

Tips for assessments

Everyone is an individual, but generally speaking we want to:

- **Reduce uncertainty**
 - by setting clear agenda and providing clear outcomes at the start and end of appointments. Be explicit about time frames.
- **Practice being open minded**
 - **It's tempting**, but try not to assume someone is in distress because their behavior doesn't fit standard norms, eg, less socialising, fidgeting
- **Clinical curiosity**
 - Initial presentations can be deceiving, eg, repetitive behaviors can look like OCD compulsions. Explore the **function** of behaviours

Set a clear expectation of the time, agenda and purpose of appointment

Normalise getting distracted, agree how to get back on track

Alexthymia is common, ask about body sensations as well as emotions

Avoid double questions, allow silence/time to respond

Affect/tone might not match spoken words- be curious and take disclosures seriously



Explore the individuals' 'baseline' before assuming dysfunction

Use their language to explore experiences

GAD and PHQ may pick up on normal ND experience, misinterpreting stimming as restlessness etc

Be specific; not vague. "How many days have you felt depressed this week" vs "How has your week been"