapter One - Where Do I Start?!	03
Chapter Two - Women’s Autism	05
Chapter Three - DSM-5 Criteria	07
Chapter Four - Screening Tests	11
Chapter Five - What Next?	17
Contact	18

NICE TO MEET YOU!

# Hi! I'm Claire



When my therapist first mentioned to me that she thought I might be autistic, I remember feeling a bit shocked. I knew absolutely nothing about autism and what I did know was limited to the few depictions I'd seen in films. As soon as I started researching, however, the penny started to drop...

What next? The obvious point was the screening tests which I found extremely difficult, particularly the AQ-50 which seemed to be the most "clinical" of the tests, as far as I could make out. I kept scoring "borderline". Did that mean I wasn't autistic?

When I plucked up the courage - and it required a lot of courage - to visit my GP, I took along all the screening tests I could find. He administered the AQ-10, which is a shortened version of the AQ-50, and again I was borderline. Although he referred me for a psychiatric evaluation, despite thinking I didn't come across as autistic, the psychiatrist refused to see me.

I ended up spending months in the wilderness, taking test after test, not scoring high enough to conclusively point to autism. I spent a while in a state of "self-diagnosis", which began to help, but I kept swaying between autism and trauma history as the root of my experiences. Much as the internet was helpful, it was also full of misinformation where pretty much anything could point to autism.

This Ebook will help you understand the screening tests, including their strengths and limitations. It'll also provide a nudge in the right direction by asking thoughtful questions, helping you make sound decisions for your next steps.

*Claire*

Claire Jack, Ph.D.



## CHAPTER ONE

# Where Do I Start?!

## Getting started

When it comes to exploring whether you might be autistic, the journey can feel overwhelming right from the get-go. Which screening tests do you take? What do the results even mean? What's the next step? Having these questions is natural, and this Ebook can help you find the answers. This isn't a comprehensive guide to autism – plenty of those already exist – but rather a roadmap to help you navigate the process of discovering your chances of being on the spectrum, and what you can do next.

## There's a reason you're here

Some of the people I speak to feel silly or guilty for even starting the process of exploring whether they might be autistic. They come out with phrases such as:

*"I feel like I'm making the whole thing up."*

*"I'm just looking for excuses."*

*"There are people out there with real problems. I feel guilty for even exploring the possibility."*

On the other hand, some people have experienced problems their whole life and everything they've read about autism seems to fit with their experience. When there's a potential answer out there it feels impossible not to explore it further. Clients tell me:

*"For the first time in my life, it feels like I've found an explanation which fits."*

*"I've been in therapy for years and nothing's really helped. Thinking I might be autistic could explain why I keep doing the same things over and over."*

*"My child's just been diagnosed with autism and I realise they do everything the same as I did as a kid. I need to explore this further."*



## YOU DESERVE TO EXPLORE THIS FURTHER

There's nothing silly about trying to gain self-awareness. If you've read about autism or have heard about the experiences of other women and feel a connection with them, exploring it further by taking screening tests, in the first instance, is completely valid. You may get an inconclusive result, and it's important to remember that even a far higher result doesn't necessarily indicate autism. What is important is that you're trying to gather useful knowledge about yourself that could provide some essential answers about current and past experiences.

## KEEPING AN OPEN MIND

In the last few years, there has been a huge amount written about Level 1 Autism, and women's experience of autism in particular. There are three Levels of Autism. Level 1 Autism replaced what was previously known as Asperger's Syndrome with the publication of the DSM-5 in 2013 (the DSM is the primary resource that psychiatrists use when deciding what diagnostic criteria are required for particular neurological and mental health conditions). People with Level 1 Autism are of average or above-average intelligence and can lead independent lives. People with Level 2 Autism have support needs and may more obviously present as autistic, whilst people with Level 3 Autism have significant support needs.

Because there's been so much publicity, it is possible to think that many mental health conditions are rooted in neurological differences - that people are born with brains which process the world differently and lead to social communication and other issues. The truth is that some people are born with brains that process the world differently and, if you're autistic, you will have been born with autism. It's not something that develops in life (although, if you have Level 1 Autism, it might not always be noticeable in childhood).

