

## Autism Assessment Report

*Sample report based on a fictional case (for illustrative purposes only)*

**Patient Name:** Thomas Bauer

**Date of Birth:** 3 March 1995

**Date of Report:** 19 May 2026

**Assessor:** Francis Merson, Clinical Psychologist, RPPS 10009007898

### Background Information

#### Presenting Concerns

Mr. Thomas Bauer is a 30-year-old freelance web developer based in Paris. He self-referred for an autism assessment following a period of significant burnout and growing awareness, through online communities and personal reading, of how autism presents in adults. He describes a lifelong sense of being fundamentally different from his peers — not in intelligence or competence, but in how he processes the world around him.

Mr. Bauer reports longstanding difficulty with unstructured social situations, which he describes as effortful and often exhausting. He can engage well in focused, task-oriented interactions — particularly in professional contexts — but finds casual conversation, office socialising and group settings draining and hard to navigate. He often rehearses conversations in advance and reviews them critically afterwards.

He describes an intense, long-standing passion for programming and systems architecture, which has served him professionally but also absorbs large portions of his time and attention outside work. He is highly attuned to patterns, precision and consistency, and experiences significant distress when workflows, routines or expectations are disrupted without warning.

Mr. Bauer also reports heightened sensory sensitivity: he finds fluorescent lighting uncomfortable, is disturbed by overlapping conversations in open offices, and has strong aversions to certain textures in clothing and food. He wears the same style of clothing most days and eats from a limited but stable repertoire of foods.

#### History of Symptoms

As a child, Mr. Bauer was described by his parents as “serious” and “in his own world.” He had few close friendships at school and preferred solitary activities such as building with Lego, reading encyclopaedias and, from age nine, learning to code on a second-hand computer his father brought home. His academic performance was strong in mathematics and science but inconsistent in subjects requiring open-ended writing or group participation.

He recalls finding school social norms opaque and frequently misreading peers’ intentions, which led to several episodes of social exclusion and bullying in early adolescence. He developed a set of deliberate strategies — studying how others behaved, mirroring language and humour — that allowed him to pass socially, but at considerable personal cost.

In adulthood, Mr. Bauer has found freelance work more sustainable than employment, in part because it affords him control over his environment and schedule. He lives alone and describes his flat as carefully arranged to minimise sensory disruption. He maintains a small number of close friendships, mostly conducted online, and is in a long-term relationship with a partner who he describes as “giving me language for things I’d always felt but never had words for.”

#### Medical and Family History

Mr. Bauer reports no significant medical history. He has a diagnosis of myopia managed with glasses and has experienced episodes of generalised anxiety, for which he briefly attended cognitive behavioural therapy in 2021. He found the therapy partially helpful but noted that some exercises felt formulaic and difficult to generalise.

He takes no regular medication. He reports a consistent sleep schedule and describes sleep as essential to his functioning, becoming markedly irritable and cognitively impaired after poor nights. His diet is nutritionally adequate but narrow in variety.

A younger sister was diagnosed with ADHD at age fourteen. His mother has described herself as “a creature of habit” with strong preferences for routine; she has never sought a formal assessment.

## Assessment Results

### 1. Pre-session Questionnaires

#### ASRS-2 (Adult Autism Rating Scale – Second Edition) — Self-report and Informant

Mr. Bauer completed the ASRS-2 self-report, and his partner completed the informant version independently.

**Self-report:** Scores in the Social Communication and Interaction subscale fell in the clinically significant range ( $T = 78$ ), as did scores for Restricted and Repetitive Behaviours ( $T = 74$ ). The overall profile is consistent with autism spectrum presentation in adults.

**Informant report (partner):** Corroborated self-report findings across both domains. The informant noted particular concern around Mr. Bauer’s difficulty with unexpected change, his limited social initiation, and his strong need for sameness in daily routines. Informant scores on Social Communication ( $T = 71$ ) and Repetitive Behaviours ( $T = 69$ ) were consistent with the self-report profile.

#### RAADS-R (Ritvo Autism Asperger Diagnostic Scale – Revised)

The RAADS-R is an 80-item self-report instrument designed specifically to identify autism in adults who may have developed compensatory strategies over time.

**Total score: 162** (clinical threshold: 65)

Subscale scores were as follows:

- Language: 8
- Social Relatedness: 78
- Sensory-Motor: 38
- Circumscribed Interests: 38

Mr. Bauer’s total score is well above threshold and consistent with an autism spectrum profile. The Social Relatedness subscale was markedly elevated, reflecting significant difficulty with peer relationships, social intuition and reciprocal interaction. Sensory-Motor and Circumscribed Interests scores further support the presence of restricted and repetitive patterns of behaviour.

