

NHS No.: 705 199 5111  
DoB: 27 Apr 1969



**Central London Adult Autism Service (CLAAS)**  
**LBHF | RBKC | Westminster**

Westminster: 215 Lisson Grove, NW8 8LW

LBHF: 56 Bloemfontein Road, W12 7FG

RBKC: 1-9 St Marks Rd, W11 1RG

0208 102 3889

[clcht.claas@nhs.net](mailto:clcht.claas@nhs.net)

[www.clch.nhs.uk](http://www.clch.nhs.uk)

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**Private & Confidential**

**Mrs Nadia Zahmoul**

35 Queens Gate Gardens  
London  
SW7 5RR  
(sent via email with consent: [nzahmoul@me.com](mailto:nzahmoul@me.com))

Date: 01/07/2025

**Autism Assessment Report**

Dear Nadia,

Thank you for meeting with us for the autism assessment on Thursday 15<sup>th</sup> May 2025. You were referred to the Central London Adult Autism Service (CLAAS) in April 2025 by Tamara Moon, Senior Assistant Psychologist at the South Kensington and Chelsea Home Treatment Team (HTT). It was hoped that an autism assessment could help you to understand your communication and processing needs and guide any adjustments for your ongoing divorce court case.

Our report focuses on key autism-related information and should be read in conjunction with existing reports to gain a comprehensive understanding of your background, life experiences and psychosocial and health needs.

**Assessment Process**

Our assessment was guided by the recommendations in the National Institute for Health and Care Excellence (NICE) Guidance for adult autism assessments and employed the following sources of information:

- Information provided by **Tamara Moon (Senior Assistant Psychologist)** on your current circumstances, difficulties and needs through your engagement with the **Home Treatment Team**. This was obtained through the completion of the referral form.
- An in-person clinical interview with **Dr Catherine Cheung (Principal Clinical Psychologist)** and **Sophia Iacovou (Assistant Psychologist)** on 15/05/2025. The

purpose of this meeting was to help gain a better understanding of your current circumstances and concerns.

- Behavioural observations guided by the **Autism Diagnostic Observational Schedule, 2<sup>nd</sup> Edition (ADOS-2)** was conducted in the same meeting. This allowed us to observe your communication style, social reciprocity, and behavioural patterns.
- Information regarding your social experiences, interests, thinking patterns, and sensory sensitivities was gathered through the **Ritvo Autism Asperger Diagnostic Scale - Revised (RAADS-R)** questionnaire. This form was self-completed by you using a virtual form.
- Ongoing collaboration with other professionals involved in your care, including a meeting with your referrer, **Tamara Moon (Senior Assistant Psychologist)** from the **South Kensington and Chelsea Home Treatment Team (HTT)**. These discussions contributed to a more comprehensive understanding of your circumstances and challenges within the broader context of your mental health.

### **Diagnostic Outcome**

We concluded that **you are autistic**. We discussed this outcome with you on Thursday 12<sup>th</sup> June 2025 during a follow-up virtual meeting. You shared that this diagnosis came as a relief, and you hoped it may offer a helpful template to make sense of your experiences and difficulties. You described your long journey in self-understanding and finally recognising that you are not “deficient” but, rather, processing information differently.

Without appropriate support, autistic individuals can face significant challenges in their daily lives, which can affect their physical and emotional well-being. For example, you shared insightful reflections around how your deep and detail-oriented attention can be difficult and exhausting to manage at times.

### **Co-Occurring Diagnoses and Difficulties**

A diagnosis of autism does not discount for the adverse life experiences impacting your sense of self and emotional well-being, which were also considered throughout your autism assessment process. You reported having **Post-Traumatic Stress Disorder (PTSD)** as a result of a series of adverse life events (e.g., witnessing 9/11 attacks in close proximity). Your self-reported experience of PTSD has been consistently recorded throughout your medical record, and is something that you have discussed with multiple healthcare professionals.

We also gathered information about how such experiences have impacted your current mental health and functioning through professional liaison with professionals involved in your care at the South Kensington and Chelsee HTT. You are thoughtful and recognised the interplay between your PTSD symptoms and autistic needs. Together, we discussed how some of your behaviours or responses might be coping strategies that you have developed over time to deal with challenging situations.

We also discussed how, during periods of heightened stress, your autistic needs can become more pronounced, making it harder to communicate effectively. For example, you may feel compelled to share thoughts or experiences that are most pressing for you, even if they seem

unrelated to the immediate context. This can also affect your ability to take on others' perspectives or advice, as your capacity for cognitive flexibility may be reduced in these moments, despite your motivation to engage meaningfully.