It's important to remember that, whilst you might be autistic, you might also experience differences compared to most people, or difficulties in some areas of your life because of other reasons.

## THERE'S NO HIERARCHY OF EXPERIENCE

Autism and other conditions, such as mood disorders and responses to past trauma can overlap in symptoms, which we'll explore later on in this guide. If you take the tests or explore whether you're autistic further, and it emerges that you are unlikely to be autistic, it in no way invalidates your experience of feeling different and having problems in some areas of your life. If, for instance, you have experienced past trauma, your brain and body will have been altered as a result of your experiences. These are every bit as real as being born with a brain that processes the world differently.

## CHAPTER TWO

# Women's Autism

Women's autism is a subject that's received a lot of publicity in recent years. With good reason. Up until comparatively recently, it was thought that only males could be autistic. We now know that autism, for a long time, was "missed" in females because they presented differently to males.

Because there was such a bias towards thinking that only boys and men could be autistic, research tended to be conducted using males, which reinforced what researchers and healthcare practitioners thought they knew about autism.

In recent years, we've become more aware that girls tend to be more driven to make friends from a young age than boys are. Whilst this isn't true for all female autistics, autism in girls can be missed because they behave in a more social manner than boys.

Autism is characterised by intense level of interests in subjects, which might include collecting physical objects or information, talking a great deal about interests and experiencing an interest in a way that some people describe as "obsessive". Females sometimes go under the radar because their interests are considered in keeping with what their peers are interested in, and might include celebrities, animals, bands and books. Because their interests might not stand out as unusual, they don't attract attention - even though the level of interest is similar to males. Autistic females are more likely to camouflage, or hide, their autistic traits than males which, once again, means that autism is less likely to be detected.

More women than ever before are being diagnosed and I have clients well into their seventies who are looking for explanations as to why they might always have felt a bit different to other people and struggled socially and with other aspects of life.





The neurodiversity movement stresses the importance of identifying “differences” as opposed to labelling autistic traits as problematic or, to use medical language, “deficits”. I would suggest adopting this positive approach when you look at the diagnostic criteria for autism. However, I would also suggest taking into consideration that, if you are autistic, it’s likely you will have experienced issues in some area of your life.

To be officially diagnosed with autism, you should have experienced a negative impact because of your autistic symptoms. The way I interpret this is not to say your behaviour or experience is negative in any way, but that going through life with differences in how you interact socially, how you communicate with people, a need for routine and possibly issues with sensory processing means that life isn’t easy.

Whether you’re male or female, if you’re autistic it’s very likely you’re more than aware of what it feels to feel different to most people.

One of the difficulties with recognising the differences in female from male autism is that experiences which don’t clearly point to autism can be interpreted as “autistic”. It’s also important to remember that many females do present similarly to males, and that many males display high levels of camouflaging behaviours.



### What is camouflaging?

Camouflaging is the attempt that many autistic people make to appear “less autistic”. Essentially, it’s a way of masking their autistic traits.

Camouflaging may take all kinds of forms including making a conscious effort to copy how other people talk and act and “learning” behaviours which might feel very unnatural and uncomfortable. An example might be forcing yourself to make eye contact even though it feels painful because you have read that you should do so.

Camouflaging might also involve changing the way you behave socially because others have suggested to you that you’re “weird”. It could be, for instance, that you have a tendency to ask lots of questions or dive into personal subjects in a way that has received criticism from others, so you carefully monitor your behaviour. Or it could be, like me, that you prefer to stay quiet but because of the attention this has attracted you force yourself to speak, no matter how uncomfortable it feels.

Camouflaging behaviours are particularly high in autistic women, which is one of the reasons why girls and women are less likely to be diagnosed with autism than men.

## CHAPTER THREE

# DSM-5 Criteria

I'm going to take the DSM-5 diagnostic criteria as a starting point, and suggest how you might interpret it with regard to your experience.

The easiest way to describe the Diagnostic and Statistical Manual of Mental Disorders - commonly known as the DSM - is as a manual which psychiatrists refer to in order to diagnose neurological and mental health conditions. The DSM is regularly updated and the last major update was in 2013, which is when Asperger's Syndrome, and some other conditions, were incorporated into a wider "Autism Spectrum Disorders".

