

## CHAPTER 5

# Neurodiversity-Informed Assessment

Marsha Linehan (1993, 2025b) prescribes pretreatment tasks that vary depending on which modes of DBT are needed: individual therapy, skills training, and coaching. All DBT pretreatment pathways start with conducting an assessment and determining the intensity and treatment type needed.

Autistic people are frequently referred to DBT programs because they are suicidal or self-harming and/or chronically emotionally dysregulated. Many of these Autistic clients who are referred to our DBT programs have not been identified as Autistic. In the words of Charlie Swenson, veteran DBT trainer, “They are invisible.” How can we tailor the assessment process and the rest of DBT to meet the needs of Autistic people who may not know they are Autistic? We suggest, first, using Universal Design for Learning (UDL) and neurodiversity-affirming approaches to tailor the assessment process to be more accessible and affirming to all clients, Autistic or not (<https://udlguidelines.cast.org>; Woods et al., 2025). Second, we recommend assessing for the types of Autistic traits that call for tailoring DBT (see Chapter 3 for details). Instructions on how to do a full diagnostic assessment for Autism is beyond the scope of this book. If you are interested, we recommend referencing Henderson and colleagues (2024) and/or Hartman and colleagues (2023).

### **Tailoring the Assessment Process to Be More Accessible for Autistic Clients**

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Several aspects of a typical intake and assessment process are often challenging for Autistic clients, specifically communication, lack of structure, and EF demands. We describe ways to tailor these aspects of the process below.

### ***Sensory, Stimming, SPINs, and Structure/Routine***

If the assessment is in person, take any steps you can to reduce possible sensory stressors in the waiting area or in your office. Some clinics offer the option to forgo the waiting room altogether by allowing clients to remain in their car and calling or texting when it is their turn to meet with the assessor. Clients can complete forms ahead of time to reduce the need to spend time in a potentially overwhelming waiting area. In both the waiting area and your office, limit fragrances, visual clutter, noise, and other possible sensory stressors. Let clients know ahead of time about any possible sensory stressors so they can be prepared with ear protectors or other needs. This can also include providing pictures and a verbal description of what they might encounter in the waiting area on your website or by email ahead of time.

Support stimming by providing stim tools like fidgets, coloring books, and the like. Consider putting up inclusive signage welcoming clients to move in whatever way they need.

Make sure to ask about the client's strong interests early on. Inquire about their desire to incorporate these into therapeutic discussion and throughout the assessment process whenever relevant.

Use clear written communication to make the assessment process structured and transparent. For example, you might provide an outline, flowchart, and/or checklist of the assessment process. Tools like Gmail templates make it easier to reply to client inquiries with a written list of steps in the onboarding process. Many electronic health record (EHR) systems allow paperwork to be completed online at the client's convenience, sometimes with a list of tasks to be completed. Give a choice of more structured versus more open-ended questions. Balance the need for structure with support for autonomy and the need to get through assessment in a timely manner. Be transparent about your rationale if you limit the client's need to explain everything in depth and possibly tangentially.

### ***Communication***

Communication is key throughout all times of the treatment process, including assessment. There are several ways you can tailor communication during the assessment to better fit potentially Autistic clients' needs.

#### ***Provide Written Communication Options in Addition to Verbal Ones***

It might help to provide the option to email or schedule an intake online, rather than through a phone call. Also, allow the option to read

questions and write down answers rather than responding verbally during the assessment. If clients write a lot in response to written prompts, clinicians may want to consider using a HIPAA-compliant artificial intelligence (AI) tool like Bastion GPT (*bastiongpt.com*) to help summarize, though due to potential biases in AI, the therapist should always double-check the AI's conclusions.