**Services should hold in mind your neurodivergent traits, your mental health needs relating to adverse life experiences and your psychosocial context, and employ an Autism- and Trauma-Informed Approach when working with you.**

### **Current Context and Ensuring Equity in Legal Proceedings**

You are currently staying in a friend's flat in Kensington and managing your divorce proceedings without legal representation due to financial constraints. Preparing documents and engaging with the court process has been highly demanding and distressing. While helpful adjustments were made during the hearing phase (e.g., regular breaks, advocacy against harmful questions), these have since been withdrawn, despite the negotiation phase continuing to place significant demands on you. This, alongside financial and emotional strain, has negatively impacted your wellbeing. You described difficulty sleeping, teeth grinding, regular emotional breakdowns, and heightened anxiety.

Given your recent autism diagnosis, it is important that the court process considers your communication and information-processing needs so that you can participate on an equitable basis. The current structure and expectations of legal proceedings do not align well with your communication style, which can make it difficult for you to express yourself clearly or provide information in the way that is typically expected. This has understandably caused you significant distress, as noted in your recent contacts with health and wellbeing services. Reasonable adjustments - such as allowing you to communicate in alternative formats, giving you extra time to process and respond, and supporting you to organise your thoughts - may help you engage more effectively and fairly in the legal process.

A separate letter, addressed to the court, will be provided to outline your autistic needs and our recommendations for reasonable adjustments.

### **Risk and Mental Health**

You were referred to us by the South Kensington and Chelsea Home Treatment Team (HTT), a crisis service, following a period of acute stress during which you believed you had been poisoned. While under the care of the HTT, you had regular meetings with clinicians. It was recognised that although the psychological impact of your trauma is significant, there were no concerns about active risk of harm to yourself or others.

During the autism assessment and follow-up meetings, we observed increasing levels of distress, which have affected your ability to maintain consistent self-care, sleep and eat well, and regulate your emotions. You spoke openly about these challenges, attributing much of your distress to the ongoing legal proceedings and the withdrawal of reasonable adjustments by the court.

Although you reported no current thoughts or plans to harm yourself or others, you acknowledged that your recent mental health difficulties have been more acute and impactful. You expressed a desire to access support to help stabilise your mental health. Following our post-diagnostic meeting on 19th June 2025, you confirmed your wish to engage with crisis services. We subsequently referred you to your local Single Point of Access (SPA) team, and you are now receiving support from the HTT.

### **Autism Profile**

We recognised various autistic features in your social approach. This means that there are *marked differences* in how you communicate, approach social situations and process information. We also noticed *marked differences* in your daily approach and information processing styles that are consistent with an autism profile. These differences include:

<b>Verbal Communication</b>	
<b>Expressive verbal communication</b>	You express yourself with passion, particularly when discussing topics that are important to you. Your speech was often quicker than expected during our meetings and could involve extended, detailed monologues. While meaningful to you, this style of speech may mean that others may find it difficult to interject or follow your main point.
<b>Formal, metaphorical, or repetitive language</b>	You often use formal, analytical, or metaphorical language, and may repeat specific phrases or concepts. For example, you were keen to share how the “hyper analytical” processing style resonates with you and repeated words such as “microcosm” and “surreal” a number of times during our assessment. While this language is meaningful to you, it may make it difficult for those unfamiliar to you to interpret your intended meaning.
<b>Turn-taking and gauging conversational expectations</b>	It may be less intuitive for you to judge when to start or stop speaking, or how much detail to include. This can make conversational turn-taking more effortful. For example, during the assessment, you sometimes responded to personal questions with detailed theoretical content, which could be longer or less directly relevant than expected. Clear prompts and feedback can help to clarify expectations and prompt you to share relevant information.
<b>Non-verbal Communication</b>	
<b>Interpreting social cues</b>	Interpreting others’ emotions, intentions, or cues can be effortful. You may not always pick up on more subtle cues (e.g., whether a listener is struggling to follow), and you thrive when this information or feedback is offered more clearly. In unfamiliar or formal settings (e.g., courtrooms), this may impact how your reactions or participation are received by others.
<b>Use of non-verbal communication cues</b>	Your non-verbal communication (e.g., eye contact, gestures, body language, vocal tone) may not always be as well-meshed with your internal state or the social context as may be expected. For example, you may hold strong brief eye contact, punctuated by looking around the room. Your gestures and body language may also seem more animated or jerky than expected.

