
Your Assessment, Step by Step

Adult ADHD and autism assessment

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Being assessed as an adult is a big process, and it is normal for it to feel overwhelming. This guide sets out what happens, in what order, how long it takes and what it costs, so there are no surprises along the way. You will not be working it out on your own. I will support you at each step. Read it in order, or open it at the section you need.

THE WHOLE PROCESS

Five steps, around six to eight weeks, three or four appointments.

FIRST Book your initial appointment**ONLINE, AT [REBECCA HANNAN.AU/ASSESSMENTS](https://rebeccahannan.au/assessments)**

No referral needed. You book the initial session directly.

THEN Intake form and first questionnaires**ABOUT AN HOUR, AT HOME, BEFORE YOUR FIRST APPOINTMENT**

Sent to you via email after you book. An intake and consent form, and a first set of six questionnaires.

1 Initial session**90 MINUTES, VIA ZOOM**

We go through your history and questionnaires together and then discuss which assessment pathway is most suitable.

2 Questionnaires**ABOUT AN HOUR OF YOUR TIME, AT HOME**

A set of measures tailored to what we discussed. Sent to you via email.

3 Diagnostic session**90 MINUTES, VIA ZOOM**

The structured diagnostic interview or interviews for combined AuDHD assessment.

4 Feedback session**60 MINUTES, VIA ZOOM**

I talk you through what I found and how I got there.

5 Your reports**WITHIN TWO TO THREE WEEKS**

Two documents. One for your GP, one written for you.

BEFORE WE BEGIN

A few things worth knowing

This assessment is for adults aged 18 and over. Everything is done by telehealth, so you can be anywhere in Australia.

It is a diagnostic assessment. It is not an NDIS functional capacity assessment, and my reports are not written for NDIS access.

An assessment may or may not result in a diagnosis. Not meeting criteria is a legitimate outcome, and I will explain what I think does account for what you are experiencing.

I am a Psychologist. If medication is something you want to explore, you will need a GP and/or Psychiatrist, and I write a report designed for them to read.

You can stop at any point. What has been done is payable, what has not been done is not.

MAKING IT COMFORTABLE

What to expect, and how to make it easier

I want your assessment to be as positive an experience as I can make it. It is a chance to explore how your mind works, together, at a pace that suits you.

The priority is that you feel safe and comfortable throughout. I bring knowledge of ADHD and autism, but you are the expert on your own inner world. That is why I approach assessment as a collaboration: your experience, in your words, is the centre of it.

Come as you are

There is nothing you need to do to prepare for any of your sessions, apart from completing your forms.

Bring what helps

Snacks, water, a pet, stim toys, a blanket: whatever helps you feel comfortable is welcome on the call.

Keep a notebook nearby

Have a notebook or device on hand, in case you want to write down thoughts or questions as they come up.

Tell me what you need

If you have questions, specific needs, or anything else you would like me to know, please get in touch at any point.

You can reach me at rebecca@intraconnect.com.au or on 0437 523 376.

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STEP ONE

The initial session

90 minutes, via Zoom

Before the session

You will receive two things by email after you book. An intake and consent form, and a first set of six questionnaires. Together they take around an hour.

The questionnaires at this stage are deliberately broad. They cover current attention and focus, what things were like in childhood, autistic traits, camouflaging, general mood, and sleep. They go to everyone, regardless of what you think the answer is, because the whole point of the first session is to work that out together rather than assume it.

There are no right or wrong answers. It is not a test and whatever comes up for you we can talk about.

In the session

We go through your history in detail. Childhood, school, work, relationships, health, and what has brought you here now.

I will ask what prompted this, and what you are hoping to get from it. That question matters more than it sounds. What you want out of the process shapes what I look for and what I recommend at the end.

I will also ask what you are deeply interested in. That is not small talk. It comes up again in the diagnostic session.

At the end

We decide together which assessment pathway is most suitable: ADHD, autism, both, or neither.

I ask people to hold off on that decision until this point, and there is a clinical reason for it. ADHD and autism co-occur far more often than was once thought, and in people who have spent their lives compensating, the picture is rarely obvious from the outside. By the time we have your history and your first questionnaire results together, the right pathway is usually clear.

