# Neurodiversity-Affirming Autism Diagnostic Interview (NAADI)

## Child/Caregiver Version

### FRAMEWORK

**The Neurodiversity-Affirming Autism Diagnostic Interview (NAADI) is built upon a comprehensive framework that integrates key elements from the MIGDAS-2, ADOS-2, ADI-R, and DSM-5-TR.**

**For use by: Psychologists, Psychiatrists, Paediatricians, Occupational Therapists, Social Workers, Speech Language Pathologists, and other qualified health professionals with existing competency in Autism assessment.**

This tool supports, but does not replace, comprehensive clinical judgment.
Please adjust this framework to your professional style and preference, and client needs.

To ensure clarity and ethical transparency, the description of the NAADI tool's development has been updated. Feedback indicated that the previous wording was potentially ambiguous, so it has been revised to reflect that the tool was refined using clinician insights and professional feedback, not direct client data. This update clarifies that client privacy has always been, and will remain, a core priority of this tool's development.

Version Date: August 06, 2025

## Clinical Context

The Neurodiversity-Affirming Autism Diagnostic Interview (NAADI) is a semi-structured interview developed by psychologist Kathleen Cleland. Grounded in lived experience and clinical expertise, it informs comprehensive autism diagnostic assessment through a narrative-based, trauma-informed, sensory-first approach. While inspired by the structure of the MIGDAS-2 framework, the NAADI has been independently conceptualised, developed, and iteratively refined through extensive clinical use and interdisciplinary feedback.

The development of the NAADI has been informed by feedback and insights gathered from over 300 formal autism assessments. This feedback, provided by multiple clinicians, evaluated the tool's alignment with validated psychometric instruments and structured clinical judgment in accordance with DSM-5-TR criteria. The multi-method, multi-clinician approach ensures diagnostic rigor, consistency, and clinical reliability

The NAADI supports the collection of rich, narrative data aligned with DSM-5-TR criteria while affirming neurodivergent identities and minimising bias through its sensory-first and trauma-informed structure. It demonstrates strong face, content, and construct validity in applied clinical settings, with clear convergence between qualitative interview findings and quantitative outcomes.

While not yet subject to formal academic publication, validation efforts are active and ongoing through structured clinical implementation, internal data analysis, and interdisciplinary review. The interview is freely shared with clinicians on the understanding that feedback on its use contributes to ongoing refinement.

The NAADI demonstrates strong clinical utility within a multi-method, neurodiversity-affirming framework and offers a robust alternative to traditional structured observation tools. It reflects emerging best practices in affirming autism assessment, grounded in extensive applied evidence.

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Users are encouraged to share feedback and clinical insights to inform continued development here NAADI Clinician Feedback Form. Access to the most current version is available at Neurodiversity-Affirming Autism Diagnostic Interview (NAADI).

## Interview Structure and Administration Guidelines

This interview invites clinicians to embark on a compassionate and neurodiversity-affirming journey to understand each individual's unique experiences relevant to autism assessment. As a semi-structured tool, it encourages flexible conversation, empowering clinicians to adapt questions and gently follow the individual's lead, ensuring the dialogue genuinely builds rapport and gathers authentic insights.

Clinicians are encouraged to approach the interview as a collaborative process with the parent or caregiver, beginning with Sections 1–8, which explore the child's sensory, relational, and behavioural experiences from the parent or caregiver's perspective. These guiding questions may be asked directly, rephrased, or explored organically within the flow of conversation, allowing the clinician to respond sensitively to the parent's communication style and comfort level.

Following this, Section 9 provides space for the clinician to document their own observations, reflections, and impressions based on their interaction with the child (if the child is present during the same interview). These may include aspects such as affective presentation, communication style, regulatory patterns, or other features relevant to clinical formulation. Throughout the process, the clinician should maintain a responsive and affirming stance, adapting language and pacing to support autonomy, comfort, and authenticity.

To begin, gently invite the parent to share how their child experiences the world through their senses. This often serves as a welcoming entry point, fostering comfort and revealing crucial insights into the child's regulation, moments of overwhelm, and sources of joy.

## 🔷 1. Sensory Experience and Regulation

**MIGDAS-2 Domain:** Sensory Use and Experience (Entry point for conversation and comfort-building).

**ADOS-2 Correlative:** Information on unusual sensory interests/sensory-related behaviors (ADOS-2 Domain D: Stereotyped Behaviors & Restricted Interests).

**ADI-R Correlative:** Information on sensory-related behaviors (ADI-R Domain C: Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities).

