PERCEPTIONS, META-PERCEPTIONS, AND COGNITIVE ESTIMATIONS OF AUTISTIC ADULTS ACROSS PERSONAL AND PROFESSIONAL CONTEXTS

by

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Dedicated to my people, who supported me every step of the way – you know who you are.

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PERCEPTIONS, META-PERCEPTIONS, AND COGNITIVE ESTIMATIONS OF AUTISTIC ADULTS ACROSS PERSONAL AND PROFESSIONAL CONTEXTS

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Autistic adults experience social disability that contributes to poor outcomes, including underemployment, loneliness, and reduced quality of life. Most research examining mechanisms of social disability in autism have focused on autistic differences in thinking and behavior, but more recent work is highlighting how inhospitable environments, social exclusion, and misperceptions of autistic people contribute to the disability experienced by autistic people. Previous work on impressions of autistic people has shown that they are evaluated less favorably than non-autistic (NA) controls, with NA raters expressing lower social interest in autistic relative to NA people. However, these studies have been limited by using a single set of stimulus participants within a single artificial scenario that has little relevance to the real-world experiences of autistic adults. The purpose of the current study was to comprehensively examine how autistic adults are perceived by non-autistic (NA) adults across personal and professional contexts, examine if autistic participants accurately predict these perceptions, and assess whether NA evaluations of autistic people extend to underestimations of their cognitive abilities. 977 NA rater participants provided first impressions of 42 video-recorded stimulus participants (21 NA

and 21 autistic) in one of six different contexts (reality TV show, job interview, dating, finding a partner for a class project, making a friend, and discussing an interest) and completed measures assessing their level of autism knowledge and autism stigma. First impression results largely replicated previous findings, with NA raters evaluating autistic participants unfavorably and expressing lower social interest in them. Disclosing the autistic participants' diagnosis and having raters with higher autism knowledge and lower stigma somewhat mitigated these findings. Self-reported "social camouflaging" behaviors by autistic participants, however, largely did not affect impressions. Patterns varied across contexts, with autistic participants being rated most negatively in the job interview and dating contexts and most positively when talking about their interests. These context effects occurred despite objective coding indicating little variability in the social behavior of autistic participants across various personal and professional contexts, suggesting that NA adults perceive autistic social and communicative behaviors as less appealing or appropriate in some contexts (e.g., job interview) than others. Further, NA but not autistic participants tended to "self-enhance" by overestimating how they would be rated by observers, and NA raters underestimated the cognitive performance of autistic adults, particularly their social cognitive ability. This finding suggests that negative evaluations of autistic adults extend beyond subjective first impression judgments to include misperceptions of autistic peoples' objective abilities. Collectively, results indicate that NA observers tend to perceive autistic adults less positively than NA adults, but these perceptions are modulated by many factors, including situational context, diagnostic disclosure, and the autism knowledge and stigma of the rater. Over time, the processes reported here may construct barriers to inclusion for autistic people that

contribute to their difficulty achieving personal and professional goals within predominantly NA environments.

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CHAPTER 1

OVERVIEW

Autistic adults[1] without intellectual disability commonly experience poor life outcomes, such as struggling to live independently, finding and securing employment, and maintaining long-term friendships and romantic relationships (Barneveld, Swaab, Fagel, Van Engeland, & De Sonneville, 2014; Eaves & Ho, 2008; Howlin, Goode, Hutton, & Rutter, 2004; Levy & Perry, 2011). Decades of research has characterized the neural, cognitive, and behavioral differences presumed to contribute to these outcomes (e.g., Pelphrey et al., 2004; Sasson et al., 2011; Spain et al., 2015), but many training programs seeking to use this knowledge to enhance social understanding and social skills among autistic adults have produced limited translational benefits to real-world personal and professional outcomes. These limits have initiated a search for broader social forces that may affect life outcomes for autistic adults, including the perceptions, biases, and behavior of non-autistic (NA) individuals, and a lack of environmental accommodation of autistic differences.

For instance, recent work has shown that first impressions of autistic adults made by NA peers, both observationally from video recordings (Sasson et al., 2017) and directly from in person interactions (Morrison, DeBrabander, Jones, Faso, et al., 2020), are far less favorable than those formed toward NA controls, and are associated with social exclusion and greater reluctance to pursue subsequent interaction. These negative impressions are driven by negative perceptions

[1] Identity-first language ("autistic adults") is used rather than person-first language ("adults with autism) based on the majority preference of the adult autism community (Bottema-Beutel et al., 2021; Gernsbacher, 2017; Kapp et al., 2013; Kenny et al., 2016; Sinclair, 2013).

of the non-normative social presentation and communicative styles of autistic adults (Sasson et al., 2017), and may reflect broader inhospitable forces in the environment hindering positive life outcomes for autistic adults. However, these studies have only assessed perceptions of autistic adults within an introductory conversation, and it remains unclear how autistic adults are perceived across broader personal (e.g., dating) and professional (e.g., job interview) contexts.

Additionally, some evidence suggests that disclosing one's diagnosis improves NA impressions of autistic adults (Sasson & Morrison, 2019), presumably because it provides explanatory information for presentations and behaviors that are perceived negatively. However, it remains unknown whether doing so may produce differential effects across situational contexts. Additional information is needed to assess the potential benefit or harm of disclosing one's autism diagnosis across personal and professional settings. Further, whereas NA impressions of autistic adults are reliably less favorable than of other NA people, it is unclear if they are also less accurate. While some first impressions involve subjective judgments (e.g., assessing others' character traits), others can be more objective (e.g., assessing others' performance on a task). Whether NA adults are less accurate in their perceptions of objective abilities of autistic adults (e.g., cognitive performance) can help reveal whether non-normative social presentation styles in autism are also associated with underestimation of their intellectual skills and competence relative to non-autistic controls comparable on IQ. If so, this may highlight a previously unacknowledged social barrier for autistic adults.

Finally, little is known about the characteristics of autistic adults driving the impression judgments made by their NA peers. One behavior that NA adults may demonstrate to a larger degree than autistic adults is "self-monitoring", or the tendency to adjust social behavior and

communication based upon situational demands (e.g., acting and speaking differently to a friend than in a job interview; Bem & Allen, 1974; Campus, 1974). Objective measurement of social behavioral change across personal and professional contexts can help determine if this is the case. Although there is evidence that some autistic adults engage in self-monitoring by masking their autistic characteristics to avoid judgment and discrimination (Hull et al., 2017, 2020), it remains unclear whether these "camouflaging" behaviors are associated with better impressions by NA peers.

The proposed project explores whether first impressions of autistic adults made by NA observers differ between social contexts, and whether these patterns differ depending on characteristics of the stimulus participant, such as diagnostic status (autistic or NA), diagnostic disclosure (provided or withheld), and their degree of social camouflaging. Collectively, findings are intended to provide nuanced evidence concerning environmental factors contributing to social disability among autistic adults, help inform strategies for improving their social outcomes, and generate actionable recommendations for autistic adults within various personal and professional contexts.

This dissertation begins with a review of the study of first impressions and their recent extensions to examining NA perceptions of autistic adults. Next, foundational research underlying novel aspects of the proposed study, including the effects of context on social behavior and presentation, social camouflaging, meta-perceptions, and evaluations of others' cognitive abilities, are introduced and discussed in relation to understanding potential factors contributing to autistic social disability. It then summarizes the goals for this project in a formal specific aims page and presents a methodological and analytic plan. Finally, this dissertation

concludes with findings and results, as well as a discussion explaining what these findings may mean in terms of the broader impact on autistic adults and autism research as a whole.

CHAPTER 2

FIRST IMPRESSIONS

First impressions are relatively automatic character judgments about unfamiliar people generated from quick glimpses of their appearance and behavior (Blascovich et al., 2000). They tend to be nearly instantaneous (Willis & Todorov, 2006), require little conscious awareness (Ambady, 2010; Ambady & Rosenthal, 1992; Wood, 2014), and are highly predictive of subsequent judgments and approach versus avoidance behaviors (Blascovich et al., 2000; Harris & Garris, 2008; Uleman et al., 1996), regardless of their accuracy (Snyder & Stukas, 1999). Specifically, studies have found that positive first impressions can drive people to approach and befriend others, while more negative first impressions can lead to rejection or aversion (Blascovich et. al, 2000; Bromgard & Stephan, 2006; Human et al., 2013). For example, first impressions predict friendship formation and development among unfamiliar college students (Human et al., 2013), and even predict seating proximity within classroom settings (Sunnafrank & Ramirez, 2004). These initial judgments can remain resistant to change even after contrary information about the person is obtained (Darley & Fazio, 1980), suggesting that the effects of first impressions are not restricted to the moment but can exert important long-term effects. Thus, the consequences of poor first impressions may serve as a barrier to social inclusion for those who are initially evaluated unfavorably, including those characterized by non-normative social presentations and behaviors (Sasson et al., 2017).

"Thin slices," or short excerpts of social behavior, are often used within experimental studies to quantify an evaluator's first impressions of a person's personality traits and other characteristics (Ambady et al., 2000; Ambady & Rosenthal, 1992). Assessing the accuracy of

impressions from thin slices – rather than just measuring subjective perceptions – is methodologically challenging, with most attempts comparing first impression ratings made by unfamiliar observers to those provided by targets and/or highly familiar informants. These approaches have tended to find some correspondence between first impressions and the target's self- or informant-rated personality (Ambady et al., 2000; Borkenau & Liebler, 1995; Carney et al., 2007; Zebrowitz & Collins, 1997), though these patterns are influenced by many factors, including various situational features (Epstein & O'Brien, 1985), such as the context in which impressions are formed (Koji & Fernandes, 2010), characteristics of the perceiver (Xie et al., 2019), and the interaction of salient demographic characteristics (e.g., race) between perceiver and target (Trent & Ferguson, 2021).

CHAPTER 3

FIRST IMPRESSIONS OF AUTISTIC ADULTS

In more recent years, studies of first impressions have extended beyond the general population to include those with clinical conditions, including autism (e.g., Sasson et al., 2017). Autism is a neurodevelopmental condition characterized by difficulty with social interaction, communication differences, and restricted and repetitive patterns of behaviors (APA, 2013). Although most frequently diagnosed in early- to late-childhood, autism is core to the person and exerts life-long effects on social well-being and quality of life (Heijst & Geurts, 2015). In adulthood, autistic people tend to experience poor personal and professional outcomes, including difficulty living without assistance, finding and securing long-term careers, and maintaining friendships and other close social relationships (Barneveld et al., 2013, 2014; Eaves & Ho, 2008; Howlin et al., 2004; Levy & Perry, 2011; Seltzer et al., 2004). These outcomes occur regardless of intellectual level (Howlin et al., 2013), with those with higher IQs and better adaptive strategies still reporting decreased activities of daily and social living, reduced community integration, fewer relationships, and lower self-esteem (Lawrence et al., 2010).

Much experimental and clinical work has focused on trying to understand and improve these outcomes by attempting to modify the social behavior and social cognition of autistic adolescents and adults. Specifically, many interventions targeted autistic adults' social knowledge and performance (Lerner & Mikami, 2012), which are defined as the understanding of the social behaviors one should perform (i.e., knowledge) and the act of performing these behaviors (i.e., performance; Gresham, 1997). Such interventions have included parent-assisted social skills group training (e.g. PEERS; Laugeson et al., 2012), virtual reality social cognition

training (Kandalaft et al., 2013), and theory of mind training (Ozonoff & Miller, 1995), along with other various types of social skills training programs (e.g. clinician instructed; for reviews, see Gates et al., 2017; Kaat & Lecavalier, 2014; Rao et al., 2008). However, despite parental reports indicating that these interventions help to increase social skills' abilities in autistic individuals (Gantman et al., 2012; Laugeson et al., 2009, 2012), many of these outcomes are not reflected in reports from other close individuals (i.e., teachers; Gates et al., 2017; Herbrecht et al., 2009; Laugeson et al., 2012; McMahon et al., 2013), tend to be restricted largely to autistic youth (Gates et al., 2017; McMahon et al., 2013), are based on small to moderate effect sizes (Bishop-Fitzpatrick et al., 2014; Gates et al., 2017; Laugeson et al., 2012; McMahon et al., 2013), and tend to not generalize to real-world outcomes, with many autistic people self-reporting increased social skill understanding but failing to enact changes in their daily lives (e.g., limited external validity; Gates et al., 2017; Lerner et al., 2012).

Finally, most research concerning social skill programing has been conducted with autistic youth or adolescents, leaving researchers unsure about if these interventions are effective for improving autistic adults' social outcomes (Gates et al., 2017; Rao et al., 2008). In the studies assessing social skills interventions with autistic adults, findings have been mixed, with some reporting improved social skills post-treatment (Howlin & Yates, 1999; White et al., 2019), while others find no significant benefit (Kandalaft et al., 2013; Turner-Brown et al., 2008). The failure to find significant real-world benefit of these programs has increased interest in evaluating the influence of the environmental factors contributing to social disability among autistic adults. In particular, recent research has begun to examine how autistic difficulties in

social interaction result not simply from personal characteristics, but more broadly from a mismatch of personal characteristics and social environmental demands (Jurgens, 2020).

The idea that social disability emerges as a lack of fit between a person and their social environment was synthesized by Michael Oliver in the "social model of disability" (1991, 1996, 2013; Oliver & Sapey, 1999), a term referring to the role of inhospitable societal structures, including systemic barriers, lack of accommodation, and the behaviors of others in response to peoples' differences. This model contrasts with a medical model of disability that presumes the person's differences, or deficits from normative ability, are largely if not solely responsible for their functional and social difficulties (Marks, 1997; Olkin, 1999). The social model does not deny biological or intrinsic contributors to functioning difficulties, but differentiates impairment from disability, with impairment being of the person and disability being of the person within a particular environment (Oliver, 1991, 1996, 2013). Applied to autism, the social model posits that some of the social difficulties autistic adults experience result from inherent barriers within a social world developed to fit non-autistic ways of being. In this sense, social disability for autistic people may be exacerbated in situations where their autistic differences are not valued and supported to the same degree as their NA adults counterparts (Woods, 2017), and are often mitigated or even eliminated within autistic-led spaces (Crompton, Hallett, et al., 2020).

One barrier to social integration highlighted by the social model is disability stigma and negative attitudes towards non-normative behavior, communication, and appearances (Shakespeare, 2006). These attitudes are internalized over time by explicit and implicit cultural signals (Devine, 1989) that inform appraisals of, and responses to, those with disabilities (Cage et al., 2019). Although autism— particularly among those with normal to above average

intelligence—is often described as an "invisible disability" (Hoogsteen, 2010) because it is not associated with obvious outward indicators like physical disability, autistic people can present as socially different in ways that are judged unfavorably by NA people (Sasson et al., 2017). Autistic adults, for instance, express themselves differently in their faces (Faso et al., 2015) and voices (Hubbard et al., 2017), and these differences are evaluated as less natural and more awkward by NA peers (Faso et al., 2015; Hubbard et al., 2017). Such negative evaluations may contribute to reduced social opportunities, affect their quality when they do occur, and over time contribute to social rejection and the development of mental health difficulties (Mitchell et al., 2021). Social relationships are a strong positive predictor of social quality of life among autistic adults (Mason et al., 2018), but many experience high rates of loneliness (Bauminger & Kasari, 2000) and reduced social connection (Billstedt et al., 2005). Indeed, autistic adults without intellectual disability express strong desires for friendships and romantic relationships, but report lacking the opportunities or abilities to obtain them (Bauminger & Kasari, 2000; Billstedt et al., 2005; Howlin et al., 2004; Orsmond et al., 2004). Thus, negative evaluations may serve as an initial obstacle to social inclusion and hinder the achievement of their personal and professional goals.

In recent years, a series of studies has found that autistic adolescents and adults receive more negative first impressions than NA controls (DeBrabander et al., 2019; Grossman, Mertens, et al., 2018; Morrison, DeBrabander, et al., 2019; Morrison, DeBrabander, Jones, Faso, et al., 2020; Sasson et al., 2017; Sasson & Morrison, 2019). NA adults not only rate autistic adults less positively than controls on several character traits (e.g., awkwardness, likability, attractiveness) but also report reduced interest in interacting with them in the future (Alkhaldi et al., 2019, 2021;

Cage & Burton, 2019; Cola et al., 2020; DeBrabander et al., 2019; Morrison, DeBrabander, et al., 2019; Morrison, DeBrabander, Jones, Faso, et al., 2020; Sasson et al., 2017; Sasson & Morrison, 2019). Such effects are typically observed when individuals evaluate thin-slices of videos of target stimulus participants, but they have also been demonstrated in longer video stimuli (Alkhaldi et al., 2019, 2021) and in real-world social interaction settings (Morrison, DeBrabander, Jones, Faso, et al., 2020). In general, negative first impressions of autistic adults improve somewhat when NA raters are informed that the participant they are observing has a diagnosis of autism (diagnostic disclosure; DeBrabander et al., 2019; Morrison, DeBrabander, Faso, et al., 2019; Sasson & Morrison, 2019), even if the participant in a video does not actually have a diagnosis of autism (Sasson & Morrison, 2019).

The first thin-slice study to explore first impressions of autistic adults by NA observers was conducted by Sasson and colleagues (2017). In this study, thin-slices from video recordings of 20 autistic and 20 NA adults were evaluated by NA observers across five information channels: the full thin-slice video with audio, video-only, audio-only, a static image, and a transcript of speech content. Negative first impressions of autistic adults occurred for the traits of awkwardness, attractiveness, likeability, and dominance across all information channels except for the text condition, in which observers formed impressions solely from a transcription of their speech content. This suggests that negative impressions were driven by audio and visual aspects of autistic social presentation styles rather than the substance of their speech. No significant differences were found on intelligence and trustworthiness, suggesting that negative impressions may be limited to traits associated with social appeal (e.g., awkwardness or likeability) rather than perceived capabilities (e.g., intelligence or trustworthiness). NA adults also indicated that

they would be less willing to hang out with, sit next to, or have a conversation with autistic adults compared to NA adults, and this reduced social interest was highly correlated with trait ratings.

Impressions of autistic adults have also been found to be highly variable among NA observers (Morrison, DeBrabander, et al., 2019) and may be amenable to improvement with increased knowledge and understanding of autism (Jones, DeBrabander, et al., 2021). For example, Morrison and colleagues (2019) found that first impressions of autistic adults are more favorable among NA raters with high autism knowledge and low stigma towards autism. Such findings align with other studies using vignettes and descriptions of autistic behavior (Gillespie-Lynch et al., 2015; Obeid et al., 2015), and suggest that attitudes about autistic differences may improve with greater exposure and familiarity with autism. Indeed, personal familiarity with marginalized populations more broadly (Pettigrew & Tropp, 2008), including clinical conditions (Corrigan & Nieweglowski, 2019) such as autism (Gardiner & Iarocci, 2014), are associated with reduced stigma, raising the possibility that perceptions of autism could be sensitive to training effects that increase autism knowledge and promote inclusivity.

In a recent study, Jones and colleagues (2021) reported initial evidence of the efficacy of this approach. NA adults viewed an autism acceptance training video developed by autism researchers in conjunction with autistic adults that provides factual information about autism and includes first-person narratives of the challenges and experiences of autistic adults and family members (Boucher et al., 2020). Participants were randomly assigned to either watch this presentation, a presentation about general mental health that did not mention autism, or no presentation at all, and then completed measures examining their explicit knowledge and biases

(e.g., first impressions) of autism as well as their implicit biases. Participants in the autism acceptance group rated autistic individuals as being more attractive and more intelligent compared to those in the mental health condition, and more importantly, indicated higher social interest in future interaction with autistic adults, including expressing greater interest in hanging out with and having a conversation with them. The training also improved autism knowledge, reduced misconceptions, and increased beliefs about the functional abilities of autistic adults. However, the training had no effect on implicit biases, with all participants—regardless of training condition—continuing to associate autism with unpleasant attributes. These findings suggest that increasing knowledge and familiarity of autism may be beneficial for combatting negative impressions about autism but implicit associations that are more automatic, more ingrained, and less influenced by social desirability (Strack et al., 2004), may be more resistant to change.

Diagnostic disclosure refers to the act of informing another person about one's medical, mental, or clinical condition (Irvine, 2011). For individuals with physical disabilities, disclosure may not be a choice due to the presentation of their disability (e.g., a wheelchair user). However, for individuals with invisible disabilities, or disabilities that are not always inherently obvious to observers (e.g., depression), people may be able to choose when, where, and to whom they disclose their condition. Because autism can be an invisible disability for some (Neely & Hunter, 2014), autistic individuals sometimes maintain control over disclosing their diagnosis.

There are many reasons why an autistic person may or may not choose to disclose their diagnosis. Sometimes, people may disclose to a trusted friend or other close individuals in hopes of receiving better emotional support or increasing closeness with that person (Chaudoir &

Fisher, 2010; Quinn & Chaudoir, 2009). Likewise, other autistic individuals may disclose their diagnosis to achieve social inclusion or to advocate for other autistic adults (Quinn & Chaudoir, 2009; Romualdez, Heasman, et al., 2021). Above and beyond this interest in personal support, many autistic people feel compelled to disclose their diagnosis to access accommodations in the workplace or in educational settings (Lindsay et al., 2019; McMahon et al., 2020), to increase or improve care given by medical or other health professionals, or to receive support from the government or other related entities (Eaton et al., 2017; Thompson-Hodgetts et al., 2020).

There are also many reasons why autistic adults purposefully choose not to disclose their diagnosis to others. Autism remains a stigmatized condition despite increased awareness and acceptance (Grinker, 2020), and this stigma is often felt and internalized by autistic people (Botha et al., 2020). Many autistic people specifically report not disclosing their diagnosis to others for fear of negative outcomes (Altman, 2013; A. H. Anderson et al., 2018; Bottema et al., 2019; Cai & Richdale, 2016; Davidson & Henderson, 2010; Johnson & Joshi, 2016; Knott & Taylor, 2014; MacLeod et al., 2018; Van Hees et al., 2015), such as bullying, negative judgments, and social exclusion. Among autistic college students, many disclose their diagnosis to support services staff or professors but withhold the disclosure from other students due to a fear of being stigmatized by them (Altman, 2013; Knott & Taylor, 2014). Likewise, many autistic adults in the workforce report choosing not to disclose to their employers or coworkers due to this same fear of stigmatization (Briel & Getzel, 2014; Johnson & Joshi, 2016). Some empirical work corroborates these fears. Whereas diagnostic disclosure often improves evaluations of people with physical disabilities, they do not always do so for those with psychiatric conditions (Bricout, 1999; Hazer & Bedell, 2000; V. Pearson et al., 2003; Stone &

Sawatzki, 1980; Thakker & Solomon, 1999) and commonly produce negative effects for autistic adults within the workplace (Romualdez, Heasman, et al., 2021; Romualdez, Walker, et al., 2021).

For autism specifically, diagnostic disclosure does appear to alter the NA peoples' first impressions of autistic adults within experimental settings. Morrison and Sasson (2019) presented thin-slice videos of autistic and NA adults to NA raters in which they manipulated whether and what diagnostic label was included. When diagnostic labels were withheld, findings replicated Sasson et al. (2017), with autistic adults rated more negatively on most traits and social interest items than NA adults. However, when an accurate diagnostic label was included, first impression ratings of autistic adults improved slightly but significantly for all trait and behavioral intention items, suggesting that the label provided the NA raters with an explanation for the social differences they otherwise evaluated less favorably. Providing an accurate label for NA participants had no effect, nor did mislabeling autistic participants as NA. However, mislabeling NA adults as autistic did have an effect: NA participants were rated more positively on most traits and even one behavioral intention item when raters were told they were autistic. This suggests that NA observers tend to give participants more leniency if they believe, correctly or incorrectly, that the person they are judging is on the autism spectrum.

Although these findings suggest that diagnostic disclosure improves how autistic adults are perceived by unfamiliar people, subsequent research indicates that this effect largely depends upon characteristics of the rater. For instance, Morrison and colleagues (2019) found that among NA raters with high stigma towards autism, diagnostic disclosure *worsened* their impressions of autistic adults compared to when no diagnostic label was provided. This suggests that the effects

of diagnostic disclosure likely depend on situational factors, including the characteristics of the person receiving and interpreting the disclosure.

One of these characteristics includes autism itself: in a follow-up study, DeBrabander and colleagues (2019) found that, unlike NA raters, autistic raters largely did not change their first impression ratings of unfamiliar autistic adults when an accurate diagnostic label was provided. They may have already detected the person's autism status without the label, or perhaps autism status does not influence their person perception the way it does for NA raters. Only their rating of awkwardness changed with the inclusion of diagnostic information. Autistic raters evaluated autistic participants as more awkward when informed the person they were rating was autistic, suggesting that the autism label increased the salience for them of a characteristic highly associated with autism. In general, autistic raters evaluated autistic participants similarly on trait items as NA raters, but unlike NA raters, they did not demonstrate greater social interest in NA participants relative autistic ones. This suggests that less favorable trait judgments of autistic adults are less relevant to social interest for autistic relative to NA observers.

For NA adults, awareness of a person's autism diagnosis can affect their subsequent interpretation and behavior towards them. For example, one study assessed how NA individuals perceive an unseen partner while playing a video game that requires two partners to work together in order to succeed (Heasman & Gillespie, 2019b). Participants were told they were playing with one of three categories of people: a neurotypical adult, a dyslexic adult, or an autistic adult. In reality, each NA participant played with an artificial confederate trained to play the exact same way across all interactions (Heasman & Gillespie, 2018). Findings from this study showed that disclosing a diagnosis of autism resulted in NA participants attributing higher

intelligence to their partner, perceiving them as more useful, and reporting that they were more tolerant of their partner's actions in the game. Additionally, participants reported being more helpful to their partner when they believed he was autistic, despite their actual behaviors during the game not differing from the other conditions (Heasman & Gillespie, 2018). This suggests that NA adults inflate their own positive behaviors towards autistic people, and because patterns did not extend to when they believed their partner was dyslexic, this effect seems to be driven by perceptions of autism specifically rather than disability more broadly.

To date, studies of effects of diagnostic disclosure on perceptions of autistic adults have been limited to very general glimpses of social behavior, either real (e.g., Sasson & Morrison, 2019) or imagined (Heasman & Gillespie, 2019b). However, disclosure may produce different effects on NA perceptions across distinct situational contexts, and a need remains to determine whether the nature of the context—like a job interview or a dating scenario—affects NA perceptions of autistic people. Such information may prove useful and be potentially actionable for autistic adults navigating disclosure decisions across different personal and professional contexts.

CHAPTER 4

THE DOUBLE EMPATHY PROBLEM

Studies of negative first impressions made by NA people of autistic adults can be situated within a larger context of social and interpersonal barriers that hinder inclusion and integration for autistic people. In contrast to a purely deficit model of autism, in which reductions in normative social characteristics are presume to mechanistically underlie social difficulty for autistic people (Kapp et al., 2013; Marks, 1997), there is growing interest within some corners of autism research to more explicitly examine the relational dynamics—not just individual abilities and behaviors— that drive social outcomes (Bolis et al., 2018). This interest has developed with increasing recognition that the social characteristics widely assumed to underlie social interaction impairments in autism, including well-established differences in social cognition (Morrison, Pinkham, et al., 2019), social motivation (Chevallier et al., 2012), and social skills (Morrison et al., 2017) do not affect real-world social interaction outcomes for autistic people in predictable ways (Morrison, DeBrabander, Jones, Ackerman, et al., 2020), and that psychosocial programs designed to normalize these social characteristics largely have produced very minimal effects on personal and professional outcomes (Palmen et al., 2010).

A central criticism of deficit models for understanding social interaction difficulties in autism is that they overwhelmingly have not studied actual social interaction (Bottema-Beutel, 2017), they ignore bi-directional influences on interaction outcomes (Milton, 2012), and they fail to acknowledge that autistic people not only struggle to infer and understand the mental states of NA people (Sasson et al., 2011) but the reverse is true as well: NA people demonstrate theory of mind “deficits” towards autistic minds (Edey et al., 2016; Sheppard et al., 2016). The recognition

that the communicative misunderstandings between autistic and NA people are bi-directional has been coined the double empathy problem (DEP) by autistic scholar Damien Milton (2012). The DEP posits that autistic and NA often have different ways of expressing, communicating, and understanding, and this mismatch in social cognition, communication, and preferences contributes to social disconnection and miscommunication between the two groups. The DEP makes several testable assumptions that recent studies have begun to examine.

For instance, the DEP suggests that autistic people should demonstrate greater communicative efficacy and social connection with other autistic people relative to NA people. Indeed, in a recent series of studies, Catherine Crompton and colleagues (2020a; 2020b; 2021) have provided empirical evidence supporting this claim. In the first study, Crompton et al. (2020) compared the efficacy of peer-to-peer information transfer between autistic adults, NA adults, and a mixed group of autistic and NA adults using a "diffusion chain" design. This design is akin to a game of "telephone", in which information is passed from person to person across a chain of people and the researchers can examine how well the information was preserved among participants in each group. Consistent with the DEP, findings indicated that autistic and NA chains did not differ in the quality of information transfer, but that mixed chains consisting of alternating autistic and NA people demonstrated the greatest degradation of information quality. Thus, autistic communication was equally effective as non-autistic communication; it was the mismatch of communication styles between autistic and NA participants specifically that produced poor outcomes. Relatedly, participants in the mixed chains reported decreased interpersonal rapport compared to the autistic and NA chains, who did not differ from each other. In a later dyadic study (Crompton, Sharp, et al., 2020), the researchers found a similar pattern of

effects: autistic partners reported higher rapport than autistic-NA partners, and this higher rapport was observable to external observers, both autistic and NA.

In a related study (Morrison, DeBrabander, Jones, Faso, et al., 2020), autistic and NA adults participated in a five minute, unstructured, "get to know you" conversation with an unfamiliar partner and then completed measures assessing their impressions of their partner and the quality of the interaction. Participants were assigned to one of three dyadic conditions, autistic-autistic, autistic-NA, or NA-NA, and dyadic analysis was used to examine the independent and interactive contribution of each participant to their conversation outcomes. Like previous studies (e.g., Sasson et al., 2017), autistic adults were rated as being more awkward and less attractive than NA participants, but unlike prior studies, they were not rated as being less likeable than their NA counterparts, perhaps indicating some improvements in NA impressions of autistic people formed during real-world interaction. NA participants, however, still indicated greater interest in future interaction with other NA adults relative to autistic adults, but consistent with the DEP framework, autistic adults did not share this preference and instead tended to report a greater preference for future interaction with other autistic adults. They also reported disclosing more about themselves when interacting with another autistic person.