ANOTHER ROUTE**If you decide to go to a GP or Psychiatrist instead**

Some people use this session to understand what is going on, and then decide to pursue a formal diagnosis through an endorsed GP or a Psychiatrist rather than continue here. That is often a sensible route, and I will say so if I think it is.

If that is what you choose, I can give you a one page letter to take with you, at no extra charge. It sets out your history as you described it, your questionnaire results with the relevant norms, and what I think still needs assessing.

It is a summary of what we covered rather than a diagnosis, and it does not replace the assessment they will carry out. Its purpose is to save you starting from nothing in a new appointment.

2 STEP TWO

The questionnaires

About an hour of your time, completed at home

The questionnaires come in two sets. A first set before your initial session, and a second, longer set afterwards, tailored to the pathway we agreed on.

The first set, before your initial session

These all come together in one set, via a single email when you book. Around an hour.

MEASURE	WHAT IT LOOKS AT
ASRS	Current attention, focus, restlessness and impulsivity, against the diagnostic criteria for ADHD
WURS-25	What things were like in childhood. ADHD has to have been present before age 12, and this is one way of establishing that
CATI	Autistic traits across six areas including social interaction, communication, camouflaging, flexibility and sensory experience
CAT-Q	Camouflaging. How much effort goes into masking, compensating and fitting in
DASS-21	Current depression, anxiety and stress. A baseline, and part of working out what is explaining what
AIS	Athens Insomnia Scale. How well you have been sleeping, and how tired you feel during the day

The second set, after your initial session

Tailored to your pathway. Completed before the diagnostic session. These come as a few separate emails, one at a time.

MEASURE	WHAT IT LOOKS AT
BRIEF-2A	Executive function. Planning, organisation, working memory, shifting between tasks, and managing emotions and behaviour
ITQ and LEC-5	Trauma. What has happened, and whether post-traumatic symptoms are present
ACE-Q	Early adversity
WSAS	How much your difficulties affect your work, home life, social life, leisure and relationships
SRS-3	Social communication and interaction. How you relate to others, read social situations and respond in conversation
RBQ-3	Repetitive behaviours, routines and interests
MAIA-2	Interoception. How you notice and interpret signals from your own body
SPM-2	Sensory experience. How you respond to sound, light, touch, taste and smell, movement and body awareness
TAS-20	Alexithymia. How easily you identify and describe your own emotions

Not everyone completes all of these. The set depends on the pathway and on what came up in the first session. Sometimes I add one or two more, and if I do, I will tell you why.

Why there are trauma measures in a neurodevelopmental assessment

This is the part people ask about most, so it is worth explaining properly.

Inattention, overwhelm, emotional dysregulation, exhaustion and difficulty with organisation are not unique to ADHD. They are also what happens to a nervous system that has spent years managing danger. And they are what happens to someone who has been masking since primary school.

The three can look almost identical from the outside, and they very frequently occur together.

Australia's national ADHD guideline makes this point directly. Screening questionnaires perform well when people with ADHD are compared to the general population, and poorly when compared against other clinical groups, because the symptoms overlap so heavily. A high score tells you much less than people assume.

Working out which of these is doing what, and how they interact, is the actual clinical work. That is why the trauma measures are there. Not because I assume something happened to you, but because I cannot answer the question properly without knowing.

Information from people who know you

Part of the assessment involves gathering another perspective. There are two kinds. Both are sent by email and filled out online, so the person can complete them in their own time.

Someone who knows you now, such as a partner or close friend, can complete two short questionnaires about what they observe. That takes them fifteen to twenty minutes.

Someone who knew you as a child, usually a parent or older sibling, can complete a written questionnaire about what you were like growing up. This is the part of an assessment that is hardest to get any other way. You can tell me how you remember your childhood. You cannot tell me what someone else noticed at the time.

Both are optional and neither determines the outcome.

If you have old school reports, previous assessments, or letters from other clinicians, those are useful too. They are not essential.