**Corresponds to DSM-5-TR B4**.

**This section explores sensory processing across modalities, including sensitivity, regulation strategies, and the impact of sensory experiences on daily functioning and well-being.**

## NAADI Section 1: Sensory Experience and Regulation

**Auditory (Sound)**

- Are there sounds your child especially enjoys or seems drawn to?
- Are there sounds they try to avoid, cover their ears for, or seem distressed by?
- Have you noticed strong reactions to things like hand dryers, vacuum cleaners, or loud voices?

**Visual (Sight)**

- Does your child notice small visual details or enjoy looking at certain lights, colours, or patterns?
- Do they seem sensitive to lighting (e.g., bright lights or visual clutter)?
- Have they ever avoided visually busy environments or become overwhelmed in shops or classrooms?

**Tactile (Touch)**

- Are there textures your child seeks out or avoids (e.g., soft blankets, rough fabrics)?
- Do they have strong clothing preferences or dislike tags, seams, or certain materials?
- How have they reacted to touch -such as hugs, grooming, or messy play?

**Olfactory & Gustatory (Smell & Taste)**

- Are there smells or tastes your child reacts strongly to, either liking or disliking?
- Do they avoid certain foods based on texture or temperature?
- Has your child had a very restricted or predictable diet?

**Movement, Proprioception & Vestibular**

- Does your child enjoy movement activities like spinning, jumping, rocking, or swinging?
- Do they seem to seek or avoid climbing, rough play, or balance activities?
- Are there movements they use often - such as pacing, bouncing, or jumping - to stay calm or focused?

**Interoception**

- Does your child tend to notice when they're feeling hungry, thirsty, or that they need to use the toilet before it is urgent?
- Does your child sometimes find it hard to tell the difference between internal feelings, like whether you're hungry, tired, or anxious?
- Does your child often have unexpected or intense reactions to internal feelings, like pain, heat, or strong emotions?

## 🔷 2. Communication Style

**MIGDAS-2 Domain:** Conversational patterns and language use.

**ADOS-2 Correlative:** Information on reciprocal social interaction, verbal/nonverbal communication (ADOS-2 Domain A: Language & Communication; Domain B: Reciprocal Social Interaction).

**ADI-R Correlative:** Information on qualitative differences in communication (ADI-R Domain B: Qualitative Abnormalities in Communication).

**Corresponds to DSM-5-TR A1–A2.**

**This section explores verbal and non-verbal communication, preferred modes of communication, and reciprocity.**

**Verbal Communication**

- How does your child typically communicate - spoken words, gestures, AAC, other means?
- Do they repeat phrases, use scripts from shows, or use language in unique ways?
- How would you describe their use of language across time - early speech, delays, or unique patterns?

**Non-Verbal Communication**

- How does your child use body language, gestures, or facial expressions?
- Do they tend to interpret others' tone of voice or expressions easily?
- Have you noticed misinterpretations or a mismatch between their feelings and facial expressions?

**Social Reciprocity** *(DSM-5-TR A1)*

- How does your child show interest in others or respond to social engagement?
- Do they enjoy turn-taking or shared activities?
- Have you noticed challenges in initiating or responding to social interactions?

## 🔷 3. Relationship Style and Social Understanding

**MIGDAS-2 Domain:** Relating to others.

**ADOS-2 Correlative:** Information on reciprocal social interaction, quality of social overtures, insight into relationships (ADOS-2 Domain B: Reciprocal Social Interaction).

**ADI-R Correlative:** Information on qualitative differences in reciprocal social interaction (ADI-R Domain A: Qualitative Abnormalities in Reciprocal Social Interaction).

**Corresponds to DSM-5-TR A3.**

**This section focuses on friendship patterns, peer relationships, emotional closeness, and boundaries.**

## NAADI Section 3: Relationship Style and Social Understanding

### Friendships and Relationships

- How does your child approach making friends or spending time with others?
- Do they prefer playing alone, with certain peers, or with adults?
- Have friendships with peers been easy to develop and maintain?

### Social Navigation and Boundaries

- Does your child understand unspoken social rules, or do they need explicit guidance?
- Have they ever been described as “too intense,” “too quiet,” or “not picking up on cues”?
- Do they seem more aware, or less aware, of personal space, turn-taking, or other social boundaries?