In another demonstration of distinct social communication styles between autistic adults, Heasman and Gillespie (2019) recorded autistic adults while they participated in collaborative video game and coded the recordings for coherence (how relevant each action was to the game as a whole), affect (emotion displayed), and symmetry (how dominant/submissive each person was that turn in comparison to previous turns). Non-normative social communication styles were evident, including "a generous assumption of common ground" and a "low demand for

coordination," which together can be categorized as a different form of social relating that does not require or desire high synchrony and quickly moves past disruptions or misunderstandings without negatively impacting the interaction. These two factors predicted high rapport between autistic partners, which highlights that normative assumptions of "social skill", including interpersonal coherence and reciprocity, may not relate to perceived social success between autistic people. Indeed, autistic people may seek out and value social characteristics in other people that are typically considered to be indicators of "poor" social skill. For instance, autistic adolescents tend to value social partners who display atypical social communication, such as lack of eye contact and reduced facial expressions (Granieri et al., 2020), as these may serve as outward signals of people who communicate and behave in ways more conducive to their social preferences. Similarly, autistic adults express more interest in future interaction with other autistic adults compared to NA adults (DeBrabander et al., 2019; Morrison, DeBrabander, Jones, Faso, et al., 2020).

Collectively, the studies reviewed above suggest that some aspects of social interaction may be enhanced in autism when communicating with another autistic person. Although such an interpretation is consistent with a widely-accepted principle within social psychology that similarity between partners, both actual and perceived, underlies social connection and affiliation (Montoya et al., 2008), the traditional deficit model of autism would predict the opposite outcome for autistic-autistic interactions. If social impairment is intrinsic to the autistic person, interaction between two autistic people should result in even greater difficulty than with a NA person given that it would consist of twice the number of people with social deficits. However, findings from Morrison et al (2020), Crompton et al. (2020), and Heasman & Gillespie (2019) do

not find this but rather show that communication and rapport break down specifically within autistic-NA interactions, while they are preserved or even enhanced within autistic-autistic interactions. Thus, these results are more consistent with the DEP and conceptualizations of social disability emerging from a lack of fit between the person and the social environment rather than from individual characteristics alone (Shakespeare, 2006).

More broadly, such studies highlight the need for a more relational understanding of social interaction difficulties in autism (Bottema-Beutel, 2017), given that individual abilities in social cognition, social skill, and social motivation are minimally predictive of social interaction outcomes for autistic adults (Sasson et al., 2020) and NA people also struggle in interactions with autistic people (Milton, 2012). Indeed, within pre-dominantly autistic environments, it is NA people who often demonstrate social disability (Milton, 2017). Thus, such findings challenge assumptions of a single-standard of "social skill" as an individual trait in which people can be rank-ordered from high to low. Rather, social skill appears more relational and dependent upon partner compatibility in social preferences, expectations, and understanding. Importantly, assessments of individual social abilities in autism are almost exclusively conducted during interactions with NA people (e.g., Morrison et al., 2017) in which they struggle more than with other autistic people. This includes clinical evaluations (e.g., ADOS module 4; Hus & Lord, 2014), in which social deficits are often interpreted by NA raters in relation to NA norms.

CHAPTER 5

UNEXPLORED FACTORS AFFECTING IMPRESSIONS OF AUTISTIC ADULTS

Despite the advances made towards understanding the formation and consequences of first impressions of autistic adults, much remained unknown. This project extended work to account for situational and individual factors that may affect first impressions of autistic people. Specifically, the current project measured the effects of situational context, social presentation styles across contexts, the degree of social camouflaging or "masking" of autistic traits among autistic people, and the level of autism knowledge and stigma among NA observers. Additionally, little is known about the accuracy of NA first impressions of autistic people. Do NA adults underestimate autistic abilities based on less favorable first impressions? The following sections describe in more detail the rationale for each of the extensions for this project.

1. *Situational Context*

Examination of first impressions of actual autistic people (rather than vignettes or actors) have so far only occurred within a relatively restricted context: either from video clips of autistic people performing a mock audition or following a "get to know you" conversation. In the real world, however, first impressions are formed across a variety of diverse contexts, and these contexts may influence how autistic people are perceived and affect their social outcomes. Impression formation within a professional context (e.g., a job interview) may differ from impression formation within a personal one (e.g., a dating scenario), as the saliency of specific characteristics and how they are evaluated may depend upon distinct situational demands. For example, perceived attractiveness may be a more salient and relevant characteristic within a dating scenario—and ultimately be more predictive of social success or failure— than within a

job interview, where judgments of intelligence may be more salient. In other words, first impressions may vary depending on the observer's differential prioritization of traits across contexts and their expectations of "appropriate" and "inappropriate" social behavior within them. Professional contexts may elicit more favorable rating for more formal social presentations and penalize more informal ones, while the reverse may occur for more personal contexts.

Although no research has examined whether and how NA perceptions of autistic people vary across situational contexts, some work has explored how autistic adults and others with non-physical disabilities are perceived by potential employers in professional settings, with the general consensus being that they face biases throughout the entire employment process (i.e., applications, interviews, training, and maintaining the job), even when possessing specific skills, characteristics, or understanding desired by certain workplaces (Black et al., 2020; Bricout, 1999; Hazer & Bedell, 2000; McMahon et al., 2021; A. Pearson & Rose, 2021; Romualdez, Heasman, et al., 2021; Scott et al., 2017, 2019; Solomon, 2020). Specifically, employers give significantly higher ratings to potential employees with no diagnosis and significantly lower ratings to individuals with psychological disabilities than individuals with physical disabilities (Bricout, 1999; Hazer & Bedell, 2000; V. Pearson et al., 2003; Spirito, Dalgin, & Bellini, 2008). Employers also report paying autistic employees a lower pay than comparably-skilled non-autistic adults ($1.65 less hourly; Scott et al., 2017), along with a general hesitancy to hire capable disabled candidates due to concerns of lower productivity and poorer workplace performance (Solomon, 2020). Meanwhile, autistic adults identified stigma, lack of autism knowledge, and difficulty communicating with non-autistic coworkers and supervisors as their primary barriers to potential employment (Black et al., 2020).

Decisions about diagnostic disclosure in the workplace appear to be a particularly consequential decision for many autistic adults, and recent research has begun examining effects of disclosure on employment outcomes. In one study, McMahon and colleagues (2020) used vignettes to assess the influence of diagnostic disclosure and autistic characteristics on NA perceptions of job candidate employability. Vignette characters were rated less positively when labeled as autistic than when having diabetes, but more positively than when labeled as having ADHD. Labeling vignette characters as autistic increased perceptions of traits that are seen to be beneficial in a work environment (e.g., conscientiousness), but not for traits that are deemed as being more important for personal or social relationships (e.g., agreeableness), suggesting that NA raters may perceive some autistic characteristics as more desirable in job contexts than others. In particular, NA raters expressed the greatest concern when vignette characters were described as having the autistic traits of inflexible adherence to routine and sensory sensitivity. Relatedly, a more recent qualitative analysis of autistic experiences in the workplace suggests many encounter negative consequences for disclosing their diagnosis to supervisors and coworkers (Romualdez, Heasman, et al., 2021). Such findings highlight the need for more experimental work to quantify the effect of diagnostic disclosure on impressions of autistic people in the workplace.

A few recent studies have also examined how autism and autistic characteristics are evaluated within the context of dating profiles. The large majority of autistic adults desire romantic partners (Strunz et al., 2017), but are more likely to experience difficulties developing and maintaining these romantic relationships than their NA peers (Byers et al., 2013; Koegel et al., 2014; Urbano et al., 2013). In fact, autistic adults report much lower rates of ever being in a

romantic relationship compared to NA adults (Eaves & Ho, 2008; Hellemans et al., 2007; Jennes-Coussens et al., 2006). However, the rapid rise of internet dating—almost 40% of heterosexual couples now report having met online (Rosenfeld et al., 2019)— has opened a new avenue of dating resources to autistic adults who may struggle to pursue in-person dating (Brosnan & Gavin, 2015). In fact, autistic adults report partaking in online dating at much higher rates than their NA peers (Roth & Gillis, 2015) and often express a preference for it because they report valuing the larger dating pool, the ability to gather information from others' profiles prior to establishing contact, and growing more comfortable communicating with people before going on face-to-face dates (Roth & Gillis, 2015).

The few studies thus far that have examined impressions of autistic adults within dating scenarios have used constructed profiles or vignettes rather than real people. Gavin et al., (2019), for instance, found that heterosexual women rated experimentally created dating profiles of autistic men as more trustworthy and attractive when they were provided the person's autism diagnosis. In a follow up study (Brosnan & Gavin, 2021), these findings replicated and were extended to find that responses to fake dating profiles of autistic men depended upon the rater's stigma towards autism: including an explicit statement about the person's autism status reduced interest among those with high stigma but increased it among those with low stigma. In another study, McMahon and colleagues (2020) found that adults who self-reported higher amounts of autistic traits tended to be more accepting of "rude" or idiosyncratic dating behaviors, suggesting that individuals with higher autistic traits may disregard neurotypical expectations for dating and may be more inclined to respond positively to dating other people with autistic traits. Collectively, these studies highlight several factors influencing perceptions of autistic men

within dating contexts, but no studies to date have examined impressions of actual autistic people in these scenarios, nor have any compared whether impressions differ within dating contexts relative to other personal and professional ones.

In sum, previous studies of first impression ratings made by NA observers about actual autistic adults reliably characterize them negatively, but these findings have all occurred within limited contexts (DeBrabander et al., 2019; Grossman, 2015; Grossman, Mertens, et al., 2018; Morrison, DeBrabander, et al., 2019; Sasson et al., 2017; Sasson & Morrison, 2019). Impressions in these studies derived from video clips largely mirror those formed during in-person interaction, perhaps because of similarity in social presentation styles and behavior by autistic adults across these two contexts. However, some differences (e.g., likeability) have also been found, suggesting that context may affect some perceptions of autistic people. More importantly, the contexts examined so far have been narrow and scope and there remains a need to determine how autistic people are perceived across a broader range of personal and professional situations. The current project systematically measures the effects of a range of real-world situational contexts on impression formation of autistic adults.

2. Social Behavior across Contexts

One reason context may be expected to affect first impression ratings is because differing situational demands may result in adjustments in social behavior that affect impression formation. Behavioral (in)consistency across situations has been a focus of social and personality psychology for well over 50 years, with the general conclusion that— despite a general consistency in individual personality in adulthood (Cobb-Clark & Schurer, 2012)— situations can assert a powerful influence over behavior (Richard et al., 2003; Ross & Nisbett, 1991).

Classic studies and demonstrations in social psychology by Milgram (1963) Asch (1956) and others (Zimbardo, 2006) have shown that situational social pressures can sometimes produce or suppress specific behaviors.

More recently, studies by David Funder and colleagues (e.g., Funder & Colvin, 1991; Furr & Funder, 2004; Sauerberger & Funder, 2017) have experimentally examined the degree of variability of behavior across situational contexts. In one study, participants placed into different experimental situations one week apart demonstrated behavioral consistency in some respects (e.g. maintaining a cheery disposition, exhibiting awkwardness, and exhibiting a high level of intelligence) but not others (e.g. laughing frequently or maintaining a high energy level (Funder & Colvin, 1991). In a later study, Furr & Funder (2004) found that "automatic behaviors", or those exhibited with little conscious awareness (e.g., facial expressions) tended to be more consistent across situations than "controlled behaviors" that are more consciously chosen (e.g., offering advice or criticism), regardless of whether the situations were similar in nature or not. Even simple differences in situational demands of in-person interactions (e.g., unstructured conversations versus cooperative interaction versus competitive interaction) are sufficient to enact mean-level change across most behaviors, with the largest change seen for controlled behaviors (Sauerberger & Funder, 2017). Importantly, behavioral flexibility to situational demands is adaptive and not contradictory to trait theories of personality (Fleeson & Noftle, 2009). Indeed, even large changes in behavior across situations tend to occur in conjunction with the maintenance of rank-order individual differences (Funder, 2006). For instance, a talkative person who talks less in a task setting compared to an unstructured conversation still likely will talk more during it than a more taciturn person.

In contrast, autistic individuals may be more likely to engage in patterns of behavior that are more consistent across situations (i.e. Baron-Cohen, 1992; J. Boucher, 1977; Frith, 1972; Rinehart et al., 2006; Williams et al., 2002). Behavioral inflexibility (Lecavalier et al., 2020) and a resistance to change (Lam et al., 2008) have been described as a core clinical characteristics of autism dating back to the earliest descriptions of the condition (Kanner, 1943). Such inflexibility can manifest in autistic social behavior in pragmatic language (Baron-Cohen, 1988), defined as the appropriate use of speech and nonverbal communication within a given social context (Ying Sng et al., 2018). Specifically, autistic adults may be more restricted in their use language during interactions than non-autistic controls (Ying Sng et al., 2018). They may discuss topics that are less-normatively appropriate in "get to know you" conversations (Morrison et al., 2017) and be more explicit and direct in their conversational preferences (Hobson, 2012) which can be perceived by non-autistic people as a social *faux pas* (Nuernberger et al., 2013). Further, autistic people appear less susceptible to typical social pressures of conformity in the classic Ashe task (Yafai et al., 2014), as they have been shown to be less likely than non-autistic controls to agree to an incorrect answer after being told others had endorsed it. Collectively, such patterns may indicate less sensitivity or conformity to social norms in autism and suggest that varying social demands across situational contexts (e.g., job interview vs dating scenario) may not exert the same effect on autistic social behavior. Additionally, because autism is also characterized by expressive language and communication differences, including reduced eye-to-eye gaze (Neumann et al., 2006), lower use of gestures (de Marchena & Eigsti, 2010), differences in vocal prosody (Bauminger & Kasari, 2000) and facial expressivity (Faso et al., 2015; Grossman, 2015; Grossman, Edelson, et al., 2018), autistic behavior across situations may be more likely to be

misinterpreted by observers (Edey et al., 2016) and result in more negative first impressions and person evaluation (Alkhaldi et al., 2019) regardless of the situation.

Taken together, it is possible that the social behavior of autistic adults is more consistent across situational contexts and is evaluated more similarly across contexts by observers than the social behavior of NA controls. Because studies of first impressions in autism, to date, have been relegated to examination of video clips or casual "get-to-know-you" conversations (Morrison, DeBrabander, Jones, Faso, et al., 2020; Sasson et al., 2017) that heavily emphasize "controlled" behaviors like what participants choose to discuss, little is currently known about whether situational demands influence social behavior differently in autism, and whether these processes affect impression formation by NA observers. Given the variety of situational contexts in which autistic adults may experience poor social outcomes—from friendship formation to dating to job interviews— there remains a need to measure social behavior in autism across contexts and determine whether some contexts produce more or less favorable evaluations from their NA peers. Further, it may be possible to differentiate whether stability or variability in impressions across contexts is driven by changes in social behavior or by observer expectations of the contexts themselves. For example, if objective measurement of social behavior demonstrates consistency across contexts for autistic adults but impressions prove significantly worse in professional contexts, this would suggest that observers deem autistic social behavior less appropriate in some contexts than others and, in a sense, penalize them for a failure to adjust social behavior to situational demands.

3. Social Camouflaging

The presumed behavioral inflexibility and stability of social behaviors across contexts in autism is belied somewhat by recent research on social camouflaging, a term referring to the masking of autistic characteristics to avoid judgment and discrimination (Hull et al., 2017). Autistic camouflaging is defined as the act of hiding one's genuine self from others in an attempt to "pass" as being neurotypical, and includes any suppression of, or exercising more control over, behaviors commonly associated with autism (Hull et al., 2017). Some examples reported by autistic adults include suppressing noticeable stimming, forcing oneself to make eye contact in social situations, and actively working to ensure the focus of a conversation is on the other person and not oneself (e.g. asking "you" questions to a social interaction partner, rather than discussing "me" or "I" statements (Hull et al., 2017).

Camouflaging is not unique to autism but rather is a common coping strategy adopted by many marginalized groups trying to avoid stigma and improve their social experiences and outcomes (Goffman, 1963). While social camouflaging has been linked to some benefits for autistic people (e.g., decreased bullying; Cage et al., 2018; Hull et al., 2017), it can be exhausting (Hull et al., 2017), requires intensive cognitive resources and self-control (Beck et al., 2020), and may be detrimental to mental health (Cage & Troxell-Whitman, 2019; Hull et al., 2017, 2020; A. Pearson & Rose, 2021). Indeed, camouflaging in autism is associated with increased rates of depression, anxiety, and suicidality (Cage & Troxell-Whitman, 2019; Cassidy et al., 2018; Hull et al., 2021; Livingston et al., 2019). These findings hold true even after controlling for both age and autistic traits (Hull et al., 2021).

Although anecdotal and first-person narratives of autistic experiences have discussed camouflaging for decades (e.g., Holliday Willey, 1999), the phenomenon has only recently been

examined empirically (Mandy, 2019), perhaps because camouflaging behaviors are inconsistent with the predominant social cognitive deficit model of autism (Corbett et al., 2021). These studies have reported that camouflaging is not enacted by all autistic people, but the rate of at least some masking among autistic adults may be as high as 70% (Cage & Troxell-Whitman, 2019) and may be higher among autistic females than males (Lai et al., 2017). Camouflaging by autistic people is largely motivated to avoid stigma and victimization, to increase inclusion, and to pursue broader personal and professional goals (Perry et al., 2021). In a recent confirmatory factor analysis (CFA), Cage and Troxell-Whitman (2019) found that camouflaging among autistic adults occurs to a greater degree in formal contexts compared to informal ones. Formal contexts in this study included conducting business at a bank, dealing with a landlord, seeing medical professionals, and speaking to one's boss. Informal contexts included seeing friends, family members, and romantic partners. Reduced camouflaging by autistic people in informal contexts suggest that they may feel more comfortable being themselves among those who are already familiar and accepting of their autistic differences, and that worry of stigma is greater when among unfamiliar people. The CFA also revealed two primary factors explaining the motivation to camouflage for autistic people: conventional reasons (e.g., to better communicate your ideas or work) and relational reasons (e.g. to appear likeable; Cage & Troxell-Whitman, 2019).

Although autistic people socially camouflage to improve how they are viewed and treated by others, no work yet has examined whether camouflaging is associated with more favorable impressions by NA people. Presumably, autistic adults who camouflage successfully would be perceived more positively by NA peers, as camouflaging entails the adoption of more normative

modes of social behavior and communication. There are some hints that this may be the case. One study of gender differences in first impressions of autistic people found that autistic females are rated more positively than autistic males, possibly as a result of greater social camouflaging (Cage & Burton, 2019), though their impressions still lagged behind those for NA males and females. A more explicit examination of the association between camouflaging and the first impressions autistic adults receive could potentially provide actionable information about the efficacy of camouflaging. If, for instance, camouflaging is unrelated to first impressions, this may suggest that camouflaging is not a particularly effective strategy for improving how one is perceived, and this may alleviate some of the motivation to pursue it. However, given the extensive qualitative accounts of the reasons and benefits of camouflaging (as well as its costs; Cage et al., 2018; Hull et al., 2017; A. Pearson & Rose, 2021), it is likely camouflaging is associated with more favorable impressions. Such findings would reinforce the idea that autistic presentations and behaviors are stigmatized, provide additional evidence that NA observers privilege normative ways of being, and validate autistic viewpoints concerning their reasons for camouflaging. Additionally, given prior evidence of camouflaging being adopted more within formal relative to informal contexts (Cage & Troxell-Whitman, 2019), examination of the effects of camouflaging on first impressions across personal and professional contexts could reveal whether it produces greater benefits in some contexts than others.

4. Rater Characteristics

Consistent with double empathy framework (Milton, 2012), first impressions of autistic people made by NA observers are driven not just by the characteristics of the target, but also by those of the rater (Morrison, DeBrabander, et al., 2019). In fact, characteristics of NA raters account for more of the variability in first impression ratings received by autistic adults than the characteristics of the autistic adults themselves (Morrison, DeBrabander, et al., 2019). Only variability in the ratings of awkwardness in Morrison et al. (2019) were driven more by characteristics of the autistic targets; variability on all others, including items assessing future social interest, was predominantly driven by characteristics of the NA raters.

Two of the characteristics of NA raters that relate to better first impression ratings toward autistic adults above and beyond other rater characteristics such as age, gender, and IQ are autism knowledge (Sasson & Morrison, 2019) and stigma about autism (Morrison, DeBrabander, et al., 2019). Autistic individuals demonstrate higher autism knowledge than NA adults, and autistic adults and their family members express significantly lower stigma toward autistic individuals than those with less autism experiences (Gillespie-Lynch et al., 2017). In general, such findings suggest that greater familiarity and knowledge about autism, and lower stigma towards it, is associated with more favorable impressions of autistic people, though even these ratings remain lower than those given to NA people. Regardless, such findings suggest that acceptance of autistic differences may improve with increased autism knowledge and familiarity. Jones et al. (2021) found some evidence by demonstrating that an autism awareness training increased autism knowledge and reduced explicit biases and misconceptions about autism but did not affect implicit biases.

Findings from Jones et al (2021) suggest that some aspects of explicit bias about autism among non-autistic people is amenable to training but underlying negative attitudes may be more resistant to change. Nevertheless, there remains a need to determine whether autism knowledge and stigma exert similar effects on first impressions of autistic adults across different contexts. The impressions evaluated in Jones et al. (2021) and all previous studies from Sasson and colleagues stem from a single context, the original "High Stress Social Challenge" (HiSoC) task in which participants are auditioning to be on a reality tv show, a scenario that does not approximate real-world contexts autistic adults are likely to encounter in their everyday lives. Further, the effects of autism knowledge and stigma potentially may produce different effects on impressions across scenarios. For example, NA raters with high autism stigma may express greater negativity and discrimination towards autistic adults in contexts in which the stakes are higher (e.g., a job interview) relative to those in which they are less consequential (e.g., schoolwork). Regardless, determining whether autism knowledge and stigma assert strong influences in important real-world scenarios for autistic people is a needed and significant extension on prior work using an artificial and less relevant context (i.e., the HiSoC).

5. Metaperception of First Impressions in Autistic Adults

First impressions can affect social outcomes for autistic people not only through their direct effects, but also indirectly through metaperception, or one's ability to accurately perceive how they are being evaluated (W. L. Cook & Douglas, 1998; King et al., 1967a). Correctly assessing the perceptions of others is an adaptive cognitive ability that allows for the adjustment and modification of behavior in real-world settings to improve social outcomes (Darley & Fazio, 1980). For example, if an individual correctly detects that they are being perceived negatively,

they can alter their actions or words in order to improve these perceptions (C. Anderson et al., 2008; Vazire & Carlson, 2010; Vazire & Mehl, 2008). Conversely, if a person senses that others view them favorably, they can continue these behaviors to maintain positive responses (Vazire & Carlson, 2010; Vazire & Mehl, 2008). Indeed, many studies have found that accurate metaperceptions in the general population is related to successful self-presentation abilities, better interpersonal functioning, and more positive social outcomes (C. Anderson et al., 2008; Cameron & Vorauer, 2008; Elfenbein et al., 2009; Levesque, 1997; Oltmanns et al., 2005). Because accurate metaperceptions are not simply projected self-evaluations but rather depend upon social information processing ability (Albright et al., 2001; Carlson et al., 2011; Oltmanns et al., 2005), some research has explored whether metaperception differs in autism given the social cognitive differences that characterize the condition (Sasson et al., 2011) Results from these studies have been equivocal, with some reporting reduced metaperceptive accuracy in autism (Sasson et al., 2018) and others reporting these abilities are intact and even enhanced in some cases (Usher et al., 2018). For example, some studies of autistic adolescents and children have found that autistic children demonstrate greater disagreement with their parent about their own social abilities, personality traits, and other characteristics (Locke & Mitchell, 2016; McMahon & Solomon, 2015; Schriber et al., 2014). Similarly, Sasson et al. (2018) reported that autistic adults are less accurate overall than NA adults at predicting how NA observers will evaluate their character traits, despite both groups tending to overestimate how favorably they would be perceived. Importantly, however, in these studies it is unclear how much of these disagreements are driven by misperceptions on the part of the autistic person relative to

misperceptions on the part of the evaluator, and none of these studies included autistic evaluators as observers which may have affected results.

Additionally, each of these studies measured metaperception remotely (e.g., by comparing self and informant report) rather than following an actual social interaction. The two studies to date that have examined real-world metaperception accuracy in autism have reported more intact or even enhanced abilities. In one study (Usher et al., 2018), autistic adolescents were more accurate than NA adolescents at assessing how they were rated on likeability by their interaction partner following a short in-person conversation. Similarly, an examination of metaperception following a short, 5-minute "get to know you" conversation found that both autistic and NA adults demonstrated poor metaperception accuracy, but only autistic adults accurately perceived when their partner wanted to interact with them in the future, suggesting that autistic adults are less likely to demonstrate a normative (but less accurate) "self-enhancement bias (Morrison, unpublished data). Thus, while all participants were poor at assessing how their traits were perceived by their conversation partners, only NA adults were also poor at detecting their partner's relative level of social interest. Both Usher et al. (2018) and Morrison et al. (unpublished data), however, only examined metaperception within an introductory conversation. Examination of metaperception ability in other personal and professional contexts (e.g., accurately predicting whether a potential employer will offer a job based on an interview, or correctly assessing whether someone is likely to agree to go out on a date) may help determine when and where inaccuracies occur and inform future research about how they affect confidence, motivation, and social behavior.

6. Accuracy of First Impressions of Autistic Abilities

Finally, although first impression research in autism has increased rapidly and highlighted potential barriers to inclusion for autistic people within predominantly non-autistic environments, no research to date has examined the accuracy of these impressions. This may be due in large degree to the subjective nature of many first impression judgments; whether someone is "likeable" for instance is in the eye of the beholder and not a rating that can be assessed for accuracy against some objective measure. However, some first impression evaluations, such as evaluations of a person's intelligence or competence, can be compared to more objective assessments. Perceptions of intelligence can affect behavioral treatment and even influence a person's present and future successes (see Rosenthal & Jacobson, 1968). In the general population, studies tend to find a positive relationship between people's ratings of a person's photo or short video and the person's actual score on an intelligence assessment (L. D. Anderson, 1921; Borkenau & Liebler, 1993, 1995; Brunswick, 1945; S. W. Cook, 1939; Gaskill et al., 1927; Laird & Remmers, 1924; Moriwaki, 1929; Pinter, 1918; Reynolds & Gifford, 2001; Uhrbrock & Games, 1963). This level of accuracy occurs even with brief exposures (1 min) and is influenced by many verbal and behavioral cues within real-world environments, such as eye contact, fidgeting behaviors, speaking fluidity and pitch, and facial expressions (Borkenau & Liebler, 1995; Murphy et al., 2003; Reynolds & Gifford, 2001). Because of each of these behaviors can differ for autistic people within social settings (Bauminger & Kasari, 2000; de Marchena & Eigsti, 2010; Faso et al., 2015; Grossman, 2015; Grossman, Edelson, et al., 2018; Morrison et al., 2017; Neumann et al., 2006), perceptions of the intelligence level of autistic people across personal and professional settings may be underestimated by NA observers based

on social behaviors unrelated to objective intellectual functioning. Similarly, because perceptions of competence are strongly correlated with ratings of facial attractiveness (Oh et al., 2019), and autistic adults are consistently rated as being less attractive than NA adults (DeBrabander et al., 2019; Morrison, DeBrabander, et al., 2019; Morrison, DeBrabander, Jones, Faso, et al., 2020; Sasson et al., 2017; Sasson & Morrison, 2019), autistic people may also be perceived as less competent by NA observers than their objective performance would indicate. Inaccurate evaluation of the intelligence and competence of autistic people by NA raters would not only provide further evidence of biases against, and misinterpretation of, autistic social behavior but also— consistent with a Double Empathy framework—would indicate poor social inferencing of autistic people by NA raters. The consequences of such misimpressions could be stark: an autistic job candidate who is deemed to be less intelligent and competent during a job interview based on his non-normative expressivity and social behavior may be unfairly passed over for a position.

Although prior first impression studies have not consistently found that NA observers rate autistic targets as less intelligent than NA ones (Morrison, DeBrabander, et al., 2019; Morrison, DeBrabander, Jones, Faso, et al., 2020; Sasson et al., 2017; Sasson & Morrison, 2019), none have compared first impression ratings to objective measures of intelligence. Further, because cognitive abilities in autism can deviate between objectively measured general cognitive performance and social cognitive performance (Sasson et al., 2011), a disparity that extends to metacognitive assessment of one's own cognitive abilities (DeBrabander et al., 2020), it remains unclear whether NA judgments of intellectual functioning of autistic adults accurately differentiates their competency in these two domains.

CHAPTER 6

SPECIFIC AIMS

The current projected had three specific aims.

Specific Aim 1: To determine whether NA first impressions of autistic and NA adults differ across personal (i.e., dating, friends, and special interests) and professional contexts (i.e., job interview, class projects, and applying for the reality show) and explore whether these impressions depend upon amount of social camouflaging by autistic adults, diagnostic disclosure for both NA and autistic participants, and the level of autism knowledge and stigma held by NA raters. This aim explores whether social behavior as quantified by the HiSoC differs more across contexts for NA compared to autistic adults. ***Hypothesis 1.*** Autistic participants will receive poorer impressions than NA adults' ratings across both personal and professional contexts; however, only autistic participants will receive more favorable impressions in personal relative to professional contexts, suggesting a greater penalty for non-normative characteristics within professional settings. ***Hypothesis 2.*** Across all contexts, autistic adults will be rated more positively when accompanied by an accurate diagnostic label compared to no diagnostic label, but the presence or absence of an accurate diagnostic labels will not affect ratings for NA adults. Further, autistic adults with an accurate diagnostic label (e.g., this person is autistic) will be rated more positively in professional contexts compared to autistic adults with no diagnostic label. Support for this hypothesis would extend prior findings demonstrating the benefit of diagnostic disclosure on first impressions of autistic adults to professional settings. ***Hypothesis 3.*** Autistic participants who self-report greater amounts of social camouflaging will receive more positive first impression ratings from NA adults compared to autistic participants who self-report lower

amounts of social camouflaging. ***Hypothesis 3A.*** Autistic adults who report greater social camouflaging will receive more positive first impression ratings for professional compared to personal contexts. ***Hypothesis 4.*** NA raters who self-report higher stigma toward autism will provide more negative first impression ratings of autistic adults in personal and professional contexts compared to those with lower stigma, and those with more autism knowledge will provide more positive first impressions in professional contexts of autistic adults. ***Hypothesis 4A.*** The effects of rater knowledge of autism and stigma toward autism will be lower for ratings of autistic individuals who report greater social camouflaging. ***Hypothesis 5.*** Autistic adults will demonstrate reduced self-monitoring (i.e., variation in their social behaviors across contexts) than will NA adults.