If you're a non-psychiatrist or psychologist, you might struggle to make sense of the DSM. As I noted above, some of the language in the DSM isn't favoured by autistic people as it points towards "deficits" instead of "differences". However, understanding what is required to gain a diagnosis of autism is helpful to establish whether you are potentially autistic or whether there is likely to be an alternative explanation for your experiences and behaviours.

I'll take you through the DSM criteria below and help you relate some of the more clinical language to your experience as an adult woman.



## Social interaction and social communication deficits across multiple contexts

You might experience difficulties with establishing and maintaining friendships. You might overly attach to one person and be unable to "share" them with other people.

You might find it hard to be in a group, or have problems asking for help. Making small talk could be challenging and it might be that other people tell you that you dominate conversations. You might also have always been told that you're extremely shy and have problems asking for help or sharing your thoughts. There are many other ways in which social interaction and social communication issues might affect someone but the bottom line is, you'll have experienced issues with establishing healthy relationships and being

able to communicate comfortably and effectively with other people. It has nothing to do with not having friends or not wanting friends and autistic people often have a strong desire for social connections, despite enjoying their own company and having time for interests.

## Restricted, repetitive patterns of behaviour, interests or activities

What does this look like in the real world? According to the DSM-5, you should have at least two of the following.

### **1. Stereotyped or repetitive use of motor movements, use of objects or speech.**

"Motor movements" are when we repeatedly do something physical. This might include things like rocking, swaying, waving your



hands, or rubbing your feet repeatedly. Or it might involve making noises or saying words or phrases out loud. These types of behaviours are often referred to as "stimming". Where it gets complicated is that a quick internet search reveals that almost any type of repetitive behaviour is considered a stim.

Nail biting, picking spots and twirling your hair are repetitive behaviours, but they could be related to anxiety, a different condition or simple habit. If you have more "unusual" behaviours, like rocking, hand waving or vocal stems, they're a clear indicator of potential autism (although they also point to ADHD and other conditions).

## ***2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behaviour***

Autism is characterised by extreme difficulties coping with unexpected events and responding to change. Because of this, autistic people often have to exert a high level of control over their environment. It might show up as having a rigid routine and feeling highly distressed if that routine is disrupted in any way. It might also mean that bigger changes, such as starting a new relationship or job, are very difficult to deal with, even if they are positive changes. Autistic people can find it hard being around other people, who are inherently unpredictable and display controlling behaviours to others.

Where it gets complicated is that most people thrive on routine and have routines in life which are important. Having the same morning routine and eating the same breakfast every day doesn't mean you're autistic. Eating the same meals three times a day, every day, and feeling highly distressed if someone suggests going for a meal could be a potential

indicator of autism. Likewise, being a bit annoyed because your bus was a few minutes late is completely understandable. But if your whole day is ruined because your bus was a minute late, it could be considered more unusual. Questions to ask yourself include, "Do I respond in an intense emotional way if things are disrupted or changed?". And, "Do I have routines in place which are either excessive or so rigid I become highly distressed at the thought of them being altered?". It's also worthwhile exploring whether others have ever suggested to you that you have issues with change or a high attachment to routine.

## ***3. Highly restricted, fixated interests that are abnormal in intensity or focus.***

This often shows up in terms of pursuing interests to such an extent that it can make it difficult to participate fully in life. It might mean that you're only interested in having friends who share your interests, or that you want to talk about your interests all the time. It might mean that you lose track of time when you're engaged in your interest to the extent that you might fail to look after yourself properly. Intense interests of this type can interfere with relationships and other responsibilities. Where male and female autism differs tends to be that females' interests are often not particularly unusual. Females may also tend to have interests that change over time, even though they're intensely involved in them for a set period. Having said that, women may have very unusual interests or an interest which persists over a lifetime.

Where it gets complicated is...what's an unusual level of focus or intensity? Many people are very into their interests, whether that's their favourite sport, author or television programme or their work. Being very interested in something doesn't

necessarily make you autistic. Questions to ask yourself include, "Compared to friends, family and colleagues, am I far more interested in my passion than they are?". "Do I feel a need to find out everything about my interest, which might involve collecting objects?". "Have other people commented that my level of interest seems unusual?". "Does my interest affect my relationships, ability to get on with daily tasks or my ability to look after my mental and physical wellbeing?". If the answer to these questions is "yes", your interests could potentially suggest autism.

