



Anschutz

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School of Medicine

JFK Partners

# **Autism Assessment in Adulthood: Best Practices and Neurodiversity-Affirming Approaches**

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# Presenters' Values

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- We honor autistic perspectives
- We strive to provide neurodiversity-affirming care
- We respect communication differences
- We center autistic voices in a person-focused approach

# We want to hear about you!

- What is your role?
- How do you currently support autistic adults?
- What do you hope to learn today?



# AGENDA

- 01** Neurodiversity & Diversity Considerations
- 02** Overview of Autism
- 03** Differing Presentations and co-occurring conditions
- 04** Assessment best practices and tools
- 05** Q&A, Reflections

Outdated Terminology	Current Terminology
People with Autism (person first)	<b>Autistic (identity first) – ask the person what they prefer</b>
Asperger's/PDD-NOS	<b>Autism</b>
Neurotypical/Normal	<b>Non-Autistic/Allistic</b>
Treatment	<b>Support Services, Affirm Differences, not training folks to be less autistic for others' comfort</b>
Warning Sign/Red Flags	<b>Characteristics/Behaviors</b>
Language focused on deficits/disorder	<b>Language focused on differences and spectrum</b>
High Functioning/Low Functioning	<b>Minimal Support Need/High Support Need</b>
	<b>Neurodiversity/Neurodiverse:</b> unique ways people's brains work, umbrella term, term first used by Judy singer in the late 1990s
	<b>Masking, Camouflaging of autistic traits</b>

# Medical Model vs. Neurodiversity Paradigm

	Medical Model	Neurodiversity Paradigm
<b>Core assumption</b>	There is a <i>normal</i> way of being, anything significantly different from that is inherently bad – a flaw that requires a correction.	There is no <i>normal</i> . Brains come in many varieties; no two brains are alike; and there is no better or worse.
<b>Conceptualization of autism</b>	Autism is a disease or disorder. It is undesirable and categorically bad.	Autism is part of human biodiversity and on an individual level is an inherent part of a person's identity.
<b>Conceptualization of a disability</b>	Disability is a defect <i>within</i> a person.	Disability results from a <i>poor fit</i> between a person and their environment. The lack of environmental support or flexibility is disabling.
<b>Goals of support</b>	The goal is to make the autistic person look less autistic.	The goal is to help the autistic person be their authentic self.

# Other Diversity Considerations

- Autism is present in all racial, ethnic, and socioeconomic groups
- Barriers can include: (Malik-Soni et al., 2022)
  - Access to medical diagnosis
  - Awareness and understanding of autism of medical providers/psychologists
  - Stigma around labels
- Research has primarily been conducted with white cisgender assigned male at birth individuals
  - Assigned female at birth individuals diagnosed at least 6 years later than male counterparts (Lockwood et al., 2021)
  - Many autistic people have trans and non-binary identities (Kallitsounaki et al., 2022; Warier et al., 2020)

# Factors Contributing to Referrals

Internal Factors	External Factors
Lifelong social difficulties	Employment challenges and need for workplace accommodations
Mental health symptoms	Need for supports tied to SSI, health insurance, and access to waivers
Identity/self-understanding	Medical recommendations
Family stressor	Media awareness
Recent diagnosis of autism in family member	Legal involvement

# Who are autistic adults turning to?

Primary Care Providers, Psychiatrists and mental health therapists, due to unmet physical/mental health needs

Adults with autism:

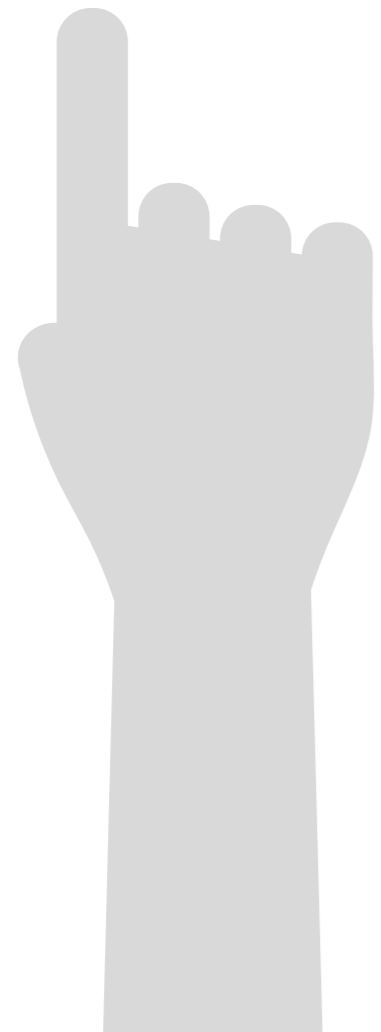
- Are less likely to receive preventative care
- Are more likely to go to the ED
- Are more likely to report poor communication/dissatisfaction with health care providers than those without autism.