Specific Aim 2: To determine whether autistic and NA adults differ in their meta-perception across personal and professional contexts and explore whether autistic meta-perception varies as a function of their social camouflaging. Specific hypotheses relate to the proposed analytic approach (West & Kenny, 2011) that produces measurement of both accuracy (how well do autistic/NA adults predict how they are rated across contexts) and bias (the degree to which they over- or under-estimate how they are rated across contexts). ***Hypothesis 1.*** Autistic and NA individuals will demonstrate low levels of accuracy for metaperceptions across traits on the First Impression Scale (FIS), but autistic individuals will exhibit greater metaperception accuracy for social interest items on the FIS compared to NA individuals. NA adults will demonstrate a greater bias for over-estimating how they are evaluated by others compared to autistic adults. ***Hypothesis 2.*** Both NA and autistic adults will exhibit higher levels of accuracy for personal contexts compared to professional contexts. ***Hypothesis 3.*** Autistic adults who self-

report higher levels of social camouflaging will have better metaperception accuracy than those with lower levels of social camouflaging.

Specific Aim 3: To determine whether NA adults demonstrate lower accuracy and greater bias in their estimations of the cognitive and social cognitive performance of autistic participants relative to NA participants and explore whether these patterns depend on both their own autism knowledge and stigma and the level of social camouflaging of autistic adults. The same model from Aim 2 (West & Kenny, 2011) will examine both accuracy (how well rater participants predict stimulus participant performance) and bias (how much do raters over- or under-estimate stimulus participant performance). ***Hypothesis 1.*** NA raters will be less accurate at predicting the cognitive and social cognitive performance of autistic adults relative to NA adults, and more accurate when accurate diagnosis labels are provided. ***Hypothesis 2.*** NA raters will under-estimate how autistic adults performed, and overestimate how NA adults performed, on cognitive and social cognitive tasks. ***Hypothesis 3.*** NA adults' accuracy will be greater for predicting autistic individuals' performance on social cognitive tasks compared to general cognitive tasks. ***Hypothesis 4.*** NA raters will display higher levels of accuracy for autistic individuals who self-report higher amounts of social camouflaging. ***Hypothesis 5.*** NA raters who hold higher levels of autism knowledge and lower levels of autism stigma will be more accurate at predicting cognitive and social cognitive performance of autistic adults than raters who have lower levels of autism knowledge and higher levels of stigma when an accurate diagnostic label is provided.

CHAPTER 7

METHODS

Participants

This study consists of two participant samples. The first, labeled "Stimulus Participants", includes autistic and non-autistic (NA) adults featured in stimuli later evaluated by the second sample, labeled "Rater Participants".

Stimulus Participants

Stimulus participants are entirely new to this study and distinct from those used in Sasson et al (2017) and follow-up studies. The sample consisted of 21 autistic and 21 NA adults recruited from the University of Texas at Dallas (UTD) and the Autism Research Collaborative (ARC) at UTD, a database of over 200 autistic adults in the Dallas area who have consented to participate in research. NA stimulus participants were selected to be comparable to the autistic sample on key demographic features. Autistic and NA stimulus groups did not significantly differ on age (M_A = 26.62, SD_A = 5.67, M_{NA} = 23.52, SD_{NA} = 5.85, $F(1, 42) = 3.03$, $p = .089$), gender (A: 15 male, NA: 16 male, $\chi^2 (2) = .123$, $p = .73$), race (ASD: 18 Caucasian, NA: 18 Caucasian, $\chi^2 (3) = .00$, $p = 1.00$), and IQ as estimated by the reading subscale of the Wide Range Achievement Test-III (WRAT-3; Wilkinson, 1993; M_A = 109.67, SD_A = 12.56, M_{NA} = 114.00, SD_{NA} = 6.20, $F(1, 42) = 2.01$, $p = .16$), a short reading assessment that correlates highly with full-scale IQ scores (Powell et al., 2002).

Prior to this study, all autistic participants received diagnostic confirmation on the autism spectrum using the Autism Diagnostic Observation Schedule II (ADOS-II, Lord et al., 2000), which was administered and scored by a research reliable rater, and exhibited measured

intelligence in the normal range (IQ > 70) on the Wechsler Abbreviated Scales of Intelligence II (WASI-II, Wechsler, 1981). All NA participants self-reported no diagnosis of autism or other developmental disorder in either themselves or a first-order family member.

Rater Participants

In total, 977 undergraduate rater participants were recruited from the UTD SONA research pool. Rater participants had to be English-speaking adults who were at least 18 years or older and reported no diagnosis of autism or other developmental disorder in either themselves or a first order family member. Participants averaged 21.06 years in age (SD: 3.95) and identified as being 64% female, 34% male, and 2% non-binary or other gender identity. Racially, participants identified as being 38% White, 6% Black, 48% Asian, 1% Indigenous, and 7% mixed race or did identify with any of the races listed.

Power Analyses of Sample Sizes

An *a priori* power analysis was conducted via Mplus Version 8.4 for the specific aims outlined in the introduction, utilizing the monte carlo power analysis package for cross-classified models (Muthén & Muthén, 1998), which determined that an *N* of at least 300 rater participants would be sufficient to detect the anticipated medium- level effect sizes with mostly acceptable levels of power (for full analyses, see Appendix 1). The anticipated effect size was based upon previous research examining first impressions in autistic individuals, along with several studies observing autistic adults in various contextual situations (Cage & Troxell-Whitman, 2019; DeBrabander et al., 2020; Morrison, DeBrabander, Jones, Faso, et al., 2020; Sasson & Morrison, 2019).

The sample size for stimulus participants was limited to 42 individuals due to COVID-related research restrictions, which may reduce the power to detect some small to medium effects. However, if large-sized effects are observed—which remains possible for several hypotheses that have never been investigated (e.g., the effect of camouflaging on impressions of autistic people)–our analyses would be sufficiently powered.

Measures

Below are descriptions of the measures completed by the stimulus participants and rater participants, respectively.

High Risk Social Challenge (HiSoC; Stimulus Participants)

Stimulus participants completed the HiSoC (Gibson et al., 2010), a 45-second video-recorded mock audition for television program in which stimulus participants are instructed to present themselves in a socially appealing way The HiSoC has previously been used successfully to create social stimuli with autistic adults (Sasson et al., 2017). The HiSoC was expanded in this study beyond the original TV audition scenario to include five additional contexts: (1) interviewing for a job, (2) making a video for a dating website, (3) finding a partner for a class project, (4) explaining why they would make a good friend, and (5) talking about their primary interest. For each of these, we amended the original instructions only to change the context while retaining the core content of the original prompt (see Appendix 2). Professional contexts included the TV audition, the job interview, and finding a partner for a class project, whereas personal contexts included dating, finding a friend, and discussing an interest.

The HiSoC includes a coding scheme to quantify three domains of social behavior: 1) affect (e.g., facial, verbal, and non-verbal expressivity) 2) behavior and language (e.g., tangential

speech, speech valence, odd behavior), and 3) social-interpersonal (e.g., engagement, guardedness, speech fluency). Each item is rated on a 5-point scale with 5 indicating high levels of appropriate and effective social behavior. A summary item reflecting the coder's overall impression of the participant's social skills is also included. Two undergraduate research assistants trained to reliability (90%) on mock videos and blind to participant diagnoses independently coded items according to the HiSoC manual. To prevent effects of context being confounded by coder, each coder rated each context video from all participants. Likewise, coded videos were analyzed from the full 45s-60s recordings, rather than the 15s thin slices utilized in the study. To minimize any bias or error, the average of each coders' rating for every video was used as the final item score.

Previously, the HiSoC has demonstrated excellent interrater reliability (ICC range = 0.88-0.98; Glenthøj et al., 2020) and has been shown to discriminate between individuals at clinical high risk for schizophrenia and typically developing controls (Cohen's d range = 1.40-1.97; Glenthøj et al., 2020) and has been used previously with autistic adults.

Camouflaging Autistic Traits Questionnaire (CAT-Q; Stimulus Participants)

Stimulus participants also completed the CAT-Q (Hull et al., 2019), a 25-item self-report measure designed to assess social camouflaging among autistic adults on a 7-point scale (e.g., "In social situations, I feel like I'm 'performing' rather than being myself"). The items are summed into three factors: compensation, masking, and assimilation, all of which are combined to create a total composite score. Higher scores on the CAT-Q indicate greater amounts of camouflaging. The CAT-Q demonstrates high internal consistency overall (Cronbach's $\alpha = 0.94$) and has strong convergent validity with measures of autistic traits (Hull et al., 2019).

First Impression Scale (FIS; Rater and Stimulus Participants)

Both stimulus and rater participants completed the FIS, a ten-item scale developed by Sasson and colleagues (2017) that assesses how people evaluate others on six traits reliably perceived during first impression formation (Grossman et al., 2010; Nadig et al., 2010): awkwardness, attractiveness, dominance/aggressiveness, likeability, intelligence, and trustworthiness. Additionally, four items assess the participant's social interest in future interaction with the stimulus participant: willingness to live near, hang out with, sit near, and strike up a conversation with the stimulus participant. Each item is rated on a 4-point scale ranging from strongly agree to strongly disagree. Rater participants completed the FIS after viewing stimulus participants' videos, while stimulus participants completed it subsequently after filming their videos and rated how they predicted other people would rate them.

Autism Stigma and Knowledge Questionnaire (ASK-Q; Rater Participants)

Rater participants also completed the ASK-Q (Harrison et al., 2017), a 49-question measure designed to assess knowledge of autism across four subdomains: diagnosis, etiology, treatment, and stigma. Participants were asked to provide a yes or no answer to whether they agree with each statement and are scored as either correct or incorrect for each subscale except for the stigma subscale, which is scored as "does endorse stigma" or "does not endorse stigma" based on whether they endorse items indicating stigma about autism. Responses are totaled for each subdomain and as an overall score. Higher scores on subdomains indicate higher autism knowledge, and higher scores on the stigma subscale correspond with a higher endorsement of stigma. The ASK-Q has previously demonstrated high internal consistency (Cronbach's α = 0.88; Harrison et al., 2017, 2019).

Procedure

Stimulus Participants

Each stimulus participant (N=42) first participated in a study that examined differences in self-assessment abilities for cognitive and social cognitive tasks between autistic and NA adults (DeBrabander et al., 2020). As part of that study, participants completed six tasks: three social cognitive tasks and three general cognitive tasks. The social cognitive tasks were the Penn Emotion Recognition Task (ER-40; Kohler et al., 2000), the short-form Benton Facial Recognition Test (BFRT; Benton & Van Allen, 1968), and part three of The Awareness of Social Inference Test (TASIT; McDonald et al., 2003). The general cognitive tasks were the Line Orientation Task from the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS; Randolph et al., 1998), the Digit Span from the RBANS (Randolph et al., 1998), and the Matrix Reasoning Task from the Wechsler Abbreviated Scales of Intelligence (WASI; Wechsler, 1981). Descriptions of the social cognitive and general cognitive tasks used here can be found in DeBrabander et al. (2020). Performance on these tasks will be re-used as part of the current study (see below on Procedures for rater participants).

After completing these six tasks, stimulus participants were video recorded completing the six versions of the HiSoC in a randomized order via Qualtrics survey software (Gibson et al., 2010; see Appendix 2 for instructions). All participants were given the same plain grey t-shirt to wear over their clothes to control for possible clothing confounds in previous studies (e.g., Sasson et al., 2017) and were filmed in front of the same black backdrop. Participants sat approximately 61.5” away from the camera (Nikon D3300 24.2 MP CMOS Digital SLR), which was placed on a tripod to ensure video stability and clarity. Each resulting video was

approximately 45 seconds in length, but all videos were trimmed to be between 10s-15s long, as previous studies have indicated that this duration constitutes a sufficient "thin-slice" for making reliable first impressions (Ambady et al., 1999; Ambady & Rosenthal, 1993; Sasson et al., 2017). Trimming began after any content-free introductions (e.g., "Hello, I'm going to start now") and any instance where the participant first addresses the context for each video (e.g., "This is my audition for a TV show"). This process ensured that all video clips captured the same "thin-slice" window for each stimulus participant. All videos are full high definition (1080p).

After filming each of the six videos, stimulus participants rated how they believed other people watching their video would rate them on the FIS (Sasson et al., 2017). Participants also answered a yes/no question after each video about whether their video would achieve the intended outcome (e.g., get the job they were interviewing for) and they provided a confidence rating on a 4-point scale about this assessment (see Appendix 3 for the full measure). Finally, stimulus participants completed the Social Camouflaging Questionnaire (CAT-Q) to assess their level of masking behaviors (Hull et al., 2019).

Rater Participants

Rater participants (N = 977) were pseudo-randomly assigned to view all 42 stimulus participants in one of the six HiSoC contexts (N > 100 for each context). Half of the rater participants saw videos that also included an accurate diagnostic label (i.e., "this person is autistic" for autistic participants and "this person has no diagnosis" for NA participants), and the other half of raters saw videos with no diagnostic label attached. Upon beginning the study, rater participants were informed of the context they are rating (e.g., "you will be viewing brief video clips of people talking about themselves while they make a case for why they should be hired for

a job they applied for") but will not be informed about the other five contexts. After viewing each of the 42 videos for their assigned context, rater participants answered a yes or no question concerning whether they think the stimulus participant would achieve their goal in the video (e.g., get the job, find a date, etc.) and then completed the FIS about each stimulus participant. They were asked to do so "as quickly and as honestly as possible", consistent with previous research (DeBrabander et al., 2019; Morrison, DeBrabander, et al., 2019; Sasson et al., 2017; Sasson & Morrison, 2019).

Rater participants were also asked to estimate the performance of each stimulus participant on the six cognitive and social cognitive tasks they completed in a prior study. Each rater viewed descriptions and examples of each of the six different tasks and then rated how well they believe the stimulus participant in the video did on each task. For all three social cognitive and all three general cognitive tasks, the rater participants were shown the exact instructions that the stimulus participant was shown during the prior study (DeBrabander et al., 2020) and then were presented with an example item from that task. The sample item selected for each task was of medium difficulty and rater participants were informed that some items on each task may be easier or harder than the provided example. They were then presented with the total possible points achievable on each task and were asked to predict how many correct answers they believed the stimulus participant obtained.

After viewing each HiSoC video one at a time for their singular context and completing the FIS and predicting task performance for all 42 stimulus participants, rater participants then completed the ASK-Q and a short demographic questionnaire.

CHAPTER 8

RESULTS

Reliability Statistics

SPSS version 26 was used to conduct analyses. The internal reliability of measures completed by raters was found to be acceptable (ASK-Q: $\alpha = .71$; FIS: $\alpha = .75$). Likewise, the internal reliability of measures completed by stimulus participants was also acceptable (CAT-Q: $\alpha = .83$; FIS (Metaperceptions): $\alpha = .77$). Finally, the inter-rater reliability for coders on the HiSoC was found to be good (ICC = .84).

Specific Aim 1

Aim 1 compares first impressions made toward autistic and NA adults across six different contexts and explores whether these vary as a function of 1) social camouflaging by autistic adults, 2) diagnostic disclosure of both groups, and 3) the level of autism knowledge and stigma held by NA raters. Additionally, this aim seeks to determine whether social behaviors are more consistent across contexts for autistic relative to NA stimulus participants.

Multi-level modeling (MLM) and restricted maximum likelihood (REML) estimation was used to test our hypotheses. We utilized a cross-classified random effects model, as multiple raters viewed multiple stimulus participants, making our data crossed and non-independent. Effects were estimated for all six contexts (Hypothesis 1), stimulus participant diagnostic status (e.g. autistic or NA), diagnostic disclosure labels (e.g. accurate diagnosis label or no label; Hypothesis 2), and interaction terms between these individually and together, along with NA rater autism knowledge and stigma scores on the ASK-Q and autistic stimulus participants camouflaging scores on the CAT-Q that were created to predict FIS items across all six contexts

(Hypotheses 3, 3A, 4, and 4A). Analyses included random intercepts for both the target individual (stimulus participant) and the rater participant. Significant two-way and three-way interaction terms were followed up with simple slopes analyses in which categorical variables will be dummy coded to determine at what level each slope is significant. Due to the number of analyses, the Bonferroni correction was utilized to correct for multiple comparisons, making our alpha level = .008 for these specific analyses. Finally, to determine if social behavior as measured by objective scores on the HiSoC differ between diagnostic groups across contexts, separate 2x2 factorial ANOVAs were performed, with each of the three social behavior subdomain scores and the overall score for social behavior serving as the dependent variables (DVs), and situational context and group diagnoses as the independent variables (IVs; Hypothesis 5). Significant four-way interactions are not reported due to difficulty interpreting these effects

Hypotheses 1 & 2 – Effects of Context, Diagnostic Group, and Disclosure on First Impressions

Main Effects. There were significant main effects of context for every trait item except for awkwardness (*p*s < .001, *Table 1*), but no significant main effects of context emerged for social interest items (*p*s > .05, *Table 1*). Significant main effects of diagnosis were found for all FIS items except dominance, attractiveness, and trustworthiness (*p*s < .008, *Table 2*). Consistent with prior first impression findings (DeBrabander et al., 2019; Morrison et al., 2019; Sasson et al., 2017; Sasson & Morrison, 2019), autistic individuals were rated significantly worse than NA adults on each of the significant main effects. Finally, there were significant main effects for disclosure on each of the trait items except intelligence. However, these findings were mixed in

terms of direction. For awkwardness, trustworthiness, and likeability, stimulus participants presented with a diagnostic label were evaluated significantly more positively than those presented without one (*p*s < .008, *Table 3*), but the opposite pattern was found for dominance (*p* < .001, *Table 3*), though what constitutes "positivity" on this item is less clear. Significant main effects of disclosure on the social interest items were only found for sitting next to and live near, such that disclosure was associated with raters indicating they would be more likely to want to sit next to or live near the stimulus participant (*p*s < .001, *Table 3*).

Achievement of Desired Results. Raters also indicated whether stimulus participants would achieve their desired result within each context (e.g., would this person get the job/date/etc.?). The means for each context paired for each diagnosis are listed in table 2. There were significant main effects for both diagnosis ($F(1, 40 = 46.46, p < .001$) and context ($F(1, 972= 26.23, p < .001$) At the mean level, autistic adults ($M = .48$, $SE = .03$) were rated as significantly less successful than NA adults ($M = .78$, $SE = .03$, $p < .001$). For context, stimulus participants in the MTV task and friend context were rated as significantly less likely to be successful than stimulus participants in all other contexts (ps < .001). The interaction between context and diagnosis was also significant ($F(1,40092 = 28.275, p < .001$). Across all contexts autistic adults are rated as being less likely to achieve their goal than NA individuals (*p*s < .001), with the largest mean differences occurring for dating and job contexts and the smallest for the interest and class contexts.

Interactions between Context, Diagnostic Group, and Disclosure.

The two-way interaction between diagnosis and context was significant for all FIS items except for attractiveness and interest living near the stimulus participant (*p*s < .002). Post hoc

analyses revealed that NA participants maintained a first impression advantage over autistic participants across contexts, but the size of this advantage varied, with autistic adults being rated more favorably in some contexts than others. They were rated as more likeable, trustworthy, and intelligent when talking about their interest than when in a job interview (*p*s <.001), a pattern that did not occur for NA participants. In contrast, impressions of NA but not autistic participants improved in the job interview on trust and awkwardness (*p*s < .001), compared to the original TV context. For social interest items, autistic adults received lower ratings than NA adults across contexts, but the magnitude varied. Interest in having a conversation with NA participants varied across contexts but remained similarly low across contexts for autistic participants.

The two-way interaction between diagnosis and disclosure was significant for all FIS items except for awkwardness and smart (*p*s < .001). Post-hoc analyses revealed that presenting autistic participants with a diagnostic label resulted in better ratings than those presented without one for all items (*p*s < .001), whereas labeling NA participants only improved ratings on dominance, live near, and sit next to (*p*s < .005). Thus, replicating previous findings (Sasson & Morrison, 2019), diagnostic disclosure enhances first impressions of autistic participants, and on more items than for NA participants. The two-way interaction between context and disclosure was not significant for any first impression item. Thus, the effects of disclosure across the sample largely do not appear to be moderated by context.

However, the three-way interaction between diagnosis, context, and disclosure was significant for four trait items (awkward, trust, intelligence, and likability; *p*s < .001), but none of the social interest items. In general, disclosure improved trait impressions of autistic people but not NA people, but this varied by context. For instance, autistic adults with a disclosed diagnosis

were rated as being significantly more trustworthy than those without a disclosed diagnosis in the job context (b = .09, p < .001) and the dating context (b = .09, p < .001) but ratings did not significantly differ in these contexts between NA participants with and without a diagnostic label (ps >.30). Autistic adults with a disclosed diagnosis were also rated as being significantly less awkward in the making a friend context than those with no disclosed diagnosis (b = -.05, p = .001), but disclosure did not significantly affect awkward ratings of NA participants in this context (b = .04, p = .13). Finally, autistic adults with a disclosed diagnosis were rated as significantly more intelligent than those with no diagnosis in the class partner context (b = .089, p = .005) and the discussing an interest context (b = .098, p = .002), which did not occur for NA participants (, ps > .03).

The three-way interaction did not reach significance for any of the social interest items, suggesting that context does not moderate the 2-way interactions between diagnosis by disclosure previously found on these items. Thus, diagnostic disclosure appears to improve social interest in autistic but not NA stimulus participants, and this is not significantly affected by context.

Due to their length, inconsistent findings, and, in some cases, underpowered effects, hypotheses 3 and 4 examining the effects of social camouflaging of stimulus participants and the autism knowledge and stigma of rater participants are presented in Appendix 4.

Hypothesis 5 – Variation in Social Behavior

Social behavior of autistic and NA stimulus participants across contexts was analyzed using the coding scheme of the HiSoC that assess three domains: affect, behavior and language, and social-interpersonal behaviors. There was an effect of diagnosis on all three domains, with

NA adults outperforming autistic adults. On the affect domain ($F(1, 41117) = 133.55$, $p < .001$; *Figure 1)*, NA adults had significantly higher scores ($M = 4.29$, $SE = .054$) than autistic adults ($M = 3.41$, SE = .054). On the behavior and language domain ($F(1, 41117) = 87.16$, $p < .001$; *Figure 2*), NA adults ($M = 4.56$, SE = .053) scored higher than autistic adults ($M = 3.87$, $SE = .053$). Finally, on the social-interpersonal domain ($F(1, 41117) = 63.13$, $p < .001$*; Figure 3*), NA adults ($M = 4.11$; SE = .063) also outscored autistic adults ($M = 3.41$, SE = .063). There was not a main effect of context for affect ($F(1, 41117) = .42$, $p = .83$), behavior and language ($F(1, 41117) = 1.68$, $p = .14$), or social-interpersonal (F(1, 41117) = 2.17, $p = .06$), nor did context significantly interact with diagnosis for any of the three domains (ps <. 97).

The same pattern occurred if the HiSoC was analyzed as a total score rather than broken down into three domains. There was a main effect of diagnosis ($F(1, 41117) = 75.52$, $p < .001$; *Figure 4*), with the same pattern of NA adults ($M = 4.10$, SE = .064) being rated significantly better than autistic adults ($M = 3.31$, SE = .064). The main effect of context was not significant ($F(1, 41117) = 1.78$, $p = .12$), nor was the interaction of context and diagnosis ($F(1, 41117) = .32$, $p = .89$).

Finally, we found significant differences between group variability across all three domains and the composite score using Levene's test of equality of variances (ps < .001). Breaking these down indicated that the NA adults exhibited significantly more variability across all contexts than autistic adults for the affect domain ($M_{NA} = .72$, $M_{A} = .43$), the behavior and language domain ($M_{NA} = .70$, $M_{A} = .31$), the social engagement domain ($M_{NA} = .78$, $M_{A} = .48$), and the overall composite score ($M_{NA} = .80$, $M_{A} = .47$).

Specific Aim 2

The Truth and Bias Model of Judgment (T&B Model; West & Kenny, 2011) was used to address the accuracy and bias of participant metaperceptions. Predictor and outcome variables were grand mean centered around the truth value (i.e., the average of rater judgments on each FIS item for each stimulus participant), and the outcome variable was identified as being the difference between the stimulus participants predicted rating of their score and the truth value (e.g., the average of the raters' judgments for that stimulus participant). Accuracy in the model was defined as the regression coefficient for the truth value, or the degree to which the ratings stimulus participants received from raters predict how they believed they would be rated on the FIS, or to the amount of difference in raters' assessments and stimulus participants predicted assessments (Hypothesis 1). Bias in the model was defined as the intercept of the regression equation, or the mean-level difference between the rater participants' average rating of FIS items, and each individual stimulus participants' own predicted scores. Bias therefore corresponds to the direction of this difference, which indicates whether stimulus participants are over-estimating or under-estimating how they will be perceived by others (Hypothesis 1). For Aim 2, we also entered both context type (e.g., personal or professional; Hypothesis 2) and self-reported social camouflaging for autistic stimulus participants (Hypothesis 3) as moderators of accuracy; however, these two hypotheses should be considered exploratory, as an a priori power analysis indicated these may not be sufficiently powered depending upon the size of the effects detected (see Appendix 1).

Hypotheses 1& 2 – Effects of Diagnosis and Context on Metaperceptions

Accuracy. Overall tracking accuracy was significant for awkward, trustworthy, aggressive/dominant, likeable, smart, live near, and sit next to (*Tables* 3 & 4), suggesting that across all contexts and diagnoses, stimulus participants were accurate in terms of their metaperceptions of these items.

Accuracy was significantly moderated by diagnosis for metaperception of awkward, attractive, trustworthy, and likeable (*Table 3*). For awkwardness, autistic participants (b = .056, p < .001) were more accurate than NA participants (b = .039, p < .001). For trust and likeable, NA but not autistic participants were significantly accurate (Trust: b = .052, p < .001; Likeable: p = .038, p < .001). Finally, for attractive, simple slope follow ups for both groups were non-significant (ps > .05).

Accuracy was moderated by context type for awkward, attractive, trustworthy, aggressive/dominant, likeable, smart, living near, and sitting next to (*Tables* 3 & 4). For attractiveness, stimulus participants were significantly accurate in their metaperceptions in personal (b = -.009, p = .006) but not professional (b = .004, p = .19) contexts. In contrast, metaperceptions for smart, living near, and sitting next to were found to be accurate for professional (ps < .001), but not personal (ps > .05) contexts. For awkward, participants were found to be significantly accurate in both context types, but more so in personal (b = .076, p < .001) compared to professional (b = .02, p < .001) contexts. The opposite effect was seen for trustworthy, aggressive/dominant, and likeable, where participants were accurate for both context types but more so in professional (ps < .02) than personal ones (ps < .001).

Importantly, the effect of diagnosis on tracking accuracy significantly depended upon context type for eight of ten FIS items: awkward, attractive, aggressive/dominant, likeable, smart, live near, hangout with, and have a conversation with (*Tables* 3 & 4). These interactions were broken down by diagnosis, then – if found to be significant – context type. NA participants were significantly accurate for both attractive and smart (*p*s < .001) but autistic participants were not (*p*s > .30). For attractive, further breakdowns revealed that participants were significantly accurate in terms of how they were perceived on attractiveness in both contexts, but more so in professional (b = .016, p < .001) than personal ones (b = .013, p = .002). However, for intelligence, accuracy was only significant in professional contexts (b = .12, p < .001) while personal ones were not (b = -.006, p = .42). For awkward, aggressive, likeable, living near, hanging out with, and having a conversation with, both diagnostic groups were significantly accurate (*p*s < .02). Simple slopes breakdowns for these FIS items are displayed in Table 5.

Bias Stimulus participants demonstrated significant bias in their metaperceptions for attractive, trustworthy, hanging out with, and having a conversation with (*Tables* 3 & 4). For all of these items, stimulus participants over-estimated how they would be rated.

Bias was significantly moderated by diagnosis for attractive, trustworthy, likeable, live near, hangout with, and sit next to (*Tables* 3 & 4). For attractive, follow-up analyses found that bias was significant for the NA group (b = .55, p < .001) but not the autistic group (b = .15, p = .23). Conversely, for interest living near, bias was significant for the autistic group (b = -.32, p = .035) but not the NA group (b = .19, p = .21). For both trust and interest hanging out with, follow-up analyses were significant for both autistic (Trust: b = .23, p = .023; Hangout: b = .38, p = .003) and NA adults (Trust: b = .24, p = .017; Hangout: b = .63, p < .001). Finally, for both

like and sit next to, follow-up analyses for autistic and NA participants were found to be non-significant (ps > .05).

Bias was also significantly moderated by context type for all six trait items (*Table 3*) and all four social interest items (*Table 4*). Follow-ups breaking down context by personal versus professional settings found that participants significantly underestimated ratings of aggression/dominance in personal contexts (b = .20, p = .009) but not professional ones (b = .070, p = .35), and significantly overestimated ratings of attractive, trustworthy, smart, and conversation in both personal and professional contexts, with overestimation tending to be larger in personal (ps < .001) compared to professional contexts (ps < .01). For awkward, smart, live near, and sit next to, neither follow-ups for context type were significant (ps > .05).

Finally, the degree to which the effect of diagnosis on bias depended on context was significant for all first impression items except interest living near (ps < .001; *Tables 3 & 4*). Like before, these interactions were first broken down by diagnosis and then – if found to be significant – context type. First, all follow-ups were found to be non-significant for awkward and aggressive/dominant (ps > .05). For both trustworthy and sit next to, follow-ups for the autistic group were non-significant, but significance was found for the NA group in both items (ps < .001). For trustworthy, follow ups for context-type indicated significance for personal contexts (b = .34, p = .001), but not professional contexts (b = .13, p = .18) for NA individuals. The same effect occurred for sit next to (Personal: b = .28, p = .034; Professional: b = .14, p = .25). Full simple slope breakdowns for attractive, likeable, smart, hangout with, and conversation with are documented in Table 6.

Due to the length, inconsistent findings, and, in some cases, underpowered effects, hypothesis 3 examining the effects of social camouflaging of stimulus participants on their metaperceptions are presented in Appendix 4.

Specific Aim 3

Aim 3 examined the rater participants' ability to assess stimulus participants' performance on a series of cognitive and social cognitive tasks. Using the T&B model, the truth value was defined as the stimulus participants' actual total score on each of the cognitive and social cognitive tasks, and accuracy was defined as the ability of the rater participants to predict stimulus participants' performance on the tasks. Bias in the model refers to the mean-level difference between the rater participants' average predicted score for the stimulus participants on each task and each stimulus participants' actual score on these tasks. Raters were predicted to be less accurate in their estimations of autistic relative to NA performance (Hypothesis 1) and demonstrate a greater bias towards underestimation of autistic relative to NA performance (Hypothesis 2). A series of moderators for these relationships were also explored, including: the effect of task type (social cognitive or cognitive) on accuracy (Hypothesis 3); the effect of social camouflaging by autistic stimulus participants on NA accuracy (Hypothesis 4); and the effect of autism knowledge and stigma held by the NA raters on accuracy (Hypothesis 5).