**4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment.**

Hyper-reactivity to sensory input means that you will tend to experience certain sensory triggers in a very intense way. You might experience a strong physical reaction, for instance, in response to a sound, smell or visual trigger. The way you experience it will be unusual and may mean that you cannot cope with a sensory input. It might also affect your behaviours. For instance, you might find that you cannot be in rooms with artificial lighting or that being around other people eating is impossible due to the potential of plates getting scratched.

Hypo-reactivity means that you might not notice aspects of what is happening around you. You might not notice that someone in a group has started talking, and begin to talk over them. Or you might not notice that something has changed visually. You might find yourself seeking out sensory experiences, such as smelling or stroking things.

Where confusion might arise is whether someone actually has an unusual level of responsiveness to sensory input, or whether most people experience something similar. Most people, for instance, have certain noises they don't like and many people jump in

response to loud or sudden noises. Hyper-reactivity is often very deeply felt and highly disturbing, and it's often in response to inputs which most people don't notice. On the other hand, many people love a nice bath, or particular scents or certain lighting. Having a preference in this way isn't necessarily unusual or pointing towards autism. If you have a strong need to spend two hours a day in the bath or always have to stroke a certain toy, or can't sit without your tummy covered with a special blanket, it might more clearly indicate unusual behaviour.

**Symptoms must be present in the early developmental period.**

This is one of the most important factors to consider. If you're autistic, you were born autistic. You will have experienced differences in your experience from the earliest age, even if they weren't picked up until later in life.

People often tell me it's hard to remember their earlier experiences and that they can't remember whether they had any sensory issues when they were younger. Whilst it's difficult to remember specific episodes, perhaps, there are certain things you tend not to forget. I'll use myself as an example here. I couldn't be in a room with certain fruits because the thought about how terrible they would feel to touch was too much for me. I used to go just about mad when people scratched a plate and all doors had to be shut so that they lined up perfectly. I had regular, violent meltdowns if my mum took me anywhere near a doctor (the smells, someone touching me). I suffered migraines every week at school because of the stress I was under to get everything right. Now, I can't remember specific events but I remember those things because they were a part of me. People tend to remember feelings of stress, of being left out, of being unable to cope in certain situation and of behaving differently to other kids or siblings. Patterns emerge.

Bottom line: If you've only recently felt highly sensitive to sensory triggers, can't cope with socialising or find it difficult to tear yourself away from your routine, the likelihood is that you're not autistic.

**Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.**

This is an important factor to consider, which I touched on earlier. Although I fully identify with the idea of focusing on difference rather than "deficit", in any way, unless you have been lucky enough to be raised in a very accepting environment, it's likely that you have experienced difficulties trying to fit into a world that doesn't meet your needs. You'll have had problems making yourself understood or coping with environments like school and the workplace. Most forms of interaction and social environments aren't designed for autistic people, so you'll have noticed that you face issues in some areas.

**These disturbances are not better explained by intellectual disability.**

When you're considering whether you might be autistic, it's useful to extend this to whether any differences might be explained more effectively by life experiences or physical conditions. Is there another plausible explanation for your experiences? It doesn't mean it's the right explanation and autism is the wrong explanation, but it is worth considering.

## CHAPTER FOUR

# Screening Tests

One of the first points in deciding whether you might be autistic is to take a screening test. Screening tests are never meant to provide a diagnosis. However, the answers of autistic people are compared with the answers of non-autistic people and the screening tests can suggest whether you answer similarly to autistic people, or whether your answers share more in common with non-autistic people.

The tests have been developed over countless years and are the result of research that compares thousands of people's experiences. The questions in the tests are designed to detect possible autistic traits. The tests should be considered a screening tool that can indicate the need for further assessment and evaluation.

There are several different types of screening tests available, each with their own unique approach and focus.

I've chosen four tests for you to complete, each of which is discussed below.

These are:

AQ-50, CAT-Q, RAADS-R and EQ.

