

Name of Tool	Adult Asperger Assessment (AAA)
Category	Responsivity Issues (Awaiting Validation)
Author / Publisher	Baron-Cohen and Wheelwright updated by Bradley
Year	2000, 2011

### Description

- Asperger's Syndrome is a 'pervasive development disorder' located at the high end of functioning of the autism spectrum. It involves significant difficulties in social interaction in addition to restricted and repetitive patterns of behaviours and interests (Fabian, 2011; [Murphy, 2007](#)).
- In order to deal with the number of adults with *suspected* Asperger syndrome, [Baron-Cohen and colleagues \(2005\)](#) developed the AAA instrument. The AAA links with two screening instruments: the Autism Spectrum Quotient (AQ) and the Empathy Quotient (EQ). The AQ is a 50-item screen identifying core autistic features in adults, across five different areas: social skill, attention switching, attention to detail, communication and imagination. The EQ consists of 60 items, 40 of which signify the degree of empathy alongside 20 filler questions. Individuals must complete these screening tests before then attending an interview carried out by a clinician ([Baron-Cohen et al., 2005](#); [Stoesz et al., 2011](#)).
- In an effort to avoid 'false positives,' the CLASS criteria are more stringent and conservative than the internationally recommended guidelines in DSM-IV. Anyone meeting CLASS criteria would also meet DSM-IV criteria ([Baron-Cohen et al., 2005](#)).
- The AAA is an electronic tool able to be scored on the computer ([Baron-Cohen et al., 2005](#)).

### Age Appropriateness

18+

### Assessor Qualifications

A clinician with the relevant experience is required to carry out an interview with the patient.

During the interview a check for the presence of symptoms relevant to a diagnosis of Asperger Syndrome (AS) or High Functioning Autism (HFA) is conducted.

### Tool Development

- The AAA was developed in the CLASS (Cambridge Lifespan Asperger Syndrome Service) clinic, which provides a specialist diagnostic evaluation.
- [Kenny and Stansfield \(2016\)](#) examined AAA results in adults with intellectual disabilities diagnosed with Asperger's syndrome. It was found that this population scored lower on the autism spectrum quotient and higher on the empathy quotient than those without intellectual disabilities.

- [Murphy \(2007\)](#) looked at the PCL-R profiles of 13 male patients with Asperger's syndrome in a high-security psychiatric care facility. It was found that those patients appeared to rate more highly on PCL-R items relating to interpersonal and affective features rather than social deviance.
- [Baron-Cohen and colleagues \(2005\)](#) applied both the AAA and the DSM-IV to 2 clinic patients. It was found that whilst 88% met DSM-IV criteria, only 82% met AAA criteria. Based on this, the authors recommend that clinicians adopt the AAA to maintain a stricter definition of Asperger Syndrome.

### General Notes

- The AAA utilises self-reporting as part of the assessment, where the individual completes the AQ and EQ components of the instrument before attending a diagnostic interview with a clinician ([Stoesz et al., 2011](#)).
- Females, children and adults with considerable intellectual ability may be more difficult to diagnose with Asperger's disorder, as they tend to have greater abilities to hide their problems ([Attwood, 2006](#)).
- Individuals with Asperger's disorder tend to have problems with social interactions and understanding the emotions, reactions and experiences of other people ([Barry-Walsh and Mullen, 2004](#)).
- Another feature of the disorder may be abnormal, repetitive, narrow interests that translate into repetitive, focused and persistent behaviours. These features may lend themselves to criminal behaviour pertaining to the individual's' narrow interests (e.g. stalking, stealing and hoarding) and feeling the need to disregard social and legal rules. In particular, Asperger's disorder individuals who have offended possess characteristics that exacerbate their risk of sexual offending in certain contexts: poor empathy, failure to develop peer-appropriate relationships, deficits regarding stable emotional relationships, persistent preoccupation with parts/objects (Fabian, 2011; [Haskins and Silva, 2006](#)).