Hypotheses 1, 2, & 3 – Task Type, Disclosure, and Diagnosis

NA participants significantly outperformed autistic individuals on two of the three social cognitive tasks, the ER40 and the TASIT, and on the social cognitive composite (ps < .01). They also scored higher on one of the three general cognitive tasks, the Digit Span (p < .01), and on the general cognitive composite (p = .04) In contrast, raters predicted that NA stimulus

participants would outperform autistic participants on all six tasks (*p*s < .001) and on the social cognitive ($p < .001$) and general cognitive composites ($p < .001$).

Accuracy. There was a significant main effect of accuracy, such that raters overall tended to be accurate in terms of how stimulus participants performed, across all diagnoses, task types, and disclosure conditions (*Table 7*). However, accuracy was significantly moderated by diagnosis (*Table 7*), with raters demonstrating significantly higher accuracy for NA ($b = .14$, $p < .001$) compared to autistic ($b = .08$, $p < .001$) stimulus participants. Accuracy was also significantly moderated by disclosure (*Table 7*). Simple slopes indicated that while raters displayed significant accuracy for both disclosure conditions, their accuracy was significantly higher when diagnoses were disclosed ($b = .14$, $p < .001$) compared to when they were not ($b = .08$, $p < .001$). Additionally, tracking accuracy was moderated by task type (*Table 7*). Although both were significantly different from zero, raters displayed significantly higher accuracy for cognitive tasks ($b = .09$, $p < .001$) compared to social cognitive tasks ($b = .14$, $p < .001$). Finally, accuracy was not significantly moderated by any combination of predictors (*Table 7*).

Bias. There was a significant main effect of bias indicating that raters tended to underestimate how stimulus participants performed across tasks (*Table 7*). However, bias was also significantly moderated by diagnosis (*Table 7*). Simple slopes breakdowns indicated that raters significantly underestimated the performance by both groups, but underestimation was greater for autistic stimulus participants ($b = -.10$, $p < .001$) compared to NA stimulus participants ($b = -.042$, $p < .001$). Bias was also found to be significantly moderated by task type (*Table 7*); follow-up analyses indicated that raters displayed significantly more underestimation on social cognitive tasks ($b = -.080$, $p < .001$) compared to non-social cognitive tasks ($b = -.066$,

$p < .001$), although both were statistically significant. Disclosure, on the other hand, did not significantly moderate bias (*Table 7*).

Importantly, the effect of task type on bias depended upon diagnosis (*Table 7*). Breaking down this interaction showed that both diagnostic groups and task types were significantly underestimated by rater participants, but for autistic adults ($b = .049$, $p < .001$), raters displayed more under-estimation on social cognitive tasks ($b = -.13$, $p < .001$) compared to cognitive ones ($b = -.079$, $p < .001$). In contrast, for NA adults ($b = -.021$, $p < .001$), raters displayed more under-estimation on cognitive tasks ($b = -.031$, $p = .001$) compared to social cognitive ones ($b = -.052$, $p = .001$).

The effect of task type on bias also significantly depended upon disclosure (*Table 7*). Breaking this down by task type indicated that there was no significant bias for social tasks ($b = .005$, $p = .667$), but there was for cognitive tasks ($b = .040$, $p = .002$). Further simple slopes analyses indicated that, for cognitive tasks, raters displayed more underestimation for stimulus participants without a disclosed diagnosis ($b = -.082$, $p < .001$) compared to those with a disclosed diagnosis ($b = -.046$, $p < .001$), although both were statistically significant. Finally, the effect of diagnosis on bias also depended upon disclosure (*Table 7*). Breaking this down via simple slopes indicated that NA stimulus participants without a disclosed diagnosis ($b = -.061$, $p < .001$) were significantly underestimated by raters, while NA stimulus participants with a disclosed diagnosis were not ($b = -.022$, $p = .047$).

Hypothesis 4 – Social Camouflaging

Social camouflaging was not found to significantly moderate accuracy or bias on its own or with any of the three predictors from the previous hypotheses (*Table 8*).

Hypothesis 5 – Autism Knowledge and Stigma

Autism Knowledge.

Accuracy. Accuracy was not significantly influenced by autism knowledge (*Table 9*). Although the effect of autism knowledge on accuracy was not significantly dependent upon diagnosis (*Table 9*), the effect of task type on accuracy was significantly influenced by autism knowledge (*Table 9*). Simple slopes breakdowns indicated that, for social cognitive tasks, when autism knowledge increases, so does accuracy ($b = .015$, $p < .001$). In contrast, for cognitive tasks, when autism knowledge increases by 1 unit, accuracy decreases by .011 units ($b = -.011$, $p < .001$).

This effect, however, was superseded by the finding that the moderating effect of autism knowledge on the effect of task type was significantly dependent upon diagnosis (*Table 9*). Simple slopes breakdowns for the autistic group ($b = .008$, $p < .001$) indicated that when autism knowledge increases, accuracy on social cognitive tasks also increases ($b = .009$, $p = .01$) but decreases for cognitive tasks ($b = -.006$, $p = .03$). For NA participants ($b = .018$, $p < .001$), the same patterns occurred: social cognitive tasks indicated a positive relationship between autism knowledge and accuracy ($b = .020$, $p < .001$), whereas cognitive tasks showed a negative relationship between the two ($b = -.016$, $p < .001$).

Bias. Autism knowledge significantly influenced bias, such that when autism knowledge increased, over-estimation also increased (*Table 9*). This relationship was found to be moderated by task type (*Table 9*), but not diagnosis (*Table 9*). Breaking down the relationship between task type, autism knowledge, and bias indicated that when autism knowledge increases, over-

estimation increases for both social cognitive tasks and cognitive tasks (SC: $b = .009$, $p < .001$; C: $b = .005$, $p = .001$)

Autism Stigma.

Accuracy. Autism stigma significantly affected tracking accuracy, such that for every 1 unit increase in autism stigma, accuracy tended to increase by .027 (*Table 10*). This effect was significantly moderated by task type (*Table 10*), and simple slopes breakdowns indicated that, for social cognitive tasks, more autism stigma related to a decrease in accuracy ($b = -.045$, $p < .001$), whereas for cognitive tasks, more stigma related to an increase in accuracy ($b = .099$, $p < .001$). On its own, diagnosis did not significantly influence the effect of autism stigma on tracking accuracy (*Table 10*); however, the degree that autism stigma moderated the effect of task type significantly depend on diagnosis (*Table 10*). Breaking this down for the autistic group ($b = -.053$, $p < .001$) indicated that increased stigma relates to less accuracy on social cognitive tasks, ($b = -.034$, $p = .010$), but more accuracy on cognitive tasks ($b = .073$, $p < .001$). A similar pattern was found for NA participants ($b = -.091$, $p < .001$), with social cognitive tasks showing a negative relationship between stigma and accuracy ($b = -.056$, $p = .002$), whereas cognitive tasks showed a positive relationship between the two ($b = .13$, $p < .001$).

Bias. Autism stigma significantly influenced bias, such that increased stigma related to increased underestimation (*Table 10*). However, this relationship was not found to be moderated by task type or diagnosis (*Table 10*).

CHAPTER 9

DISCUSSION

Non-autistic (NA) people tend to form unfavorable first impressions of autistic adults and are often reluctant to interact with them (Sasson et al., 2017). These processes affect the social experiences of autistic people, limit their personal and professional opportunities, and are associated with social exclusion and mental health difficulties (Mitchell et al., 2021). However, NA impressions of autistic people are highly variable (Morrison et al., 2019) and are affected by characteristics of both the NA rater and the autistic target. The rater's prior experience with autism, their factual knowledge of the condition, and the stigma they hold toward it, have all been shown to predict evaluation of autistic people, suggesting these variables may be particularly important and susceptible to change (Jones et al., 2021). For autistic targets, not only do differences in social presentation and expressivity affect the impressions they receive (Faso et al., 2015, Hubbard et al., 2017), but so too do personal decisions like whether they disclose their diagnosis (Morrison et al., 2019) and, potentially, whether they engage in masking or camouflaging of their autistic characteristics.

To date, the work on the causes and consequences of negative first impressions of autistic people has been constrained by the limited contexts in which impressions have been tested and the difficulty in assessing the "accuracy" of inherently subjective judgments. Much remains unknown about whether and how rater and target characteristics may exert differential effects across the real-world personal and professional situational contexts known to influence social behavior and impression formation. Increased knowledge about factors driving first impressions

of autistic adults across contexts may help identify avenues for improving outcomes for autistic adults and promoting inclusion and acceptance of autism among NA people.

Specific Aim 1

The first aim of this dissertation was to assess factors contributing to the formation of first impressions of autistic adults across a series of personal and professional contexts. NA raters (N = 977) viewed and evaluated NA and autistic adults (N = 42) comparable on demographic variables and measured intelligence from video-recordings of them in five contexts relevant to life outcomes for young autistic and NA adults (plus the original "auditioning for a TV show" context) : 1. interviewing for a job; 2. making a video for a dating website; 3. finding a partner for a class project; 4. explaining why they would make a good friend; 5. talking about their primary interest. Diagnostic information of the targets was systematically manipulated, associations between social camouflaging and impressions were assessed, and behavioral changes across contexts were compared between autistic and NA stimulus participants.

Although previous work has consistently found that autistic adults receive less positive first impressions than NA controls from thin slice video presentations of their social behavior (Morrison, DeBrabander, et al., 2019; Sasson et al., 2017; Sasson & Morrison, 2019), these findings were all generated using the same set of stimulus participant videos within a single context (auditioning for a mock reality TV show; Gibson et al., 2010). Thus, the first goal of Specific Aim 1 was to replicate the primary findings of previous first impression studies using a new sample of autistic and NA stimulus participants and extend them by examining whether impressions vary across six different contexts. This aim also explored whether impressions varied as a function of the diagnostic disclosure and social camouflaging of the stimulus

participant and the autism knowledge and stigma of the rater participant. Finally, videos of autistic and NA adults were coded to determine whether, as hypothesized, autistic adults demonstrate less variance in social behavior across contexts than NA adults.

Replicating prior findings (DeBrabander et al., 2019; Morrison, DeBrabander, et al., 2019; Sasson et al., 2017; Sasson & Morrison, 2019), autistic adults were rated significantly less positively than NA adults across all first impression items except for aggression/dominance and trustworthiness. This included both trait assessments (e.g., "likability") and social interest items (e.g., "interest in hanging out"), suggesting that autistic differences in social presentation are broadly perceived as socially unappealing by NA raters. Importantly, findings here occurred with an entirely new sample of stimulus participants and raters, indicating that first impression findings are robust across independent samples of autistic and NA adults. Importantly, however, participants in the current study were clinically and demographically similar to the prior sample. They all were young adults with intelligence in the normal range and it remains unclear whether and how findings would extend to autistic participants with greater support needs or lower intellectual or verbal ability. The current study chose to focus on autistic adults without intellectual disability because issues of acceptance and barriers to inclusion within personal and professional settings are potentially more salient issues and concerns for this subset of the autism population.

First impressions shifted across contexts for most items. Only the items awkward, live near, sit next to, and have a conversation did not vary significantly across contexts. It may be the case that judgments of awkwardness are driven by perceptions of personal characteristics that are relatively impervious to context effects. In previous studies (e.g., DeBrabander, 2019; Sasson et

al., 2017), awkwardness was also the trait that most predicted social interest among NA (but not autistic) raters. Thus, it is perhaps not surprising that context also did not affect impressions on three of the four social interest items. Judgments of social interest likely focus attention on the evaluated person in a way that is less susceptible to influence by contextual demands. In this sense, evaluations of someone's social appeal may be more person-focused and relatively consistent across contexts. Other trait assessments, like intelligence, may be more influenced by situational demands, particularly when those can affect social presentation choices (e.g., how one presents themselves in a job interview versus a dating scenario).

Although NA participants maintained a first impression advantage over autistic participants across contexts, the size of this advantage varied, with autistic adults being rated more favorably in some contexts than others. Only ratings of attractiveness did not produce an interaction between diagnosis and context, likely because judgments of are not as susceptible to context effects and did not significantly affect the rating advantage NA participants received over autistic ones. Interestingly, autistic participants were rated as more likeable, trustworthy, and intelligent when talking about their interest than when in a job interview, a pattern that did not occur for NA participants. This may suggest that autistic people are viewed more favorably when personally invested and enthusiastic about the subject matter they are discussing. The "interest" condition is also the only context in which participants are not asked to "perform" to some degree. They do not have to pretend to be in a job interview or seeking a date or auditioning for a TV show. In this sense, the interest context may be a more authentic representation of autistic people being themselves, which raises questions about whether some of the first impression advantage that NA participants demonstrate over autistic participants in these

studies are driven in part by a better ability to perform the contextual demands assigned to them. Still, because perceptions of autistic people still lagged behind NA ones even in the interest context, the "performance" demands of the other contexts are not the sole or even main reason autistic participants are perceived less favorably. However, this finding does highlight the need for more authentic representations of autistic people in stimuli in first impression and related studies.

Indeed, autistic adults were rated most favorably when discussing an interest of theirs, and least favorably when interviewing for a job. Prior research on job interviews suggests that autistic people are often significantly disadvantaged relative to their merits (Romualdez, Heasman, et al., 2021), largely because of negative social inferences made by interviewers and their beliefs about what it might mean for the applicant's job performance and "fit" within the workplace environment (Flower et al., 2021). The current findings confirm that autistic people are evaluated poorly within job interview settings by NA raters but extend beyond this to suggest that they are the *most* disadvantaged in this context relative to the others tested here. NA participants may better know how to meet the evaluator expectations within a job interview and provide more appealing responses than autistic participants. In fact, impressions of NA but not autistic participants actually improved in the job interview context on several traits compared to the original TV context. Autistic social presentation and communicative differences may also be perceived by NA raters as less appropriate or less appealing within a job interview context relative to others. In this way, biases against autistic social presentations may be magnified within job interview contexts.

This study also found that stimulus participants presented with a diagnostic label were perceived more favorably than those without one on most items. However, these main effects were largely driven by the autistic group. Significant interactions between diagnostic disclosure and group were found for all items except awkwardness, with disclosure improving impressions of autistic but not NA people. These findings again replicate previous results using a new sample of stimulus participants (Morrison, DeBrabander, et al., 2019; Sasson & Morrison, 2019) and provide further support that NA raters tend to be more lenient in their evaluations of the atypical social presentations of autistic people when informed that they are autistic. Although providing a label indicating the lack of a diagnosis for NA stimulus participants did not produce as many effects, it did still improve ratings on dominance and two social interest items. This suggests that providing confirmation that a person does not have clinical condition may increase their social appeal in some respects for NA raters.

The effects of diagnostic disclosure for each group varied depending upon context in several interesting ways. Most notably, disclosure led to autistic people being rated as more trustworthy and likable in job interviews, which did not occur for NA participants. This aligns with similar results found in prior studies of job interviews using vignettes or other mock scenarios (e.g., McMahon et al., 2021) but extends them for the first time to evaluations of actual autistic adults. Importantly, results suggest that impressions of autistic job candidates may improve when the evaluator is informed prior to the interview that the applicant is autistic. Many autistic adults report facing difficulties during the employment process, with the job interview in particular serving as a barrier to employment (Black et al., 2020; McMahon et al., 2021; A. Pearson & Rose, 2021; Scott et al., 2017, 2019). They often struggle about deciding if and when

during the hiring process to disclose their diagnosis, with some reporting negative consequences for disclosing in the workplace (Romualdez, Heasman, et al., 2021). The current findings cannot determine whether disclosure during interviews would improve job prospects for autistic candidates with real potential employers, but they do suggest that disclosure produces some benefit on first impressions and may provide evaluators with an explanation for the social differences they might be perceiving.

Related findings also occurred within the friend and dating contexts. Autistic adults with a disclosed diagnosis were rated as being less awkward in the making a friend context, again suggesting that diagnostic disclosure may result in more positive evaluations by NA peers. Similarly, autistic adults were rated as being significantly more trustworthy in the dating context when disclosing their diagnosis. Autistic individuals have been found to be more likely to date online then their NA peers (Roth & Gillis, 2015), and mock dating profiles of autistic men have been previously found to be evaluated as more trustworthy and attractive when a diagnosis is disclosed (Brosnan & Gavin, 2021; Gavin et al., 2019). The current results extend this finding, at least for trustworthiness, to videos of actual autistic people. Whether results would extend to online dating itself and benefit the dating success of autistic people is an open question, but it is notable that online misrepresentation is increasingly common among young adults, with large numbers of individuals admitting that they do lie online in their dating or other social profiles (Caspi & Gorsky, 2006; Drouin et al., 2016; Sharabi & Caughlin, 2019; Whitty & Joinson, 2008). Trustworthiness may therefore be a particularly valued characteristic during online dating and improved perception of trustworthiness of autistic people following diagnostic disclosure may allow for increased dating opportunities.

Importantly, autistic participants were not only rated less positively than NA controls across first impression items, they also were rated as being significantly less likely to achieve success within each context (e.g., receive the job, make a friend, get a date, etc.). Thus, these findings indicate that the NA raters not only evaluate autistic people as less socially desirable than NA people but also believe they will be less successful achieving their personal and professional goals. This extends prior first impression findings in an important way. In previous studies, the negative evaluations autistic people received were incidental to the task demands. Participants were tasked with making a mock audition tape for a TV show. They were not specifically asked to try to get people to rate them highly or express social interest in them. In contrast, participants here were explicitly tasked with trying to achieve the stated goal within each context (e.g., get the job), and autistic people were still rated less favorably and rated as less successful at the task. Thus, the current findings suggest that NA raters not only perceive autistic people as less socially appealing as NA controls, but they also perceive them as less socially capable.

Specific Aim 1 also explored the potential effects of social camouflaging, autism knowledge, and autism stigma on first impressions (see supplemental materials). Effects here were under-powered and many predictions were not supported. For instance, social camouflaging did not affect first impression ratings for autistic adults. There are several possibilities why this occurred. First, camouflaging was measured with a questionnaire assessing general tendencies to camouflage and did not measure whether participants actually did so in the videos used here. It may be the case that those who reported camouflaging behaviors generally did not employ them here in this controlled experimental context. Second, items on the

questionnaire are not specific to autism and indeed can be universally applied to many groups of people that may especially be endorsed by the college-aged NA participants used here ("In social situations, I feel like I'm 'performing' rather than being myself"). This universality may have reduced sensitivity for differentiating the autistic and NA groups, particularly in a young adult sample. An alternate camouflaging measure used to detect autism-specific camouflaging strategies (i.e., forcing eye contact, resisting stemming, etc.) may have proven more effective. Autistic people who camouflage do so to "pass" as less autistic, be perceived more favorably, and avoid discrimination. The fact that these strategies are relatively prevalent among autistic people without intellectual disability suggest that they have some effect, though the methods and measures used here were unable to detect it.

Although analyses regarding autism stigma and knowledge were underpowered and did not produce many significant findings (see supplemental materials), a few intriguing interactions emerged. Specifically, raters with more autism knowledge were found to rate autistic adults as being more trustworthy and likeable across contexts, replicating previous findings that autism knowledge among NA people is associated with more favorably evaluations of autistic people (Gillespie-Lynch et al., 2017; Jones, DeBrabander, et al., 2021; Morrison, DeBrabander, et al., 2019; Sasson & Morrison, 2019). These findings add to an emerging literature highlighting autism knowledge as a particularly important individual difference among NA people that may relate to greater acceptance of autistic differences. Indeed, improving autism knowledge through training and educational programming has shown some benefits on NA attitudes and perceptions of autistic people (Jones, DeBrabander, et al., 2021), with some but not all effects extending to real-world interaction with autistic people (Jones, Morrison, et al., 2021).

For autism stigma, the most notable effects occurred in interaction with diagnostic disclosure. Unlike for most raters, disclosure did not improve first impressions among those with higher level of autism stigma and in fact was associated with worse impressions in several contexts. Although most participants evaluated autistic adults as more likeable and trustworthy in job interviews and more trustworthy in dating scenarios, the opposite was found for raters with more autism stigma. Knowing that the person they were rating was autistic resulted in worse impressions in these scenarios. Thus, the effects of diagnostic disclosure are not always positive, and the characteristics of who is receiving the disclosure may be just as important as those of the person doing the disclosure. This complexity makes the decision to disclose or not disclose a difficult one for autistic people and highlights the need for social, cultural, and structural changes that reduce autism stigma and enable autistic people to feel safer disclosing their diagnosis.

As predicted, autistic adults were found to be less variable in their objective behaviors than NA adults (i.e., they displayed reduced self-monitoring), as measured by two blinded raters via the HiSoC manual. This decreased variability in autistic adults was found across all three domains and the overall composite scores. These findings are consistent with previous findings that autistic individuals are more likely to remain consistent in their behaviors across situations (Baron-Cohen, 1992; J. Boucher, 1977; Frith, 1972; Lecavalier et al., 2020; Rinehart et al., 2006; Williams et al., 2002). Importantly, however, all of the raters in this study (including the trained and blinded research assistants who coded via the HiSoC manual) were NA, and it is unclear whether ratings may have differed if some or all of the coders were autistic. In line with the double empathy theory (Milton, 2012), the coding done here may not reflect how other autistic individuals may perceive and rate such behaviors. Regardless, it is worth noting that NA ratings

of autistic participants varied across contexts despite little to no variation in their coded social behavior. This suggests that NA raters may perceive the social and communicative differences of autistic adults as more appropriate in some contexts (e.g., talking about their interests) than others (job interview).

Specific Aim Two

Metaperception, or the ability to predict how you are evaluated by others, is related to social outcomes in the general population (Bowie et al., 2007; Carlson et al., 2011; King et al., 1967b; Vazire & Mehl, 2008) and is often presumed to be impaired in autism given its link to social cognitive processes (Sasson et al., 2018). However, previous work examining metaperceptions in autism have been mixed (Locke & Mitchell, 2016; McMahon & Solomon, 2015), with some reporting reduced accuracy (McMahon & Solomon, 2015; Sasson et al., 2018) and some reporting enhanced metaperception among autistic adults (Usher et al., 2018; Morrison et al., unpublished data), particularly in predicting ratings of likeability (Usher et al., 2018) and social interest (Morrison et al., unpublished data). Both of these prior studies assessed metaperceptions within a single context (a social interaction), whereas the current study sought to test metaperception across broader personal and professional contexts using the Truth and Bias Model of Judgment (West & Kenny, 2011).

Findings indicated that participants were accurate at predicting how they would be rated on most items. However, accuracy patterns varied by diagnosis, with autistic participants demonstrating greater accuracy than NA participants in predicting how they would be rated on "awkward". Awkwardness, an ambiguous term without a formalized definition (Tashiro, 2017), is perhaps the most common term used to describe autistic (and sometimes other neurodivergent)

people (Bottema-Beutel et al., 2016; Grossman, 2015). Autistic adults may be keenly aware of how outsiders perceive autism and understand that others interpret their expressivity, communication, and behaviors as atypical and less socially appealing. The effect found here was largest in professional scenarios, with autistic but not NA participants predicting how they would be rated on awkwardness in these contexts. Similarly, autistic but not NA participants, were accurate in predicting raters' interest in hanging out with and having a conversation with within professional contexts, partially replicating previous findings (Morrison et al., unpublished data) indicating better metaperception accuracy in autism for detecting social interest.

These more accurate metaperception found for the autistic group in professional contexts contrast with findings from specific aim 1. Autistic people were perceived less favorably than NA participants in professional contexts and were rated as less likely to achieve their goals (e.g., get the job). They also often struggle in job interviews and other occupational scenarios in the real world. Thus, it is unlikely that better metaperception accuracy here reflects a social advantage for autistic people in professional situations. Rather, autistic people may recognize from past experience that NA people view them as awkward and have low social interested in them. This understanding may be especially salient to them in situations where they are under greater scrutiny, such as job interviews or other professional contexts. In this sense, the greater metaperception accuracy found here for autistic participants may not reflect a social cognitive process but rather a general recognition of how they are perceived based upon past unsuccessful social experiences. Autistic adults who experience low social success may internalize beliefs about how others view and want to interact with them, and the metaperception task used here may have tapped into these beliefs. Participants were only asked to predict how people would

rate them from their videos. They did not interact with these people or get to evaluate them or try to see themselves through their eyes. The task therefore may not have required participants to mentalize, perspective-take, or otherwise use social cognitive skills.

The T&B model revealed that, unlike for autistic participants, NA participants significantly overestimated their ratings on attractive and trustworthy across contexts and overestimated their ratings on likeable and intelligent in personal contexts. The pattern found for NA participants is consistent with a normative "self-enhancement" bias in which people overestimate how positively they are viewed (Brown, 1986; Brown & Dutton, 1995; Vazire & Carlson, 2011). Such biases may be beneficial. They can be self-protective, socially adaptive, and enable the pursuit of social opportunities that otherwise might be avoided. For autistic adults who did not demonstrate these biases, their more "objective" metaperception may be both a cause and a consequence of lower self-confidence and greater social reticence. Over time, such forces may act as a self-fulling prophecy contributing to poor social outcomes.

This study also tested the prediction that autistic adults reporting more social camouflaging would demonstrate more accurate metaperception because camouflaging involves recognizing that autistic characteristics and behaviors are perceived unfavorably and inhibiting them to avoid attention or judgment. Findings provided some limited support for a link between camouflaging and metaperception accuracy for autistic people. Higher self-reported camouflaging among autistic participants predicted increased metaperception accuracy in professional contexts for likeability, intelligence, dominance, interest in hanging out, and interest in living near the person. These patterns did not occur for NA participants. It may be the case that autistic adults who camouflage are more aware of how they are perceived, particularly in

settings of high scrutiny like professional contexts. Alternatively, both camouflaging and metaperception accuracy are linked to a shared underlying characteristic, like low self-confidence or internalized stigma about autism. Interestingly, and perhaps paradoxically, camouflaging among autistic participants was also associated with lower metaperception accuracy in personal contexts on some items. Such a discrepancy with the findings for professional contexts reinforces the need to examine effects across distinct contexts, as patterns may differ depending on shifting environmental demands. The discrepancy might also suggest that camouflaging predicts better metaperception in more structured environments (i.e., professional contexts) relative to the personal ones that allowed for more flexibility in responses. However, these patterns were not predicted and may be spurious. Replication is needed.

Specific Aim 3

Prior first impression work in autism, including specific aim 1 above, has focused on NA raters' subjective evaluations of autistic and NA people. Such judgments are important as they predict approach and avoidant behaviors (Blascovich et al., 2000), influence the quantity and quality of social experiences for autistic people (Sasson et al., 2017), and can contribute to biases, discrimination, and even mental health challenges (Mitchell et al., 2021). However, first impressions of most character traits (e.g., "likeability") and social interest (e.g., interest in "hanging out") are subjective judgments that cannot be assessed for accuracy. Specific aim 3 examined whether NA raters are less accurate in predicting the cognitive and social cognitive performance of autistic adults relative to NA ones.

Autistic adults performed significantly less well than NA participants on two of the three social cognitive tasks but only significantly differed from them on one of the three general

cognitive tasks. This pattern is consistent with other studies demonstrating a discrepancy in social cognitive and general cognitive performance in autism (Sasson et al., 2011). NA raters, however, predicted significantly higher performance for the NA group relative to the autistic group on all six tasks, indicating that they incorrectly estimated an NA advantage on two general cognitive tasks and one social cognitive task, which did not occur in actuality.

The truth and bias model was used to more deeply probe these patterns. In general, NA raters were significantly accurate in predicting performance for both NA and autistic participants. Accuracy here refers to the rank ordering of participant performance. Thus, NA raters were generally accurate at determining which participants would outperform other participants, suggesting that brief glimpses of social behavior can be sufficient for NA observers to achieve accurate estimation of cognitive performance of NA and autistic people. Accuracy was higher for general cognitive tasks relative to social cognitive ones, suggesting that brief observations of a person may enable better estimations of general intelligence than social cognitive ability. Raters may also be more familiar with the type of cognitive tasks used here than the social cognitive ones, which could have contributed to greater accuracy.

Importantly, NA raters demonstrated significantly higher accuracy for NA compared to autistic participants. NA raters likely have greater familiarity with NA social presentations, and autistic ones may be more difficult for them to infer cognitive ability. This interpretation is consistent with a double empathy framework and raises the question whether these patterns would differ if autistic raters were used. Future work is encouraged to conduct a similar study with NA and autistic raters to determine whether autistic raters demonstrate greater accuracy in predicting cognitive performance of autistic people relative to NA raters.

Overall, NA raters tended to underestimate participant performance. Both autistic and NA participants were estimated to perform worse across the tasks then they actually did, particularly on social cognitive tasks, suggesting that NA rates had a bias to see participants as less cognitively capable than they actually were. This bias was significantly larger for autistic relative to NA participants, indicating that NA raters underestimated cognitive performance to a greater degree for autistic participants. Thus, not only do NA observers perceive autistic adults less favorably on subjective first impression judgments, they also misperceive their objective cognitive capabilities to a greater degree than NA adults. This finding has important implications. The underestimation of autistic peoples' cognitive capabilities could contribute to discriminatory practices that construct barriers to opportunities in school and professional settings. Although the current study cannot determine what is driving the larger cognitive underestimation reported here for autistic people, it is likely that NA raters associate some aspects of autistic participants' non-normative social communication, expressivity, and presentations with perceived lower cognitive ability.

This interpretation is supported by the finding that NA rater underestimation of autistic cognitive performance was significantly larger on social cognitive than general cognitive tasks. The perception of atypical social presentations by NA raters may have led to assumptions of poor social cognitive ability among autistic participants. These assumptions were accurate in the sense that autistic participants did perform less well on social cognitive tasks than NA participants, but NA raters estimated this disparity to be even larger than it was in actuality. In fact, the greatest underestimation demonstrated by NA raters occurred for predicting the social cognitive abilities of autistic participants. Thus, the current study demonstrates that autistic

people not only perform less well than NA controls on social cognitive tasks, they also are perceived as being even less successful on these tasks than their objective performance indicates.

