
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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Abstract

Rising demand for autism and ADHD assessments has increased reliance on standardised behavioural instruments such as ADOS-2 within NHS and private diagnostic pathways. While these tools are essential and NICE-aligned, they are not designed to distinguish neurodevelopmental conditions from behaviour patterns arising from relational inhibition, trauma adaptation, masking, or disrupted epistemic environments.

This policy and clinical discussion note introduces the *Epistemic Injury Checklist* (EIC) as a supplementary formulation and triage aid intended to complement, not replace, existing diagnostic instruments. The EIC focuses on identifying markers of *epistemic injury*—disruptions in an individual's capacity to safely express, test, and trust their own perceptions—which may contribute to behavioural convergence with autism or ADHD presentations across childhood and adulthood.

The note clarifies the relationship between EIC and ADOS-2, outlines practical use cases across triage, developmental history-taking, multidisciplinary formulation, and support planning, and situates EIC within NICE-aligned pathways. It argues that an explicit epistemic-developmental formulation layer may improve differential assessment, support proportionate intervention, and inform service design under conditions of rising demand and constrained capacity.

1. Purpose and Scope

1.1 Purpose and positioning

This note introduces the *Epistemic Injury Checklist* (EIC) as a supplementary clinical tool 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 tools such as ADOS-2 or ADI-R. Rather, it addresses a recognised gap in current pathways: the limited capacity of behavioural observation instruments to distinguish constitutive neurodevelopmental differences from developmental adaptations arising from relational, epistemic, or contextual factors.

This note assumes the continued centrality of standardised diagnostic instruments and does not question their validity or clinical necessity. The EIC is grounded in a broader epistemic–developmental framework concerned with how relational environments shape epistemic agency over time; that framework is outlined in related work and is not reproduced in full here.

1.2 What this note does not claim

This note does not claim that autism, ADHD, trauma, or relational adversity are mutually exclusive. Co-occurrence is common and expected. The *Epistemic Injury Checklist* is not intended to adjudicate between diagnoses, but to support formulation by clarifying how different developmental pathways may contribute to similar behavioural presentations.

Questions of therapeutic intervention, epistemic repair, and longer-term treatment are addressed in related work and fall outside the scope of this note.

1.3 Intended audience

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

2. Context: Strengths and Limits of ADOS-2

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.

Epistemic injury refers to disruptions in epistemic development and agency—specifically, in an individual's capacity to safely express, test, and trust their own perceptions—and is not synonymous with trauma, though the two may co-occur.

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

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

The relationship can be summarised as follows:

Instrument Focus	ADOS-2	EIC (Epistemic Injury Checklist)
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.

Crucially, the EIC is intended to support earlier clarification and more proportionate onward pathways, particularly in complex or ambiguous presentations. It is not designed to introduce additional assessment stages, duplicate existing tools, or delay access to support, but to inform timely formulation and decision-making within existing NICE-aligned pathways.

5. Illustrative Clinical Use Cases

The EIC can be deployed flexibly across assessment pathways with minimal additional burden.

5.1 Pre-assessment triage

In this context, *triage* refers to preparatory clarification and sequencing within existing assessment pathways. It is not used to determine eligibility for autism or ADHD assessment, nor to exclude individuals on the basis of trauma, abuse, or adversity history.

When used at referral intake or early screening, the EIC can help identify:

- markers of epistemic injury,
- context-specific behavioural inhibition or masking, and

- a high likelihood of relationally mediated presentations.

This information can support proportionate decisions about assessment pacing, sequencing, and parallel signposting, while preserving access to formal diagnostic assessment.

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

- **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

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

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. Conclusion

The *Epistemic Injury Checklist* offers a low-friction, high-value adjunct to existing autism and ADHD assessment tools. By foregrounding the developmental–epistemic origins of behaviour, it supports more nuanced formulation, improved triage, and more targeted support planning, particularly in complex or ambiguous presentations. The EIC is not a diagnostic instrument and does not displace established, NICE-aligned tools such as ADOS-2; rather, it provides contextual clarity within existing pathways. In doing so, it contributes to proportionate decision-making and service design under conditions of rising demand and constrained capacity.

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Key Related Documents

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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Conflict of Interest

The author declares no financial or non-financial conflicts of interest. The author is the originator of the Epistemic Injury Checklist (EIC) discussed in this paper.

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Version	Description of Changes	Epistemic Impact	Publication Date
1.0	Initial publication	N/A	2025-12-29
1.1	Clarified scope, non-claims, and relationship to trauma and ADOS-2; minor structural refinements	Version 1.1 strengthens the note's epistemic impact by clarifying scope and intent, reducing predictable misreadings, and making the framework easier for clinicians and policy readers to engage with and use as intended.	2025-12-30



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