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I am wondering if we stop using the Autism Quotient (AQ) for legitimate academic reasons & not just because it is associated with S-B-C & the controversies surrounding S-B-C (tangent, but it would be interesting to know if he recognised the controversies around their work).

Why am I saying this. 1) Reflecting upon how co-occurring conditions often have complex interactions with autism & vice versa. 2) Responding to a project I collaborating on.

I get it that the "norm" in autism studies, is to use the full 50 item version of the AQ to screen for autistic persons. I am wondering if there are better alternatives to asking autistic persons these 50 items of the AQ?

Does using the AQ actually improve the quality of the study, does it actually provide information which more accurately represents how autistic persons present in real life?

Is asking autistic persons (who are a vulnerable group) to answer these 50 questions of the AQ a worthy use of our time, in both clinical & research settings, when considering question fatigue? Are the better uses of autistic persons time & spoons than asking them the full AQ?

We are meant to be in age of participatory research, many autistic persons are known to be at least unimpressed with S-B-C, or we have issues with the AQ itself. Are researchers actually respecting autistic persons if they use the AQ?

For example, I think it is a better use of autistic persons time to ask them 50 questions which do a broad screen for possible co-occurring difficulties, than the AQ.

An example:

RAADS-14, screens for autism.

PHQ-9, screens for depression.

GAD-7, screens for anxiety.

20 scoring items from SDQ: covers peer problems, hyperactivity, emotional symptoms, & conduct problems.

That is example 50 items.

First point AQ, assesses for autistic traits, which is not the same thing as autism, there are qualitative & quantitative differences between autistic traits vs autism.

<https://journals.sagepub.com/eprint/ZAJ5NPDB3BRRFY9J3MCA/full>

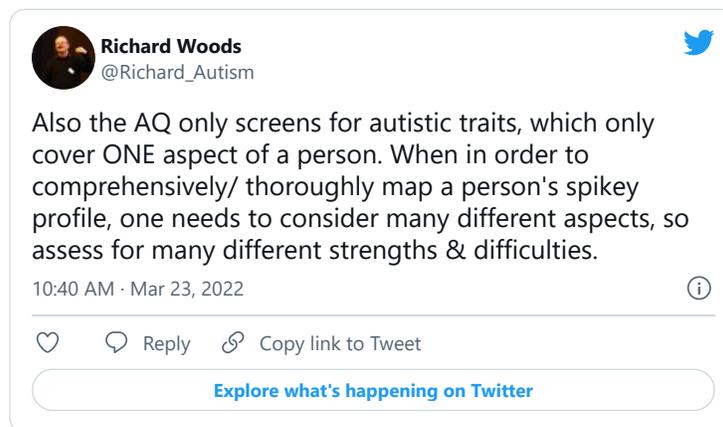
Another paper, pointing out problems with the construct of autistic traits.

<https://www.openaccessautism.org/index.php/app/article/view/19>

The RAADS-14 is derived from an autism clinical tool, so assesses for autism, which is obviously better than the AQ's autistic traits. From the perspective of, what is the purpose of a tool, & why am I using it?

Anxiety & depression are common co-occurring difficulties, so it makes sense to screen for them. Especially, due to the behavioural overlap between depression vs autism. How anxiety can impact a person's social functioning & score similarly to autistic persons on autistic traits.

SDQ is a common screening tool used in clinical & research settings. It covers a broad range difficulties. arguably a good use of last 20 questions.



Considering co-occurring difficulties/ conditions often interact with each other in complex ways, often creating new issues, & high rates of co-occurring difficulties in autistic persons. You need to take a broad approach to better reflect intrinsic nature of autistic persons.

Taking a broad approach to screening for strengths & difficulties, increases the strength of study by increasing validity of the research.

Does the AQ need to be used with autistic persons, in clinical & research practice? No.
Are there better alternatives to using the AQ? Yes.

Are there more "useful" 50 questions you can ask autistic persons than the AQ? Yes.

If you genuinely respect autistic persons perspectives, or even wish to generate knowledge which useful to autistic, a good way to do that is to ask autistic persons alternative 50 questions, than the AQ.

Does anyone have any comments on these points?

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Thank you in advance.

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