Underestimation of autistic peoples' social cognitive abilities could manifest in ways that affect autistic people in real-world scenarios, like being perceived as less capable relationship partners, collaborators, or employees. This pattern of underestimation, however, may not be exclusive to NA observers. The findings reported here also align with autistic peoples' beliefs about their own social cognitive ability in which they tend to "self-diminish" their social cognitive performance relative to their objective measurement (DeBrabander et al., 2020). In this way, similar processes may be occurring in both instances. Pervasive beliefs about poor social cognitive abilities in autism may contribute to NA observers exaggerating how poor these abilities are in reality and to autistic people internalizing these beliefs about their own capabilities. Both could work to undermine social outcomes for autistic people. Such beliefs among NA people could contribute to providing fewer social opportunities for autistic children and adults, and related self-beliefs among autistic people could undermine self-confidence in social success and contribute to the avoidance of social experiences.

Finally, the autism knowledge and autism stigma of NA raters was associated with the accuracy and bias of their estimations of autistic and NA cognitive performance. Specifically, increases in autism knowledge among raters was associated with greater accuracy in estimating social cognitive performance and lower accuracy estimating general cognitive performance, whereas autism stigma demonstrated the opposite pattern: higher autism stigma was associated with lower accuracy on estimating social cognitive performance and greater accuracy on estimating general cognitive performance. Although the divergent patterns between autism

knowledge and stigma make sense on one level—those with higher autism knowledge tend to have lower autism stigma and therefore these two variables often are expected to produce effects in the opposite direction— it is less clear why each variable exerted antithetical effects on social cognitive and cognitive estimation.

Limitations and Conclusions

Several important limitations should be considered when interpreting findings from this study. First, there was limited statistical power to detect some effects. While the sample size of raters was large and allowed for the sensitive detection disclosure and context effects, the sample size of the stimulus participants was small in comparison. This resulted in some analyses to be under-powered, particularly those pertaining to individual differences variables like autism knowledge, stigma, and social camouflaging. As a result, some effects for these variables may not have been detected and those that were found should be interpreted with caution given the increased likelihood of type 1 error. Relatedly, many hypotheses were tested in this study and many variables were included, and the large number of resulting analyses increases the chances that some reported effects may have occurred due to error. Thus, caution is encouraged when interpreting effects, particularly those underpowered and small.

Second, all autistic participants in this study had measured intellectual abilities in the normal to above average range and our findings may not extend to autistic people with intellectual disability, lower verbal ability, or higher support needs, which includes at least 50% of autistic people (Mefford et al., 2012; Newschaffer et al., 2007; Wilkins & Matson, 2009). Findings reported here should not be assumed to generalize to autistic people more generally. The sample was also largely white, mostly male, and relatively young. More research is needed

to determine how findings might differ in more diverse samples. Autism may intersect with other marginalized identities such as race to produce different effects on NA ratings. Similarly, NA raters were young adults recruited from an undergraduate psychology pool, and their perceptions of autistic people may differ from other types of raters. As college students, they may have more knowledge about autism, familiarity with autistic people, and express more inclusive and progressive attitudes than a more general population sample. For these reasons, the effects reported here may be conservative estimate of autism-related biases relative to what might be expected from raters drawn from a non-college sample.

Third, all raters were non-autistic. It is unclear how patterns found here would have differed if a sample of autistic raters were included. Consistent with the double empathy theory (Milton, 2012), prior studies have found that autistic raters tend to express more social interest in autistic targets than NA raters (DeBrabander et al., 2019; Morrison et al., 2019) despite rating them similar on traits, but it is unclear whether such patterns might be affected by context and the other manipulations tested here.

Finally, all impressions, metaperceptions, and predictions of cognitive performance were based on passive observation of video recordings. Although related studies have found similar impression effects following in-person social interaction, it is unclear how the findings reported here would translate to the real-world. A mock job interview, for instance, likely does not match the stress and experience of an actual job interview, nor do undergraduate raters reflect how actual employers might evaluated job candidates. Future work examining the patterns reported here in real-world contexts is encouraged.

Despite these limitations, the current project provides new insights into how autistic adults are perceived by NA people. This study extended beyond previous research in this area in several important ways. First, it serves as a replication of previous first impression findings in a new sample of autistic and NA participants that underscores the robust nature of the phenomenon studied here: NA adults perceive autistic adults less favorably than demographically similar NA comparison participants and express lower interest in interacting with them, particularly when uninformed of the person's diagnostic status. Such processes over time may establish barriers to inclusion for autistic people that make it difficult to accomplish personal and professional goals within predominantly NA environments. However, the study also replicated prior findings suggesting that higher autism knowledge and lower autism stigma are associated with more positive appraisals of autistic people. These findings underscore that increasing autism familiarity and reducing stigma among NA people may serve as potential mechanisms for greater social inclusion of autistic people.

Second, this study examined impressions of autistic people in five real-world contexts selected for their relevance to lives of young adults. Findings indicated that autistic adults were particularly disadvantaged relative to NA participants in the job interview context, confirming that this is a particularly challenging scenario for autistic people. In contrast, autistic people were perceived most favorably in some respects when discussing a personal interest, suggesting that NA raters may respond more positively to autistic people when they are more enthusiastic and comfortable within an environmental context. These and other reported context effects provide more nuanced evidence of the environmental factors contributing to social difficulty experienced by autistic adults.

Third, the current study finds some evidence that autistic adults demonstrate more accurate metaperception than NA participants, who tend to overestimate how well they would be perceived by others. This normative "self-enhancement" bias did not occur for autistic participants. Their personal experiences and history of social difficulty may have, at least in this experimental context, contributed to more accurate understanding of how they are perceived by others. This metaperceptual advantage, however, does not appear to facilitate better outcomes in the rest of the study, nor is it clear how these patterns map on to processes in the real-world.

Finally, this project assessed for the first time how NA raters perceive the cognitive competence of autistic adults. In general, raters underestimated the cognitive performance of autistic adults to a greater degree than NA participants, with the largest effects occurring for social cognitive abilities. These findings suggest that NA observers assume lower cognitive and social cognitive competence among autistic people than they objectively demonstrate. Thus, the less favorable impressions NA raters provide of autistic people extend beyond subjective judgments of their awkwardness or likeability to more objectively measured capabilities as well. The underestimation of cognitive abilities of autistic adults may contribute to inaccurate beliefs about their competency in academic and professional settings, including their employability.

In sum, this study demonstrates that NA perceptions of autistic adults are less favorable than of NA adults but can vary depending on many factors, including contextual demands, diagnostic disclosure of autistic people, and the autism knowledge and stigma of the rater. Continued study of these and other factors contributing to the social experiences and outcomes of autistic people is encouraged.

APPENDIX A

FULL POWER ANALYSIS

Aim 1: For aim one focused on comparing NA impressions of autistic and NA adults across situational contexts and whether these differ as a function of social camouflaging among autistic participants and/or autism knowledge and stigma among NA raters, objective social skills of autistic and NA stimulus participants, and diagnostic disclosure labels, it was found that we have power near unity (~1.00) to detect the anticipated large-sized effect ($d = 0.80$) of target diagnosis on rater's first impressions of that target. Likewise, we found power of .91 for detecting the anticipated relatively small moderating effect (change of $r = .10$) of context on the effect of target diagnosis on raters' first impressions. Further, we again found power near unity (~1.00) to detect the anticipated medium-sized effect ($r = .30$) of raters' autism stigma and knowledge and the context on the raters' average first impression rating across all the targets they rate. Likewise, power near unity was found to be able to accurately detect the expected large-sized moderating effects of diagnostic disclosure on NA raters' first impression of each target. We found that our analyses may be underpowered to detect the anticipated medium-sized effect ($r = .30$) of targets' social camouflaging on how they are rated by the raters. However, due to circumstances beyond our control[2], we were unable to collect more than 42 stimulus participants for this study. In the case that a large-sized effect is observed—a possibility given the effect of camouflaging on impressions of autistic people has never been investigated – our analyses for this would be sufficiently powered (.91). Finally, we found acceptable power

[2] Sample size for stimulus participants was compromised due to the ongoing COVID-19 pandemic.

(~0.85) for detecting how NA and autistic stimulus participants' social presentation styles differ across contexts, assuming a medium-sized effect (d = 0.70).

Aim 2 examines the accuracy and bias of metaperceptions of autistic and NA stimulus participants, with 42 targets providing judgments across six contexts, our power to detect accuracy on average (assuming r = .40) is .91. Likewise, our power on average to detect a small effect of directional bias (the anticipated d = .2) is .12. Our power to detect an effect of context on bias (equal to d = .20) is .45, and the power to detect an effect of context on accuracy (i.e., difference of r = .10) is .13. Finally, our power to detect an effect of diagnosis on tracking accuracy (a difference of r = .10) is .08. Like our analyses from Aim 1, our power for most of these analyses was low due to a small sample of target individuals. Therefore, we once again estimated power assuming we would be observing large-sized effects for these parameters. If this were to be the case, with 42 targets providing judgments across 6 situations, our power to detect directional bias on average of (assuming d = .70) is .98. Our power to detect tracking accuracy on average (i.e., r = .70) is near unity (1.00), as well as our power (~1.00) to detect an effect of context on bias (equal to r = .40), and our power (~1.00) to detect an effect of context on tracking accuracy (i.e., difference in r = .50). Our power to detect an effect of diagnosis on directional bias (a difference of r = .20) is .10, and our power to detect the moderating roles of social camouflaging and objective social skills on the effect on context on bias (d = .40) is .14. Finally, the effect of context on tracking accuracy (assuming a difference of r = 0.3) is between 0.11 and 0.12.

Aim 3 assesses whether NA raters less accurately predict the social cognitive and general cognitive performance of autistic stimulus participants relative to NA stimulus participants. With

the targeted N of 300 raters providing judgments across all 42 targets, our power to detect the both the average degrees of tracking accuracy for the raters rating non-autistic people (assuming $r = .50$) and for the raters rating autistic people (assuming $r = .10$) is near unity (~1.00). Similarly, we see power near unity (~1.00) for the average degree of directional bias for raters rating both autistic people (assuming $d = .50$) and NA people (assuming $d = .20$). Likewise, power near unity (~1.00) was found for detecting differences in performance assessment across task type (e.g., social cognitive or cognitive) for autistic and NA adults, assuming medium-sized effects ($d = 0.5$). Again, power near unity (~1.00) is also observed for both the change in degree of directional bias (assuming a change of $d = .20$) for raters who are rating non-autistic people as a function of their autism knowledge, and for raters who are rating autistic people as a function of their autism knowledge (assuming a change of $d = .80$). Finally, power near unity is observed for both the change in tracking accuracy for raters who are rating non-autistic people as a function of their autism knowledge (assuming a change of $r = .10$), and raters rating autistic people as a function of their autism knowledge (assuming a change of $r = .50$). Similarly, power near unity was found for detecting the moderating effect of diagnostic disclosure on accuracy.

APPENDIX B

HISOC TASK MODIFIED ACROSS CONTEXTS

1. MTV Task:

    - Instructions: “Ok, (participant’s name) – now we’d like you to pretend that MTV is coming up with a new reality show about kids your age, and you really want to be on it. You’re going to be making a 45-second video speech to show MTV judges why you should get picked for the show. You’ll be giving your speech into this camera here (point to camera) and you will be sitting here (point to chair).” “Any questions? Okay, do your best! You have 45 seconds. I will tell you when you can stop.”

In the event the participant says, “I wouldn’t want to be on a reality show or on MTV,” the participants will be told the following two probes, in order:

i. “Well, do your best, it is only for 45 seconds”

ii. If TV is not your thing, then imagine that a local newspaper wants to write a story about kids your age and you really want to do that. Give a 45-second speech about why you should get picked to be in the story,”

2. Job Interview:

    - Instructions: “Ok, (participant’s name) – now we’d like you to pretend you are interviewing for a job that you really want. You’re going to be making a 45-second video speech to show the boss of this company why you should be hired for the job. You’ll be giving your speech into this camera here (point to camera) and you will be sitting here (point to chair).” “Any questions? Okay, do your best! You have 45 seconds. I will tell you when you can stop.”

In the event the participant says, “I wouldn’t want to have a job,” the participants will be told the following two probes, in order:

i. “Well, do your best, it is only for 45 seconds”

ii. “Imagine your school has a class you really want to take, but you have to convince the instructor to let you take the class. Give a 45-second speech why you should get picked to be in the class.”

3. Dating:
    - Instructions: “Ok, (participant’s name) – now we’d like you pretend like you are making a video for an online dating profile. You’re going to be making a 45-second video speech about yourself and your interests that other people on the website will see to determine if they would be interested in going on a first date with you. You’ll be giving your speech into this camera here (point to camera) and you will be sitting here (point to chair).” “Any questions? Okay, do your best! You have 45 seconds. I will tell you when you can stop.”

In the event the participant says, “I wouldn’t want to go on a date,” the participants will be told the following two probes, in order:

i. “Well, do your best, it is only for 45 seconds”

ii. “If dating is not your thing, then imagine that you are looking for a good friend to spend time with on the weekends. Give a 45-second speech about yourself that would attract potential new friends,”

4. Class Project:

- Instructions: “Ok, (participant’s name) – now we’d like you to pretend that you are taking a class and your professor just assigned a really big partner project. You’re going to be making a 45-second video speech to show people in your class why they

should be your partner for this project. You'll be giving your speech into this camera here (point to camera) and you will be sitting here (point to chair)." "Any questions? Okay, do your best! You have 45 seconds. I will tell you when you can stop."

In the event the participant says, "I wouldn't want to do a project with a partner," the participants will be told the following two probes, in order:

i. "Well, do your best, it is only for 45 seconds"
ii. "Then imagine you are looking for someone to help you play a game that requires two people to win. Give a 45-second speech about yourself that would convince someone to join your team for the game.

5. Friends:

- Instructions: "Ok, (participant's name) – now we'd like you to pretend that you just moved to a new city and don't have any friends there. You're going to be making a 45-second video speech to show people in the community why they should be your friend. You'll be giving your speech into this camera here (point to camera) and you will be sitting here (point to chair)." "Any questions? Okay, do your best! You have 45 seconds. I will tell you when you can stop."

In the event the participant says, "I wouldn't want to make friends in a new city," the participants will be told the following two probes, in order:

i. "Well, do your best, it is only for 45 seconds"
ii. "Then imagine you are talking to your friends/family. Give a 45-second speech about yourself telling them why you would be a good person to be friends with"

6. CI Related Task:

    - Instructions: “Okay (participant’s name), do you have a special interest, like something that you enjoy discussing or doing?”

        i. If yes: “What is it?”

        ii. If no: “Is there something like a hobby, activity, object, animal, or interest that you care about a lot, maybe more than anything else? What would that be?”

    - Experimenter: “Great. I want you to talk about (Interest) for 45 s. Tell me everything you think people should know about (Interest) and try not to discuss other interests or items during this minute. Any questions? Okay! I’ll let you know when the one minute is up.”

APPENDIX C

THE FIRST IMPRESSION SCALE (FIS).

1. This person is socially awkward

Strongly Disagree Disagree Agree Strongly Agree

2. This person is attractive

Strongly Disagree Disagree Agree Strongly Agree

3. This person is trustworthy/honest

Strongly Disagree Disagree Agree Strongly Agree

4. This person is aggressive/dominant

Strongly Disagree Disagree Agree Strongly Agree

5. This person is likeable

Strongly Disagree Disagree Agree Strongly Agree

6. This person is probably as smart as I am

Strongly Disagree Disagree Agree Strongly Agree

7. I would mind if I had to live near this person

Strongly Disagree Disagree Agree Strongly Agree

8. I would hang out with this person in my free time

Strongly Disagree Disagree Agree Strongly Agree

9. I would be uncomfortable sitting next to this person

Strongly Disagree Disagree Agree Strongly Agree

10. I would start a conversation with this person

Strongly Disagree	Disagree	Agree	Strongly Agree

APPENDIX D

RESULTS FOR UNDERPOWERED ANALYSES

Specific Aim 1

Hypothesis 3 – Effects of Social Camouflaging of the Stimulus Participants on First Impressions.

For social camouflaging, we did not observe any significant main effects. At the mean level, autistic adults (M = 111.24, SD = 17.35) reported significantly higher amounts of social camouflaging than NA adults did (M = 98.71, SD = 15.08; $p < .001$). However, individual linear regressions indicated that stimulus participants with higher levels of social camouflaging were rated as being less likeable and smart, and raters expressed less interest having a conversation with (ps < .001; *Table 11*). However, for the trait item awkward, higher levels of social camouflaging were associated with more positive first impressions. ($p < .001$; *Table 11*). The two-way interaction between camouflaging and diagnosis was not significant for any item, nor was the two-way interaction between camouflaging and disclosure.

The two-way interaction between camouflaging and context was significant for awkwardness, trust, and likeability (ps < .001). Again, however, all follow-ups for context for each of these trait items did not reach significance (ps > .05)..

The three-way interactions between camouflaging, diagnosis, and disclosure were significant for attractiveness, trust, likability, and all four social interest items (all ps < .001). However, contrary to expectations, post hoc analyses revealed that the interactive effect of social camouflaging and disclosure was only significant on these items for NA participants (ps < .002), not autistic participants (ps > .07). When the diagnostic status was provided for NA participants

(i.e., no diagnosis) those reporting high social camouflaging were generally rated less positively than those reporting low social camouflaging.

The three-way interaction between camouflaging, diagnosis, and context was significant for dominance, sit next to, and having a conversation. However, post hoc analyses breaking down these effects first by context indicated that none of the six contexts reached significance (*p*s > .30).

Hypothesis 4 – Effects of the Autism Stigma and Autism Knowledge of the Raters on First Impressions

Autism Stigma.

For autism stigma, we observed significant main effects for all first impression items (*p*s < .01) except attractive and having a conversation with (*p*s > .15). For stigma, raters with more stigma evaluated stimulus participants less positively on trustworthy, likeable, and interest living near, sitting next to, and hanging out with the stimulus participants (*p*s < .001; *Table 11*). However, raters with more stigma also evaluated stimulus participants more positively on aggression and interest having a conversation with them (*p*s < .001; *Table 11*).

The two-way interaction between rater stigma and participant diagnosis was significant for ratings of awkwardness, hang out, sit next to, and having a conversation (ps < .001). Post hoc analyses breaking down these patterns by diagnostic group, however, did not reveal significant effects for either diagnostic group.

The two-way interaction between rater stigma and disclosure was significant for likeability and having a conversation (ps < .001). Follow ups for both items, however, were not significant for both disclosure and no disclosure (*b* = -.002, *p*s > .05).

The two-way interaction between rater stigma and context was significant for awkward, trust, likability, intelligent, hanging out, and having a conversation (ps < .001). Raters with higher levels of stigma rate individuals as being less awkward in the job, class partner, friend, and discussing an interest contexts (*p*s > .001). However, breakdowns by context for the other items were non-significant on all six levels of context. The three-way interaction between rater stigma, participant diagnosis, and participant disclosure was significant for trust, dominance, likeability, live near, hang out, and having a conversation (ps < .002). However, follow up analyses breaking this interaction down by diagnostic group were non-significant for all items. The three-way interaction between rater stigma, participant diagnosis, and context was significant for trust, dominance, likability, live near, hang out, and having a conversation (ps $\leq$ .002). For trust, among raters with high levels of autism stigma, both autistic (b = -.11, p < .001) and NA individuals (b = -.060, p < .001) were rated significantly less trustworthy. However, in the dating (b = -.053 p = .008) and making a friend (b = -.039, p = .028) contexts, only autistic individuals were rated significantly less trustworthy across raters with high amounts of autism stigma. For dominance, raters with high levels of autism stigma rated NA participants as significantly more dominant in the "TV audition" context (b = .077, p = .001). Simiarly, in the discussing an interest contexts (b = .017, p = .003), only autistic (*p*s < .001) participants were rated as being significantly more dominant when raters had high levels of autism stigma.

For likability, autistic individuals were rated significantly less likeable in the job interview context by raters with high stigma compared to raters with low levels of stigma (b = -.071, p < .001), whereas NA participants were not (b = -.034, p = .06). For hanging out, follow ups revealed significant effects for the TV audition, dating, and discussing an interest contexts,

but only discussing an interest produced an effect of diagnosis, with raters with higher stigma indicating they would be more willing to hang out with an autistic adult than those with low stigma (b = .066, p = .001). For having a conversation, only the TV audition (b = -.049, p < .001) and was found to be significant, but did not achieve significance at either level of diagnosis (ps > .20).

Finally, the three-way interaction between rater stigma, diagnostic disclosure, and context were significant for awkward, trust, likeability, hanging out, and conversation (ps < .04). Follow ups revealed that, in general, high stigma raters evaluated participants less favorably when their diagnoses were provided. For instance, trust was only significant in the making a friend context (b = -.040, p = .008), and follow ups revealed that raters with high levels of autism stigma tended to rate participants with a disclosed diagnoses as being less trustworthy, across both diagnoses (b = -.068, p = .001). Similarly, participants with a disclosed diagnosis were rated as being significantly less likeable amongst raters with high levels of stigma in the TV audition, making a friend, and discussing an interest contexts (ps < .001). For having a conversation, raters with more stigma indicated that they would be more likely to have a conversation with the stimulus participant when no diagnosis was disclosed (b = -.093, p = .004).

Autism Knowledge.

For autism knowledge, we observed significant main effects for trustworthy, aggressive, smart, likeable, and interest hanging out with (ps < .001). Raters with more knowledge evaluated stimulus participants more positively on awkward, attractive, trustworthy, aggressive, likeable, and interest living near and sitting next to the participant (ps < .001; *Table 11*). However, for the

raters' interest in hanging out with and having a conversation with the stimulus participant, more knowledge was found to be associated with decreased ratings (*p*s < .001; *Table 11*).

There was as a significant two-way interaction between rater knowledge and participant diagnosis for awkward, attractive, dominant, likeable, intelligent, hang out, and have a conversation (ps <.01). Post hoc analyses breaking down these patterns by diagnostic group, however, did not reveal significant effects.

The two-way interactions between rater knowledge and participant disclosure, and rater knowledge and context, were not significant for any item.

The three-way interaction between rater knowledge, participant diagnosis, and participant disclosure was significant for attractive, trust, dominance, intelligence, likeable, live near, hang out, sit next to, and have a conversation (ps < .01). Most noteworthy here, raters with higher autism knowledge rated autistic participants as more trustworthy (b = .02, p < .001) and more likeable (b = .016, p = .005) when their diagnoses were provided than raters with low autism knowledge. Raters with higher levels of autism knowledge indicated they would be more likely to want to live near NA individuals both when their diagnostic label was provided (b = .024, p = .006) and not provided (b = .040, p < .001). However, for all other FIS items, follow-ups for diagnosis were not significant.

The three-way interaction between rater knowledge, participant disclosure, and context was not significant for any item (*p*s > .05), however, the three-way interaction between rater knowledge, participant diagnosis, and context was significant for awkward, trust, dominance, intelligence, likability, live near, hang out, sit next to, and having a conversation (ps < .005). Most notable here, raters with higher autism knowledge indicated they would be more likely to

want to hang out with autistic individuals in the MTV context (b = .008, p < .001). Similarly, raters with more autism knowledge rated autistic individuals as being less aggressive in the "TV show audition", job interview, dating, making a friend, and the discussing an interest contexts (ps < .007)

Specific Aim 2

Hypothesis 3 – Social Camouflaging

Accuracy. Tracking accuracy was found to be moderated by social camouflaging for awkward, trustworthy, and aggressive (*Tables 3 & 4*). For awkward, social camouflaging significantly improved accuracy (b = .0004, p = .03), and the same effect was seen for aggressiveness (b = .002, p < .001). However, for trustworthy social camouflaging was associated with significantly decreased accuracy (b = -.0007, p < .001).

This relationship between camouflaging and accuracy was also found to be moderated by context type for awkward, aggressive, likeable, smart, living near, and sitting next to (*Tables 3 & 4*). For awkward, likeable, smart, and living near, both follow-ups were significant for context type, but personal contexts had a negative relationship with accuracy and social camouflaging (ps < .002), whereas professional contexts had a positive relationship with accuracy and camouflaging (ps < .001). For aggressive, personal contexts was not significant (b = -.00006, p = .83), but professional ones were (b = .004, p < .001). However, for discomfort sitting near, personal contexts were significant (b = -.0009, p < .001), whereas professional ones were not (b = .0004, p = .12).

The degree to which the effect of social camouflaging on accuracy depended upon diagnosis was significant for trustworthy, likeable, smart, living near, hanging out with, and

discomfort sitting next to (*p*s <.05; *Tables 3 & 4*). However, for both trustworthy and interest hanging out with, both follow ups were non-significant (*p*s > .10). In terms of intelligence and discomfort sitting next to, simple slope follow-ups indicated significance for the NA group (Smart: b = -.0007, p = .02; Sit: b = -.0007, p = .009), but not the autistic group (Smart: b = .0002, p = .35; Sit: b = .0003, p = .24). In contrast, for interest living near the participant, autistic adults reached significance (b = .0005, p = .03), whereas NA adults did not (b = -.0005, p = .06). Finally, for likeability, both groups reached significance, but a positive relationship with social camouflaging and accuracy was found for autistic participants (b = .001, p < .001), whereas a negative relationship between the two was found for NA participants (b = -.001, p < .001).

Finally, it was found that the moderating effect of camouflaging on the effect of context type on tracking accuracy depended upon diagnosis for awkward, attractive, aggressive/dominant, likeable, smart, live near, hangout with, and have a conversation with (*Tables 3 & 4*). For awkward, follow-ups were not significant for either the autistic (b = .0003, p = .14) nor the NA (b = .0003, p = .51) group; thus, no follow ups for context type were conducted. The same effect was seen for have a conversation with (A: b = -.0002, p = .36; NA: b = .0005, p = .05). Similarly, for both smart and live near, follow-ups were significant for the autistic group (*p*s < .001) but not the NA group (*p*s > .05). Breakdowns by context type for intelligence revealed significant effects for both personal and professional contexts; however, personal contexts displayed a negative relationship on accuracy (b = -.003, p < .001), whereas professional contexts displayed a positive one (b = .003 , p < .001). The same effect was seen for live near (Personal: b = -.002, p < .001; Professional: b = .003, p < .001). For attractive, aggressive, likeable, and interest hanging out with, both follow-ups for autistic and NA

participants were significant (*p*s < .001). The simple slopes breakdowns for context type can be found in Table 12.

Bias. Overall, social camouflaging was not found to significantly influence directional bias for any first impression scale item (*p*s > .05; *Tables 3 & 4*). Similarly, while the degree to which the effect of context type on bias was found to significantly depend upon social camouflaging for awkward, attractive, trustworthy, likeable, smart, live near, sit next to, and conversation with (*Tables 3 & 4*), all follow ups for both personal and professional contexts were non-significant (*p*s > .05). Finally, the effect of diagnosis on directional bias was found to significantly depend upon social camouflaging for attractive and interest living near (*Tables 3 & 4*). However, for both items, breakdowns were not significant for either diagnostic group (*p*s > .05).

APPENDIX E

TABLES

Table 1. Main effects of context, diagnosis, and disclosure for all 10 FIS items.

Context	**Main Effect**	***F***	***p***
AWK	Context	1.80	.11
	Diagnosis	58.34	< .001 *
	Disclosure	16.31	< .001 *
ATT	Context	4.75	< .001 *
	Diagnosis	29.51	< .001 *
	Disclosure	6.90	.009 *
TRUST	Context	5.42	< .001 *
	Diagnosis	5.91	.02 *
	Disclosure	10.71	.001 *
AGG	Context	8.55	< .001 *
	Diagnosis	.024	.88
	Disclosure	22.96	< .001 *
SMART	Context	2.47	.003 *
	Diagnosis	10.94	.002 *
	Disclosure	1.73	.19
LIKE	Context	4.92	< .001 *
	Diagnosis	34.41	< .001 *
	Disclosure	17.66	< .001 *
LIVE NEAR	Context	2.19	.05
	Diagnosis	18.63	< .001 *
	Disclosure	20.94	< .001 *
HANG OUT WITH	Context	2.90	.01 *
	Diagnosis	46.24	< .001 *
	Disclosure	3.10	.08
SIT NEXT TO	Context	1.23	.29
	Diagnosis	29.58	< .001 *
	Disclosure	23.36	< .001 *
CONVERSATION WITH	Context	1.63	.15
	Diagnosis	45.02	< .001 *

	Disclosure	2.82	.09

Table 2. Means and SE for the endorsement items for each context and diagnosis.

Context	Diagnosis	*M*	SE
MTV	NA	.65	.034
	Autism	.39	.034
Job	NA	.79	.033
	Autism	.47	.033
Date	NA	.81	.033
	Autism	.45	.033
Class Project	NA	.78	.033
	Autism	.52	.033
Friend	NA	.90	.034
	Autism	.58	.034
Interest	NA	.73	.034
	Autism	.49	.034

Table 3. Truth and bias model outcomes for metaperceptions of first impression trait items along with social camouflaging as a moderator

	Awkward (R)		Attractive		Trustworthy		Aggressive/ Dominant		Likeable		Smart	
	b	*p*	*b*	*p*	*b*	*p*	*b*	*p*	*b*	*p*	*b*	*p*
Intercept †	-.113	.30	.27	.003*	.22	.003*	-.076	.49	.10	.20	.052	.58
Truth (Rater's Evaluation) ‡	.049	<.001*	-.002	.44	.020	<.001*	.039	<.001*	.019	<.001*	.009	.010*
Context	.015	.007*	-.047	<.001*	-.046	<.001*	.046	<.001*	-.044	<.001*	-.032	<.001*
Diagnosis	-.091	.41	-.20	.026*	-.045	.53	.067	.54	-.054	.50	-.14	.14
Camouflaging	-.009	.16	<.001	.93	.006	.13	-.003	.69	-.003	.53	.004	.43
Truth * Context ‡	-.023	<.001*	.003	.17	.037	<.001*	.033	<.001*	.046	<.001*	.007	.04*
Truth * Diagnosis ‡	.007	.051	-.003	.150	-.026	<.001*	-.009	.002*	-.020	<.001*	-.005	.11
Context * Diagnosis	-.009	.003*	.025	<.001*	.045	<.001*	-.004	.055	.010	<.001*	.032	<.001*
Context * SC	.003	<.001*	.001	<.001*	.001	<.001*	-.0004	.002*	.00002	.81	-.0004	<.001*
Truth * SC ‡	.0005	.029*	-.00005	.75	-.001	.001*	.002	<.001*	0.0001	.39	-.0002	.19
Diagnosis * SC	.007	.27	.012	.023	.001	.81	-.006	.33	.005	.26	.006	.31
Truth * Diagnosis * Context ‡	-.002	.58	-.009	<.001*	-.007	.036*	-.021	<.001*	-.018	<.001*	-.018	<.001*
Truth * Context * SC ‡	.001	<.001*	-.0003	.018*	-.0002	.20	.002	<.001*	.001	<.001*	.001	<.001*
Truth * Diagnosis * SC ‡	.0001	.51	.00003	.79	.001	.001*	-.0003	.066	.001	.001*	.0003	.18
Truth * Context * Diagnosis * SC ‡	-.0009	<.001*	.001	<.001*	.0004	.026*	-.001	<.001*	.002	<.001*	.001	<.001*

* = value is significant at the $\alpha < 0.05$ level † = value denotes bias ‡ = value denotes accuracy Dependent Variable = Metaperceptions of stimulus participants performance

Table 4. Truth and bias model outcomes for metaperceptions of first impression social interest items along with social camouflaging as a moderator.