There are other tests out there. Numerous tests, in fact! The three I've chosen cover a wide range of autistic traits and are rigorous enough to provide a useful overview. It's possible to get caught up doing so many tests that all you end up is confused.

Some tests are less rigorous than those listed, and some are based on outdated assumptions about autism.

My advice would be to complete the AQ-50, RAADS-R, EQ and CAT-Q to the best of your abilities, realising there is some leeway in the reliability of self-reported answers, and see whether the tests are suggesting possible autism.



# Why you shouldn't rely on tests alone

If the tests are carefully designed to pick up on potential autistic traits, and if they allow you to compare your scores to thousands of other people, shouldn't that be enough to confirm whether you're autistic? The short answer is no.

Whilst you should definitely do more research if you receive a score which indicates possible autism, here are some of the reasons you might receive a higher or lower score on the tests (issues with specific tests are discussed in more detail below).

## Self-reporting

When you sit through a test of this kind, you are reporting on your own symptoms and behaviours. You know your experience better than anyone, so this is a valid measurement. But...self-reporting is difficult. It's very difficult to judge what is indicating an unusual type of experience or suggesting a noticeable difference in the way the tests are looking out for, and what is completely "usual" behaviour. For instance, some clients might feel that they are overly direct and blunt when, in reality, this is only based on feedback from their parent or partner. It doesn't indicate their overall communication pattern and may be due to dynamics within a specific relationship. Some clients may have unusual routines or extremely intense levels of interest, but because they have grown up with that, they don't feel it's worth recording on the test. Some people are simply more or less aware of their behaviours, thoughts and emotions than others which can affect how they answer screening test questions.

## Confirmation bias

Confirmation bias is when our judgement is affected because we tend to make judgements according to what we already believe. If you've been researching autism, it's possible that, unconsciously, you'll select answers which support your belief that you're autistic.

## Imposter syndrome

If you have Level 1 Autism and have lived a life well into adulthood, you might have the opposite of confirmation bias and think that you're over-reacting to your own experiences. You might unconsciously judge yourself against other people and feel silly for choosing an answer which seems "too extreme". Self-criticism can make people hold back when they're completing tests.

## Difficulty with test questions

There's no perfect test out there and some of the questions are presented in a very black and white way which might make it hard to choose an answer. Some questions may be based on outdated information about autism or may not fit closely with Level 1 Autism, and particularly women's presentation.



## Overlap with other conditions






Another reason to avoid relying on the tests is that they could be indicative of another condition, especially when you take into account the potential issues listed above.

Particularly when it comes to social and communication issues, people might receive a comparatively high score on the tests when they have social anxiety which is not the result of autism.

Anxiety disorders may lead to higher screening test results and it could be that people with other neurological conditions, such as ADHD score higher on autism screening tests (autistic people are also more likely to have ADHD than the general population).

People might have a high level of sensory sensitivity, which has only developed later in life, or they may have developed a need for sameness following a traumatic event in their life. Particularly when you're taking a test which provides a snapshot of current experience, it's important to consider whether the traits you have identified have only recently occurred .

## Questions to ask yourself

-  Are the symptoms I'm experiencing something I've had for as long as I can recall, or have they only surfaced recently?
-  How "unusual" are my symptoms with regard to the test answers? For instance, is my "need for routine" fairly normal, in terms of feeling better when I know what time I'll be getting home each day? Or do I seem to respond differently to a last minute change in plan when I compare myself to others?
-  Have other people ever commented on "unusual" aspects of my behaviour? As a child, did other children exclude or bully me for a reason I couldn't identify?
-  Do I identify with more than one or two autistic traits? For instance, do I only experience sensory processing issues? Or do I have a need for routine, but don't experience any of the other DSM-5 diagnostic criteria?
-  When I consider a question, is my experience applicable across various situations or does it only manifest when interacting with a limited number of individuals? For instance, have people often commented that I am "blunt" or is it only my mum who has said that?



You've been provided with a link to four tests, which I'm going to describe here, along with some of their strong points and disadvantages.

