

Royal College of Psychiatrists

Interview Guide for the Diagnostic Assessment of Able Adults with Autism Spectrum Disorder (ASD)

(Revised edition)

| | | |
|--|----------------|--------------------|
| Subject's name: | NHS number: | Interviewers name: |
| Subject's date of birth: | Subject's age: | Date of Interview: |
| Names of informants (and their relationship with the subject): | | |

Dr Tom Berney, Consultant in Developmental Psychiatry,
Professor Terry Brugha, Professor of Psychiatry, University of Leicester and Honorary Consultant Psychiatrist, Leicestershire Partnership NHS Trust
Dr Peter Carpenter, Consultant Psychiatrist, Learning Disabilities, Avon and Wiltshire Partnership NHS Trust and Honorary Senior Lecturer in Mental Health, University of Bristol

About this guide

This interview guide provides probes to help clinicians in making a diagnosis of ASD in adults of normal ability (Asperger Syndrome / High Functioning Autism) as defined in ICD-11 or DSM 5.

The guide is:

- only a guide and, with experience, clinicians will adapt it to their own style of interviewing. Initially, clinicians should stick to the suggested probes
- a clinical tool to help clinicians to gather the relevant information, organise it and then come to a clinical judgement about someone who has reasonably clear-cut ASD (there is no algorithm)
- set out in a format to allow the clinician to make notes in the appropriate symptom domain (as one probe may trigger a response in another domain.)

The guide is not:

- adequate for someone with a more subtle form of disorder who will need to be assessed by someone familiar with the condition and who may be using longer and more extended interviews
- designed to gather information which is not immediately relevant to the diagnosis (e.g. symptoms of ADHD or psychiatric illness)

Using this interview guide

It is essential to find out how the subject functions outside the clinic, as well as in earlier life. Information from informants (e.g. parents) who knew the subject in the past or in the community is very important.

Informants and Subjects

The guide uses two typefaces:

Standard typeface: Suggested probes for interviewing the informant – someone who knows the subject very well (e.g. a parent or other relative / friend / colleague/ support worker).

Italic typeface: Suggested probes for interviewing the subject.

Important notes

- ASD distorts the presentation of comorbid psychiatric disorder, making it more difficult to detect (e.g. depression can be masked by the subject's difficulty in describing his/her internal feelings or an inappropriate facial expression)
- in talking about social relationships or feelings, some people may recite answers that sound insightful but with little real understanding of the underlying meaning/emotion
- ask whether a symptom bothers anyone else (e.g. the people they are living with); individuals often do not appreciate that their behaviour is unusual or, if they do, how unusual it is.
- the probes are suggestions rather than precise questions and may lead to further discussion in any area.

ASD is a developmental disorder. Check regularly

- how the subject was in the past (particularly in childhood)
- How far back the symptoms go—when were they first noticed?

INTRODUCTION

How a diagnosis of ASD will be used and what difference it will make to the subject's life.
Identify the current problems and their severity.

Tell me how <Name> is doing these days.

Tell me about your main concerns for him/her at present.
– and in the future.

Tell me about his/her difficulties.

Has (s)he seen any professionals in the past
(e.g. school psychologist or speech therapist?)

*Tell me what this assessment might achieve for you?
– what it might bring about.*

Do you think (or feel) that you're different to other people in any way?

Have you ever worked—say, in a paid job or as a volunteer?

And do you work now?

Have you had any difficulties at work?

A) **RECIPROCAL SOCIAL COMMUNICATION & SOCIAL INTERACTION**

This is about the ability to relate to people, to appreciate where they are coming from, to pick up social cues and to make and maintain friendships. Dependant on nonverbal as well as verbal skills it is the ability to read intuitively (rather than work out) what others are feeling, thinking and intend. Distinguish this from a lack of concern for others (as in some personality disorders or mental illness)

1) **DEFICITS IN SOCIAL-EMOTIONAL RECIPROCITY**

The skills needed to approach, respond to, and interact with others which show in, for example, conversation and in sharing emotions and interests.

Does <Name> enjoy being with others, and doing things with them — being with them for the pleasure of social interaction even when it's about something (s)he is not particularly interested in ?

Has (s)he always been like this ?

What happens at informal social gatherings/parties?