	Live Near		Hangout		Sit Next To		Conversation	
	b	*p*	*b*	*p*	*b*	*p*	*b*	*p*
Intercept †	-.17	.12	.45	<.001 *	-.056	.56	.45	< .001 *
Truth (Rater's Evaluation) ‡	.011	.002 *	-.004	.21	.006	.10	-.003	.39
Context	-.035	<.001 *	-.094	<.001 *	-.048	< .001 *	-.09	< .001 *
Diagnosis	-.25	.020 *	-.13	.16	-.20	.05	-.12	.15
Camouflaging	.0002	.97	.0001	.99	-.001	.82	.0004	.94
Truth * Context ‡	.017	<.001 *	-.005	.11	.009	.007 *	.007	.04 *
Truth * Diagnosis ‡	-.004	.15	.002	.57	-.002	.59	-.003	.27
Context * Diagnosis	.0004	.83	-.009	<.001 *	.003	.086	.01	< .001 *
Context * SC	-.001	<.001 *	.0001	.60	.001	< .001 *	.002	< .001 *
Truth * SC ‡	.000007	.97	-.0003	.15	-.0002	.18	.0001	.41
Diagnosis * SC	.016	.013 *	.009	.076	.011	.06	.007	.13
Truth * Diagnosis * Context ‡	-.012	<.001 *	-.015	<.001 *	-.005	.08	-.01	.001 *
Truth * Context * SC ‡	.001	<.001 *	.001	<.001 *	.0003	.10	-.0006	.001 *
Truth * Diagnosis * SC ‡	.0003	.112	.001	.001 *	.0004	.03	-.0002	.18
Truth * Context * Diagnosis * SC ‡	.001	<.001 *	.001	.001 *	.0001	.40	-.0002	.19

*= value is significant at the α < 0.05 level † = value denotes bias ‡ = value denotes accuracy Dependent Variable = Metaperceptions of stimulus participants performance

Table 5. Simple slopes breakdowns for the degree to which the effect of diagnosis on tracking accuracy depends on context type.

	Autistic Stimulus Participants				NA Stimulus Participants			
	Personal Contexts		*Professional Contexts*		*Personal Contexts*		*Professional Contexts*	
	b	*p*	*b*	*p*	*b*	*p*	*b*	*p*
AWK	.077	< .001 *	.035	< .001 *	.074	< .001 *	.005	.48
AGG	.022	< .001 *	.052	< .001 *	-.003	.62	.070	< .001 *
LIKE	-.033	< .001 *	.046	< .001 *	-.025	<. 001 *	.10	<. 001 *
LIVE NEAR	-.006	.32	.024	< .001 *	-.011	.083	.045	< .001 *
HANGOUT	.011	.059	.022	.006 *	-.011	.054	.011	.055
CONVERSATION WITH	.002	.72	-.016	.006 *	-.018	.002 *	.009	.10

Table 6. Simple slopes breakdowns for the degree to which the effect of diagnosis on directional bias depends on context type.

	Autistic Stimulus Participants				NA Stimulus Participants			
	Personal Contexts		*Professional Contexts*		*Personal Contexts*		*Professional Contexts*	
	b	*p*	*b*	*p*	*b*	*p*	*b*	*p*
ATT	.022	< .001 *	.052	< .001 *	-.003	.62	.070	< .001 *
LIKE	.12	.25	.007	.95	.28	.009 *	.13	.21
SMART	-.007	.96	-.049	.69	.28	.029 *	.12	.32
HANGOUT	.47	< .001 *	.19	< .001 *	.71	< .001 *	.55	< .001 *
CONVERSATION	.45	< .001 *	.30	.006 *	.72	< .001 *	.49	< .001 *

Table 7. Unstandardized regression coefficients and related values for the Truth and Bias Model assessing rater's evaluations of stimulus participants' performance on a series of social and non-social tasks.

	b	*p*
Intercept †	-.073	< .001 *
Truth (Stimulus Participant Performance) ‡	.11	< .001 *
Task Type †	-.007	< .001 *
Diagnostic Group †	-.031	< .001 *
Disclosure †	.011	.071
Truth * Diagnostic Group ‡	-.025	.006 *
Task Type * Diagnostic Group †	-.028	.005 *
Task Type * Disclosure †	-.018	< .001 *
Truth * Disclosure ‡	-.009	< .001 *
Disclosure * Diagnostic Group †	.030	.001 *
Truth * Task Type * Diagnostic Group ‡	-.008	< .001 *
Truth * Task Type * Disclosure ‡	-.004	.66
Truth * Disclosure * Diagnostic Group ‡	-.010	.27
Truth * Task Type * Diagnostic Group * Disclosure ‡	-.006	.52

* = value is significant at the $\alpha < 0.05$ level † = value denotes bias ‡ = value denotes accuracy

Dependent Variable = Rater's assessments of stimulus participants' performance

Table 8. Unstandardized regression coefficients and related values for the Truth and Bias Model assessing rater's evaluations of stimulus participants' performance on a series of social cognitive and general cognitive tasks with social camouflaging as a moderator.

	b	*p*
Intercept †	-.074	< .001 *
Truth (Stimulus Participant Performance) ‡	.11	< .001 *
Task Type †	-.007	< .001 *
Diagnostic Group †	-.029	< .001 *
Social Camouflaging †	-.0003	.360
Truth * Diagnostic Group ‡	-.025	.013 *
Task Type * Diagnostic Group †	-.027	.015 *
Task Type * Social Camouflaging †	-.018	< .001 *
Truth * Social Camouflaging ‡	-0.000006	.937
Social Camouflaging * Diagnostic Group †	-.0002	.758
Truth * Task Type * Diagnostic Group ‡	0.00006	.843
Truth * Task Type * Social Camouflaging ‡	-.003	.708
Truth * Social Camouflaging * Diagnostic Group ‡	.0002	.727
Truth * Task Type * Diagnostic Group * Social Camouflaging ‡	.0005	.459

* = value is significant at the α < 0.05 level † = value denotes bias ‡ = value denotes accuracy

Dependent Variable = Rater's assessments of stimulus participants' performance

Table 9. Unstandardized regression coefficients and related values for the Truth and Bias Model assessing rater's evaluations of stimulus participants' performance on a series of social cognitive and general cognitive tasks with autism knowledge as a moderator.

	b	*p*
Intercept †	-.073	< .001 *
Truth (Stimulus Participant Performance) ‡	.11	< .001 *
Task Type †	-.007	< .001 *
Diagnostic Group †	-.030	< .001 *
Autism Knowledge †	.007	< .001 *
Truth * Diagnostic Group ‡	-.025	.006 *
Task Type * Diagnostic Group †	-.028	.005 *
Task Type * Autism Knowledge †	-.017	< .001 *
Truth * Autism Knowledge ‡	.002	< .001 *
Autism Knowledge * Diagnostic Group †	.002	.46
Truth * Task Type * Diagnostic Group ‡	.0006	.82
Truth * Task Type * Autism Knowledge ‡	-.004	.65
Truth * Autism Knowledge * Diagnostic Group ‡	.013	< .001 *
Truth * Task Type * Diagnostic Group * Autism Knowledge ‡	.0001	.95

* = value is significant at the $\alpha < 0.05$ level † = value denotes bias ‡ = value denotes accuracy

Dependent Variable = Rater's assessments of stimulus participants' performance

Table 10. Unstandardized regression coefficients and related values for the Truth and Bias Model assessing rater's evaluations of stimulus participants' performance on a series of cognitive and general cognitive tasks with autism stigma as a moderator.

	b	*p*
Intercept †	-.080	< .001 *
Truth (Stimulus Participant Performance) ‡	.085	< .001 *
Task Type †	.013	< .001 *
Diagnostic Group †	-.048	< .001 *
Autism Stigma †	-.028	< .001 *
Truth * Diagnostic Group ‡	.050	.006 *
Task Type * Diagnostic Group †	-.032	.036 *
Task Type * Autism Stigma †	.035	< .001 *
Truth * Autism Stigma ‡	.026	< .001 *
Autism Stigma * Diagnostic Group †	-.045	< .001 *
Truth * Task Type * Diagnostic Group ‡	-.0006	.514
Truth * Task Type * Autism Stigma ‡	.008	.652
Truth * Autism Stigma * Diagnostic Group ‡	.14	< .001 *
Truth * Task Type * Diagnostic Group * Autism Stigma ‡	.011	.338

* = value is significant at the $\alpha < 0.05$ level † = value denotes bias ‡ = value denotes accuracy

Dependent Variable = Rater's assessments of stimulus participants' performance

Table 11. Individual regression output for social camouflaging, autism stigma, and autism knowledge predicting each first impression item.

	Social Camouflaging		Autism Knowledge		Autism Stigma	
	β	p	B	p	β	p
AWK	-2.09	< .001 *	-.17	< .001 *	-.002	.814
ATT	-.28	.066	.13	< .001 *	.001	.918
TRUST	-.38	.034 *	.21	< .001 *	-.087	< .001 *
AGG	.084	.51	-.15	< .001 *	.067	< .001 *
LIKE	-.59	.002 *	.059	.20	-.099	< .001 *
SMART	-.91	< .001 *	.32	< .001 *	-.14	< .001 *
LIVE NEAR	.16	.34	.81	< .001 *	-.18	< .001 *
HANGOUT	-.35	.062	-.69	< .001 *	.23	< .001 *
SIT NEXT TO	-.28	.16	.74	< .001 *	-.23	< .001 *
CONVO	-.50	.005 *	-.17	< .001 *	.077	< .001 *

Table 12. Simple slopes breakdowns for the degree to which the moderating effect of social camouflaging on the effect of context type on tracking accuracy depends upon diagnosis.

	Autistic Stimulus Participants				NA Stimulus Participants			
	Personal Contexts		*Professional Contexts*		*Personal Contexts*		*Professional Contexts*	
	b	*p*	*b*	*p*	*b*	*p*	*b*	*p*
ATT	-.0004	.11	.0005	.07	.0005	.09	.0007	.01 *
AGG	.0006	.05	.003	< .001 *	-.0007	.38	.004	< .001 *
LIKE	-.002	< .001 *	.005	< .001 *	-.003	<. 001 *	.0003	.41
HANGOUT	-.0005	.12	.0009	.003 *	-.0002	.58	-.001	.001 *

APPENDIX F

FIGURES

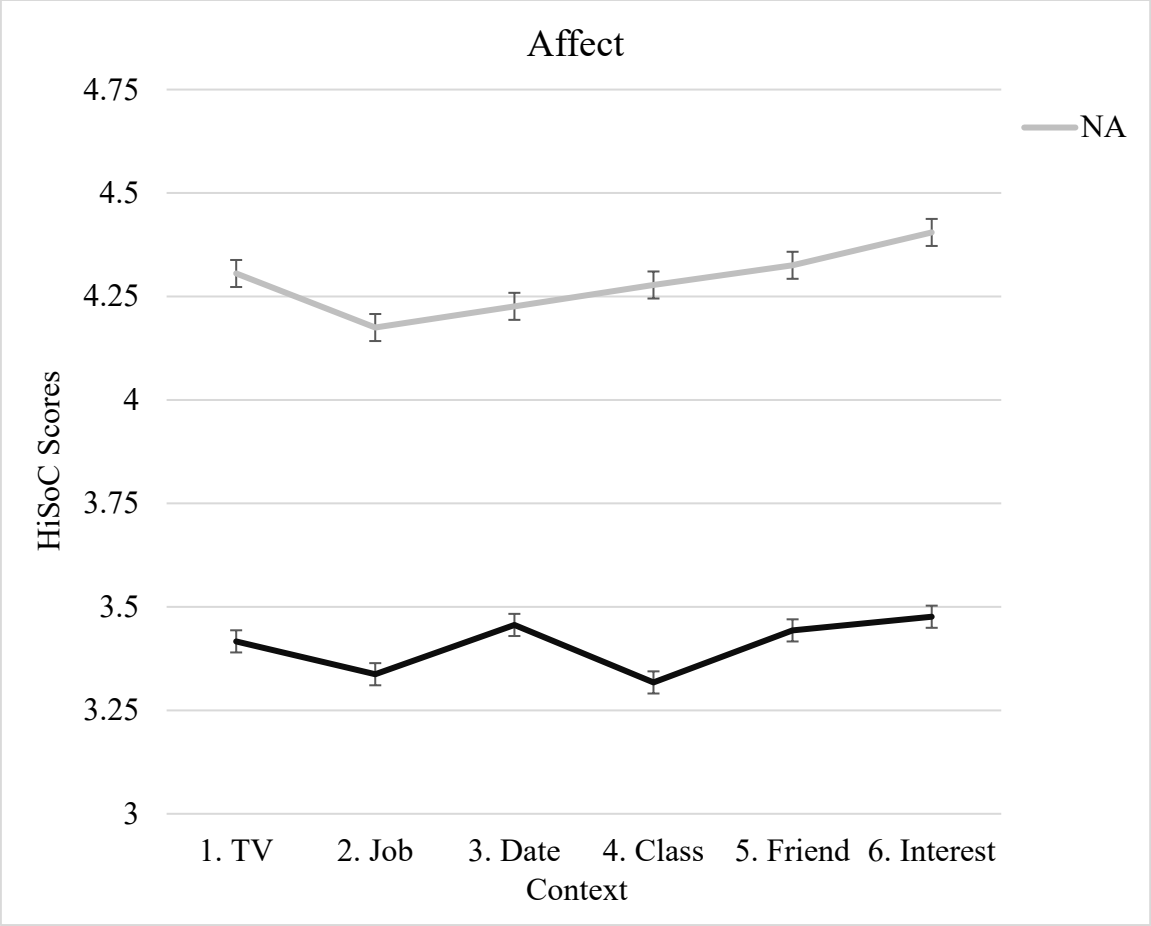

Figure 1. Effects of diagnosis and context on HiSoC scores in the affect category.

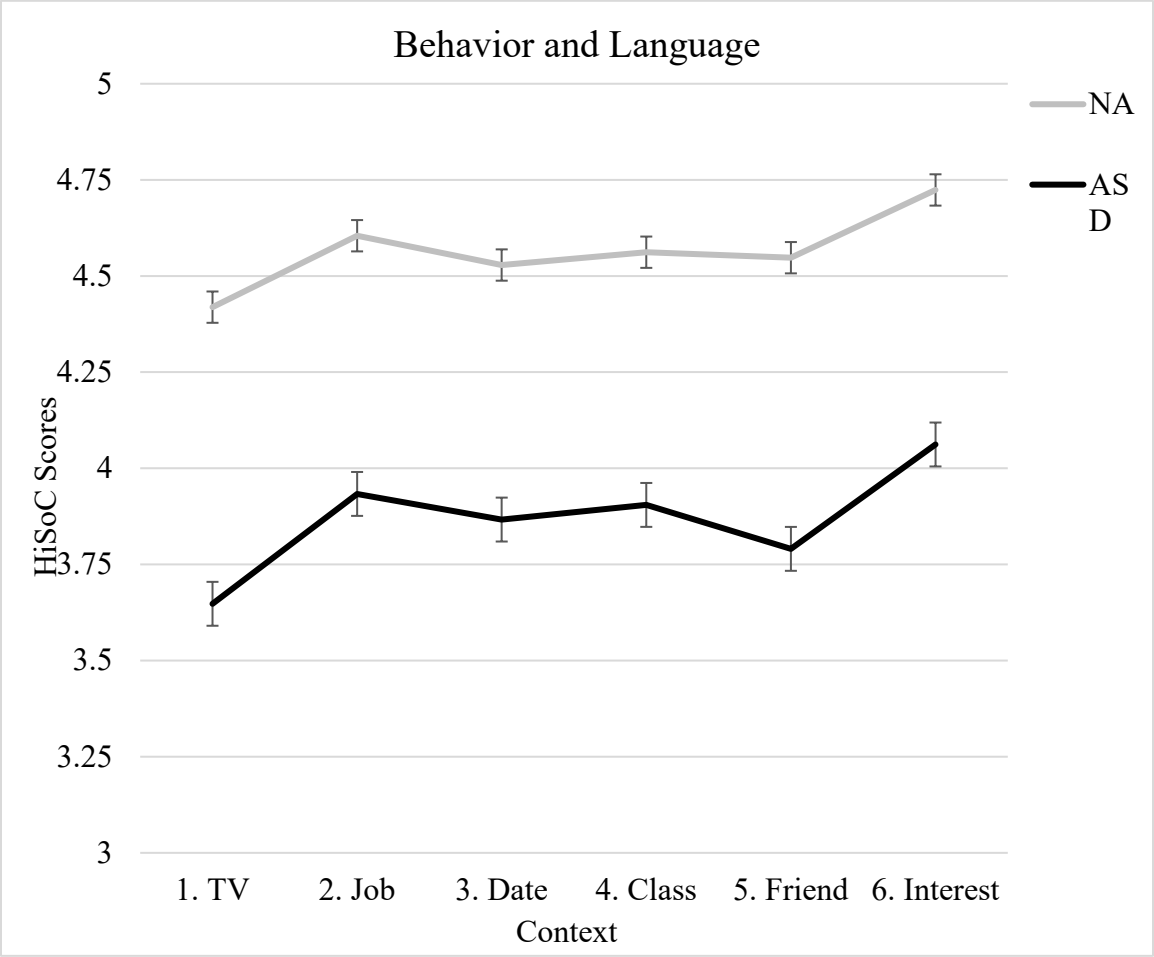

Figure 2. Effects of diagnosis and context on HiSoC scores in the behavior and language category.

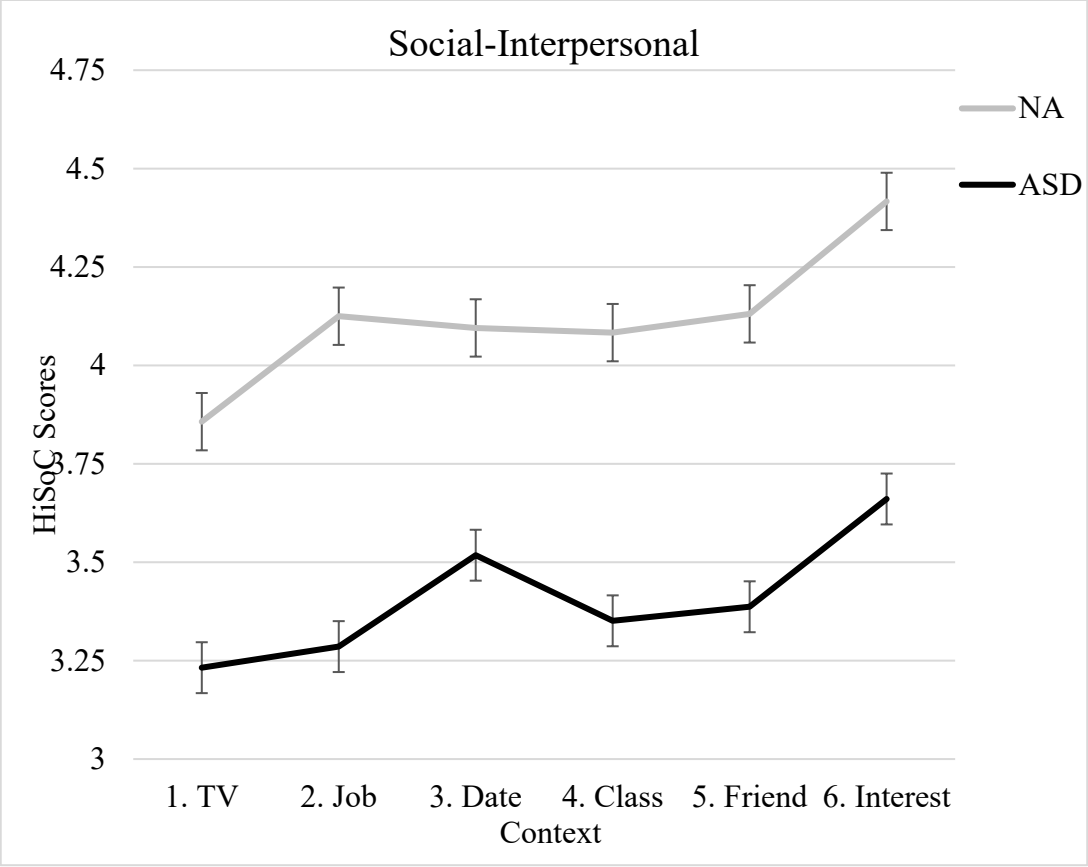

Figure 3. Effects of diagnosis and context on HiSoC scores in the social-interpersonal category.

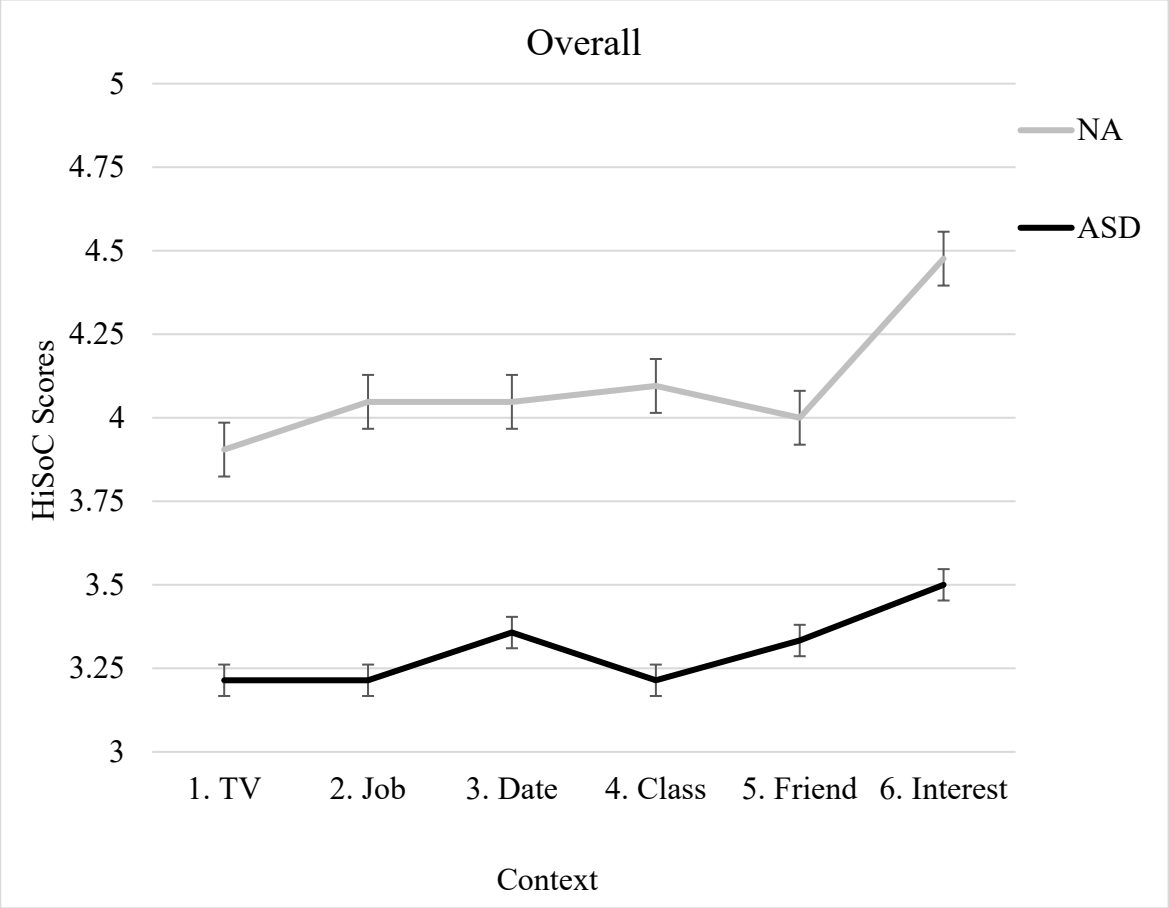

Figure 4. Effects of diagnosis and context on overall HiSoC scores.

REFERENCES

Albright, L., Forest, C., & Reiseter, K. (2001). Acting , Behaving , and the Selfless Basis of Metaperception. *Journal of Personality and Social Psychology*, *81*(5), 910–921. https://doi.org/10.1037//0022-3514.81.5.910

Alkhaldi, R. S., Sheppard, E., & Mitchell, P. (2019). Is There a Link Between Autistic People Being Perceived Unfavorably and Having a Mind That Is Difficult to Read? *Journal of Autism and Developmental Disorders*, *49*(10), 3973–3982. https://doi.org/10.1007/s10803-019-04101-1

Alkhaldi, R. S., Sheppard, E., & Mitchell, P. (2021). Do Neurotypical People Like or Dislike Autistic People ? *Autism in Adulthood*. https://doi.org/10.1089/aut.2020.0059

Altman, K. (2013). College students on the autism spectrum: Social experiences and self-disclosure. *ProQuest Dissertations and Theses*, 114. http://search.proquest.com/docview/1459226101?accountid=10906%5Cnhttp://zsfx.lib.iastate.edu:3410/sfxlcl41?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&genre=dissertations+%26+theses&sid=ProQ:ProQuest+Dissertations+%26+Theses+Global&a

Ambady, N. (2010). The perils of pondering: Intuition and thin slice judgments. *Psychological Inquiry*. https://doi.org/10.1080/1047840X.2010.524882

Ambady, N., Bernieri, F. J., & Richeson, J. A. (2000). Toward a histology of social behavior: Judgmental accuracy from thin slices of the behavioral stream. *Advances in Experimental Social Psychology*. https://doi.org/10.1016/s0065-2601(00)80006-4

Ambady, N., Hallahan, M., & Conner, B. (1999). Accuracy of judgments of sexual orientation from thin slices of behavior. *Journal of Personality and Social Psychology*, *77*(3), 538–547. https://doi.org/10.1037/0022-3514.77.3.538

Ambady, N., & Rosenthal, R. (1992). Thin slices of expressive behavior as predictors of interpersonal consequences: A meta-analysis. *Psychological Bulletin*. https://doi.org/10.1037/0033-2909.111.2.256

Ambady, N., & Rosenthal, R. (1993). Half a Minute: Predicting Teacher Evaluations From Thin Slices of Nonverbal Behavior and Physical Attractiveness. *Journal of Personality and Social Psychology*, *64*(3), 431–441. https://doi.org/10.1037/0022-3514.64.3.431

Anderson, A. H., Carter, M., & Stephenson, J. (2018). Perspectives of University Students with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *48*(3), 651–665. https://doi.org/10.1007/s10803-017-3257-3

Anderson, C., Ames, D. R., & Gosling, S. D. (2008). Punishing hubris: The perils of overestimating one's status in a group. *Personality and Social Psychology Bulletin*, *34*(1), 90–101. https://doi.org/10.1177/0146167207307489

Anderson, L. D. (1921). Estimating Intelligence by Means of Printed Photographs. *Journal of Applied Psychology*, *5*(2), 152–155. https://doi.org/10.1037/h0075189

APA. (2013). DSM-5. *American Psychiatric Publishing*. https://doi.org/10.1002/ejoc.201200111

Asch, S. E. (1956). Studies of independence and conformity: I. A minority of one against a unanimous majority. *Psychological Monographs: General and Applied*, *70*(9), 1. https://psycnet.apa.org/journals/mon/70/9/1/

Barneveld, P. S., Swaab, H., Fagel, S., Engeland, H. Van, & Sonneville, L. M. J. De. (2013). ScienceDirect Quality of life : A case-controlled long-term follow-up study , comparing young high-functioning adults with autism spectrum disorders with adults with other psychiatric disorders diagnosed in childhood. *Comprehensive Psychiatry*. https://doi.org/10.1016/j.comppsych.2013.08.001

Barneveld, P. S., Swaab, H., Fagel, S., Van Engeland, H., & De Sonneville, L. M. J. (2014). Quality of life: A case-controlled long-term follow-up study, comparing young high-functioning adults with autism spectrum disorders with adults with other psychiatric disorders diagnosed in childhood. *Comprehensive Psychiatry*, *55*(2), 302–310. https://doi.org/10.1016/j.comppsych.2013.08.001

Baron-Cohen, S. (1988). Social and pragmatic deficits in autism: Cognitive or affective? Cambridge Autism and Psychosis Study (CAPS) View project Proximity of emotional states in the dimensional space View project. *Journal of Autism and Developmental Disorders*, *18*(3), 379–402. https://doi.org/10.1007/BF02212194

Baron-Cohen, S. (1992). Out of Sight or Out of Mind? Another Look at Deception in Autism. *Journal of Child Psychology and Psychiatry*, *33*(7), 1141–1155. https://doi.org/10.1111/j.1469-7610.1992.tb00934.x

Bauminger, N., & Kasari, C. (2000). Loneliness and friendship in high-functioning children with autism. *Child Development*, *7*(12), 447–456. https://doi.org/10.1111/1467-8624.00156

Beck, J. S., Lundwall, R. A., Gabrielsen, T., Cox, J. C., & South, M. (2020). Looking good but feeling bad: "Camouflaging" behaviors and mental health in women with autistic traits. *Autism*, *24*(4), 809–821. https://doi.org/10.1177/1362361320912147

Bem, D. J., & Allen, A. (1974). On predicting some of the people some of the time: The search for cross-situational consistencies in behavior. *Psychological Review*, *81*, 506–520. https://doi.org/10.1037/h0037130

Benton, A. L., & Van Allen, M. W. (1968). Impairment in facial recognition in patients with cerebral disease. *Transactions of the American Neurological Association*. https://doi.org/10.1016/s0010-9452(68)80018-8

Billstedt, E., Gillberg, C., & Gillberg, C. (2005). Autism after adolescence: Population-based 13- to 22-year follow-up study of 120 individuals with autism diagnosed in childhood. *Journal of Autism and Developmental Disorders*, *35*(3), 351–360. https://doi.org/10.1007/s10803-005-3302-5

Bishop-Fitzpatrick, L., Minshew, N. J., & Eack, S. M. (2014). A systematic review of psychosocial interventions for adults with autism spectrum disorders. In *Adolescents and Adults with Autism Spectrum Disorders* (pp. 315–327). https://doi.org/10.1007/978-1-4939-0506-5_16

Black, M. H., Mahdi, S., Milbourn, B., Scott, M., Gerber, A., Esposito, C., Falkmer, M., Lerner, M. D., Halladay, A., Ström, E., D'Angelo, A., Falkmer, T., Bölte, S., & Girdler, S. (2020). Multi-informant International Perspectives on the Facilitators and Barriers to Employment for Autistic Adults. *Autism Research*, *13*(7), 1195–1214. https://doi.org/10.1002/aur.2288

Blascovich, J., Mendes, W. B., Hunter, S. B., & Lickel, B. (2000). Stigma, Threat, and Social Interactions. In *The social psychology of stigma*.

