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# Epistemic Injury Checklist (EIC) as a Complement to ADOS-2

Supporting Differential Formulation and Triage  
in Autism and ADHD Pathways

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This document is a policy and clinical discussion note and  
does not constitute diagnostic guidance.

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# 1. Purpose and Scope

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## 1.1 Purpose

This note introduces the Epistemic Injury Checklist (EIC) as a supplementary clinical tool designed to support differential formulation and triage in autism and ADHD assessment pathways.

The EIC is not a diagnostic instrument and is not intended to replace established, NICE-aligned assessment tools such as ADOS-2 or ADI-R. Its purpose is to address a recognised gap in current pathways: the limited capacity of behavioural observation tools to distinguish neurodevelopmental conditions from developmental adaptations arising from relational, epistemic, or contextual factors.

## 1.2 Intended audience

This paper is intended for clinicians, service leads, and commissioners involved in autism and ADHD assessment pathways, including psychologists, psychiatrists, speech and language therapists, occupational therapists, and members of multidisciplinary teams.

It may also be of interest to Integrated Care Boards (ICBs), NHS trust managers, third-sector providers, and policy professionals concerned with assessment quality, triage, and formulation in neurodevelopmental services.

The paper assumes familiarity with NICE-aligned assessment processes and is not intended as a standalone clinical guide.

## 2. Context: strengths and limits of ADOS-2

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ADOS-2 is widely regarded as a gold-standard, standardised observational instrument for assessing autism spectrum conditions. Its strengths include:

- structured behavioural elicitation,
- standardised scoring and reliability,
- clinical defensibility,
- and alignment with NICE pathways.

However, ADOS-2 is not designed to determine the developmental origins of observed behaviours, nor to differentiate between:

- constitutive neurodevelopmental differences, and
- behaviour patterns arising from chronic relational inhibition, suppression, trauma adaptation, or epistemic injury.

In high-pressure diagnostic environments, this distinction can be clinically significant—particularly where individuals present with context-specific inhibition, hyper-attunement, masking, shutdown, or constrained expressivity.

### **3. What the Epistemic Injury Checklist (EIC) adds**

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The EIC is a structured formulation and triage aid that focuses on the developmental epistemic environment in which behaviours emerged and are maintained.

Specifically, it helps clinicians identify patterns associated with epistemic injury, defined as a disruption in the individual's capacity to safely express, test, and trust their own perceptions within relational systems.

The EIC attends to:

- early recognition and misrecognition patterns,
- suppression-based adaptation,
- context-specific inhibition versus global impairment,
- hyper-vigilance and over-attunement,
- strategic compliance or masking,
- epistemic trust and mistrust dynamics.

These dimensions are orthogonal to ADOS-2 behavioural coding and therefore complementary rather than competing.

## 4. Relationship between EIC and ADOS-2

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The relationship can be summarised as follows:

Instrument Focus	ADOS-2	EIC
Primary function	Behavioural observation	Developmental-epistemic formulation
Analytic orientation	Classification-oriented	Differential and contextual
Temporal scope	Time-bounded assessment	Developmental trajectory
Reference frame	Norm-referenced behavioural criteria	Relational and contextual history
Primary output	Diagnostic contribution	Triage and formulation support
Role in pathway	Diagnostic assessment tool	Adjunctive formulation and interpretation aid
Decision authority	Contributes to diagnostic threshold	Does not determine diagnosis
Relationship to NICE	Core NICE-aligned instrument	Supplementary and non-diagnostic

The EIC does not override ADOS-2 findings. Instead, it provides interpretive context that can assist clinicians in determining:

- when an ADOS-positive presentation warrants additional formulation,
- when alternative or co-occurring explanations should be explored,
- and how support planning might differ even when diagnostic thresholds are met.

## 5. Illustrative clinical use cases

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The EIC can be deployed flexibly across pathways with minimal disruption:

### 5.1 Pre-assessment triage

Used at referral intake or early screening to identify:

- markers of epistemic injury,
- context-specific behavioural inhibition,
- high likelihood of relationally mediated presentations.

This can support decisions about prioritisation, assessment sequencing, and signposting.

## 5.2 Pre-ADOS history-taking

Used alongside developmental history to structure exploration of:

- early relational environments,
- suppression and recognition patterns,
- variability of functioning across contexts.

## 5.3 MDT formulation

Used in MDT discussions where:

- ADOS findings are positive but the clinical picture is mixed,
- there is significant trauma, anxiety, alexithymia, or masking,
- clinicians are uncertain about explanatory sufficiency.

## 5.4 Post-assessment support planning

Used to inform:

- intervention selection,
- relational repair approaches,
- epistemic scaffolding and therapeutic focus,

regardless of diagnostic outcome.

# 6. Governance, training, and risk

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- **Training burden:** Low. The EIC is designed for use by clinicians already skilled in developmental formulation.
- **Governance:** The EIC functions as a formulation aid, not a diagnostic decision tool.
- **Risk management:** By clarifying alternative explanations, the EIC may reduce misattributed diagnoses and inappropriate pathway allocation.

## 7. Relevance to current service pressures

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Rising demand for autism and ADHD assessments has increased pressure on services to deliver timely, defensible diagnoses. In this context:

- behavioural convergence across different developmental pathways is increasingly common;
- clinicians require tools that support epistemic caution without undermining diagnostic reliability.

The EIC responds to this need by strengthening formulation quality while preserving the integrity of NICE-aligned assessment processes.

## 8. Next steps and piloting

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The EIC is suitable for:

- local pilot use within NHS trusts or ICBs,
- adjunctive use in private and third-sector services,
- evaluation as a triage and formulation support tool.

Pilot objectives might include:

- reduction in diagnostic ambiguity,
- improved clinician confidence in formulation,
- clearer support planning,
- better differentiation of pathway needs.

## 9. Summary

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The Epistemic Injury Checklist offers a low-friction, high-value adjunct to existing autism and ADHD assessment tools. By addressing the developmental-epistemic origins of behaviour, it supports more nuanced formulation, improved triage, and more targeted intervention—without displacing established diagnostic instruments such as ADOS-2.

## Key related documents

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Kahl, P. (2025). *Epistemic trauma and the architecture of family systems: Clinical recognition, differential diagnosis, and developmental repair*. Lex et Ratio Ltd. <https://doi.org/10.5281/zenodo.17696448>

Kahl, P. (2025). *The Epistemic Injury Checklist (EIC): A framework for differential diagnosis of epistemic trauma, ASD, ADHD, and shutdown profiles*. Lex et Ratio Ltd. <https://doi.org/10.5281/zenodo.17847525>

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The Epistemic Injury Checklist (EIC) is a supplementary formulation and triage aid intended to complement, not replace, NICE-aligned assessment tools such as ADOS-2 and ADI-R.

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