#### CAT-Q (Camouflaging Autistic Traits Questionnaire)

The CAT-Q measures the degree to which autistic individuals consciously or unconsciously mask autistic traits in social situations.

**Total score: 124** (population mean for autistic adults: approximately 100; mean for non-autistic adults: approximately 77)

Subscale scores:

- Compensation: 46 — Mr. Bauer actively employs learned social scripts and mimics observed social behaviour to appear more neurotypical.
- Masking: 42 — He reports significant effort to hide or suppress autistic characteristics in social contexts.
- Assimilation: 36 — He makes consistent efforts to fit in with social groups, despite finding this effortful and unrewarding.

This profile is consistent with a high degree of social camouflaging, which is common in autistic adults who have received no prior diagnosis. Sustained masking of this nature is associated with elevated rates of anxiety, exhaustion and reduced quality of life.

### **ABAS-3 (Adaptive Behaviour Assessment System – Third Edition)**

The ABAS-3 assesses adaptive functioning across conceptual, social and practical domains.

Conceptual skills (General Adaptive Composite — Conceptual: standard score 112) were a clear strength, reflecting strong performance in areas such as functional academics, self-direction and communication of factual content. Practical skills were also largely intact (standard score 98), reflecting Mr. Bauer's competence in managing daily living tasks within his highly structured personal environment.

Social skills represented the most notable area of difficulty (Social domain standard score: 74, 4th percentile). Specific areas of weakness included leisure, social skills and use of community resources in novel or unstructured contexts. This pattern of adaptive functioning — strong practical and conceptual skills combined with marked difficulty in the social domain — is characteristic of autism in intellectually able adults.

## **2. Structured Clinical Assessment**

### **MIGDAS-2 (Monteiro Interview Guidelines for Diagnosing Autism Spectrum – Second Edition)**

The MIGDAS-2 is a semi-structured clinical interview designed to assess autism across sensory processing, language and social interaction, relationships, and emotional responses. It is conducted across two sessions and is designed to elicit naturalistic responses rather than rely solely on self-report.

Across both interview sessions, Mr. Bauer demonstrated a number of features consistent with autism:

- **Language and Communication:** His speech was precise, formal and topic-focused. He showed minimal use of small talk and tended towards monologic elaboration on topics of interest (primarily programming, systems design and chess). Prosody was slightly atypical, with limited variation in pitch and an occasional mismatch between verbal content and facial expression.
- **Social Interaction and Relationships:** Mr. Bauer described social interaction as a skill he has “studied and practised” rather than one that comes naturally. He reported difficulty understanding the unspoken rules of group dynamics and described exhaustion following social events, even enjoyable ones. He has one close friend he has known since childhood and describes the majority of his social contact as mediated through structured activities (board game evenings, online programming forums).
- **Sensory Processing:** Significant sensory sensitivities were identified across multiple modalities, including auditory (distress in noisy environments), visual (discomfort under fluorescent lighting), and tactile (strong preferences for specific clothing textures). He described sensory input as “sometimes feeling like the volume is always too high.”
- **Circumscribed Interests and Routine:** Mr. Bauer described a longstanding pattern of deep, focused engagement with specific interests — programming languages, open-source architecture, and competitive chess — that occupies a substantial portion of his daily life. Changes to established routines cause marked distress; he described a period of significant anxiety following an unexpected move of flat eighteen months ago.
- **Emotional Responses:** He reported difficulty identifying and describing emotional states in himself in real time, consistent with features of alexithymia. He described recognising his emotions retrospectively — often hours or days after the event — rather than in the moment.

### **Diagnostic Impression**

The assessment indicates that Mr. Bauer meets DSM-5 criteria for

**Autism Spectrum Disorder (ASD), Level 1 (F84.0), requiring support in social communication.**

The following DSM-5 criteria were met:

- **Criterion A:** Persistent deficits in social communication and social interaction across multiple contexts, including difficulty with social-emotional reciprocity, non-verbal communicative behaviours, and developing and maintaining relationships.

- Criterion B: Restricted and repetitive patterns of behaviour, including inflexible adherence to routines, highly circumscribed and intense interests, and sensory hypersensitivity.
- Criterion C: Symptoms were present in the developmental period, as confirmed by self-report and collateral history.
- Criterion D: Symptoms cause clinically significant impairment in social and occupational functioning.
- Criterion E: These features are not better explained by intellectual disability or global developmental delay.