- Does <Name> mix or stay on the edge?
- Is (s)he good at the informal, social gossip side of such gatherings - at making 'small talk.'
- How chatty is (s)he?
- What if s(he) is with people who come from a different background or have different interests?

What does (s)he do when home at the end of a day?

- Does he come to find you to say (s)he is back?
- Does (s)he want to tell you about their day (and, if so, does (s)he just give you the facts or does (s)he tell you about personal reactions and feelings?
- As a child was (s)he keen to chat about what happened at school?
- Is (s)he interested in what you have been doing: how you have spent your day?

1) DEFICITS IN SOCIAL-EMOTIONAL RECIPROCITY (continued)

What about taking part in a conversation - does the talk go to-and-fro or is it more question and answer?

- Does (s)he seem to talk to other people rather than at them?
- Does (s)he tend to be rather silent or does (s)he say too much, dominating the conversation?

Is (s)he good at explaining things to people – for example, at giving directions?

- Does (s)he know what information (s)he has to give for someone else to understand them?
- and does (s)he stick to the point, leaving out unnecessary stuff?
- Is (s)he good at explaining things that (s)he knows a lot about?

What about understanding things—does <Name> have difficulty in understanding something that's been said to him/her? – for instance, might (s)he:

- take things too literally, too seriously?
- not pick up what people really mean – for instance, when someone is being sarcastic?
- or not get jokes?

Have there been times when this has been a problem?

If <Name> realises (s)he has upset someone, how good is (s)he at smoothing things over?

How good is (s)he at comforting others when they're upset?

1) DEFICITS IN SOCIAL-EMOTIONAL RECIPROCITY (continued)

Do you enjoy mixing with people?

- *Do you enjoy informal social gatherings (say 4-10 people—a family gathering)?
What do you like to do during them?*
- *Do you like the informal, social gossip at such gatherings?
Do you like the 'small talk'?
What about making jokes with others?*
- *How good are you at judging what to say or do in these settings?*

How has it been in the past – for example, what did you do during break-times at school?

Did you play with all the others, stick to a very small group, or just be on your own, avoiding people?

(Were you a loner?)

What about the social side of work?

Would you meet up after work?

Do you sometimes find that something you've said has upset people - and you don't understand why?

- *How good are you at calming people you're talking to if they become upset?*
- *In general, how good are you at comforting people around you if they are upset?*

Skip this if they are clearly averse to social interaction

*Do you like to hear about other people—
how they are spending their lives
/ about their emotional problems
/ how they are feeling at present?*

When other people are having a conversation:

Do you want to join in?

(And how good are you at judging when and how to join in?)

A RECIPROCAL SOCIAL COMMUNICATION & SOCIAL INTERACTION (CONTINUED)

2) DIFFICULTIES IN NONVERBAL COMMUNICATION

This is about the ability to integrate their nonverbal expression (gaze, facial expression, body language and gesture as well as the way they speak) and to use it to express emotion and to give life to their speech. There may also be an associated difficulty in describing their feelings (alexithymia).

It is also about the ability to understand these nonverbal signals coming from others.

OBSERVATION is important in this part of the interview

How does <Name> come across to others

— how natural does s(he) appear?

In particular, how does (s)he sound when talking:

- Is their tone lively or unusually even
- Does the speed sound right — with pauses
- Is the volume too loud or too quiet?

How easy is it to pick up what they are

thinking/feeling from their face, voice and gesture

— would a stranger be able to read them?

For instance:

- does (s)he use his/her eyes to give messages?
- does (s)he use gesture to help make his/her point?
- can you easily tell what (s)he is feeling or thinking just from the sound of his/her voice rather than what (s)he is actually saying?

Was (s)he any different when younger?

Has (s)he had any problems with picking up

non-verbal social cues in others – for example:

- at seeing when someone is upset – or that they're bored with what they are saying?
- Can <Name> pick up subtle signals
– e.g. can you tell him/her something across a room by the expression on your face, or with your eyes or hand signals?

2) DIFFICULTIES IN NONVERBAL COMMUNICATION (CONTINUED)

Now, I would like to find out more about how you show how you feel.

Are you the sort of person who shows your feelings e.g., are you an affectionate person?

How do you show your affection?

Do you like hugging or being hugged?

What makes you feel depressed?

How would you describe the feeling of being depressed to someone who has never felt depressed?

Can you show me a sad face – look sad?