### *Provide More Time for Responding*

Since Autistic clients may need longer processing times, it may help to provide questions in writing prior to or instead of a verbal interview. Alternatively, you could simply take longer pauses after asking a verbal question before expecting a response. Many clinics have clients complete forms and questionnaires ahead of the intake appointment in order to gather thorough information while saving face-to-face time. We recommend this for Autistic clients, especially, because it allows them to answer questions in writing and to take more time to process questions and formulate responses than may be possible with the time limitations of a typical intake appointment.

### *Ask Clear, Direct, Validating Questions*

When clinicians think up clinical interview questions off the top of their heads, they are often vague: “What’s been bothering you? What brings you in today?” Autistic clients find these vague questions hard to answer and do better with more specific questions, such as the ones in the “Examples of Open-Ended Questions” section below.

Validating questions encourage clients to show their needs. For example, you might preface a question with “Some folks might have [this type of experience]. Do you have anything like that?” Asking about many specific possible needs in a validating, normalizing way will typically produce more information than just asking, “Do you have any needs I should know about?” You could provide a checklist, scale, or interview asking about common pitfalls in EF, such as the ADHD Self-Report Scale (ASRS; Kessler et al., 2005), Barkley Deficits in Executive Functioning Scale (BDEFS; Barkley, 2011), or Diagnostic Interview for ADHD in Adults, Third Edition (DIVA-5; Kooij et al., 2019) where clients could indicate their difficulties with an option to provide details or examples. Autistic clients may not think of their needs in the moment in response to a vague question, may be reluctant to share needs not explicitly asked about for which they have been shamed in the past, and may not share needs if they think they could just temporarily “muscle through” or mask instead. Offer them the option to provide additional information by email if they think of things at a later time.

### *Be Aware of Differences in Question Interpretation*

Because of differences in question interpretation, Autistic client's responses to some quantitative measures can appear like they are exaggerating when they are really just responding honestly but in a way that is not typical (Sher & Oliver, 2022). For example, a question might be, "Do you hear things that other people don't?" That measure might be intended to assess auditory hallucinations, but an Autistic client with auditory hypersensitivity might say yes to that as well. This is one reason that Amara prefers structured interviews; they allow you to say, "Oh, tell me what you mean by that." You can very quickly tell whether a client is talking about auditory hallucinations or just describing a keen sense of hearing.

### ***Executive Functioning***

Consider EF limitations in navigating the assessment process or filling out forms. Limit the number of questions to essentials. Make it clear if some questions are optional. Provide reminders about forms and appointments (many EHR and calendar systems make it easy to do this). Ask clients whether they want to designate a support person to help them with the process, and if so, have them sign a release of information (ROI) for that person.

### **Assess for Autistic Traits That Call for Tailoring DBT**

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In addition to making the assessment process more accessible, we recommend directly assessing for Autistic traits that may need to be tailored in DBT: sensory differences, stims, SPINs, need for structure/routine, communication, and EF needs. Of course, make sure to do so in a way that is affirming and employs neurohumility!

These assessments can also be utilized with non-Autistic clients who may also benefit from tailoring in the areas where they are challenged in ways similar to Autistic clients.

### ***Examples of Open-Ended Questions***

Below are some open-ended questions that we recommend using to assess Autistic characteristics that may call for tailoring DBT. Ideally, we recommend asking these in writing prior to the intake, though they can also be asked during the intake itself.

### *Sensory Differences*

- “Is there anything that really bothers you in terms of sights, smells, sounds, touch, motion that doesn’t bother others as much? If so, please describe.”
- “Are there any sensory things you don’t notice as much as others do? If so, please describe.”
- “Is there any sensory input that you crave, such as spinning, rocking, pressure, louder music, strong tastes, or other sensory input? If so, please describe.”

### *Stimming*

- “Are there behaviors that you do, sounds you make, or things you look at over and over that are soothing to you? That you find helpful when you’re upset or overwhelmed? If so, please describe.”

### *Structure/Routine*

- “How is it for you coping with change, especially when unexpected or at the last minute?”
- “Do people ever give you a hard time about needing more structure or heads up than other people do? If so, please describe.”