### **Autism Spectrum Quotient - AQ-50**

One widely used screening test is the Autism Spectrum Quotient (AQ). This self-report questionnaire consists of 50 statements that individuals can respond to and cover traits that are associated with autism, such as social difficulties, attention to detail, and a preference for routine. The AQ provides insight into an individual's own perception of their behaviour and can be a helpful tool in determining the likelihood of being on the autism spectrum. It is important to remember that online questionnaires, including the AQ-50, should only be seen as a starting point for further exploration and discussion with a healthcare provider.

One problem with the AQ-50 is that it relies heavily on self-reporting, which can be subjective and influenced by various factors such as personal biases or perceptions. People may overestimate or underestimate certain traits or behaviours, leading to an inaccurate representation of their autistic traits. Autistic people may also have issues judging their own experience accurately. As with anybody, you get so used to your ways of doing things that you might underestimate how significant your experience is.

Another issue with the AQ-50 is that it focuses mainly on the behavioural aspects of autism, such as social interaction, communication difficulties and routine, and fails to explore other autistic traits in depth, including sensory processing and repetitive behaviours.

Some of the questions on the AQ-50 are outdated (including the question about remembering phone numbers which is almost obsolete given the fact we don't need to now we have mobile phones!). The questionnaire is also very "black and white" and you might be pushed into choosing an answer which doesn't fit, simply because the other didn't fit either!

Having said all that, I often find that clients with a higher AQ-50 score are more likely to be autistic. A low, or "borderline" score doesn't mean that someone isn't autistic though. I've had clients who have struggled to answer the questions or underestimated their own experience in certain areas.

### **Ritvo Autism Asperger Diagnostic Scale-Revised - RAADS-R**

The RAADS-R takes a broader approach than the AQ-50 and contains questions about the "sub-clinical" presentation of autism. What this means is that it explores a wider variety of behaviours and experiences which often point towards autism, but are not necessarily part of the stricter diagnostic criteria for autism. The RAADS-R provides the opportunity to explore your experience in terms of social and communication differences, sensory processing issues and sensory seeking behaviours, repetitive "stimming" behaviours, need for routine and sameness, restricted interests and empathy. By having eighty questions, it allows for an in-depth exploration in a range of areas.

One major advantage of the RAADS-R is that it allows for comparison of current day experiences with experiences under the age of 16. This is important. Autism is a developmental condition meaning that we are born with it. If we've only recently started to develop a sensory processing issue or have suddenly decided we don't want to socialise, having always been highly sociable, it's likely something has happened which has changed how we process the world. Being able to compare our later to early experience through answering the questions is very useful. Because of the wide range of experiences it

covers, and the comparison between adult and child experiences, the RAADS-R is one of my preferred screening tests. In the same way that the AQ-50 results can be affected by people's biases, misunderstandings or lack of awareness, so can the RAADS-R and a high or low score doesn't necessarily mean that you either are, or are not, autistic.

### **Camouflaging Autistic Traits Questionnaire - CAT-Q**

The CAT-Q is designed to establish the degree to which someone camouflages their autistic traits. It is particularly useful for autistic women, who display higher levels of camouflaging behaviours than both autistic and neurotypical men and neurotypical women. As such, it can suggest potential autism.

One of the plus points about the CAT-Q is that it breaks down camouflaging behaviours into different types of strategies.

Compensation behaviours refer to actively trying to "learn" how to act in a way that is considered socially "normal" through strategies such as learning how to act from self-help books or consciously copying how friends and television characters talk and act. There's a recognition with compensation behaviours that the autistic person's natural way of acting doesn't seem to meet expectations on some level, so they make an effort to learn social behaviours.

Masking refers to the efforts autistic people make to hide any anxiety and discomfort they might be feeling socially. Instead of revealing that they're not following all the conversation or are feeling highly anxious, they go to great lengths to cover up what they're really experiencing.

Assimilation is when we try to blend in, often in an attempt not to be singled out for attention. Assimilation behaviours are particularly high in people who have been

bullied or picked on at some point, or people who have been called weird. Trying to blend in might mean covering up what you really think or how you really want to act.

Although the CAT-Q can indicate autism, the results can also be skewed by someone who has high levels of social anxiety which are not caused by autism.

Autism is not the only reason that someone might have a high CAT-Q score. Equally, some autistic people, including autistic women, don't camouflage. They may be less aware of the need to camouflage or have simply chosen not to do so. A low score doesn't necessarily point away from autism. As with the other tests, the usual problems involved in self-reporting apply.