What make you feel anxious/frightened.

How would you describe the feeling of being anxious to someone who has never felt anxious?

Can you show me an anxious face?

And now, what makes you happy?

How would you describe the feeling of being happy to someone who has never felt happy?

Can you look happy for me - show me a happy face?

It can be difficult to tell what someone really means – they may say one thing but mean something quite different.

How good are you at picking up what people are feeling - by their face, their gestures, or their tone of voice?

- *Can you pick up that they are depressed or angry?*
- *Can you tell if they are bored by what you're saying?*
- *Are you able to pick up when they are being sarcastic or just joking?*

Do you find that you have to work out how someone might be feeling or what they really mean?

Or that you misunderstand what people are saying – perhaps that you take them too literally?

Has this been a problem at times?

3) DEFICITS IN DEVELOPING, MAINTAINING AND UNDERSTANDING RELATIONSHIPS (FOR THEIR AGE, GENDER AND CULTURE)

Besides the person's ability to make, maintain and understand reciprocal relationships, this is also about their ability to adjust their behaviour to the social setting and to share their activities and interests

How many friends would you say <Name> has?

Are they of a similar age to him/her?

How often do they meet - and at whose suggestion?

Are they real friends (> acquaintances)
or people who just use him/her?

Is (s)he interested in their personal lives?

Do you think <Name> is clear about the difference
between a friend and an acquaintance?

Is s(he) good at making friends and then
at keeping them?

I want to talk about how you get on with people.

Let's start with how things were at school.

How did you get on with people there?

Did you enjoy being with people?

If they have worked for a time

Do you have any friends from work?

Do you have many friends now?

*What do you look for in a friend
(that makes them different to an acquaintance)?*

3) DEFICITS IN DEVELOPING, MAINTAINING AND UNDERSTANDING RELATIONSHIPS (FOR THEIR AGE, GENDER AND CULTURE) (CONTINUED)

Tell me about your friends.

(then, for one or two, including an intimate partner if there has been one, explore how the person is at developing and maintaining a reciprocal relationship):

- *How old are they?*
- *How did you meet?*
- *How often do you meet now?*
- *Where do you meet - do they always come to you or do you meet them elsewhere?*
- *What are they like as people?*
- *What do you like about them?*

What are they interested in ?

- *What sort of things do you do together?*
- *Do you join in their activities even if it is not something you are particularly interested in?*
- *What sort of things do you share with each other?*
Do you know when something important happens in their lives –
such as a new relationship, having a child,
or someone close to them becomes ill?

Are you interested when something happens to a close relative who lives elsewhere?

B) RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOUR, INTERESTS OR ACTIVITIES

1) STEREOTYPED / REPETITIVE MOVEMENTS – MOTOR / OBJECTS / SPEECH

Movements (including stereotypy) which are typical of autism (such as hand-flapping or finger-flicking)

Objects – arranging or flipping repetitively

Speech—characteristics such as repetitive phrases, echo, or idiosyncrasies

Does <Name> have any odd mannerisms or habits
– perhaps flapping his/her hands, hopping up and down, or twisting their fingers?

(If no) What about when (s)he is anxious or excited?

What about repetitively saying words or phrases
- or asking questions - as though it's a habit rather than because (s)he wants an answer?

Some people have habits – little repeated movements (such as twiddling things, rocking, waving their hand, flicking their fingers).

*Thinking about it - do you have any habits like this?
(if none) What about when you are stressed or excited?*

Do you find yourself doing the same thing over and over— such as

- flicking things like light switches back and forth*
- arranging things in a particular way (perhaps lining them up)*
- Saying the same phrase or question again and again*
listening to the same tune or watching the same video clip again and again?

2) INSISTENCE ON SAMENESS

The extent to which rigidity is a characteristic.

Minor changes are disproportionately upsetting and they may stick to routines or develop ritualized ways of doing things.

How easily does <Name> cope with changes or interruptions?

What if (s)he has to change a planned event?

How well do they cope with unexpected events?

What if it's something they enjoy?

What about going to new places or new activities?

What about enjoying variety in what they wear or eat or drink

Does <Name> notice small changes in the house (an object being moved slightly)?

Does s(he) have any obvious habits or routines – what about rituals – doing things in a special order?

How organized a person are you?