(Gilmore et al., 2021)

# Autism Facts

**01**

1 in 31 children nationally (CDC, 2025)

**02**

Genetically based neurodevelopmental diagnosis

**03**

3.4: 1.  
(CDC, 2025)

**04**

Range of cognitive and independent living ability

**05**

70% at least one mental health comorbidity  
(DeFillppis, 2018)



# Social Communication Domain (DSM-5-TR; APA, 2022)

## Social Communication

- Social emotional reciprocity
- Sharing interests or emotions
- Small talk

## Nonverbal Communication

- Eye contact
- Facial expression
- Body language
- Rhythm/Intonation of speech
- Integration of all
- Reading social cues

## Developing and maintaining relationships

- Social interest can be present but need skills to make connection
- Initiating and sustaining relationships
- Initiating with others



# DSM-5-TR: RRBs Domain (DSM-5-TR; APA, 2022)

## **Stereotyped or Repetitive Movements or Speech**

- Repetitive play patterns
- Repetitive speech (even when highly verbal)

## **Insistence on Sameness, inflexibility**

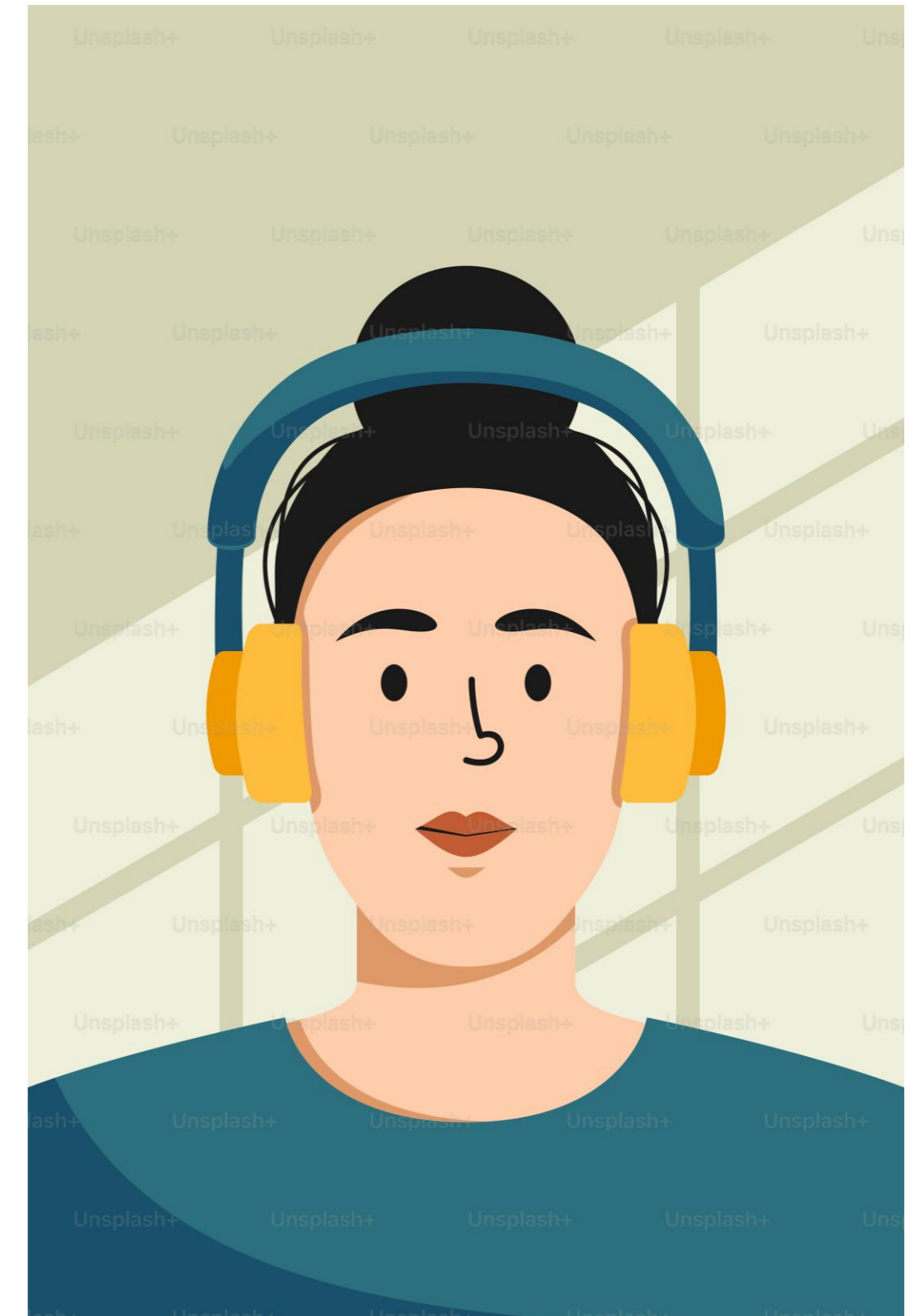
- Difficulty with transitions or changes
- Rigid thinking patterns, black-and-white or all-or-nothing thinking