### **Empathy Quotient - EQ**

I debated whether to include this as our knowledge of autistic people's empathy is constantly evolving. Ideas about autistic people inherently lacking in empathy are outdated. What research does seem to show is that autistic people may experience empathy differently to many people, including experiencing deep or delayed empathy. Potentially up to 60% of autistic people also have a condition called Alexithymia, which can affect empathy.

What I have found is that, despite its problems, when used in conjunction with the other tests the EQ does appear to point towards autism, which is backed up by research results.

Some clients don't achieve a score which indicates autism, so don't be put off if your score isn't in the autism range. As with the other tests, there are the usual issues with self-reporting and self-awareness.

# References

Here are references relevant to the tests if you want to do further research or refer to original academic research underpinning the screening tests.

## AQ-50

Baron-Cohen S, Wheelwright S, Skinner R, Martin J, Clubley E. The autism-spectrum quotient (AQ): evidence from Asperger syndrome/high-functioning autism, males and females, scientists and mathematicians. *J Autism Dev Disord*. 2001 Feb;31(1):5-17. doi: 10.1023/a:1005653411471. Erratum in: *J Autism Dev Disord* 2001 Dec;31(6):603. PMID: 11439754.

## RAADS-R

Ritvo RA, Ritvo ER, Guthrie D, et. al. (2011) Asperger Diagnostic Scale-Revised (RAADS-R): a scale to assist the diagnosis of Autism Spectrum Disorder in adults: an international validation study. *J Autism Dev Disord*. 2011, 41(8)

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Hull, L, Mandy, W, Lai, MC. et al. Development and Validation of the Camouflaging Autistic Traits Questionnaire (CAT-Q). *J Autism Dev Disord* 49, 819-833 (2019). <https://doi.org/10.1007/s10803-018-3792-6>

## EQ

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## CHAPTER FIVE

# What Next?

If you've taken the screening tests and they are borderline or within the range that more clearly indicates autism, you might be considering your next steps. It's also worthwhile asking yourself the questions I suggested above, particularly whether you can identify your current symptoms in your childhood experience.

### **Autism assessment**

Pursuing an autism assessment may be the right decision for you at this point. An assessment with someone who is an expert in autism and trained in diagnostic tools can confirm whether you are more or less likely to be autistic. Given the problems with self-reporting, confirmation bias and a lack of understanding about other mental health and neurodivergent conditions, gaining an outside opinion is extremely helpful. It can also give you the confidence you need to make changes and validate your needs. An assessment can also help you seek recommendations in educational establishments or the workplace.


There are two types of assessments: clinical and non-clinical. A clinical assessment is carried out by a psychiatrist or clinical psychologist and may involve a team of practitioners. If you are assessed as being autistic, this is a medical diagnosis which will appear on your medical records. If you wish to receive a diagnosis in order to access disability benefits, you would be advised to

pursue a psychiatric diagnosis.

A non-clinical assessment will be carried out by someone who is qualified in an autism diagnostic tool, such as the ADOS-2. They will be skilled in assessing autism and may be a therapist with experience of working with autistic clients. A non-clinical assessment can give you peace of mind and many educational establishments or workplaces are more than happy to accept any recommendations your assessor may make. It will not go on your medical records and is not a psychiatric diagnosis. It is not a "lesser" option to a clinical diagnosis, particularly when carried out by someone who is an expert in autism but it is different to a clinical psychiatric diagnosis in terms of having autism recognised as a medical condition.

### **Self-assessment**

Some autistic people choose to identify as autistic based on the research they have done. This option is free and doesn't involve any potentially very long psychiatrists' waiting lists. This can be absolutely the right option for some people. Others, however, find it hard to move forward because they don't have the confidence that an external, expert opinion offers. Self-diagnosis also means that some people misdiagnose themselves which can make it hard to deal with any issues they face, which are not caused by autism.



If you would like to arrange a non-clinical assessment, or have any questions I can help you with, please get in touch!

[info@autism-assessment-online.com](mailto:info@autism-assessment-online.com)  
[www.autism-assessment-online.com](http://www.autism-assessment-online.com)



*Claire Jack*