### *SPINs*

- “Are there things you love that you like to spend lots of time doing or talking about? If so, please briefly describe.”
- “Do others ever tease you about having such strong interests or passions? If so, please describe.”
- “Do others show jealousy that you’re more interested in other things than in them? If so, please describe.”

### *Communication*

- “Have you had any social or communication differences in your life? If so, please describe.”
- “Are there differences in how you respond to others, or ways that others respond to you that are confusing (e.g., others taking offense to something you said or being upset with you and you don’t know why)? If so, please describe.”

- “Have you noticed that you have any differences in reading others’ nonverbal signals that they say they’re sending? If so, please describe.”
- “What is your experience of eye contact?”
- “Do others seem to project feelings onto you (e.g., thinking you’re angry when you’re not)? If so, please describe.”
- “Do you have any differences in relationships?”
  - “Any difficulty starting or maintaining relationships? If so, please describe.”
  - “Do you need more time for yourself than others do? If so, please describe.”
  - “Do others give you a hard time for not being available enough to them? If so, please describe.”

### *Questions Specific to Skills Group*

*Note:* If your groups are only in person, feel free to eliminate the text referring to “[online]” sessions.

- “Thinking back on your experience with [online] meetings and classes, we’d like to collect a little information about some things that could affect your experience and ability to participate in this [online] therapy or skills class, both during live [online] meetings and between class sessions. Our goal is to support you to have a positive experience and learn the skills.”

- “Some people have differences in how they process sensory information (e.g., sounds, sights, touch, movement, signals from inside the body). People might be more sensitive, less sensitive, or variably sensitive (e.g., sometimes more sensitive and sometimes less sensitive depending on the situation or other variables) to these kinds of sensory information. Please describe any differences in how you process or react to sensory information that may affect your participation in an [online] class/group.”

- “Some people move their bodies or make sounds to soothe or alert themselves or to express their emotions. Please describe any such things you do that may affect your participation in an [online] class/group.”

- “Please briefly tell us a little bit about any strong interests you have so that we can make an effort to link our teaching to your interests when possible in a group setting.”

- “Some people need very consistent structure and/or time or help processing change or preparing for transitions. Is there anything you

would like us to know about your need for structure or any challenges you have coping with change?”

- “Please describe any difficulties hearing or understanding what others are saying during [online] meetings.”
- “Please describe any difficulties expressing yourself by speaking during [online] meetings. Are there times when you need to communicate in a different way, such as through writing or gesturing? If so, please describe.”
- “Some folks have a lot to say and can go off topic or feel the need to share more details than is possible within the available time. It can feel stressful when they are redirected or cut short. It is also true that the group needs to pack a lot of information into a short period of time. If this has been an issue for you in the past, what are some ways we can redirect you when necessary that feel respectful?”
- “Do you have any difficulties reading or understanding written materials? If so, please describe.”
- “Is there anything else about communication during [online] meetings or classes that has been challenging for you? If so, what is it?”
- “Some people may struggle at times with paying attention, organization, planning, losing things, or forgetting things. These kinds of challenges often affect participation in classes and/or completion of tasks between class sessions. Please describe any such challenges you have that may affect your participation in live [online] group sessions or completing practice tasks between live sessions.”

### ***Neurodiversity-Affirming Semistructured Interviews***

Several open-ended interviews have been developed that facilitate collaboratively exploring possibly Autistic characteristics in an affirming way. We recommend the following:

- *Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition* (MIGDAS-2; Monteiro & Stegall, 2018). The MIGDAS-2, published by WPS, is an interview that asks about interests, sensory differences, and other aspects of Autistic experience. There is also an option for an informant to participate in the interview if the client would like, and a questionnaire that can be filled out by parents, if appropriate.