## **Fixated Interests**

- Highly intense or focused interests

## **Sensory Differences**

- Hypo- or hyper-sensitivity to sensory input



# Considerations for Women

(e.g., Bargiela et al., 2016; Cook et al., 2024)



- Hard time maintaining relationships, even though may be able to initiate
- Appear socially successful but experience intense social burnout
- Make social scripts
- Exhausted by trying to keep up socially
- Often feel misunderstood
- Cognitive inflexibility
- Interests "fit in" but are intense
- Diagnostic overshadowing
- Fewer externalizing behaviors

# Masking & Camouflage

(Alaghband-rad et al., 2023; Tassone et al., 2026)

- Acting in a manner to pass as non-autistic.
- Performance that often requires significant effort and mental energy.
- May contribute to mental health challenges.
- **More common in females.**
- Individuals appear quite socially successful but this takes a significant effort leading to extreme exhaustion in form of autistic burnout, becoming non-speaking
- Can be barrier to self-understanding.
- Individuals reported concerns about camouflaging causing family, friends, and diagnosticians to not recognize their autistic traits.



# The Spectrum

- No two people on the spectrum are alike
- Instead of "high functioning" vs. "low functioning" or "a lot of autism" vs. "a little autism," think of each person with their own unique strengths and challenges across a range of domains



# Autistic traits in those with Intellectual Disability

Mental versus chronological age

- More clear delays in basic social reciprocity, such as reduced shared attention, imitation, social inhibition, or social smiling
- Restricted interests that may center on sensory experiences, routines, or familiar objects
- Developmental trajectory should be evaluated

More likely to have medical conditions, sensory and motor challenges

Strengths are more likely to be overlooked

- For example, social motivation, visual learning, memory for routines, or strong relationships with familiar caregivers