I want to be clear about this, because the question of who can speak to your childhood is not straightforward for everyone. Parents pass away. Relationships end. Families become estranged. And for many of the people I assess, the whole point is that nobody noticed, so a parent saying everything seemed fine is itself information rather than a problem.

Where this information is limited or unavailable, I say so in the report and explain how I reached my conclusions without it.

3 STEP THREE

The diagnostic session

90 minutes, or two 90 minute sessions for a combined AuDHD assessment

This is the longest and most detailed part of the process.

What happens

Depending on your pathway, I use one or both of two structured diagnostic interviews.

The DIVA-5 is a semi-structured interview for adult ADHD. It works through all eighteen diagnostic criteria, for both childhood and adulthood, with real life examples for each one to help you recognise whether something applies. It then looks at the impact across five areas: work and education, relationships and family, social contacts, free time, and how you see yourself.

The MIGDAS-2 is an autism interview built around sensory experience. It is much more of a conversation than a checklist. We talk about your interests, how you experience noise, light, touch, food, clothing, other people's proximity, change and routine, and how all of that has shifted from childhood to now. It is designed to elicit how you actually experience the world rather than to score you against a list.

Why the interests question comes back

The MIGDAS-2 works best when part of the conversation is about something you genuinely care about. How someone talks about something they love is diagnostically informative in ways that answering questions about difficulty is not.

Why it is split for a combined assessment

The diagnostic work for a combined assessment takes three hours. I split it into two sessions by default, because three hours of sustained conversation is a lot to ask of anyone. If you would rather do it in one, that is available.

Practical things

Breaks whenever you need them. Movement, fidgeting and stimming are welcome. Have water and snacks nearby.

Because this is telehealth, you are in your own space with your own things, your own lighting and your own comfort items. For a sensory-based interview that is an advantage rather than a compromise.

A support person can join part of the session if you would like, particularly for the autism interview. Entirely optional.

4 STEP FOUR

The feedback session

60 minutes, via Zoom

We meet and I talk you through what I found and how I got there. This happens before you receive anything in writing.

I cover the outcome, plainly. How I reached it. What it explains and what it does not. If there are things the diagnosis does not account for, I will say so.

If a referral to another service would be useful, such as occupational therapy or a Psychiatrist, we discuss that in this session. We also talk about what ongoing therapy could look like for you, whether that is with me or with someone else.

Why this session exists

Nobody should learn something significant about themselves from a document that arrives in their inbox. That is the entire reason this session is included rather than optional.

5 STEP FIVE

Your reports

Within two to three weeks of the feedback session

You receive two documents.

A diagnostic report

A full clinical report written to professional standards, with a summary at the front so a GP or Psychiatrist can take in the essentials quickly and read further if they want to. This is the document you hand over, to a prescriber, a workplace, or a university. It contains the diagnosis, the criteria, the evidence, the standardised results and my reasoning.

A report written for you

A separate document, addressed to you rather than about you. It covers the same ground in language that makes sense, and goes further than the clinical report can. What this means in practice, where your strengths sit, what tends to cost you, what helps, and what I would suggest you do next.

It is written to be the one you come back to, and the one you can share with the people in your everyday life who know and care about you. If you want your partner or your mother to understand how you work, you should not have to translate a clinical document for them.

Addressed to you rather than about you.

A resource pack

What the outcome means, what to do next, and what tends to help.

HOW THE DECISION IS MADE

Putting it together

No single questionnaire or interview gives a diagnosis on its own. Each one shows a different part of the picture, and my job is to bring them together carefully.

Before your diagnostic session, I go through everything you have sent and look at where each piece of information fits against the diagnostic criteria. That way the session can focus on what still needs exploring, and you are not asked the same things twice.

After the session, I take time to think through the whole picture before anything is written up.

When the results do not line up

This is common, and it often tells us something important.

For example, someone who has spent years masking may score lower on a questionnaire than you might expect. That does not rule anything out. It may simply show how good they have become at hiding their difficulties. Or you might rate everyday life as much harder than your partner does, which can say something real about how much effort coping takes.

Where results differ, I explain why in your report rather than smoothing it over.