- *Survey of Autistic Strengths, Skills, and Interests* (SASSI; Woods & Estes, 2023). The SASSI is an interview, or it could be given as an

open-ended questionnaire. It is highly validating and looks at Autistic strengths in the areas of social communication, interest, stimming, sensory systems and routine, and cognition. It could be helpful for getting past seeing only deficits in clients. Both the self-report version and parent-report versions are available.

### **Rating Scales**

Rating scales can be helpful for assessing Autistic traits but have limitations. Be careful with rating scales because many of them ask questions in ways that are not affirming. Beware of questions/questionnaires that conflate how much a client does something with a negative judgment, rely on subjective evaluation, or rely on stereotypical assumptions about Autistic people. It is possible that people might also be asked to do these scales as part of a formal Autism evaluation, but filling out the same scale before doesn't typically make it invalid. Be aware that no scale is perfectly sensitive (e.g., it may not be elevated for some Autistic people) or perfectly specific (e.g., it may be elevated for some people who are not Autistic).

- *Autism Symptom Self-Report for Adolescents and Adults* (ASSERT; seven-item screener; Posserud et al., 2013). This brief screening questionnaire is very helpful for giving you a heads-up if the client has previously missed Autistic characteristics. We recommend including it in an intake packet for all clients to screen for possible Autistic traits. It is a quick, empirically validated seven-item questionnaire for adolescents and adults, and brevity decreases the burden on clients. It is not 100% affirming, but not the worst. It assesses social communication differences, special interests, and repetitive behavior.

- *Ritvo Autism Asperger Diagnostic Scale—Revised* (RAADS-R; 80-item questionnaire; Ritvo et al., 2011). This questionnaire is sensitive to some masked Autism presentations. Some clients find it frustrating to respond to, so some clinicians use it as the basis for an interview, as opposed to just focusing on the numbers.

- *Adult Repetitive Behaviour Questionnaire–2* (RBQ-2A; 20-item questionnaire; Barrett et al., 2015). This questionnaire assesses repetitive behaviors like stimming behaviors or liking the same foods and the same activities over and over again.

- *Social Responsiveness Scale, Second Edition* (SRS-2; Constantino & Gruber, 2012). This questionnaire published by WPS measures Autistic characteristics. It has both self- and other-report versions so you can get input from multiple people if helpful.

- *Camouflaging Autistic Traits Questionnaire* (CAT-Q; 25-item questionnaire; Hull et al., 2019). This questionnaire assesses camouflaging or masking of Autistic traits. It can also be elevated in non-Autistic clients who work to hide stigmatized differences. This can provide helpful input for revealing how much camouflaging clients may be doing that may contribute to shame.

- *Sensory profile*. There are a number of sensory profile scales to assess sensory differences, including the Adolescent and Adult Sensory Profile published by Pearson (AASP; Brown & Dunn, 2002), the Sensory Processing Measure, Second Edition, published by WPS (SPM-2; Parham et al., 2021), and various other noncopyrighted sensory questionnaires.

- *Toronto Alexithymia Scale* (TAS-20; 20-item questionnaire; Bagby et al., 1994). This questionnaire can help measure difficulty recognizing emotions, known as alexithymia.

### Observations

In addition to open-ended questions and rating scales, clinical observations can sometimes reveal possible Autistic characteristics that may indicate a need to tailor DBT. However, since some clients very effectively hide their Autistic traits, a lack of observable differences does *not* rule out Autism. When observing, pay attention to the following:

- Any sensory differences? Strong reactions to sensory stimuli, or seeming not to notice other stimuli?
- Any repetitive behaviors?
- Any differences in transitioning or flexibility?
- Any strong interests that come up repeatedly?
- Any differences in how the client interacts with you or others in the clinic?
- Any nonverbal communication differences, for example, eye contact, facial expressions, body language?

### Summary

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We recommend tailoring the intake process to make it more accessible to potentially Autistic clients. In addition to the other assessments, DBT intake, or preintake questionnaires typically used in your practice, we recommend specifically asking about Autistic traits that call for tailoring the rest of the DBT process.