# Traits may look different in those who are minimally speaking

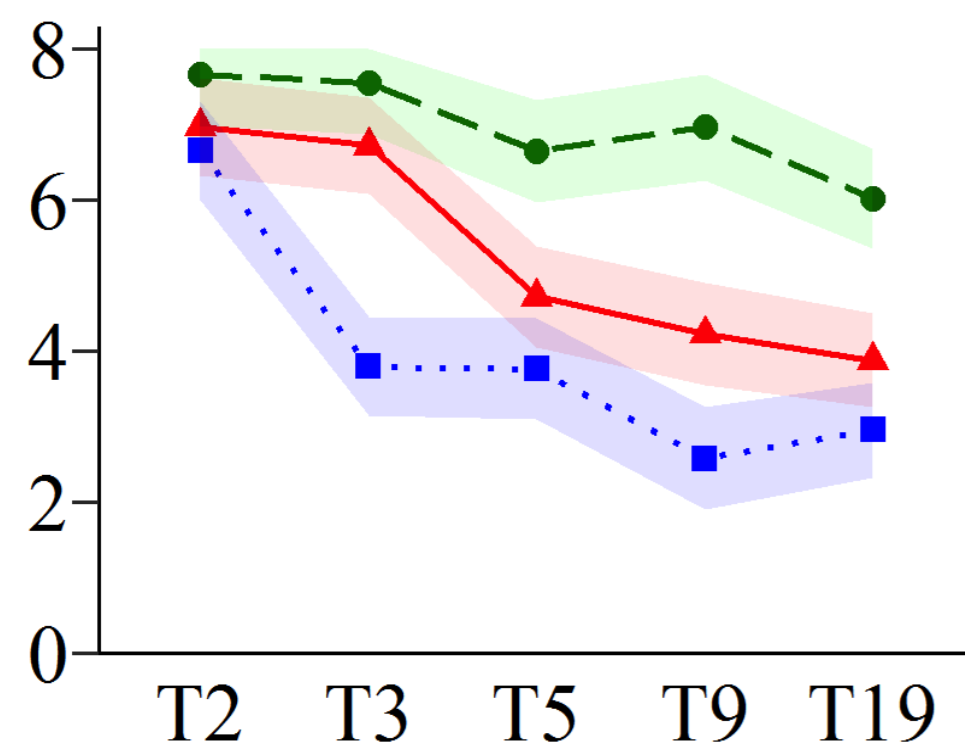
Change in parent-reported traits (2-19 yrs)