Mr. Bauer's presentation reflects a profile common in intellectually able autistic adults who have developed extensive compensatory strategies over many years. His high CAT-Q score indicates a substantial masking burden, which likely accounts for the absence of prior identification and contributes significantly to the fatigue and anxiety he reports. Co-occurring anxiety is noted and is understood as secondary to the sustained demands of navigating a predominantly neurotypical social environment.

### Recommendations

Autism support is most effective when it begins with a genuine understanding of the individual's profile — not as a deficit to be corrected, but as a distinct neurological style with both challenges and strengths. The following recommendations are designed to reduce the costs associated with masking, build sustainable strategies and improve quality of life.

#### 1. Psychoeducation and Identity

A formal diagnosis in adulthood is often accompanied by a significant reframing of one's personal history. Mr. Bauer is encouraged to engage with this process at his own pace, whether through reading, therapy or community connection. Understanding the autism spectrum — including the concept of camouflaging and its psychological costs — can itself be profoundly therapeutic.

Connecting with autistic adult communities, both in person and online, can offer a sense of shared experience and reduce isolation. Many autistic adults describe a formal diagnosis as the beginning of a more self-compassionate relationship with their own mind.

#### 2. Psychological Support

Individual therapy is recommended, with a therapist who has specific experience working with autistic adults. Acceptance and Commitment Therapy (ACT) and schema-informed approaches may be particularly well suited to Mr. Bauer's profile, given his strong capacity for self-reflection and his existing interest in understanding his own patterns.

Therapeutic goals might include:

- Reducing the burden of masking in lower-stakes social contexts
- Developing strategies for emotional identification and regulation
- Processing experiences of social exclusion and burnout
- Building a sustainable relationship with work, rest and stimulation

#### 3. Managing Sensory Environment

Mr. Bauer should be supported in advocating for sensory accommodations in professional and social environments wherever possible. Practical steps might include:

- Using noise-cancelling headphones in shared or open-plan environments
- Requesting flexibility around lighting or workspace arrangements
- Planning sensory recovery time after demanding social or professional events
- Communicating sensory needs to trusted people in his environment

#### 4. Workplace and Professional Wellbeing

Mr. Bauer's profile suggests considerable professional strengths: high precision, deep focus, strong systems thinking and excellent technical output under conditions he controls. Freelance work has served him well in this regard, and he is encouraged to continue prioritising working conditions that capitalise on these strengths.

Where collaboration is required, structured, asynchronous communication (written briefs, clear deliverables, defined expectations) tends to be more sustainable than ad hoc verbal interaction. Anticipating and planning for periods of high social demand can help prevent burnout.

## 5. Relationships and Communication

Mr. Bauer's relationship with his partner appears to be a significant source of support. Couples or relational work with a therapist experienced in neurodivergent relationships may be helpful in building shared language, managing differing sensory or social needs, and reducing misattribution of autistic traits as interpersonal problems.

He may also benefit from developing explicit, consensual agreements with close people about communication preferences, particularly around unstructured social contact and the need for recovery time.

## 6. Monitoring of Anxiety and Burnout

Autistic burnout — a state of prolonged exhaustion resulting from sustained masking and sensory overload — is a recognised and serious risk for autistic adults. Mr. Bauer has described a recent period of burnout, and ongoing monitoring is recommended. Warning signs may include increased social withdrawal, heightened sensory sensitivity, loss of previously maintained skills and significant fatigue.

If anxiety symptoms persist or worsen following the initial adjustment period post-diagnosis, a referral to a psychiatrist familiar with autism in adults is recommended. Low-dose pharmacological support for anxiety may be appropriate in conjunction with psychological work.

## Conclusion

The assessment indicates that Mr. Thomas Bauer meets DSM-5 criteria for Autism Spectrum Disorder, Level 1 (F84.0), requiring support in social communication.

Features of autism were clearly present from childhood and have shaped Mr. Bauer's experience of education, work and relationships in significant ways. A high degree of camouflaging has allowed him to navigate many social and professional contexts successfully, but at substantial personal cost, contributing to chronic fatigue, anxiety and a persistent sense of not quite belonging.

Mr. Bauer's presentation also reflects considerable strengths: high intellectual ability, deep professional expertise, strong self-awareness and a capacity for honest self-examination that positions him well to benefit from the clarity this diagnosis can offer. With appropriate support, reduced pressure to mask and greater understanding from those around him, his prognosis for improved wellbeing and sustained professional fulfilment is excellent.