Are there things you like to do in a particular way; for example,

- the way you arrange your things*
- set routines to do things at a certain time or in a certain way?*
- other routines – for example, wearing the same clothes or eating a particular food, day after day?*

What happens if something happens that, say,

- interrupts your routine so that you can't complete it?*
- or means that you have to change your plans?*

How well do you cope with changes in how things are arranged around the house or at work?

Do you like doing things spontaneously or do you need time to plan?

What about doing something new or going to new places?

3) RESTRICTED/FIXATED INTERESTS

Interests which are abnormal in their intensity / focus, particularly if they do not appear to serve any useful purpose.

How does <Name> spend his/her spare time?

Does (s)he have a special interest – any collections?

If there is a special interest:

- is this something which plays a large part in his/her life?
- How does (s)he cope with being prevented from following it or just being interrupted?
- is it something (s)he does on his/her own or is it a way for him/her to make friends?
- is it a useful interest – one that leads on to other things?

What was it like in the past?

*Tell me about your hobbies or special interests.
Do you have any collections?*

How much time do you spend on these?

Do you do this on your own or do you meet up with anyone else?

(Are you (or would you like to be) a member of any group/club/society)?

4) SENSORY HYPER/HYPO REACTIVITY

How far there is there an abnormal sensitivity/insensitivity of a particular sense (this is about both the level of awareness as well as the degree of interest)?

It is an innate characteristic so exclude responses that are just a dislike of distraction or a learned aversion from a past experience.

It can change over time so check for past (as well as present) symptomatology.

People react differently to particular sensory experiences and I wonder how far you have noticed these in <Name>? For example, how does (s)he react to:

- *sounds, perhaps being very sensitive to noise or reacting to specific kinds of sounds such as ticking clocks or people talking in the next room?
Or not reacting to noise*
- *things (s)he sees – patterns or bright or flickering lights?*
- *smells – does (s)he have a very good sense of smell or react strongly to smells?*
- *the temperature in a room or outdoors – for example, some people find it difficult to cope with hot weather; others don't feel the cold?*
- *what about other sensations*
 - *some people seem very unaware of pain,*
 - *others are very sensitive to touch (so much so that they can't wear certain fabric such as wool or don't like being touched)?*

4) SENSORY HYPER/HYPO REACTIVITY

Either now, or in the past, do you think you have been especially sensitive (or insensitive) to:

- *the feel of things – such as certain clothing?
the touch of others
or being hugged (which needs clarification:
is it the sensation itself or a past association)?*
- *noise or specific sounds ?*
- *very bright or flickering lights
or certain colours, patterns, or movement?*
- *the temperature, say, in a room
compared to other people?*
- *the sensations from activities, such as swings,
roundabouts, or trampolines.*
- *Some people are very unaware of pain.
Others have an unusually good sense of smell
or strong likes or dislikes with food.*

Do any of these affect what you can do?

OBSERVATION

If possible, besides the interview, see the subject in a less formal setting where characteristics may be more prominent (e.g. collect him/her from the waiting room) .

SOCIAL INTERACTION The extent to which the subject comfortably mixes with, and relates to, other people

COMMUNICATION – SPEECH The extent to which:

- the speech sounds normal – note whether it has an unusual tone, stress, pitch, rate, rhythm or volume
- the tone of the voice reflects the underlying emotion.
- (s)he is able to engage in a conversation, taking turns at the appropriate point.
- (s)he appreciates how much/little information the hearer requires to make sense of what is being said.
- speech is unusually formal / pedantic.

COMMUNICATION – NON-VERBAL The extent to which:

facial expression is varied, communicative and vivacious
eye contact is natural and expressive and is used to reinforce what is being said

gesture is used and whether it is:

- emphatic (e.g. beats of the hand)
- conventional (e.g. clapping, hand over the mouth)
- informational (e.g. nods and shakes of the head, shrugs, pointing)
- descriptive (e.g. showing something's shape or size)

APPEARANCE

Any unusual stereotypies (e.g. hand flapping, finger twiddling or rocking)

Anything else that might appear unusual/eccentric

EVIDENCE IN SUPPORT OF A DIAGNOSIS OF ASD

A) Reciprocal Social Communication and Social Interaction

B) Restricted repetitive patterns of behaviour, interests or activities (RRB))

Referral for further assessments and plans for intervention and care