



Royal College of Psychiatrists Diagnostic Interview Guide for the Assessment of Adults with Autism Spectrum Disorder (ASD)

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):		

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About this guide

This interview guide provides probes to help clinicians in making a diagnosis of ASD in adults (including Asperger Syndrome / High Functioning Autism) using the criteria in ICD-10 (F84) or DSM IV (299). This guide is not suitable for assessing adults with a substantial learning disability.

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 (i.e. it does not include an algorithm)
- set out to enable the clinician to make notes in the appropriate 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. sensory anomalies, 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. relative/friends/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 appear excellent, but may have little real understanding of the underlying meaning/emotion
- the probes are suggestions rather than precise questions and may lead to further discussion in any area
- keep checking as to how the subject was in the past (particularly in childhood) as well as how (s)he is now and when the symptoms were first noticed
- ask whether a symptom bothers anyone else (i.e. the people they are living with) as individuals often do not appreciate the extent to which their behaviour is unusual
- get concrete examples of behaviour rather than general descriptions

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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, SALT)? Tell me what this assessment might achieve for you? - what it might bring about. Do you have any problems that you would like help with?



Area 1: Reciprocal social interaction

I would like to find out something about how <Name> gets on with other people – both now and while (s)he was at school.

SOCIAL RESPONSIBILITY

The extent to which the subject sees him/herself as being able to be responsible for his/her own social actions (across several settings) and to cope with everyday social problems. His/her ability to make effective social overtures and to respond appropriately to others and to his/her feelings? The extent to which (s)he is able to appreciate (and take account of) social cues.

Tell me about the way <Name> gets on with people.

Does (s)he enjoy being with other people or does (s)he prefer to be on his/her own (even somewhat of a loner)?

Tell me about how (s)he got on at school/college.

How has work gone (what kind of jobs has he/she had; why has (s)he changed jobs)?

Has (s)he ever been teased or bullied? What was that about?

Tell me what happens in informal social gatherings/parties.

How good is (s)he at understanding what other people say or do? (i.e. where is (s)he coming from?)

Has (s)he had any problems with appreciating social cues?

- in responding to changes in social interaction (eq. in adjusting to the conversation)?
- realising when (s)he has upset someone/said the wrong thing?
- how to cover up social mistakes?

Can you tell me about times when there's been a problem because (s)he didn't understand something?

How would (s)he react if a person (s)he knew well, was visibly upset?

Would (s)he try to comfort them physically (would it be appropriate)?



Area 1: Reciprocal social interaction (continued)

Tell me about the schools you were at.

- how did you get on with people there?
- did you enjoy being with people?

What about at work/college?

Tell me how you get on with people?

- any problems in the past /now?

Tell me about the sort of things that people do that annoy/irritate you.

- do you do things that annoy other people?

Tell me about teasing/bullying (is it something you've been involved in?)

- how does someone stop being teased/bullied?

Do you feel different to other people in any way?

How good are you at understanding what other people say or do? (where they are coming from?)

Tell me about times when there's been a problem because you didn't understand something.

How good are you at picking up what someone is feeling?

– for example, what do you do if someone is obviously sad? (how would you try to comfort them?)



Area 1: Reciprocal social interaction (continued)

FRIENDSHIP

The subject's ability to understand the concept of friendship (as against acquaintance) and his/her own role and responsibility in these relationships. Whether (s)he shows an interest in, and curiosity about, the friend's life that goes beyond their shared activities and interests.

Tell me about <Name's> friends (list names and ages).

- are they about the same age?
- how long has (s)he known them?
- how often do they meet and at whose suggestion?
- are they **real** friends (> acquaintances or using him/her)?

Tell me about the way (s)he makes/keeps friends.

How far does (s)he understand the nature of friendship (the difference between friends and acquaintances)?

Tell me about your friends? (list names and check ages)

- how long have you known them.
- tell me about your friends at school/college/work.
 (check whether peers/staff)

Tell me about the sort of things you like doing together?

- how often do you see them.

Do you ever feel lonely?

 tell me about the sort of things you can do to make yourself feel better.

What does being a friend mean to you?

Tell me about a friend compared to someone you just meet at work/college.

How easy is it to make friends (and to keep them)?

Do you have a boyfriend/girlfriend? (note the name)

How long have you been together?

How do you know she is your boyfriend/girlfriend?



Area 2: Communication

Now I would like to go into how <Name> communicates – both in the present and how (s)he has developed from childhood.

LANGUAGE DELAY Any evidence of early language delay? Normally children use single words by 24 months and short phrases by 33 months.

When did <Name> start to speak?

- first meaningful use of words (other than 'mummy' or 'daddy')
- first use of meaningful (not echoed) phrases

Did (s)he ever see a speech therapist?

Was anything about his/her early speech unusual?

Did anyone suggest that (s)he might be deaf?

Tell me what you know about how you learned to talk.

- Has anyone ever said that you were late talking?

When you first went to school, did other people have any difficulty in understanding what you said?

Have you ever seen a speech therapist (if so, why)?

UNUSUAL SPEECH Any evidence of the unusual speech that is characteristic of ASD?

Is the way <Name> talks peculiar or unusual in any way (compared to peers or siblings)? i.e.

- monotonous, an odd tone of voice
- too fast/slow, too quiet/loud
- unusually formal or pedantic
- using odd words/phrases
- using 'pet' phrases
- unusually repetitive

When you were a child, did people ever comment on the way you spoke?

- compared to the other children around you, were you any different?



Area 2: Communication (continued

LITERAL INTERPRETATION Evidence of a too-literal understanding of speech – not grasping the tone, gesture or circumstance of what is being said.

Has <Name> had difficulties in understanding what is said to him/her?

