

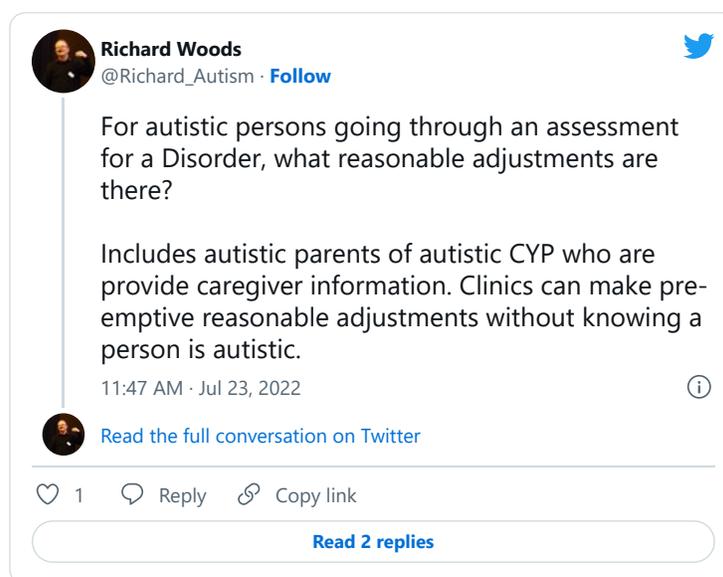


Richard Woods @Richard_Autism

Jul 23 · 26 tweets · [Richard_Autism/status/1550810677111037954](https://twitter.com/Richard_Autism/status/1550810677111037954)

This is a thread on my ideas for reasonable adjustments clinics can (should) make for autistic persons (or autistic parents of CYP who are being assessed for a mental disorder.

Includes making pre-emptive reasonable adjustments.



Most of these ideas are generic autism strategies, or reasonable adjustments for autistic persons in job interviews, or academic panel defenses (a viva).

Use clear and precise language where possible.

Give us time to process information.

Beware we might take things literally.

Do a sensory audit of environment where assessment will take place.

Offer virtual assessments.

Try and build a positive relationship with person, work with their interests (which should be obvious if relevant questions asked in pre assessment questions sent out to autistic person/ autistic adult).

Be aware we are likely to be highly anxious & likely to carry trauma; mindful anything you do as part of the assessment could be a trigger.

Especially applies to assessment process, as many autistic persons are traumatised from past interaction with mental health professionals. So expect autistic person/ autistic caregiver to have trust issues with professionals which are part of assessment process.

Double check autistic person understands what is being asked & is expected of them. This must be done as part of being mindful giving us time to process the information.

Use Low Arousal Approach principals as much as possible. Reduce demands to a minimum. Avoid making eye un-needed contact. Avoid making un necessary un-needed physical eye contact. Give autistic person as much space as possible, while asking questions to not appear threatening.

Oh act on the sensory audit to make the environment as neutral/ low arousing as possible to autistic persons/ autistic caregivers.

Previous point matters as sensory issues are common in non-autistic persons too.

If assessment is in person at clinic, before the assessment provide a map & video of a virtual walkthrough around the clinic.

Think universal design, provide multiple ways for information to be conveyed to people & for multiple ways for people to interact with staff that are part of assessment process.

If you are clinician/ mental health professional conducting an assessment, double check you are suitably interpreting the autistic persons/ autistic caregivers response to your questions. Try to avoid instances of double empathy problem.

Before assessment inform person/ autistic caregiver of which diagnostic criteria will be used & what tools are expected to be used. Thus also provide copies of what questions are expected to be asked, &/ or what activities person is expected to do as part of the assessment.

If any tools & associated questions are used which were different to what were originally expected, give autistic person/ autistic caregiver time to process & respond to those questions AFTER the assessment.

What I specifically mean here is for example give options for persons to access information in multiple mediums, such as visually & verbally.



A screenshot of a Twitter reply. The user is Richard Woods (@Richard_Autism), with a 'Follow' button. The reply is directed to @Richard_Autism and contains the text: 'Think universal design, provide multiple ways for information to be conveyed to people & for multiple ways for people to interact with staff that are part of assessment process.' The tweet is timestamped '12:06 PM · Jul 23, 2022' and includes icons for heart, reply, and copy link. A 'Read 1 reply' button is visible at the bottom.

Richard Woods
@Richard_Autism · Follow

Replying to @Richard_Autism

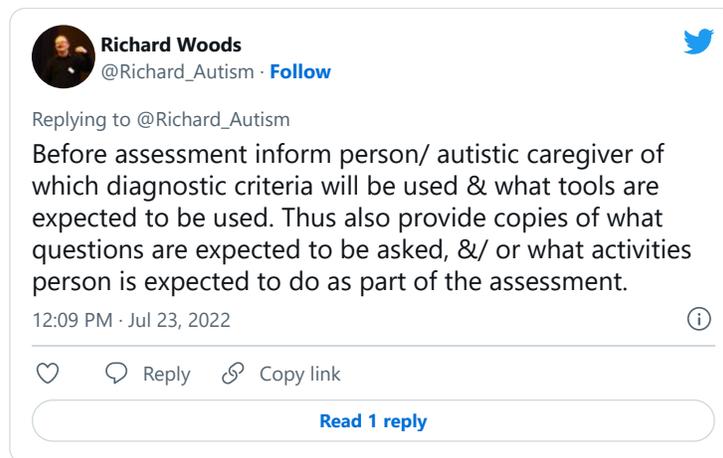
Think universal design, provide multiple ways for information to be conveyed to people & for multiple ways for people to interact with staff that are part of assessment process.

12:06 PM · Jul 23, 2022

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I am undecided if autistic persons/ autistic caregivers should be told how tools in assessment are scored. They should be allowed to know what to expect before the assessment, to reduce anxiety & to provide them time to process the information.



Time to process information is important, as sometimes we can processing questions/ interactions for days & then come back with pertinent information. If as a clinician you want an accurate & comprehensive information, you reduce any anxiety & give us time to process.

Doing these things, would help to shift power balance between mental health professionals & autistic persons/ autistic caregivers. Is that a bad thing? No, arguably needed due to trauma, anxiety & trust issues many of us have...

It also creates a more humane, collaborative assessment process. Surely that is a less stressful (anxiety inducing) process for everyone involved as part of conducting an assessment for a Mental Disorder?

Autistic persons (& many others diagnosed with a mental Disorder) count as disabled under The Equality Act, so clinics have a legal duty to make reasonable adjustments for autistic persons & autistic caregivers, as part of the assessment process.

I might come up with more suggestions later.

I would welcome feedback on these suggested reasonable adjustments clinics can make when conducting mental Disorder assessments with autistic persons/ autistic caregivers.

It must be noted that being autistic is highly hereditary, that autism tends to run families. If a clinic are conducting an autism assessment on a child, then there is a good possibility the caregiver is also autistic.

There is a good case for autism specialist clinics to provide option for these reasonable adjustments on a pre-emptive basis. Why provide them as an option? Good practice to provide people with an options, give them a sense of control; most/ all persons benefit from the latter.

I.e., much/ most of these reasonable adjustments can be combined with "PDA Strategies", or "common practice".

I think on that note.

[@threadreaderapp](#) please can you unroll?

Thank you in advance.

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