Bolis, D., Balsters, J., Wenderoth, N., Becchio, C., & Schilbach, L. (2018). Beyond Autism: Introducing the Dialectical Misattunement Hypothesis and a Bayesian Account of Intersubjectivity. *Psychopathology*, *50*(6), 355–372. https://doi.org/10.1159/000484353

Borkenau, P., & Liebler, A. (1993). Convergence of Stranger Ratings of Personality and Intelligence With Self-Ratings, Partner Ratings, and Measured Intelligence. *Journal of Personality and Social Psychology*, *65*(3), 546–553.

Borkenau, P., & Liebler, A. (1995). Observable Attributes as Manifestations and Cues of Personality and Intelligence. *Journal of Personality*. https://doi.org/10.1111/j.1467-6494.1995.tb00799.x

Botha, M., Dibb, B., & Frost, D. M. (2020). "Autism is me": an investigation of how autistic individuals make sense of autism and stigma. *Disability & Society*, 1–27. https://doi.org/10.1080/09687599.2020.1822782

Bottema-Beutel, K. (2017). Glimpses into the blind spot: Social interaction and autism. *Journal of Communication Disorders*, *68*, 24–34. https://doi.org/10.1016/j.jcomdis.2017.06.008

Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding Ableist Language: Suggestions for Autism Researchers. *Autism in Adulthood*, *3*(1), 18–29. https://doi.org/10.1089/aut.2020.0014

Bottema-Beutel, K., Mullins, T. S., Harvey, M. N., Gustafson, J. R., & Carter, E. W. (2016). Avoiding the "brick wall of awkward": Perspectives of youth with autism spectrum disorder on social-focused intervention practices. *Autism*, *20*(2), 196–206. https://doi.org/10.1177/1362361315574888

Bottema, K., So, B., Kim, Y., & Miele, D. B. (2019). College Students ' Evaluations and Reasoning About Exclusion of Students with Autism and Learning Disability : Context and Goals may Matter More than Contact. *Journal of Autism and Developmental Disorders*, *49*(1), 307–323. https://doi.org/10.1007/s10803-018-3769-5

Boucher, J. (1977). Alternation and Sequencing Behaviour, and Response To Novelty in Autistic Children. *Journal of Child Psychology and Psychiatry*, *18*(1), 67–72. https://doi.org/10.1111/j.1469-7610.1977.tb00417.x

Boucher, T. Q., Scheerer, N., & Iarocci, G. (2020). Social Competence, but Not Autism Knowledge or Experience, Predicts Negative Judgments of Autistic Adults. *In Poster Presented at the International Society for Autism Research Annual Meeting*.

Bowie, C. R., Twamley, E. W., Anderson, H., Halpern, B., Patterson, T. L., & Harvey, P. D. (2007). Self-assessment of functional status in schizophrenia. *Journal of Psychiatric Research*. https://doi.org/10.1016/j.jpsychires.2006.08.003

Bricout, J. C. (1999). The relationship between employers' perceived organizational context and their impressions of the employability of job applicants with either a severe psychiatric or physical disability. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (p. Unpublished Doctoral Dissertation, Virginia Common).

Briel, L. W., & Getzel, E. E. (2014). In their own words: The career planning experiences of college students with ASD. *Journal of Vocational Rehabilitation*, *40*(3), 195–202. https://doi.org/10.3233/JVR-140684

Bromgard, G., & Stephan, W. G. (2006). Responses to the stigmatized: Disjunctions in affect, cognitions, and behavior. In *Journal of Applied Social Psychology*. https://doi.org/10.1111/j.0021-9029.2006.00111.x

Brosnan, M., & Gavin, J. (2015). Are "Friends" Electric? In *The Wiley Handbook of Psychology, Technology, and Society* (pp. 250–270). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118771952.ch14

Brosnan, M., & Gavin, J. (2021). The Impact of Stigma, Autism Label and Wording on the Perceived Desirability of the Online Dating Profiles of Men on the Autism Spectrum. *Journal of Autism and Developmental Disorders*, 1–9. https://doi.org/10.1007/s10803-020-04830-8

Brown, J. D. (1986). Evaluations of Self and Others: Self-Enhancement Biases in Social Judgments. *Social Cognition*, *4*(4), 353–376. https://doi.org/10.1521/SOCO.1986.4.4.353

Brown, J. D., & Dutton, K. A. (1995). The Thrill of Victory, the Complexity of Defeat: Self-Esteem and People's Emotional Reactions to Success and Failure. *Journal of Personality and Social Psychology*, *68*(4), 712–722. https://doi.org/10.1037/0022-3514.68.4.712

Brunswick, E. (1945). Social Perception of Traits from Photographs. *Psychological Bulletin*, *8*(535–536).

Byers, E. S., Nichols, S., & Voyer, S. D. (2013). Challenging stereotypes: Sexual functioning of single adults with high functioning autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *43*(11), 2617–2627. https://doi.org/10.1007/s10803-013-1813-z

Cage, E., & Burton, H. (2019). *Gender differences in the first impressons of autistic adults. Preprint*, 1–32. https://doi.org/10.31234/osf.io/gw2mp

Cage, E., Di Monaco, J., & Newell, V. (2018). Experiences of Autism Acceptance and Mental Health in Autistic Adults. *Journal of Autism and Developmental Disorders*, *48*(2), 473–484. https://doi.org/10.1007/s10803-017-3342-7

Cage, E., Di Monaco, J., & Newell, V. (2019). Understanding, attitudes and dehumanisation towards autistic people. *Autism*, *23*(6), 1373–1383. https://doi.org/10.1177/1362361318811290

Cage, E., & Troxell-Whitman, Z. (2019). Understanding the Reasons, Contexts and Costs of Camouflaging for Autistic Adults. *Journal of Autism and Developmental Disorders*, *49*(5), 1899–1911. https://doi.org/10.1007/s10803-018-03878-x

Cai, R. Y., & Richdale, A. L. (2016). Educational Experiences and Needs of Higher Education Students with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *46*(1), 31–41. https://doi.org/10.1007/s10803-015-2535-1

Cameron, J. J., & Vorauer, J. D. (2008). Feeling Transparent: On Metaperceptions and Miscommunications. *Social and Personality Psychology Compass*, *2*(2), 1093–1108. https://doi.org/10.1111/j.1751-9004.2008.00096.x

Campkin, M. (2000). Pretending to be normal: living with Asperger's syndrome. *Family Practice*, *17*(4), 355–355. https://doi.org/10.1093/fampra/17.4.355

Campus, N. (1974). Transituational consistency as a dimension of personality. *Journal of Personality and Social Psychology*, *29*, 593–600. https://doi.org/10.1037/h0036664

Carlson, E. N., Vazire, S., & Furr, R. M. (2011). Meta-Insight: Do People Really Know How Others See Them? *Journal of Personality and Social Psychology*. https://doi.org/10.1037/a0024297

Carney, D. R., Colvin, C. R., & Hall, J. A. (2007). A thin slice perspective on the accuracy of first impressions. *Journal of Research in Personality*, *41*(5), 1054–1072. https://doi.org/10.1016/j.jrp.2007.01.004

Caspi, A., & Gorsky, P. (2006). Online deception: Prevalence, motivation, and emotion. *Cyberpsychology and Behavior*, *9*(1), 54–59. https://doi.org/10.1089/CPB.2006.9.54

Cassidy, S., Bradley, L., Shaw, R., & Baron-Cohen, S. (2018). Risk markers for suicidality in autistic adults. *Molecular Autism*. https://doi.org/10.1186/s13229-018-0226-4

Chaudoir, S., & Fisher, J. D. (2010). The Disclosure Processes Model. *Psychological Bulletin*, *136*(2), 236–256. https://doi.org/10.1037/a0018193.The

Chevallier, C., Kohls, G., Troiani, V., Brodkin, E. S., & Schultz, R. T. (2012). The social motivation theory of autism. In *Trends in Cognitive Sciences*. https://doi.org/10.1016/j.tics.2012.02.007

Cobb-Clark, D. A., & Schurer, S. (2012). The stability of big-five personality traits. *Economics Letters*, *115*(1), 11–15. https://doi.org/10.1016/j.econlet.2011.11.015

Cola, M. L., Plate, S., Yankowitz, L., Yankowitz, L., Petrulla, V., Bateman, L., Zampella, C. J., De Marchena, A., De Marchena, A., Pandey, J., Pandey, J., Schultz, R. T., Schultz, R. T., Parish-Morris, J., & Parish-Morris, J. (2020). Sex differences in the first impressions made by girls and boys with autism. *Molecular Autism*, *11*(1), 1–12. https://doi.org/10.1186/s13229-020-00336-3

Cook, S. W. (1939). The judgment of intelligence from photographs. *Journal of Abnormal and Social Psychology*, *34*(3), 384–389. https://doi.org/10.1037/h0054598

Cook, W. L., & Douglas, E. M. (1998). The Looking-Glass Self in Family Context: A Social Relations Analysis. *Journal of Family Psychology*. https://doi.org/10.1037/0893-3200.12.3.299

Corbett, B. A., Schwartzman, J. M., Libsack, E. J., Muscatello, R. A., Lerner, M. D., Simmons, G. L., & White, S. W. (2021). Camouflaging in Autism: Examining Sex-Based and Compensatory Models in Social Cognition and Communication. *Autism Res*, *14*(1), 127–142. https://doi.org/10.1002/aur.2440

Corrigan, P. W., & Nieweglowski, K. (2019). How does familiarity impact the stigma of mental illness? In *Clinical Psychology Review* (Vol. 70, pp. 40–50). Elsevier Inc. https://doi.org/10.1016/j.cpr.2019.02.001

Crompton, C. J., Hallett, S., Ropar, D., Flynn, E., & Fletcher-Watson, S. (2020). 'I never realised everybody felt as happy as I do when I am around autistic people': A thematic analysis of autistic adults' relationships with autistic and neurotypical friends and family. *Autism*, *24*(6), 1438–1448. https://doi.org/10.1177/1362361320908976

Crompton, C. J., Ropar, D., Evans-Williams, C. V. M., Flynn, E. G., & Fletcher-Watson, S. (2020). Autistic peer-to-peer information transfer is highly effective. *Autism*, 1362361320919286. https://doi.org/10.1177/1362361320919286

Crompton, C. J., Sharp, M., Axbey, H., Fletcher-Watson, S., Flynn, E. G., & Ropar, D. (2020). Neurotype-Matching, but Not Being Autistic, Influences Self and Observer Ratings of Interpersonal Rapport. *Frontiers in Psychology*, *11*, 2961. https://doi.org/10.3389/fpsyg.2020.586171

Darley, J. M., & Fazio, R. H. (1980). Expectancy confirmation processes arising in the social interaction sequence. *American Psychologist*, *35*(10), 867–881. https://doi.org/10.1037/0003-066X.35.10.867

Davidson, J., & Henderson, V. L. (2010). "Coming out" on the spectrum: Autism, identity and disclosure. *Social and Cultural Geography*, *11*(2), 155–170. https://doi.org/10.1080/14649360903525240

de Marchena, A., & Eigsti, I. M. (2010). Conversational gestures in autism spectrum disorders: Asynchrony but not decreased frequency. *Autism Research*, *3*(6), 311–322. https://doi.org/10.1002/aur.159

DeBrabander, K. M., Morrison, K. E., Jones, D. R., Faso, D. J., Chmielewski, M., & Sasson, N. J. (2019). Do First Impressions of Autistic Adults Differ Between Autistic and Nonautistic Observers? *Autism in Adulthood*, *00*(00), 1–8. https://doi.org/10.1089/aut.2019.0018

DeBrabander, K. M., Pinkham, A. E., Ackerman, R. A., Jones, D. R., & Sasson, N. J. (2020). Cognitive and Social Cognitive Self-Assessment in Autistic Adults. *Journal of Autism and Developmental Disorders*. https://doi.org/https://doi.org/10.1007/s10803-020-04722-x%0A%0A

Devine, P. G. (1989). Automatic and controlled processes in prejudice: The role of stereotypes and personal beliefs. - PsycNET. In *The third Ohio State University Vol. on attitudes and persuasion. Attitude structure and function* (pp. 181–212). Lawrence Erlbaum Associates, Inc. https://psycnet.apa.org/record/1989-97417-008

Drouin, M., Miller, D., Wehle, S. M. J., & Hernandez, E. (2016). Why do people lie online? "Because everyone lies on the internet." *Computers in Human Behavior*, *64*, 134–142. https://doi.org/10.1016/J.CHB.2016.06.052

Eaton, K., Ohan, J. L., Stritzke, W. G. K., Courtauld, H. M., & Corrigan, P. W. (2017). Mothers' Decisions to Disclose or Conceal Their Child's Mental Health Disorder. *Qualitative Health Research*, *27*(11), 1628–1639. https://doi.org/10.1177/1049732317697096

Eaves, L. C., & Ho, H. H. (2008). Young adult outcome of autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *38*(4), 739–747. https://doi.org/10.1007/s10803-007-0441-x

Edey, R., Cook, J., Brewer, R., Johnson, M. H., Bird, G., & Press, C. (2016). Interaction takes two: Typical adults exhibit mind-blindness towards those with Autism Spectrum Disorder. *Journal of Abnormal Psychology*, *125*(7), 879–885. https://doi.org/10.1037/abn0000199

Elfenbein, H. A., Eisenkraft, N., & Ding, W. W. (2009). Do We Know Who Values Us? *Psychological Science*, *20*(9), 1081–1083. https://doi.org/10.1111/j.1467-9280.2009.02396.x

Epstein, S., & O'Brien, E. J. (1985). The Person-Situation Debate in Historical and Current Perspective. *Psychological Bulletin*, *98*(3), 513–537. https://doi.org/10.1037/0033-2909.98.3.513

Faso, D. J., Sasson, N. J., & Pinkham, A. E. (2015). Evaluating Posed and Evoked Facial Expressions of Emotion from Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *45*(1), 75–89. https://doi.org/10.1007/s10803-014-2194-7

Fleeson, W., & Noftle, E. E. (2009). In favor of the synthetic resolution to the person-situation debate. *Journal of Research in Personality*, *43*(2), 150–154. https://doi.org/10.1016/j.jrp.2009.02.008

Flower, R. L., DIckens, L. M., & Hedley, D. (2021). Barriers to Employment: Raters' Perceptions of Male Autistic and Non-Autistic Candidates during a Simulated Job Interview and the Impact of Diagnostic Disclosure. *Autism in Adulthood*, *3*(4), 300–309. https://doi.org/10.1089/AUT.2020.0075/ASSET/IMAGES/LARGE/AUT.2020.0075_FIGURE3.JPEG

Frith, U. (1972). Cognitive mechanisms in autism: Experiments with color and tone sequence production. *Journal of Autism and Childhood Schizophrenia*, *2*(2), 160–173. https://doi.org/10.1007/BF01537569

Funder, D. C. (2006). Towards a resolution of the personality triad: Persons, situations, and behaviors. *Journal of Research in Personality*, *40*(1), 21–34. https://doi.org/10.1016/j.jrp.2005.08.003

Funder, D. C., & Colvin, C. R. (1991). Explorations in Behavioral Consistency: Properties of Persons, Situations, and Behaviors. *Journal of Personality and Social Psychology*. https://doi.org/10.1037/0022-3514.60.5.773

Furr, R. M., & Funder, D. C. (2004). Situational similarity and behavioral consistency: Subjective, objective, variable-centered, and person-centered approaches. *Journal of Research in Personality*. https://doi.org/10.1016/j.jrp.2003.10.001

Gantman, A., Kapp, S. K., Orenski, K., & Laugeson, E. A. (2012). Social skills training for young adults with high-functioning autism spectrum disorders: A randomized controlled pilot study. *Journal of Autism and Developmental Disorders*, *42*(6), 1094–1103. https://doi.org/10.1007/s10803-011-1350-6

Gardiner, E., & Iarocci, G. (2014). Students with autism spectrum disorder in the university context: Peer acceptance predicts intention to volunteer. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-013-1950-4

Gaskill, P. C., Fenton, N., & Porter, J. P. (1927). Judging the intelligence of boys from their photographs. *Journal of Applied Psychology*, *11*(5), 394–403. https://doi.org/10.1037/h0073632

Gates, J. A., Kang, E., & Lerner, M. D. (2017). Efficacy of group social skills interventions for youth with autism spectrum disorder: A systematic review and meta-analysis. In *Clinical Psychology Review*. https://doi.org/10.1016/j.cpr.2017.01.006

Gavin, J., Rees-Evans, D., Duckett, A., & Brosnan, M. (2019). The attractiveness, trustworthiness and desirability of autistic males' online dating profiles. *Computers in Human Behavior*, *98*, 189–195. https://doi.org/10.1016/j.chb.2019.04.016

Gernsbacher, M. A. (2017). Editorial Perspective: The use of person-first language in scholarly writing may accentuate stigma. In *Journal of Child Psychology and Psychiatry and Allied Disciplines*. https://doi.org/10.1111/jcpp.12706

Gibson, C. M., Penn, D. L., Prinstein, M. J., Perkins, D. O., & Belger, A. (2010). Social skill and social cognition in adolescents at genetic risk for psychosis. *Schizophrenia Research*. https://doi.org/10.1016/j.schres.2010.04.018

Gillespie-Lynch, K., Brooks, P. J., Someki, F., Obeid, R., Shane-Simpson, C., Kapp, S. K., Daou, N., & Smith, D. S. (2015). Changing College Students' Conceptions of Autism: An Online Training to Increase Knowledge and Decrease Stigma. *Journal of Autism and Developmental Disorders*, *45*(8), 2553–2566. https://doi.org/10.1007/s10803-015-2422-9

Gillespie-Lynch, K., Kapp, S. K., Brooks, P. J., Pickens, J., & Schwartzman, B. (2017). Whose expertise is it? Evidence for autistic adults as critical autism experts. *Frontiers in Psychology*, *8*(MAR), 1–14. https://doi.org/10.3389/fpsyg.2017.00438

Glenthøj, L. B., Kristensen, T. D., Gibson, C. M., Jepsen, J. R. M., & Nordentoft, M. (2020). Assessing social skills in individuals at ultra-high risk for psychosis: Validation of the High Risk Social Challenge task (HiSoC). *Schizophrenia Research*. https://doi.org/10.1016/j.schres.2019.08.025

Goffman, E. (1963). *Stigma: notes on the management of spoiled identity.* Prentice-Hall.

Granieri, J. E., McNair, M. L., Gerber, A. H., Reifler, R. F., & Lerner, M. D. (2020). Atypical social communication is associated with positive initial impressions among peers with autism spectrum disorder. *Autism*. https://doi.org/10.1177/1362361320924906

Gresham, F. M. (1997). Social competence and students with behavior disorders: Where we've been, where we are, and where we should go. *Education & Treatment of Children*, *20*(3), 233–249. https://www.jstor.org/stable/pdf/42900487.pdf?casa_token=9VICD70Xz14AAAAA:aq5OzgPAnZZZAa3xyZS-atW2YRIg8MfVhMOtjvt3D5A1X6B_59Kjt5fxqBsWVdBCUK0MEEzbRuXAtRo01miakfKYBZ-Xub_6MojpkLei4vjOmDUJj_0

Grinker, R. R. (2020). Autism, "Stigma," Disability A Shifting Historical Terrain. *Current Anthropology*, *61*(S21), S55–S67. https://doi.org/10.1086/705748

Grossman, R. B. (2015). Judgments of social awkwardness from brief exposure to children with and without high-functioning autism. *Autism*. https://doi.org/10.1177/1362361314536937

Grossman, R. B., Bemis, R. H., Skwerer, D. P., & Tager-Flusberg, H. (2010). Lexical and Affective Prosody in Children with High Functioning Autism. *J Speech Lang Hear Res.*, *53*(3), 778–793. https://doi.org/10.1044/1092-4388(2009/08-0127).Lexical

Grossman, R. B., Edelson, L. R., & Tager-Flusberg, H. (2018). Production of emotional facial and vocal expressions during story retelling by children and adolescents with high-functioning autism. *J Speech Lang Hear Res.*, *56*(3), 1035–1044. https://doi.org/10.1044/1092-4388(2012/12-0067).Production

Grossman, R. B., Mertens, J., & Zane, E. (2018). Perceptions of self and other: Social judgments and gaze patterns to videos of adolescents with and without autism spectrum disorder. *Autism*. https://doi.org/10.1177/1362361318788071

Harris, M. J., & Garris, C. P. (2008). You never get a second chance to make a first impression: Behavioral consequences of first impressions. *First Impressions*.

Harrison, A. J., Bradshaw, L. P., Naqvi, N. C., Paff, M. L., & Campbell, J. M. (2017). Development and Psychometric Evaluation of the Autism Stigma and Knowledge Questionnaire (ASK-Q). *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-017-3242-x

Harrison, A. J., Paff, M. L., & Kaff, M. S. (2019). Examining the psychometric properties of the autism stigma and knowledge questionnaire (ASK-Q) in multiple contexts. *Research in Autism Spectrum Disorders*, *57*(October 2018), 28–34. https://doi.org/10.1016/j.rasd.2018.10.002

Hazer, J. T., & Bedell, K. V. (2000). Effects of seeking accommodation and disability on preemployment evaluations. *Journal of Applied Social Psychology*, *30*(6), 1201–1223. https://doi.org/10.1111/j.1559-1816.2000.tb02517.x

Heasman, B., & Gillespie, A. (2018). Perspective-taking is two-sided: Misunderstandings between people with Asperger's syndrome and their family members. *Autism*, *22*(6), 740–750. https://doi.org/10.1177/1362361317708287

Heasman, B., & Gillespie, A. (2019a). Neurodivergent intersubjectivity: Distinctive features of how autistic people create shared understanding. *Autism*, *23*(4), 910–921. https://doi.org/10.1177/1362361318785172

Heasman, B., & Gillespie, A. (2019b). Participants over-estimate how helpful they are in a two-player game scenario toward an artificial confederate that discloses a diagnosis of autism. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.01349

Heijst, B. F. C. Van, & Geurts, H. M. (2015). Quality of life in autism across the lifespan : A meta-analysis. *Autism*, *19*(2), 158–167. https://doi.org/10.1177/1362361313517053

Hellemans, H., Colson, K., Verbraeken, C., Vermeiren, R., & Deboutte, D. (2007). Sexual behavior in high-functioning male adolescents and young adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *37*(2), 260–269. https://doi.org/10.1007/s10803-006-0159-1

Herbrecht, E., Poustka, F., Birnkammer, S., Duketis, E., Schlitt, S., Schmötzer, G., & Bölte, S. (2009). Pilot evaluation of the frankfurt social skills training for children and adolescents with autism spectrum disorder. *European Child and Adolescent Psychiatry*, *18*(6), 327–335. https://doi.org/10.1007/s00787-008-0734-4

Hobson, R. P. (2012). Autism, Literal Language and Concrete Thinking: Some Developmental Considerations. *Metaphor and Symbol*, *27*(1), 4–21. https://doi.org/10.1080/10926488.2012.638814

Hoogsteen, L. (2010). *The Lived Experience of Parenting a Child with Autism in a Rural Area: Making the Invisible, Visible*. The University of Manitoba.

Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004). Adult outcome for children with autism. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *45*(2), 212–229.

Howlin, P., Moss, P., Savage, S., & Rutter, M. (2013). Social outcomes in mid- to later adulthood among individuals diagnosed with autism and average nonverbal IQ as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *52*(6), 572-581.e1. https://doi.org/10.1016/j.jaac.2013.02.017

Howlin, P., & Yates, P. (1999). The potential effectiveness of social skills groups for adults with autism. In *SAGE Publications and The National Autistic Society* (Vol. 3, Issue 3).

Hubbard, D. J., Faso, D. J., Assmann, P. F., & Sasson, N. J. (2017). Production and perception of emotional prosody by adults with autism spectrum disorder. *Autism Research*, *10*(12), 1991–2001. https://doi.org/10.1002/aur.1847

Hull, L., Levy, L., Lai, M.-C., Petrides, K. V., Baron-Cohen, S., Allison, C., Smith, P., & Mandy, W. (2021). Is social camouflaging associated with anxiety and depression in autistic adults? *Molecular Autism*, *12*(1), 13. https://doi.org/10.1186/s13229-021-00421-1

Hull, L., Mandy, W., Lai, M. C., Baron-Cohen, S., Allison, C., Smith, P., & Petrides, K. V. (2019). Development and Validation of the Camouflaging Autistic Traits Questionnaire (CAT-Q). *Journal of Autism and Developmental Disorders*, *49*(3), 819–833. https://doi.org/10.1007/s10803-018-3792-6

Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. (2017). "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions. *Journal of Autism and Developmental Disorders*, *47*(8), 2519–2534. https://doi.org/10.1007/s10803-017-3166-5

Hull, L., Petrides, K. V., & Mandy, W. (2020). The Female Autism Phenotype and Camouflaging : a Narrative Review. *Review Journal of Autism and Developmental Disorders*, *7*(306–317).

Human, L. J., Sandstrom, G. M., Biesanz, J. C., & Dunn, E. W. (2013). Accurate First Impressions Leave a Lasting Impression: The Long-Term Effects of Distinctive Self-Other Agreement on Relationship Development. *Social Psychological and Personality Science*. https://doi.org/10.1177/1948550612463735

Hus, V., & Lord, C. (2014). The autism diagnostic observation schedule, module 4: Revised algorithm and standardized severity scores. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-014-2080-3

Irvine, A. (2011). Something to declare? The disclosure of common mental health problems at work. *Disability & Society*, *26*(2), 179–192. https://doi.org/10.1080/09687599.2011.544058

Jennes-Coussens, M., Magill-Evans, J., & Koning, C. (2006). The quality of life of young men with Asperger syndrome: A brief report. *Autism*, *10*(4), 403–414. https://doi.org/10.1177/1362361306064432

Johnson, T. D., & Joshi, A. (2016). Dark clouds or silver linings? A stigma threat perspective on the implications of an autism diagnosis for workplace well-being. *Journal of Applied Psychology*, *101*(3), 430–449. https://doi.org/10.1037/apl0000058

Jones, D. R., DeBrabander, K. M., & Sasson, N. J. (2021). Effects of autism acceptance training on explicit and implicit biases toward autism. *Autism*. https://doi.org/https://doi.org/10.1177/1362361320984896

Jones, D. R., Morrison, K. E., DeBrabander, K. M., Ackerman, R. A., Pinkham, A. E., & Sasson, N. J. (2021). Greater Social Interest Between Autistic and Non-autistic Conversation Partners Following Autism Acceptance Training for Non-autistic People. *Frontiers in Psychology*, *12*, 4026. https://doi.org/10.3389/FPSYG.2021.739147/BIBTEX

Jurgens, A. (2020). Neurodiversity in a neurotypical world: An enactive framework for investigating autism and social institutions. In *Neurodiversity Studies* (pp. 73–88). Routledge. https://doi.org/10.4324/9780429322297-8

Kaat, A. J., & Lecavalier, L. (2014). Group-based social skills treatment: A methodological review. In *Research in Autism Spectrum Disorders*. https://doi.org/10.1016/j.rasd.2013.10.007

Kandalaft, M. R., Didehbani, N., Krawczyk, D. C., Allen, T. T., & Chapman, S. B. (2013). Virtual reality social cognition training for young adults with high-functioning autism. *Journal of Autism and Developmental Disorders*, *43*(1), 34–44. https://doi.org/10.1007/s10803-012-1544-6

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, *2*, 217–250. http://mail.neurodiversity.com/library_kanner_1943.pdf

Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*, *49*(1), 59–71. https://doi.org/10.1037/a0028353

Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism*, *20*(4), 442–462. https://doi.org/10.1177/1362361315588200

King, P., Laing, R. D., Phillipson, H., & Lee, A. R. (1967a). Interpersonal Perception: A Theory and a Method of Research. *The British Journal of Sociology*, *18*, 319. https://doi.org/10.2307/588644

King, P., Laing, R. D., Phillipson, H., & Lee, A. R. (1967b). Interpersonal Perception: A Theory and a Method of Research. *The British Journal of Sociology*. https://doi.org/10.2307/588644

Knott, F., & Taylor, A. (2014). Life at university with Asperger syndrome: A comparison of student and staff perspectives. *International Journal of Inclusive Education*, *18*(4), 411–426. https://doi.org/10.1080/13603116.2013.781236

Koegel, L. K., Detar, W. J., Fox, A., & Koegel, R. L. (2014). Romantic relationships, sexuality, and autism spectrum disorders. In *Adolescents and Adults with Autism Spectrum Disorders* (pp. 87–104). Springer New York. https://doi.org/10.1007/978-1-4939-0506-5_5

Kohler, C. G., Bilker, W., Hagendoorn, M., Gur, R. E., & Gur, R. C. (2000). Emotion recognition deficit in schizophrenia: Association with symptomatology and cognition. *Biological Psychiatry*. https://doi.org/10.1016/S0006-3223(00)00847-7

Koji, S., & Fernandes, M. (2010). Does it matter where we meet? The role of emotional context in evaluative first impressions. *Canadian Journal of Experimental Psychology*, *64*(2), 107–116. https://doi.org/10.1037/a0019139

Lai, M. C., Lombardo, M. V., Ruigrok, A. N. V., Chakrabarti, B., Auyeung, B., Szatmari, P., Happé, F., & Baron-Cohen, S. (2017). Quantifying and exploring camouflaging in men and women with autism. *Autism*. https://doi.org/10.1177/1362361316671012

Laird, D. A., & Remmers, H. (1924). A Study of Estimates on Intelligence from Photographs. *Journal of Experimental Psychology*, *7*(6), 429–446. https://doi.org/10.1037/h0072372

Lam, K. S. L., Bodfish, J. W., & Piven, J. (2008). Evidence for three subtypes of repetitive behavior in autism that differ in familiality and association with other symptoms. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *49*(11), 1193–1200. https://doi.org/10.1111/j.1469-7610.2008.01944.x

Laugeson, E. A., Frankel, F., Gantman, A., Dillon, A. R., & Mogil, C. (2012). Evidence-based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS program. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-011-1339-1

Laugeson, E. A., Frankel, F., Mogil, C., & Dillon, A. R. (2009). Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *39*(4), 596–606. https://doi.org/10.1007/s10803-008-0664-5