## 🔷 4. Thinking Style and Interests

**MIGDAS-2 Domain:** Cognitive and imaginative patterns.

**ADOS-2 Correlative:** Information on repetitive behaviors, circumscribed interests, adherence to routines (ADOS-2 Domain D: Stereotyped Behaviors & Restricted Interests; Domain C: Play/Imagination for earlier developmental experiences).

**ADI-R Correlative:** Information on restricted, repetitive behavior, interests, and activities (ADI-R Domain C: Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities).

**Corresponds to DSM-5-TR B1–B3.**

**This section explores thinking styles, passionate and absorbing interests, patterns related to routines and predictability, repetitive behaviors, and imaginative engagement.**

**Focused or Absorbing Interests** *(DSM-5-TR B3)*

- Are there topics or activities your child is deeply interested in or talks about often?
- Do they focus intensely on specific themes (e.g., dinosaurs, media characters, particular games)?
- Have these interests lasted a long time or changed over time?

**Repetitive Behaviour or Speech** *(DSM-5-TR B1)*

- Does your child repeat sounds, words, or phrases (including from TV or books)?
- Do they show patterns like hand-flapping, rocking, lining up items, or spinning objects?
- How do these behaviours seem to help them (e.g., comfort, focus, expression)?

**Routines and Predictability** *(DSM-5-TR B2)*

- Does your child rely on routines, rituals, or sameness to feel safe or regulated?
- How do they respond to changes in plans, transitions, or unexpected events?
- Are there daily routines they insist on doing in a specific way?

**Imaginative Thinking and Play**

- Does your child engage in pretend play, fantasy worlds, or storytelling?
- Is their play creative, repetitive, rule-based, or solitary?
- Do they like to organise, or categorise, their toys or belongings (e.g., line things up)?
- Have they created elaborate inner worlds or preferred predictable scripts?

## 🔷 5. Emotional and Self-Regulation

**MIGDAS-2 Domain:** Regulation and internal experience.

**ADOS-2 Correlative:** Information on emotional regulation patterns, anxiety, distress (ADOS-2 Domain E: Other Abnormal Behaviors).

**ADI-R Relevance:** While not a direct ADI-R domain, this information informs understanding of core ADI-R criteria by contextualising emotional regulation patterns within social (A), communication (B), or behavioral (C) domains.

**DSM-5-TR Relevance:** Informs understanding of how emotional experiences and regulation patterns contribute to functional impact, and identifies common co-occurring mental health presentations in autism.

**This section focuses on emotional experiences, internal regulation patterns, and the strategies used to navigate overwhelm, anxiety, and distress.**

**Emotional Experience**

- How does your child show emotions? Do they express feelings clearly or keep them in?
- Do they experience intense reactions, rapid shifts, or difficulty calming down?
- Do they hide, run away, or have difficulty speaking when their emotions are high?
- Have they been described as sensitive, emotional, explosive, or disconnected?

**Regulation Strategies**

- What strategies, tools, or spaces help your child return to calm?
- Do they use movement, stimming, retreating, or comfort items to regulate?
- Have they developed routines or patterns to manage distress?

## 🔷 6. Identity, Masking, and Lived Experience

Not directly mapped to MIGDAS-2, ADOS-2, or ADI-R coded domains, but provides crucial contextual information for comprehensive formulation

**DSM-5-TR Relevance:** Provides crucial contextual information for comprehensive formulation, particularly for understanding the manifestation of DSM-5-TR Criteria A and B (especially when camouflaged/masked), and the associated effort and distress related to navigating social demands.

**This section focuses on sense of identity, experiences of masking or camouflaging, and how lived experiences have shaped self-understanding and wellbeing.**

## NAADI Section 6: Identity, Masking, and Lived Experience

**Masking and Adaptation**

- Does your child behave differently in different settings (e.g., home vs school)?
- Do they seem to hide distress, mimic peers, or shut down when overwhelmed?
- Have teachers or others commented on their ability to "hold it together" in public?

**Self-Understanding and Identity** *(if age appropriate)*

- Has your child expressed anything about feeling different, misunderstood, or disconnected from others?
- Do they talk about identity - neurodivergence, gender, culture, or belonging?
- Have they asked questions about autism or made comments suggesting self-awareness?

## 🔷 7. Functional Impact and Support Needs *(DSM-5-TR clinical significance)*

Not directly mapped to MIGDAS-2, ADOS-2, or ADI-R coded domains, but essential for understanding the broader impact and support needs informing diagnostic conclusions.

**DSM-5-TR Relevance:** Supports clinical judgment and documentation, especially for "clinically significant impairment" criterion.