**Verbal-Verbal**

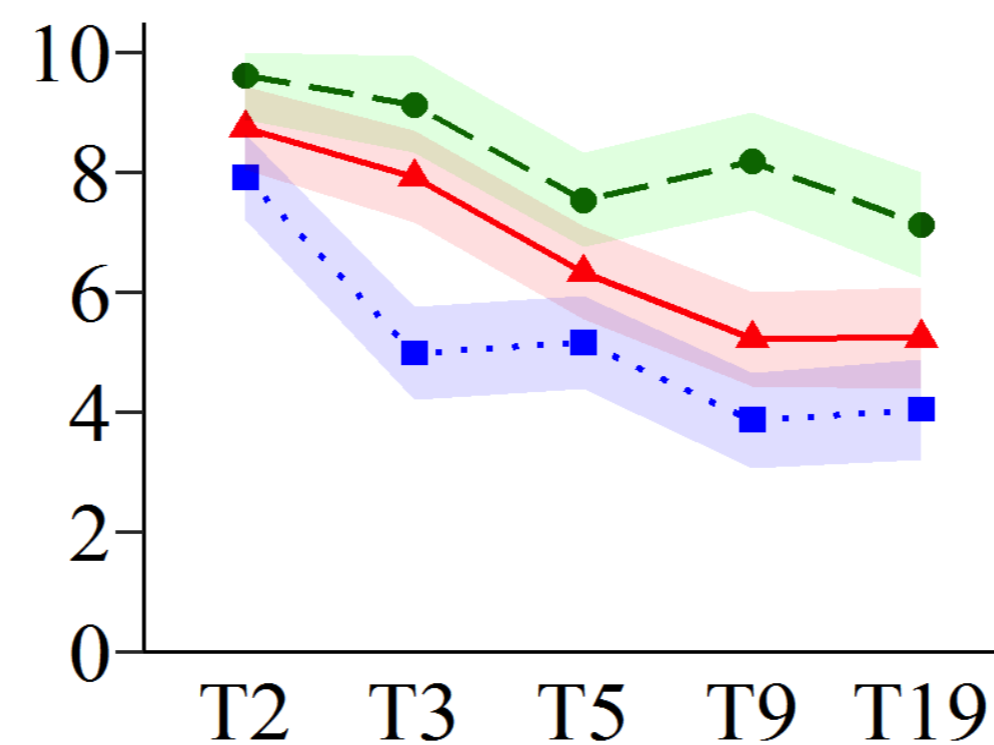
**Delayed-Verbal**

**Delayed-Minimally Speaking**

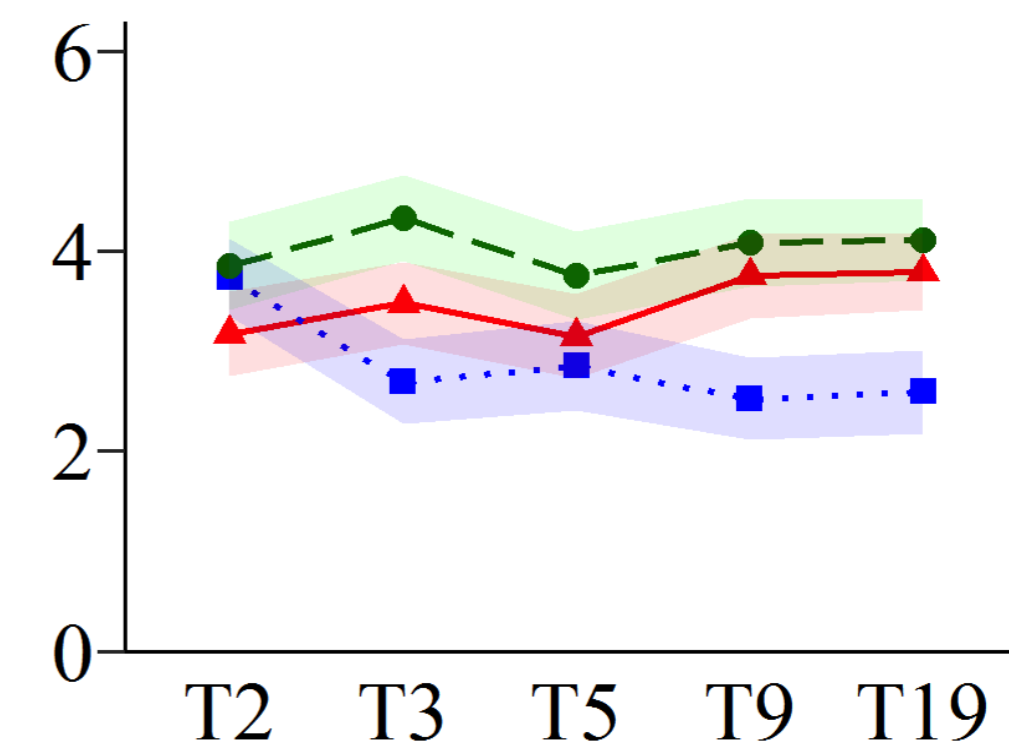
**Socio-Emotional Reciprocity**



**Nonverbal Communication**



**Development/Maintenance Relationships**



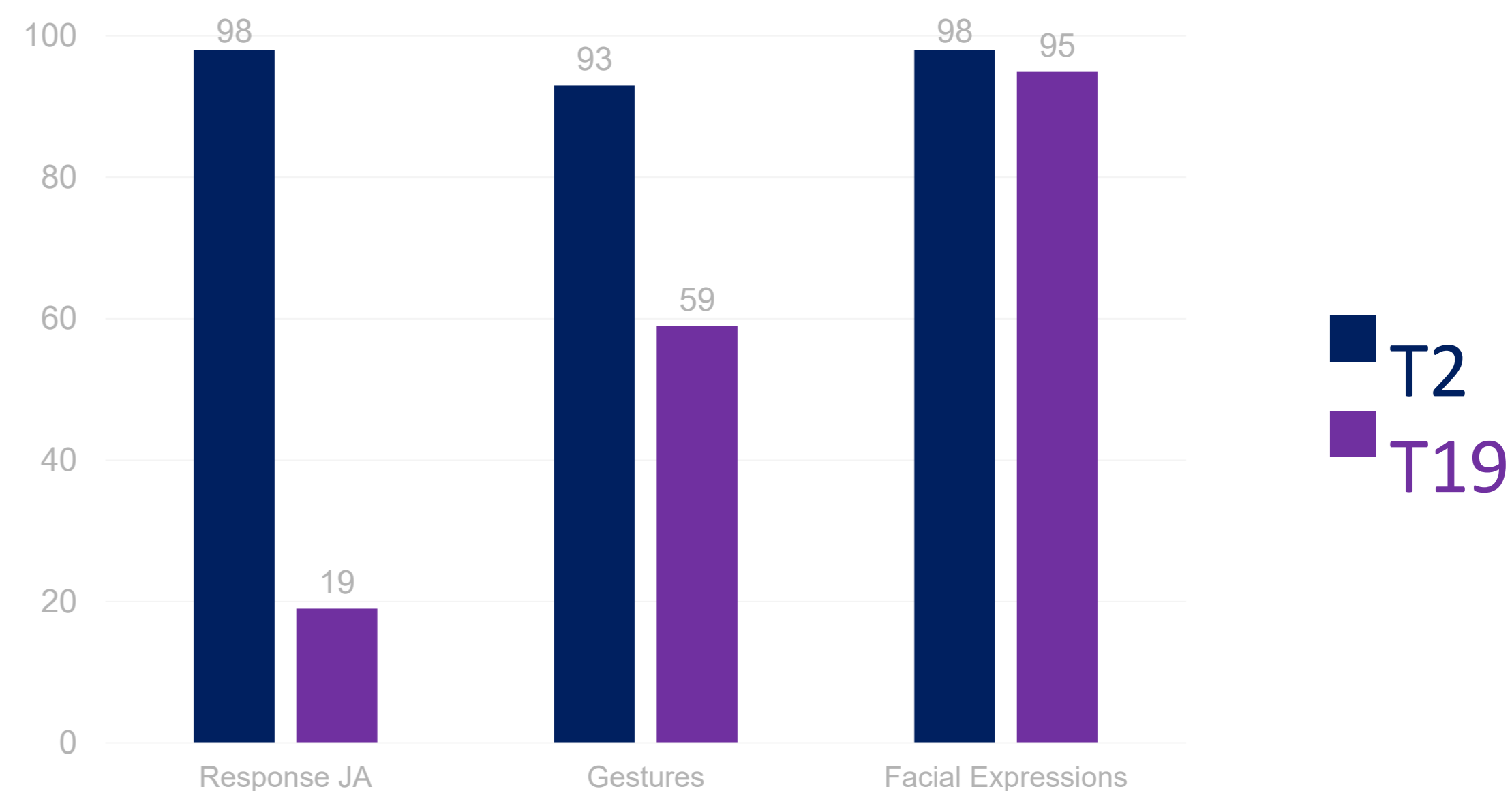
Higher scores = more symptoms and/or impairment

*Bal et al., 2019, Aut Res*

# Traits may look different in those who are minimally speaking: continued

(Observed) Traits change in these adults

- Response to Joint Attention often develops ( $X^2=28.27$ ,  $p<.001$ )
- Gestures use increases for some ( $X^2=13.89$ ,  $p<.001$ )
- Range of facial expressions remains the same



# Case example 1

Alyssa is a bright 35-year-old woman who lives with her husband and two children. She works part time at a non-profit. She was diagnosed with ADHD while she was in college but wonders if there may be something more going on for her. She is seeking an evaluation to determine if she has autism.

She also has a history of heart racing, intense worry, and self-blame. Alyssa reported that she often has difficulty understanding sarcasm, making close friends, and perspective-taking. She has a strong sense of justice, relies on using scripts in social situations, and has difficulty when expectations are not clear. Alyssa avoids certain public spaces due to fluorescent lighting.

She and her husband are interested in understanding how to support her mental health, relationships, and overall wellbeing.

# Case example 2

Kate is 26-year-old woman who is minimally speaking and has a rare genetic disorder associated with intellectual disability and macrocephaly. She lives at home with her parents and has attended a day program since finishing school at 21. She uses some single words and single signs at home to communicate her needs. She was referred for an autism evaluation because her parents wonder what kind of supports are best for her long-term. Notably, she goes through month-long phases where she exhibits compulsive behaviors related to routines and touching objects.

In direct assessment, she completed activities to assess her general development, adaptive behavior, mental health, and autism symptoms. She did not speak during the evaluation, though she signed "more" several times. She sought out sensory input from lights and physical touch. She looked at the examiner often and used a few facial expressions like happy and a few facial expressions like happy and afraid.

