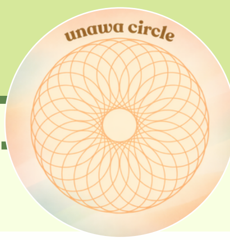


Why Masking Matters in Adult Assessment

Masking refers to learned strategies used to suppress, compensate for, or camouflage autistic traits in order to meet social expectations. In adults, masking often develops over decades and can obscure autistic presentation during clinical evaluation.

High-masking adults are disproportionately:

- Diagnosed late or misdiagnosed
- Labeled “high functioning” despite significant impairment
- Treated for anxiety, depression, or personality traits without recognition of autism
- At risk for autistic burnout and mental health deterioration post-diagnosis delay

Masking is not rare. It is adaptive, costly, and clinically relevant.

Core Assessment Tools for Masking

Camouflaging Autistic Traits Questionnaire
Primary masking-specific instrument

- Self-report measure designed explicitly to assess camouflaging
- Subscales:
  - Compensation (learning scripts, rules, imitation)
  - Masking (active suppression of traits)
  - Assimilation (forcing social conformity)
- High CAT-Q scores correlate with:
  - Late diagnosis
  - Internalizing disorders
  - Autistic burnout
  - Identity distress

Clinical guidance:
CAT-Q should be strongly considered in adult assessments, especially when masking, late diagnosis, burnout, or a mismatch between outward functioning and internal distress is suspected. Elevated scores warrant deeper exploration even when autism screening scores are subthreshold.

Autism Measures Commonly Affected by Masking

Autism-Spectrum Quotient

- High-masking adults may score below screening thresholds
- Discrepancies between AQ score and lived experience are clinically meaningful
- Retrospective childhood items often reveal stronger autistic traits than current functioning
- A split between internal distress and external competence may indicate masking

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

- Do not treat low or borderline scores as exclusionary in adults with long histories of compensation.

Observational Assessment Considerations

Autism Diagnostic Observation Schedule, Second Edition

ADOS-2 results can be misleading in high-masking adults if interpreted without developmental history, masking patterns, sensory context, and post-assessment recovery.
Common masked presentations during ADOS-2:

- Fluent but rehearsed language
- Overly intellectualized emotional descriptions
- Eye contact maintained with visible effort
- Social reciprocity that deteriorates with fatigue
- Marked exhaustion after the session

Clinical guidance:
Score interpretation must consider cognitive load, response latency, rigidity under stress, and post-interaction regulation, not just surface behavior.

Supporting and Contextual Measures

Broad Autism Phenotype Questionnaire

- Captures subtle or subthreshold autistic traits
- Useful as contextual information when traits are present but not easily captured by standard tools
- High scores can support further exploration, but they are not diagnostic

Empathy Quotient

- High empathy scores do not rule out autism, especially when cognitive empathy, learned social rules, or masking strategies are strong.

Sensory and Executive Function Measures

- Sensory profiles often reveal longstanding compensations
- Executive function inventories help differentiate ADHD, burnout, and overload effects

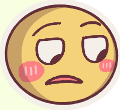
Clinical Interview Strategies That Reveal Masking

Masking is most reliably identified through pattern recognition, not test scores alone.

Key questions to explore:

- “How much effort does social interaction take compared to how it looks?”
- “What happens after social or work demands end?”
- “Do you rehearse conversations or analyze them afterward?”
- “What parts of yourself feel hidden in professional or social settings?”
- “When did things start to feel unsustainable?”

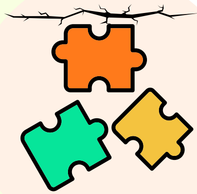
Red flags for masking include:



- Chronic exhaustion with intact outward functioning
- Social success paired with shutdowns or withdrawal
- Identity confusion or grief after diagnosis
- History of being described as “too sensitive,” “mature,” or “easy” as a child
- Late functional collapse during adulthood transitions

Common Diagnostic Pitfalls

- Over-weighting ADOS-2 performance
- Dismissing autism due to employment or education level
- Attributing lifelong traits solely to trauma or anxiety
- Assuming insight or empathy contradicts autism
- Treating masking as evidence against diagnosis rather than evidence of adaptation

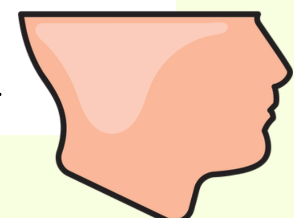


Best-Practice Assessment Model

For late-identified adults, assessment is strongest when clinicians combine:

- CAT-Q
- Autism screening tools interpreted non-literally
- Developmental narrative without rigid childhood informant requirements
- Sensory and executive functioning context
- Explicit inquiry into effort, cost, and recovery

Diagnosis should reflect internal experience and functional sustainability, not appearance of coping.



Core Clinical Takeaway

MASKING IS NOT A CONFOUNDER TO WORK AROUND.

IT IS A CENTRAL FEATURE OF ADULT AUTISM PRESENTATION. WHEN CLINICIANS FAIL TO ASSESS FOR MASKING, THEY DO NOT GET A FALSE NEGATIVE.

THEY GET AN INCOMPLETE PICTURE.