**This section focuses on the impact of autistic experiences across daily life, the types of support that have been helpful or unhelpful, and areas where additional support may be needed.**

**Daily Living & Demands**

- What areas of everyday life come easily for your child, and which are more challenging?
- Are there difficulties with transitions, attention, problem-solving, or group settings?
- Have school, unstructured activities, or community settings caused distress or withdrawal?

**Supports and Accommodations**

- What supports or accommodations help your child function more comfortably?
- Are there strategies or settings where they seem to feel most themselves?
- What do you wish others better understood about your child's support needs?

## 🔷 8. Closing Reflections

**This final section invites open reflection, offering space for the parent or caregiver to share anything not yet discussed, process insights that may have emerged, and consider what a clearer understanding of their child's autistic identity might mean for them.**

**Interview Reflections**

- Is there anything we haven't covered that would help us better understand your child?
- How are you feeling after talking through all of this?
- What would it mean to your child, and to your family, for them to be recognised and supported in their neurotype?
- How are you feeling after having this conversation?

## 🔷 9. Observation Notes for Clinician Use

**(Complete after session to assist with documentation)**

The observation notes in this section are designed to capture key behavioral, communication, and interaction patterns observed in real-time during the interview. They provide essential qualitative data to complement the client's self-report.

**MIGDAS-2 Alignment:** Facilitates structured observation consistent with the descriptive, individualised profiling approach of MIGDAS-2.

**ADOS-2 Correlative:** Documents real-time, observable behaviors and communication patterns analogous to those assessed in ADOS-2 domains (e.g., Language & Communication, Reciprocal Social Interaction, Stereotyped Behaviors & Restricted Interests, Other Abnormal Behaviors).

**ADI-R Alignment:** Reflects real-time behavioral and communication patterns pertinent to the criteria of ADI-R Domains A (Qualitative Abnormalities in Reciprocal Social Interaction), B (Qualitative Abnormalities in Communication), and C (Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities).

**DSM-5-TR Relevance:** Provides direct observational evidence to inform and support the fulfillment of DSM-5-TR diagnostic criteria (A and B) and associated features, contributing to the overall clinical formulation.

**Key Domains for Clinical Observation** *(when child is present in session)*

- **Eye contact:** (e.g., inconsistent, limited, intense, variable, culturally influenced).
- **Communication patterns:** (e.g., echolalia, scripting, variations in tone/inflection, communication pace, reciprocal flow, accessibility of expression).
- **Body movement:** (e.g., stimming, posture, repetitive movements, physical regulation behaviours, differences in movement or coordination).
- **Engagement style:** (e.g., curious, playful, response to open-ended vs. structured questions, initiation of interaction, sustained attention, comfort level).
- **Emotional expression and regulation:** (e.g., visible distress, signs of internal overwhelm, emotional intensity, difficulty identifying emotions, regulation strategies used).
- **Cognitive flexibility:** (e.g., difficulty shifting between ideas or thought patterns, responses to unexpected changes or interruptions, preference for structure or predictability).
- **Adaptations needed during session:** (e.g., slowing pace, breaks, sensory tools, modified sensory environment, visual supports, AAC).
- **Indicators of co-occurring conditions:** (e.g., ADHD traits, anxiety, trauma responses, tic behaviours, mood dysregulation).
- **Motor coordination and praxis differences:** (e.g., differences in gait, motor planning, balance or coordination, fine motor tasks like handwriting, repetitive or regulatory movements, posture variations).
- **Language and communication differences:** (e.g., difficulty with verbal expression, interpreting spoken language, pragmatic language variation, reliance on written or alternative communication).
- **Cognitive processing challenges:** (e.g., difficulty with abstract reasoning, complex problem solving, slower processing speed, or understanding novel concepts).

### References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Lord, C., Rutter, M., DiLavore, P. C., Risi, S., Gotham, K. O., & Bishop, S. L. (2012). *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) Manual (Part 1): Modules 1–4*. Pearson.

Monteiro, M. J., & Stegall, S. (2018). *Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition (MIGDAS-2)*. Western Psychological Services.

Rutter, M., Le Couteur, A., & Lord, C. (2003). *Autism Diagnostic Interview—Revised (ADI-R)*. Western Psychological Services.

**Clinician feedback is essential to the ongoing refinement and clinical utility of the Neurodiversity-Affirming Autism Diagnostic Interview (NAADI).**

**If you have used it in practice, please consider completing a brief feedback form to support its continued development.**

**NAADI Clinician Feedback Form**

## Copyright Statement



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