Why these measures

Some widely used autism questionnaires are left out on purpose. They often give high scores to people with anxiety, trauma or ADHD, who are many of the people seeking assessment, so they can blur the picture rather than clarify it. I choose measures that work well for adults, and I have kept overlap to a minimum so you are not asked more than is useful.

If you do not meet criteria

This can happen, and it is a real result, not a failed assessment.

If the picture does not support a diagnosis, I explain what I think does account for what you are experiencing. That is often just as useful, because it is specific to you.

A diagnosis is a useful name for a group of experiences, and it can open doors. But it describes a category, not a person. What matters most is the detail underneath: how your attention works and when, what you are good at, what drains you, and what helps you function well.

That understanding is yours to keep, whether or not a diagnosis comes with it.

TIMEFRAMES AND PAYMENTS

What it costs

PATHWAY	INITIAL SESSION	ASSESSMENT	TOTAL
ADHD	\$400	\$1,400	\$1,800
Autism	\$400	\$2,000	\$2,400
ADHD and autism	\$400	\$2,500	\$2,900

Everything is included. There are no additional charges for the reports or the feedback session.

When payment falls due

WHEN	WHAT
When you book	\$200 deposit to confirm your initial session
On the day	\$200 balance of the initial session
Before your diagnostic session	Half the assessment fee
After your diagnostic session	The remaining half, before your feedback session and report writing

Payment plans are available. Please ask, it is not a problem.

How long it takes

Booking to initial session	Depends on availability
Initial session to diagnostic session	Around a week, to allow time for questionnaires
Diagnostic session to feedback session	Around two weeks, for scoring and formulation
Feedback session to reports	Two to three weeks, usually sooner
Total	Six to eight weeks

Medicare and private health

Assessment is not covered by Medicare. Medicare rebates apply to therapy, not to diagnostic assessment for adults.

Some private health funds offer a partial rebate. It is worth checking with yours.

If you go on to have therapy after your assessment, that may be rebatable with a Mental Health Treatment Plan from your GP.

If you need to change or cancel

Appointments can be rescheduled twice. Cancellation fees apply within 48 hours and are based on the length of the appointment booked rather than the assessment fee.

You can withdraw at any point. Work already done is payable, work not yet done is not.

Assessments should be completed within six months of your initial session, as questionnaire results become less reliable over time.

QUESTIONS PEOPLE ASK

The things I am asked most

Why do I need an initial session before the assessment?

Mostly so that neither of us commits to the wrong thing. There are three pathways and they differ by more than a thousand dollars. Choosing between them from a web page is guesswork.

Not everyone who comes to me needs an assessment. Sometimes what is going on is better explained by something else, and occasionally what is needed is a referral elsewhere. I would rather we found that out in the first ninety minutes than after you had paid for the whole thing.

It is not an extra cost. The initial session is included in the totals rather than added to them.

Do I need a GP referral?

No. You can book directly.

Is it all done online?

Yes, telehealth across Australia. The diagnostic interviews I use work well remotely, and being in your own space is an advantage for a sensory-based interview rather than a compromise.

What if I cannot sit still for that long?

Breaks are expected, movement and stimming are welcome.

What if I do not have anyone who can complete the questionnaires about my childhood?

That is common and it is not a problem. See step two.

Can I bring someone with me?

Yes, particularly for the autism interview. Entirely optional.

Will a doctor accept your diagnosis?

Some prescribers prefer to conduct their own assessment before starting a controlled medication, which is their decision to make. I write my reports to stand up to that, but I cannot promise an outcome that is not mine to give.

What if I would rather go to a GP for the diagnosis?

That is a reasonable choice and sometimes the right one. See step one, where I explain the letter I can give you to take with you.

Do you assess children?

No. Adults 18 and over only.

What if I change my mind partway through?

You can stop at any point. Work already done is payable, work not yet done is not.

Ready to start?

Every assessment begins with a 90 minute initial session, which you can book directly.

rebeccahannan.au/assessments

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This document describes my assessment process and is general information rather than clinical advice. Fees and details are current as at the date below. Please check the website for current information.

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