<b>Communication Preferences and Support Needs</b>	
<b>Preference for direct communication</b>	You prefer communication that is direct and transparent. Vague, contradictory, or unclear language can be distressing. For example, you described finding the innuendo and ambiguous communication of the court room very stressful. You also mentioned that in the past it has been helpful when workplace bosses offer you clear and direct feedback.
<b>Strong sense of fairness and justice</b>	You described a strong sense of justice and rule-based thinking. This can mean that when you perceive dishonesty or unfairness in social settings, you may become distressed and find it difficult to engage or negotiate.
<b>Difficulty “reading between the lines”</b>	Inferring unspoken intentions or navigating ambiguity in social or legal interactions can be challenging. For example, during our meetings, it seemed difficult to gauge how much information was appropriate to share or which questions were appropriate to ask.
<b>Emotional Expression and Regulation</b>	
<b>Emotional recognition and expression</b>	You experience emotions intensely and may find it difficult to regulate or express them in ways that others expect. When emotionally heightened, your communication may become more intense or expressive (e.g., through tone, movement, or language). This reflects your intention to be understood but could lead to misinterpretations by others.
<b>Emotional regulation</b>	Though you expressed difficulties with regulating your emotions when experiencing heightened stress, you show strong insight and commitment to managing these challenges. You described routinely seeking time alone to self-regulate, a strategy you have used throughout your life. More recently, you have also proactively accessed support through mental health services. These are important strengths that support your ability to navigate emotionally difficult situations.
<b>Social Relationships</b>	
<b>Making and maintaining relationships</b>	You described a very limited social circle during your younger years, often preferring to focus on schoolwork rather than forming relationships with your peers. Though you have developed social skills and navigated social spaces (e.g., the office environment) over the years, you described often seeking alone time.
<b>Information Processing Style</b>	
<b>Analytical, rule-based thinking</b>	You tend to create internal rules to make sense of the world, which you refer to as your “hyper analytical” style of thinking. This makes ambiguity or contradiction difficult to process, creating a sense of distress and, in some cases, contributing to breakdowns. You also mentioned that emotions can be difficult to make sense of, as they “do not fit inside the rules”. This can make it difficult for you to connect with nuances.
<b>Detail-focused memory</b>	You have a strong attention to and memory for details. You are able to recall information - including research, life events, or procedural details - in great

	detail. This strength can support you in structured or evidence-based environments, but may also contribute to cognitive overload.
<b>Preference for structure and predictability</b>	You are aware of your need for structure and clarity, and you thrive when expectations are clearly defined. Unfamiliar or unstructured environments can be more challenging to navigate.
<b>Immersive Interests</b>	
<b>Deep focus on specific topics</b>	You described your interest on topics as “intense”, often consuming most of your waking hours. Previously, you have been very interested in education and special needs. Currently, you spend an extensive amount of time reading legal documents - you are able to recall large amount of information and texts of your research.
<b>Difficulty shifting focus</b>	When engaged in your interests or sharing your interest with others, you often become deeply focused. This can make it difficult to shift your focus. For example, you described currently having little time for self-care and emotional regulation activities as you spend much of your time engaged in matters relevant to your court case.
<b>Sensory Sensitivities and Regulation</b>	
<b>Sensory sensitivities</b>	High-stimulation environments (e.g., court room, busy spaces) can be overwhelming. You may benefit from quiet spaces and sensory tools to self-regulate (e.g., movement, tactile objects like putty). You also mentioned that time alone has helped you throughout your life to regulate.
<b>Sensory-seeking behaviour</b>	During our meetings you engaged in a number of sensory seeking behaviours, such as flexing and clenching your hands and fingers, repetitively touching your face and head, and twisting your legs together. These actions may provide distinct sensory feedback, which can function as a way to self-soothe.

### **Your Strengths and Capabilities**

While this report focuses your autistic needs, it is equally important to highlight your many strengths. You are highly intelligent, motivated, and passionate, with a strong sense of justice and commitment to your children. Your information processing style is analytical, which you have applied in previous professional roles and are currently using to navigate complex legal processes. Your care for your children was clearly expressed throughout our assessment, and you spoke warmly about your relationship with them.

Your autistic traits do not directly correlate to your parenting capability. Rather, your communication and information-processing style are part of your neurodivergent profile. When understood and supported appropriately, you are able to engage meaningfully and effectively.

### **Recommendations and next steps**

## **Support from CLAAS**

### *Post-diagnosis Support Sessions*

We initially planned to meet for 2–3 post-diagnostic support sessions, focusing on developing strategies for emotional regulation and exploring helpful thinking patterns. You expressed openness and motivation to engage in these sessions.

However, following our first session, we jointly recognised that, given your current circumstances and the high levels of stress you are experiencing, it was difficult for you to engage meaningfully in post-diagnostic support at this time. You were insightful and open in acknowledging this, and we agreed that your primary need at present is mental health support rather than autism-focused input.

