

# IS IT AUTISM?

## A HELPFUL GUIDE TO GETTING IT RIGHT

WHAT GETS MISSED, WHAT GETS MISATTRIBUTED, AND HOW TO THINK THROUGH THE GRAY AREAS



### Context: What Clinicians Are Navigating Right Now

**Autism awareness has increased rapidly.**

You're likely seeing:

- More referrals
- More self-identification
- More patients asking directly about autism

**Two things are true at the same time:**

- Autism is still underdiagnosed in many populations
- Some experiences are being misattributed to autism



### What You're Most Likely Missing

If your training is older, your mental model of autism may be too narrow. Many clients won't match the "obvious" presentation.

#### Who Gets Missed Most Often

- Individuals who have learned to mask or compensate
- High-functioning or high-achieving adults
- People whose traits are attributed to other diagnoses
- Clients who appear socially "typical" but are using effortful strategies

#### Common Patterns

- Eye contact that is learned, not natural
- Social interactions that are scripted or rehearsed
- High outward competence with hidden exhaustion
- A history of being misunderstood or misdiagnosed

#### Key Insight:

If someone is functioning through constant, invisible effort, that effort itself is clinically meaningful.



## What Might Not Be Autism

It's equally important to avoid over-attribution.

### Social Anxiety vs. Autistic Social Differences

- **Social anxiety:** fear of judgment or rejection
- **Autism:** confusion or difficulty interpreting social rules

#### Helpful question:

*"Do social situations feel scary, or do they just not make sense?"*



## Introversion vs. Sensory Differences

- **Introversion:** preference for quiet or solitude
- **Autism:** physical overwhelm from sensory input

**Look for:** intensity and lack of control, not just preference.



## ADHD Overlap

### Shared features:

- Executive dysfunction
- Emotional dysregulation
- Social challenges

### Difference:

- ADHD → missing cues due to attention or impulsivity
- Autism → different interpretation of cues

Both can coexist.



## Trauma Responses

### Overlap may include:

- Hypervigilance
- Withdrawal
- Emotional regulation challenges
- Sensory sensitivity

### Key factor: timeline

- Present from early childhood → consider autism
- Appears after trauma → consider trauma

**Note:** both can be present.



## Social Media Influence

Patients may come in influenced by online content.

- Some insights are accurate
- Some are oversimplified

### Clinical role:

- Stay curious, not dismissive
- Explore deeper
- Avoid premature conclusions



## Clinical Shortcut

When unsure, ask:

- **Why** is this happening?
- **Since when** has it been present?

### Autism is:

- Lifelong
- Pervasive

## Red Flags That Masking Is Present

Masking can obscure accurate diagnosis.

### What to Watch For:

#### Energy Pattern

- Significant exhaustion after social interaction
- Need for extended recovery
- Shutdown or reduced communication at home

#### Scripted Interaction

- Slightly rehearsed responses
- Delayed reactions
- Language that feels memorized



#### Burnout Pattern

- Chronic exhaustion without clear cause
- Poor response to standard anxiety/depression treatment

#### Helpful question:

- "Do you feel like you're performing a version of yourself?"



#### Identity Experience

- Longstanding sense of being different
- Feeling like others have an "instruction manual" they don't



#### Childhood History

Look beyond general descriptions:

- Intense interests
- Difficulty with transitions
- Feeling "different" early on
- Social or sensory differences in early life



## Don't Skip the Sensory Component



### Sensory differences are:

- Common in autism
- Often overlooked
- Clinically useful for differentiation

### Why It Matters

- Social anxiety does not cause sensory pain
- ADHD does not typically produce sensory intolerance
- Trauma can affect sensory experience, but patterns differ

**Simple sensory questions can significantly improve accuracy.**

### What to Ask About

- Clothing textures
- Food textures
- Sound sensitivity
- Light sensitivity
- Crowded environments

## Holding Clinical Uncertainty

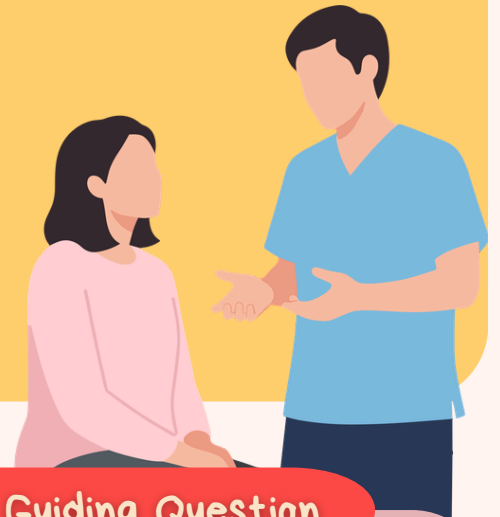
There is pressure to give clear answers. But not every case is immediately clear.

### More Helpful Responses

- "This is likely autism, and here's why"
- "I don't think this is autism, and here's what I do see"
- "I'm not sure yet, and here's what would help clarify"

### These are better than:

- Premature certainty
- Dismissal



## Support Beyond Diagnosis

Even without a confirmed diagnosis, you can:

- Address sensory needs
- Recommend occupational therapy
- Provide accommodations
- Validate lived experience

The goal is not just diagnosis.

The goal is improving how someone functions in their life.

## A Guiding Question

Before finalizing your assessment, ask:

**"What changes for this person if I'm right?"**

**"What changes if I'm wrong?"**

## Final Takeaway

Good diagnosis is not about immediate certainty. It's about:

- Asking better questions
- Staying open longer
- Thinking beyond surface presentation

## Note

This is a clinical thinking aid, not a diagnostic tool.

It does not replace formal assessment, training, or clinical judgment.