- taking things too literally
- not understanding implied meanings
- not understanding verbal humour/jokes/sarcasm/ satire/irony

Has it ever caused problems?

TWO-WAY INTERACTION The ability to take part in a two-way, shared conversation, taking a lead from the other and building on it appropriately.

How has <Name> been at holding a conversation?

- one that goes to-and-fro (as against a monologue that doesn't let other people get a word in, or usually not participating at all)?

How chatty has (s)he been?

How able has (s)he been to talk \underline{to} other people rather than \underline{at} them?

How chatty do you think you are? Do you enjoy chatting?

- how easy is it to respond when someone else talks to you?
- how able are you to make small talk?
- do you ever say too much and not know when to stop?
- do others comment on how you talk (that you say too much/too little)?

TWO-WAY INTERACTION The ability to take into account what the other person knows and doesn't know – to strike a balance between intelligibility and being too circumstantial.

How easy is it to follow what <Name> says?

Does (s)he stick to the point, leaving out unnecessary information?

Does (s)he know what information (s)he has to give for someone else to understand them?



Area 2: Communication (continued

NON-VERBAL EXPRESSION AND GESTURE

How far does the subject use non-verbal communication (to read and respond appropriately to the feelings of others: to show and describe feelings)?

How do <Name's> feelings show in his/her expression and gesture?

- not just angry/frightened but also shy, embarrassed, puzzled?

What is his/her usual facial expression – across the range from a fixed, poker-face to one that is vivacious and expressive?

How far does s(he) use his/her eyes to give messages? How much does s(he) use gesture (especially to describe actions/things)?

Are you the sort of person who shows your feelings? For example, are you an affectionate person?

- how do you show your affection?
- what do you do if someone close to you tries to hug you?

Can you look happy for me? (Show me a happy face)

- what kind of things make you happy?
- how would you describe the feeling of being happy to someone who has never felt happy?

What about a sad face - look sad.

- what kind of things makes you depressed?
- how would you describe the feeling of being depressed to someone who has never felt depressed?

What about an anxious face?

- what kind of things makes you anxious?
- how would you describe the feeling of being anxious to someone who has never felt anxious?



Area 3: Rigidity (and focal/repetitive interests)

That was very helpful, now can we talk about how (s)he spends his/her time and what sort of things (s)he is interested in.

CIRCUMSCRIBED AND REPETITIVE INTERESTS

The extent to which the subject has a narrow range of interests/activities that are unusual, not shared or not particularly productive in encouraging social relationships or a career. How far his/her activities are repetitive (e.g. collecting unnecessary copies of the same object).

Has <Name> any interests which dominate his/her life (or the lives of others)?

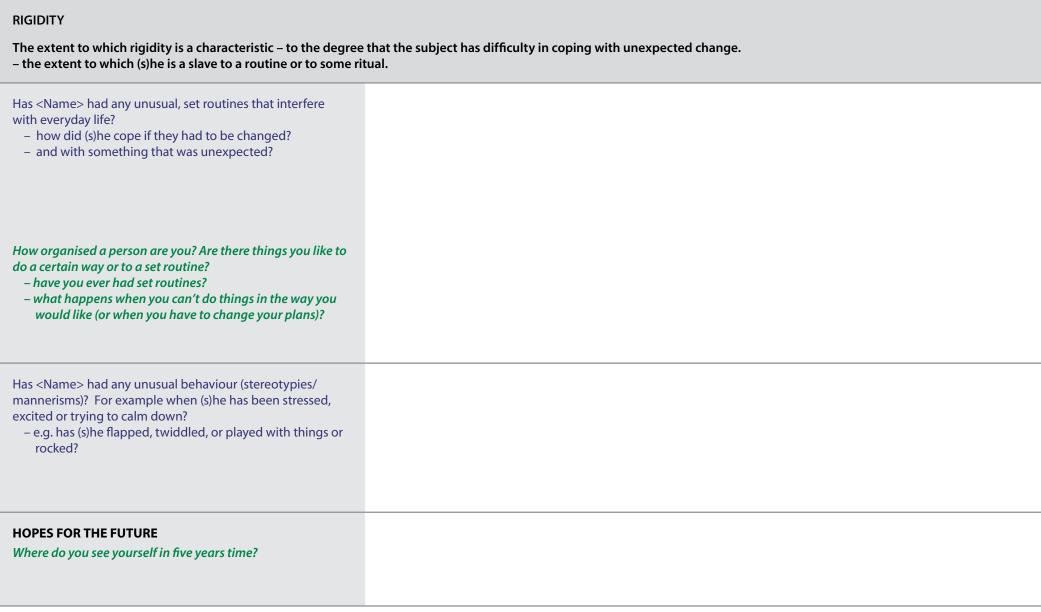
- Is it a sociable interest that enables him/her to make friends?
- Does it seem a constructive interest, leading on to other things?
- Is it rather a repetitive interest?

Has (s)he had other interests in the past like this? Has (s)he become an expert in anything?

Tell me about your hobbies/special interests
How much time do you spend on these?
Do you have any collections? (tell me about them)
Do you share this interest with anyone?
(belong to any clubs/societies)



Area 3: Rigidity (and focal/repetitive interests)





Observation

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

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 subject's emotional state (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 the shape or size of something)		
APPEARANCE		
Any unusual stereotypies (e.g. hand flapping, finger twiddling or rocking) Anything else that seems unusual/eccentric		

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Assessment outcome and next steps

EVIDENCE IN SUPPORT OF A DIAGNOSIS OF ASD	IMPACT ON FUNCTIONING (both on the subject and on others)
Reciprocal social interaction	
Communication	
	ASSESSMENT OUTCOME AND NEXT STEPS
	Diagnosis
Rigidity (and focal/repetitive interests):	Referral for further assessments and plans for intervention and care

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