We understand that your situation has become particularly challenging in recent weeks, and you are now receiving support from crisis mental health services, who are helping you work towards greater stability and wellbeing. Once your circumstances have stabilised, and if you wish to re-engage, we would be open to re-opening your case to continue with autism-focused post-diagnostic support through CLAAS.

In the meantime, we have agreed to provide a supporting letter for the court to assist you in accessing reasonable adjustments. This letter will be sent to you virtually via email.

### *Liaison with other services*

We are aware of your recent contact with mental health services and understand that you are currently receiving support from the South Kensington and Chelsea Home Treatment Team (HTT) following a referral to the CNWL Single Point of Access (SPA), made by us at CLAAS following a meeting in which we discussed your current difficulties.

We have been in contact with mental health services, including the CNWL Single Point of Access (SPA) and South Kensington and Chelsea (K&C) Community Mental Health Hub (CMHH) to share our concerns about your mental health and safety, and our understanding of your autistic needs in the current context.

Our service is not an emergency service. We do not care coordinate or offer ongoing support. However, we will continue to ensure you are safe and communicate your psychosocial needs to the relevant services, with the hope that you can access appropriate support.

### *Autism Advice Clinic*

We host a regular **Autism Advice Clinic**. These are 20 to 30-minute virtual slots for informal chats, advice-giving or signposting to other services. Please see the attached invitation letter and contact us to book an appointment.

### *Autism consultation and advice for professionals*

We will remain in contact with your care teams and attend professional meetings. We can also provide **autism-specific consultation** to any professional supporting you. These are usually to provide specialist advice around supporting your autistic needs.

### **Recommendations for autism-related resources**

#### **Websites and online resources:**

- There is useful information to be found on the National Autistic Society's website (<http://www.autism.org.uk/living-with-autism/adults-with-autism-or-asperger-syndrome/useful-resources.aspx>).
- **The Centre for ADHD and Autism (CAAS)** is a third-sector organisation that can advise on your autistic needs and support practical tasks in the community. Please visit this link for more information: <https://adhdandautism.org/services/adults/> or contact the local representative, Laura Nettleford ([laura@adhdautism.org](mailto:laura@adhdautism.org)).

#### **Books:**

- [Unmasking Autism](#), Devon Price
- [Looking After Your Autistic Self: A Personalised Self-Care Approach to Managing Your Sensory and Emotional Wellbeing](#), Niamh Garvey
- [An Adult with an Autism Diagnosis: A Guide for the Newly Diagnosed](#), Gillian Drew
- [The Guide to Good Mental Health on the Autism Spectrum](#), Emma Goodall and Jane Nugent. Forewords by Wenn Lawson and Kirsty Dempster-Rivett Jeanette Purkis
- [The Independent Woman's Handbook for Super Safe Living on the Autistic Spectrum](#), Robyn Steward
- [Women on the Spectrum: Walking to the Beat of Autism](#), Barb Cook and Dr Michelle Garnett

*Jessica Kingsley Publishers* is one of the largest publishing houses on autism-related books.

#### **Podcasts:**

- Robyn Steward - <https://www.bbc.co.uk/programmes/p06sdq0x>
- John Offord - <https://anchor.fm/differentminds/episodes/How-it-feels-to-be-diagnosed-with-Autism-later-in-life-en6qhb>

### **General information about CLAAS**

Our service **does not** offer ongoing psychological therapy or social care provision or case management. However, we can support you in accessing services.

- **Psychological support** for ongoing or co-morbid mental health needs. We can support you in being referred to **mental health services** (e.g. IAPT, CMHT) as appropriate via the GP.
- If there are concerns about daily functioning and independent living, a referral to **Adult Social Care Services** is recommended to see if there are needs eligible under the Care Act.

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- If in **crisis** or feeling unsafe, please contact the **GP** or the **CNWL Single Point of Access** on 0800 0234 650 or attend the nearest **A&E**. The **Samaritans** also offers a helpline on 116 123 or [jo@samaritans.org](mailto:jo@samaritans.org) for difficult times.

We will close your case to mark the completion of your Autism assessment. Where appropriate, our service remains available for ad-hoc professional consultation and joint-working with other professionals or services.

Yours sincerely,

*Electronically signed and delivered to avoid delays.*

**Sophia Iacovou**

Assistant Psychologist

**Dr Catherine Cheung**

Principal Clinical Psychologist

**Central London Adult Autism Service**

CC: Referrer: South K&C Home Treatment Team, [cnw-tr.southkandchtt@nhs.net](mailto:cnw-tr.southkandchtt@nhs.net)

GP: Stanhope Mews West, [stanhope.mews@nhs.net](mailto:stanhope.mews@nhs.net)

CLAAS File