# Co-occurring mental health diagnoses

ADHD

Anxiety  
disorders

Depressive  
disorders

Bipolar  
disorder

Substance  
Use disorders

OCD

PTSD

Eating  
disorders

*\*\*Any of these can co-occur with autism but understanding the root of the presentation is crucial for informing care – diagnostic understanding when it comes to autism is **paramount***

# Diagnostic Overshadowing

## Social Anxiety

- Fear of negative evaluation from others.
- Misinterpret social cues.
- Physical symptoms (sweating, heart racing).
- Cognitive distortions.
- Fluid social skills.

- Anxiety in social settings.
- Challenges maintaining friendships.
- Preference for spending time alone.
- Quiet or withdrawn.
- Discomfort in social settings.
- Social difficulties.

## Autism

- Shutdowns when overwhelmed.
- Passionate special interests.
- Difficulty reading facial expressions and body language.
- Repetitive behaviors.
- Sensory sensitivities.
- Difficulty processing social information.

# Co-occurring medical diagnoses

Parkinson's  
Disorder

Obesity

Seizures &  
Epilepsy

Intellectual  
Disability

Sleep  
disturbance

Sight/hearing  
impairment/loss

GI syndromes

EDS

# What is best practice?

## Setting the Stage

- Center individual goals, concerns, and priorities:
  - “What would you like to better understand or get support with?”
- Explain the evaluation process, expectations, confidentiality, and rights clearly.
- Explore the individual’s understanding of autism and meaning of a possible diagnosis.
- Use a neurodiversity-affirming, strengths-based, and culturally responsive approach.

**\*\*Assessment should focus on understanding and supporting the whole person — not simply determining “yes/no autism.”**

# Assessment tools

- Autism-focused assessment measures (e.g., ADOS-2, MIGDAS-2), integrated with clinical observation and lived experience.
- Cognitive, adaptive, and executive functioning assessment when relevant to understanding strengths and support needs.
- Comprehensive mental health evaluation to identify co-occurring conditions and clarify overlapping experiences.
- Exploration of masking, camouflaging, and compensatory strategies through interviews and measures such as the CAT-Q.

# Collaboration and Care Coordination

- Collaborative developmental history gathering from available records, caregivers, family members, or trusted supports when possible.
- Collaboration with therapists, primary care, psychiatry, school or vocational supports may be necessary to promote continuity of care and shared understanding.

# Assessment challenges for clinicians

- Limited availability of early developmental history or school records.
- Limited access to caregivers or family members who can share developmental history and lived experiences.
- Co-occurring mental health experiences that may influence assessment and support needs.
- Current or past medication use that may affect presentation or self-report.
- Difficulty recalling or contextualizing early childhood experiences, particularly after years of adaptation or masking.

# Assessment challenges for the individual

- Navigating complex or strained family relationships during the assessment process.
- Prior invalidating or difficult experiences with healthcare providers.
- Limited access to clinicians with expertise in neurodiversity-affirming autism assessment.
- Insurance coverage and financial barriers.
- Long waitlists and shortages of qualified adult autism providers.
- Autistic experiences being overlooked or attributed solely to existing mental health diagnoses.
- Self-doubt or uncertainty about one's autistic identity, particularly after years of masking or adaptation.

# Feedback: Processing the Results

- Use the individual's priorities stated during the intake to guide the framework for the feedback.
- Support the individual's response: frustration, validation, relief, etc.
- Use objective language in a non-judgmental manner to describe autism. Understanding and explaining a diagnosis from a strength-based approach can result in validating and affirming the individual (Krasno et al., 2026).
- Leave time for processing, reflection, and key take aways
- Acknowledge that receiving a report can be overwhelming. End the feedback with clear next steps or take aways.

# Case example 3

Carlos is an 18-year-old Mexican American who is accompanied by his mother for an autism evaluation. He was identified with a language disorder in elementary school and had an IEP throughout his education. School-based testing indicated his IQ falls around 70.

Carlos experiences significant sensitivities to loud noises and crowded environments. He also has difficulty with back and forth conversations and a lack of close friendships. He has difficulty navigating his leisure time and completing household chores.

Although he wants to work after graduation, Carlos has struggled to find a job because during interviews, he has difficulty answering interview questions and expressing his desire for the job. He and his mother are seeking support as he transitions into adulthood and graduates high school.

**What assessment tools would you consider using when working with Carlos?**

# Questions?



# Thank you

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