Lawrence, D. H., Alleckson, D. A., & Bjorklund, P. (2010). Beyond the Roadblocks : Transitioning to Adulthood With Asperger ' s Disorder. *Archives of Psychiatric Nursing*, *24*(4), 227–238. https://doi.org/10.1016/j.apnu.2009.07.004

Lecavalier, L., Bodfish, J., Harrop, C., Whitten, A., Jones, D., Pritchett, J., Faldowski, R., & Boyd, B. (2020). Development of the Behavioral Inflexibility Scale for Children with Autism Spectrum Disorder and Other Developmental Disabilities. *Autism Research*, *13*(3), 489–499. https://doi.org/10.1002/aur.2257

Lerner, M. D., & Mikami, A. Y. (2012). A preliminary randomized controlled trial of two social skills interventions for youth with high-functioning autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*. https://doi.org/10.1177/1088357612450613

Levesque, M. J. (1997). Meta-Accuracy among Acquainted Individuals: A Social Relations Analysis of Interpersonal Perception and Metaperception. *Journal of Personality and Social Psychology*, *72*(1), 66–74. https://doi.org/10.1037/0022-3514.72.1.66

Levy, A., & Perry, A. (2011). Outcomes in adolescents and adults with autism: A review of the literature. In *Research in Autism Spectrum Disorders*. https://doi.org/10.1016/j.rasd.2011.01.023

Lindsay, S., Osten, V., Rezai, M., & Bui, S. (2019). Disclosure and workplace accommodations for people with autism: a systematic review. In *Disability and Rehabilitation*. https://doi.org/10.1080/09638288.2019.1635658

Livingston, L. A., Colvert, E., Bolton, P., & Happé, F. (2019). Good social skills despite poor theory of mind: exploring compensation in autism spectrum disorder. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. https://doi.org/10.1111/jcpp.12886

Locke, K. D., & Mitchell, G. E. (2016). Self-perceptions, parent-perceptions, and meta-perceptions of the interpersonal efficacy of adolescents with autism spectrum disorder. *Research in Autism Spectrum Disorders*, *31*, 19–29. https://doi.org/10.1016/j.rasd.2016.07.006

Lord, C., Risi, S., Lambrecht, L., Cook, E. H., Leventhal, B. L., Dilavore, P. C., Pickles, A., & Rutter, M. (2000). The Autism Diagnostic Observation Schedule-Generic: A standard measure of social and communication deficits associated with the spectrum of autism. *Journal of Autism and Developmental Disorders*, *30*(3), 205–223. https://doi.org/10.1023/A:1005592401947

MacLeod, A., Allan, J., Lewis, A., & Robertson, C. (2018). 'Her. come again': the cost of success for higher education students diagnosed with autism. *International Journal of Inclusive Education*, *22*(6), 683–697. https://doi.org/10.1080/13603116.2017.1396502

Mandy, W. (2019). Social camouflaging in autism: Is it time to lose the mask? *Autism*, *23*(8), 1879–1881. https://doi.org/10.1177/1362361319878559

Marks, D. (1997). Models of disability. In *Disability and Rehabilitation* (Vol. 19, Issue 3, pp. 85–91). https://doi.org/10.3109/09638289709166831

Mason, D., McConachie, H., Garland, D., Petrou, A., Rodgers, J., & Parr, J. R. (2018). Predictors of quality of life for autistic adults. *Autism Research*, *11*(8), 1138–1147. https://doi.org/10.1002/aur.1965

McDonald, S., Flanagan, S., Rollins, J., & Kinch, J. (2003). TASIT. *Journal of Head Trauma Rehabilitation*. https://doi.org/10.1097/00001199-200305000-00001

McMahon, C. M., Henry, S., & Linthicum, M. (2020). Employability in Autism Spectrum Disorder (ASD): Job Candidate's Diagnostic Disclosure and ASD Characteristics and Employer's ASD Knowledge and Social Desirability. *Journal of Experimental Psychology: Applied*. https://doi.org/10.1037/xap0000282

McMahon, C. M., Henry, S., & Linthicum, M. (2021). Employability in Autism Spectrum Disorder (ASD): Job Candidate's Diagnostic Disclosure and ASD Characteristics and Employer's ASD Knowledge and Social Desirability. *Journal of Experimental Psychology: Applied*, *27*(1), 142–157. https://doi.org/10.1037/xap0000282

McMahon, C. M., Lerner, M. D., & Britton, N. (2013). Group-based social skills interventions for adolescents with higher-functioning autism spectrum disorder: a review and looking to the future. *Adolescent Health, Medicine and Therapeutics*, *4*, 23. https://doi.org/10.2147/ahmt.s25402

McMahon, C. M., & Solomon, M. (2015). Brief Report: Parent–Adolescent Informant Discrepancies of Social Skill Importance and Social Skill Engagement for Higher-Functioning Adolescents with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *45*(10), 3396–3403. https://doi.org/10.1007/s10803-015-2494-6

Mefford, H. C., Batshaw, M. L., & Hoffman, E. P. (2012). Genomics, Intellectual Disability, and Autism. *New England Journal of Medicine*, *366*(8), 733–743. https://doi.org/10.1056/NEJMra1114194

Milgram, S. (1963). Primary Sources Behavioral Study of Obedience. *The Journal of Abnormal and Social Psychology*, *67*(4), 371. http://www.wadsworth.com/psychology_d/templates/student_resources/0155060678_rathus/ps/ps01.htmlhttp://www.wadsworth.com/psychology_d/templates/student_resources/0155060678_rathus/ps/ps01.html

Milton, D. (2012). On the ontological status of autism: The "double empathy problem." *Disability and Society*. https://doi.org/10.1080/09687599.2012.710008

Milton, D. (2017). *A Mismatch of Salience: Explorations of the Nature of Autism from Theory to Practice*. Pavilion Press. https://www.pavpub.com/a-mismatch-of-salience/

Mitchell, P., Sheppard, E., & Cassidy, S. (2021). Autism and the double empathy problem: Implications for development and mental health. *British Journal of Developmental Psychology*, *39*(1), 1–18. https://doi.org/10.1111/bjdp.12350

Montoya, R. M., Horton, R. S., & Kirchner, J. (2008). Is actual similarity necessary for attraction? A meta-analysis of actual and perceived similarity. *Journal of Social and Personal Relationships*. https://doi.org/10.1177/0265407508096700

Moriwaki, E. (1929). Note on the comparative validities of judgments of intelligence based on photographs and on interviews. *Journal of Applied Psychology*, *13*(6), 630–631. https://doi.org/10.1037/h0074366

Morrison, K. E. (2019). *Individual and Relational Social Impairments for Adults with Autism Spectrum Disorder*. The University of Texas at Dallas.

Morrison, K. E., DeBrabander, K. M., Faso, D. J., & Sasson, N. J. (2019). Variability in first impressions of autistic adults made by neurotypical raters is driven more by characteristics of the rater than by characteristics of autistic adults. *Autism*. https://doi.org/10.1177/1362361318824104

Morrison, K. E., DeBrabander, K. M., Jones, D. R., Ackerman, R. A., & Sasson, N. J. (2020). Social Cognition, Social Skill, and Social Motivation Minimally Predict Social Interaction Outcomes for Autistic and Non-Autistic Adults. *Frontiers in Psychology*, *11*, 591100. https://doi.org/10.3389/fpsyg.2020.591100

Morrison, K. E., DeBrabander, K. M., Jones, D. R., Faso, D. J., Ackerman, R. A., & Sasson, N. J. (2020). Outcomes of real-world social interaction for autistic adults paired with autistic compared to typically developing partners. *Autism: The International Journal of Research and Practice*, *24*, 1067–1080. https://doi.org/10.1177/1362361319892701

Morrison, K. E., Pinkham, A. E., Kelsven, S., Ludwig, K., Penn, D. L., & Sasson, N. J. (2019). Psychometric Evaluation of Social Cognitive Measures for Adults with Autism. *Autism Research*, *12*(5), 766–778. https://doi.org/10.1002/aur.2084

Morrison, K. E., Pinkham, A. E., Penn, D. L., Kelsven, S., Ludwig, K., & Sasson, N. J. (2017). Distinct profiles of social skill in adults with autism spectrum disorder and schizophrenia. *Autism Research*, *10*(5), 878–887. https://doi.org/10.1002/aur.1734

Murphy, N. A., Hall, J. A., & Colvin, C. R. (2003). Accurate Intelligence Assessments in Social Interactions: Mediators and Gender Effects. *Journal of Personality*, *71*(3), 465–493. https://doi.org/10.1111/1467-6494.7103008

Muthén, L. K., & Muthén, B. O. (1998). Statistical analysis with latent variables. *Mplus User's Guide: 4th Edition (Version 4.2). Los Angeles, CA: Muthen & Muthen*.

Nadig, A., Lee, I., Singh, L., Bosshart, K., & Ozonoff, S. (2010). How does the topic of conversation affect verbal exchange and eye gaze? A comparison between typical development and high-functioning autism. *Neuropsychologia*. https://doi.org/10.1016/j.neuropsychologia.2010.05.020

Neely, B. H., & Hunter, S. T. (2014). In a discussion on invisible disabilities, let us not lose sight of employees on the autism spectrum. *Industrial and Organizational Psychology*, *7*(2), 274–277. https://doi.org/10.1111/iops.12148

Neumann, D., Spezio, M. L., Piven, J., & Adolphs, R. (2006). Looking you in the mouth: abnormal gaze in autism resulting from impaired top-down modulation of visual attention. *Social Cognitive and Affective Neuroscience*, *1*(3), 194–202. https://doi.org/10.1093/scan/nsl030

Newschaffer, C. J., Croen, L. A., Daniels, J., Giarelli, E., Grether, J. K., Levy, S. E., Mandell, D. S., Miller, L. A., Pinto-Martin, J., Reaven, J., Reynolds, A. M., Rice, C. E., Schendel, D., & Windham, G. C. (2007). The Epidemiology of Autism Spectrum Disorders *. *Annu. Rev. Public Health*, *28*, 235–258. https://doi.org/10.1146/annurev.publhealth.28.021406.144007

Nuernberger, J. E., Ringdahl, J. E., Vargo, K. K., Crumpecker, A. C., & Gunnarsson, K. F. (2013). Using a behavioral skills training package to teach conversation skills to young adults with autism spectrum disorders. *Research in Autism Spectrum Disorders*, *7*(2), 411–417. https://doi.org/10.1016/j.rasd.2012.09.004

Obeid, R., Daou, N., DeNigris, D., Shane-Simpson, C., Brooks, P. J., & Gillespie-Lynch, K. (2015). A Cross-Cultural Comparison of Knowledge and Stigma Associated with Autism Spectrum Disorder Among College Students in Lebanon and the United States. *Journal of Autism and Developmental Disorders*, *45*(11), 3520–3536. https://doi.org/10.1007/s10803-015-2499-1

Oh, D. W., Buck, E. A., & Todorov, A. (2019). Revealing Hidden Gender Biases in Competence Impressions of Faces. *Psychological Science*, *30*(1), 65–79. https://doi.org/10.1177/0956797618813092

Oliver, M. (1991). Politics Of Disablement. In *Critical Texts in Social Work and the Welfare State The Politics of Disablement*. Macmillan Education. https://books.google.com/books?hl=en&lr=&id=tkZdDwAAQBAJ&oi=fnd&pg=PR9&dq=Oliver,+M.+1990.+The+Politics+of+Disablement.+Basingstoke:+Macmillan.&ots=7St1_9NTSH&sig=ZSMQyz-Yw3pd4lpsRG-vyE3DVIk

Oliver, M. (1996). The Social Model in Context. In *Understanding Disability* (pp. 30–42). Macmillan Education UK. https://doi.org/10.1007/978-1-349-24269-6_4

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability and Society*, *28*(7), 1024–1026. https://doi.org/10.1080/09687599.2013.818773

Oliver, M., & Sapey, B. (1999). *Social work with disabled people*. Macmillan Education UK. https://books.google.com/books?hl=en&lr=&id=uDtdDwAAQBAJ&oi=fnd&pg=PR7&ots=JH2SdTLrkH&sig=6WA6YVnS1cO4rZbm9EtaMAP3zwM

Olkin, R. (1999). *What psychotherapists should know about disability*. Guilford Press. https://www.google.com/search?q=Olkin%2C+R.%2C+1999%2C+What+psychotherapists+should+know+about+disability%2C+Guilford+Press%2C+New+York.&rlz=1C5CHFA_enUS730US730&oq=Olkin%2C+R.%2C+1999%2C+What+psychotherapists+should+know+about+disability%2C+Guilford+Press%2C+New+York.&aqs=chrome..69i57&sourceid=chrome&ie=UTF-8

Oltmanns, T. F., Gleason, M. E. J., Klonsky, E. D., & Turkheimer, E. (2005). Meta-perception for pathological personality traits: Do we know when others think that we are difficult? *Consciousness and Cognition*, *14*(4), 739–751. https://doi.org/10.1016/j.concog.2005.07.001

Orsmond, G. I., Krauss, M. W., & Seltzer, M. M. (2004). Peer relationships and social and recreational activities among adolescents and adults with autism. *Journal of Autism and Developmental Disorders*.

Ozonoff, S., & Miller, J. N. (1995). Teaching theory of mind: A new approach to social skills training for individuals with autism. *Journal of Autism and Developmental Disorders*, *25*(4), 415–433. https://doi.org/10.1007/BF02179376

Palmen, A., Didden, R., & Korzilius, H. (2010). Effectiveness of behavioral skills training on staff performance in a job training setting for high-functioning adolescents with autism spectrum disorders. *Research in Autism Spectrum Disorders*. https://doi.org/10.1016/j.rasd.2010.01.012

Pearson, A., & Rose, K. (2021). A Conceptual Analysis of Autistic Masking: Understanding the Narrative of Stigma and the Illusion of Choice. *Autism in Adulthood*, *3*(1), 1–9. https://doi.org/10.1089/aut.2020.0043

Pearson, V., Ip, F., Hui, H., Yip, N., Ho, K. K., & Lo, E. (2003). To Tell or Not to Tell; Disability Disclosure and Job Application Outcomes. *Journal of Rehabilitation*, *69*(4), 35–38.

Pelphrey, K., Adolphs, R., & Morris, J. P. (2004). Neuroanatomical substrates of social cognition dysfunction in autism. In *Mental Retardation and Developmental Disabilities Research Reviews*. https://doi.org/10.1002/mrdd.20040

Perry, E., Mandy, W., Hull, L., & Cage, E. (2021). Understanding Camouflaging as a Response to Autism-Related Stigma: A Social Identity Theory Approach. *Journal of Autism and Developmental Disorders*, 1–11. https://doi.org/10.1007/s10803-021-04987-w

Pettigrew, T. F., & Tropp, L. R. (2008). How does intergroup contact reduce prejudice? Meta-analytic tests of three mediatorsy. *European Journal of Social Psychology*. https://doi.org/10.1002/ejsp.504

Pinter, R. (1918). Intelligence as estimated from photographs. *Psychological Review*, *25*(4), 286–296. https://doi.org/10.1037/h0072720

Powell, S., Plamondon, R., & Retzlaff, P. (2002). Screening cognitive abilities in adults with developmental disabilities: Correlations of the K-BIT, PPVT-3, WRAT-3, and CVLT. *Journal of Developmental and Physical Disabilities*. https://doi.org/10.1023/A:1016084604822

Quinn, D. M., & Chaudoir, S. R. (2009). Living With a Concealable Stigmatized Identity: The Impact of Anticipated Stigma, Centrality, Salience, and Cultural Stigma on Psychological Distress and Health. *Journal of Personality and Social Psychology*, *97*(4), 634–651. https://doi.org/10.1037/a0015815

Randolph, C., Tierney, M. C., Mohr, E., & Chase, T. N. (1998). The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). *Journal of Clinical and Experimental Neuropsychology*.

Rao, P. A., Beidel, D. C., & Murray, M. J. (2008). Social skills interventions for children with Asperger's syndrome or high-functioning autism: A review and recommendations. In *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-007-0402-4

Reynolds, D. J., & Gifford, R. (2001). The sounds and sights of intelligence: A lens model channel analysis. *Personality and Social Psychology Bulletin*, *27*(2), 187–200. https://doi.org/10.1177/0146167201272005

Richard, F. D., Bond, C. F., & Stokes-Zoota, J. J. (2003). One Hundred Years of Social Psychology Quantitatively Described. *Review of General Psychology*. https://doi.org/10.1037/1089-2680.7.4.331

Rinehart, N. J., Bradshaw, J. L., Moss, S. A., Brereton, A. V., & Tonge, B. J. (2006). Pseudo-random number generation in children with high-functioning autism and Asperger's disorder: Further evidence for a dissociation in executive functioning? *Autism*, *10*(1), 70–85. https://doi.org/10.1177/1362361306062011

Romualdez, A. M., Heasman, B., Walker, Z., Davies, J., & Remington, A. (2021). "People Might Understand Me Better": Diagnostic Disclosure Experiences of Autistic Individuals in the Workplace. *Autism in Adulthood*, *00*(00), 1–11. https://doi.org/10.1089/aut.2020.0063

Romualdez, A. M., Walker, Z., & Remington, A. (2021). Autistic adults' experiences of diagnostic disclosure in the workplace: Decision-making and factors associated with outcomes. *Autism & Developmental Language Impairments*, *6*, 239694152110229. https://doi.org/10.1177/23969415211022955

Rosenfeld, M. J., Thomas, R. J., & Hausen, S. (2019). Disintermediating your friends: How online dating in the United States displaces other ways of meeting. *Proceedings of the National Academy of Sciences of the United States of America*, *116*(36), 17753–17758. https://doi.org/10.1073/pnas.1908630116

Rosenthal, R., & Jacobson, L. (1968). Pygmalion in the classroom. *The Urban Review*, *3*(1), 16–20.

Ross, L., & Nisbett, R. E. (1991). *The person and the situation: Perspectives of social psychology*. McGraw-Hill. https://doi.org/10.1207/s15327965pli0301_21

Roth, M. E., & Gillis, J. M. (2015). “Convenience with the Click of a Mouse”: A Survey of Adults with Autism Spectrum Disorder on Online Dating. *Sexuality and Disability*, *33*(1), 133–150. https://doi.org/10.1007/s11195-014-9392-2

Sasson, N. J., Faso, D. J., Nugent, J., Lovell, S., Kennedy, D. P., & Grossman, R. B. (2017). Neurotypical Peers are Less Willing to Interact with Those with Autism based on Thin Slice Judgments. *Scientific Reports*, *7*, 1–10. https://doi.org/10.1038/srep40700

Sasson, N. J., & Morrison, K. E. (2019). First impressions of adults with autism improve with diagnostic disclosure and increased autism knowledge of peers. *Autism*, *23*(1), 50–59. https://doi.org/10.1177/1362361317729526

Sasson, N. J., Morrison, K. E., Pinkham, A. E., Faso, D. J., & Chmielewski, M. (2018). Brief Report: Adults with Autism are Less Accurate at Predicting How Their Personality Traits are Evaluated by Unfamiliar Observers. *Journal of Autism and Developmental Disorders*, *48*(6), 2243–2248. https://doi.org/10.1007/s10803-018-3487-z

Sasson, N. J., Pinkham, A. E., Carpenter, K. L. H., & Belger, A. (2011). The benefit of directly comparing autism and schizophrenia for revealing mechanisms of social cognitive impairment. *Journal of Neurodevelopmental Disorders*. https://doi.org/10.1007/s11689-010-9068-x

Sauerberger, K. S., & Funder, D. C. (2017). Behavioral change and consistency across contexts. *Journal of Research in Personality*. https://doi.org/10.1016/j.jrp.2016.04.007

Schriber, R. A., Robins, R. W., & Solomon, M. (2014). Personality and self-insight in individuals with autism spectrum disorder. *Journal of Personality and Social Psychology*, *106*(1), 112. https://doi.org/10.1037/a0034950

Scott, M., Jacob, A., Hendrie, D., Parsons, R., Girdler, S., Falkmer, T., & Falkmer, M. (2017). Employers’ perception of the costs and the benefits of hiring individuals with autism spectrum disorder in open employment in Australia. *PLoS ONE*, *12*(5), 1–16. https://doi.org/10.1371/journal.pone.0177607

Scott, M., Milbourn, B., Falkmer, M., Black, M., Bölte, S., Halladay, A., Lerner, M. D., Taylor, J. L., & Girdler, S. (2019). Factors impacting employment for people with autism spectrum disorder: A scoping review. *Autism*, *23*(4), 869–901. https://doi.org/10.1177/1362361318787789

Seltzer, M. M., Shattuck, P., Abbeduto, L., & Greenberg, J. S. (2004). Trajectory of development in adolescents and adults with autism. *Mental Retardation and Developmental Disabilities Research Reviews*, *10*(4), 234–247. https://doi.org/10.1002/mrdd.20038

Shakespeare, T. (2006). The social model of disability. *The Disability Studies Reader*, 197–204. https://books.google.com/books?hl=en&lr=&id=aiQlDwAAQBAJ&oi=fnd&pg=PA195&dq=Shakespeare+The+social+model+of+disability&ots=TByl4YIGv_&sig=avmlskF4ELs8J8DsOch1A3LCPCg

Sharabi, L. L., & Caughlin, J. P. (2019). Deception in online dating: Significance and implications for the first offline date. *New Media and Society*, *21*(1), 229–247. https://doi.org/10.1177/1461444818792425

Sheppard, E., Pillai, D., Wong, G. T. L., Ropar, D., & Mitchell, P. (2016). How Easy is it to Read the Minds of People with Autism Spectrum Disorder? *Journal of Autism and Developmental Disorders*, *46*(4), 1247–1254. https://doi.org/10.1007/s10803-015-2662-8

Sinclair, J. (2013). Why I dislike " Person First " language. *Autonomy, the Critical Journal of Interdisciplinary Autism Studies*.

Snyder, M., & Stukas, A. A. (1999). Interpersonal processes: The interplay of cognitive, motivational, and behavioral activities in social interaction. *Annual Review of Psychology*, *50*, 273–303. https://doi.org/10.1146/annurev.psych.50.1.273

Solomon, C. (2020). Autism and Employment: Implications for Employers and Adults with ASD. *Journal of Autism and Developmental Disorders*, *50*(11), 4209–4217. https://doi.org/10.1007/s10803-020-04537-w

Spain, D., & Blainey, S. H. (2015). Group social skills interventions for adults with high-functioning autism spectrum disorders: A systematic review. In *Autism* (Vol. 19, Issue 7, pp. 874–886). SAGE Publications Ltd. https://doi.org/10.1177/1362361315587659

Spirito Dalgin, R., & Bellini, J. (2008). Invisible disability disclosure in an employment interview: Impact on employers' hiring decisions and views of employability. *Rehabilitation Counseling Bulletin*, *52*(1), 6–15. https://doi.org/10.1177/0034355207311311

Stone, C. I., & Sawatzki, B. (1980). Hiring bias and the disabled interviewee: Effects of manipulating work history and disability information of the disabled job applicant. *Journal of Vocational Behavior*, *16*, 94–104. https://doi.org/10.1016/0001-8791(80)90041-X

Strack, F., Deutsch, R., Buhler, A., Gawronski, B., Kruglanski, A., Levy, R., Mussweiler, T., Smith, E., & Wyer, B. (2004). Reflective and Impulsive Determinants of Social Behavior. In *Personality and Social Psychology Review* (Vol. 8, Issue 3).

Strunz, S., Schermuck, C., Ballerstein, S., Ahlers, C. J., Dziobek, I., & Roepke, S. (2017). Romantic Relationships and Relationship Satisfaction Among Adults With Asperger Syndrome and High-Functioning Autism. *Journal of Clinical Psychology*, *73*(1), 113–125. https://doi.org/10.1002/jclp.22319

Sunnafrank, M., & Ramirez, A. (2004). At first sight: Persistent relational effects of get-acquainted conversations. *Journal of Social and Personal Relationships*, *21*(3), 361–379. https://doi.org/10.1177/0265407504042837

Tashiro, T. (2017). *Awkward: The Science of Why We're Socially Awkward and Why That's Awesome.* Harper Collins. https://library.ajman.ac.ae/eds/lookup?query=9780062429155

Thakker, D., & Solomon, P. (1999). Factors influencing managers' adherence to the Americans with Disabilities Act. *Administration and Policy in Mental Health*, *26*(3), 213–219. https://doi.org/10.1023/A:1021366731025

Thompson-Hodgetts, S., Labonte, C., Mazumder, R., & Phelan, S. (2020). Helpful or harmful? A scoping review of perceptions and outcomes of autism diagnostic disclosure to others. *Research in Autism Spectrum Disorders*, *77*(February), 101598. https://doi.org/10.1016/j.rasd.2020.101598

Trent, J., & Ferguson, Y. (2021). How Ethnicity, Expression, and Study Design Influence First Impressions of Approachability. *Psychological Reports*, *124*(2), 862–895. https://doi.org/10.1177/0033294120909458

Turner-Brown, L. M., Perry, T. D., Dichter, G. S., Bodfish, J. W., & Penn, D. L. (2008). Brief report: Feasibility of social cognition and interaction training for adults with high functioning autism. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-008-0545-y

Uhrbrock, R. S., & Games, P. A. (1963). Estimating Intelligence from Photographs. *Indian Journal of Psychology*.

Uleman, J. S., Newman, L. S., & Moskowitz, G. B. (1996). People as Flexible Interpreters: Evidence and Issues from Spontaneous Trait Inference. *Advances in Experimental Social Psychology*. https://doi.org/10.1016/S0065-2601(08)60239-7

Urbano, M. R., Hartmann, K., Deutsch, S. I., Bondi Polychronopoulos, G. M., & Dorbin, V. (2013). Relationships, Sexuality, and Intimacy in Autism Spectrum Disorders. In *Recent Advances in Autism Spectrum Disorders - Volume I*. InTech Open. https://doi.org/10.5772/53954

Usher, L. V., Burrows, C. A., Messinger, D. S., & Henderson, H. A. (2018). Metaperception in Adolescents With and Without Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *48*(2), 533–548. https://doi.org/10.1007/s10803-017-3356-1

Van Hees, V., Moyson, T., & Roeyers, H. (2015). Higher Education Experiences of Students with Autism Spectrum Disorder: Challenges, Benefits and Support Needs. *Journal of Autism and Developmental Disorders*, *45*(6), 1673–1688. https://doi.org/10.1007/s10803-014-2324-2

Vazire, S., & Carlson, E. N. (2010). Self-Knowledge of Personality: Do People Know Themselves? *Social and Personality Psychology Compass*. https://doi.org/10.1111/j.1751-9004.2010.00280.x

Vazire, S., & Carlson, E. N. (2011). Others sometimes know us better than we know ourselves. *Current Directions in Psychological Science*. https://doi.org/10.1177/0963721411402478

Vazire, S., & Mehl, M. R. (2008). Knowing Me, Knowing You: The Accuracy and Unique Predictive Validity of Self-Ratings and Other-Ratings of Daily Behavior. *Journal of Personality and Social Psychology*. https://doi.org/10.1037/a0013314

Wechsler, D. (1981). Manual for the Wechsler Adult Intelligence Scale - Revised. In *Psychological Corporation*. https://doi.org/Thesis_references-Converted #317

West, T. V., & Kenny, D. A. (2011). The Truth and Bias Model of Judgment. *Psychological Review*. https://doi.org/10.1037/a0022936

White, D., Hillier, A., Frye, A., & Makrez, E. (2019). College Students' Knowledge and Attitudes Towards Students on the Autism Spectrum. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-016-2818-1

Whitty, M. T., & Joinson, A. (2008). Truth, lies and trust on the internet. In *Truth, Lies and Trust on the Internet* (Vol. 1). Routledge Taylor & Francis Group. https://doi.org/10.4324/9780203938942/TRUTH-LIES-TRUST-INTERNET-MONICA-WHITTY-ADAM-JOINSON

Wilkins, J., & Matson, J. L. (2009). A comparison of social skills profiles in intellectually disabled adults with and without ASD. *Behavior Modification*, *33*(2), 143–155. https://doi.org/10.1177/0145445508321880

Wilkinson, G. (1993). Wide Range Achievement Test WRAT. In *Wide Range Inc*.

Williams, M. A., Moss, S. A., Bradshaw, J. L., & Rinehart, N. J. (2002). Random Number Generation in Autism. *Journal of Autism and Developmental Disorders*, *32*(1), 43–47. https://doi.org/10.1023/A:1017904207328

Willis, J., & Todorov, A. (2006). First impressions: Making up your mind after a 100-ms exposure to a face. *Psychological Science*, *17*(7), 592–598. https://doi.org/10.1111/j.1467-9280.2006.01750.x

Wood, T. J. (2014). Exploring the role of first impressions in rater-based assessments. *Advances in Health Sciences Education*, *19*(3), 409–427. https://doi.org/10.1007/s10459-013-9453-9

Woods, R. (2017). Exploring how the social model of disability can be re-invigorated for autism: in response to Jonathan Levitt Exploring how the social model of disability can be re-invigorated for autism: in response to. *Disability & Society*, *32*(7), 1090–1095. https://doi.org/10.1080/09687599.2017.1328157

Xie, S. Y., Flake, J. K., & Hehman, E. (2019). Perceiver and target characteristics contribute to impression formation differently across race and gender. *Journal of Personality and Social Psychology*, *117*(2), 364–385. https://doi.org/10.1037/pspi0000160

Yafai, A. F., Verrier, D., & Reidy, L. (2014). Social conformity and autism spectrum disorder: A child-friendly take on a classic study. *Autism*. https://doi.org/10.1177/1362361313508023

Ying Sng, C., Carter, M., & Stephenson, J. (2018). A systematic review of the comparative pragmatic differences in conversational skills of individuals with autism. *Autism & Developmental Language Impairments*, *3*. https://doi.org/10.1177/2396941518803806

Zebrowitz, L. A., & Collins, M. A. (1997). Accurate social perception at zero acquaintance: The affordances of a Gibsonian approach. *Personality and Social Psychology Review*. https://doi.org/10.1207/s15327957pspr0103_2

Zimbardo, P. G. (2006). On rethinking the psychology of tyranny: The BBC prison study. In *British Journal of Social Psychology* (Vol. 45, Issue 1, pp. 47–53). John Wiley & Sons, Ltd. https://doi.org/10.1348/014466605X81720

BIOGRAPHICAL SKETCH

Kilee Marie DeBrabander attended Alma College in Alma, Michigan from 2013-2017, where she obtained her bachelor's degree studying Psychology and Chemistry. There, she completed her undergraduate senior thesis with Dr. Zach Shipstead and Dr. Marc Setterlund assessing how heightened stress on college students affected their tendency to mind-wander. She graduated magna cum laude with honors in 2017 before joining The University of Texas at Dallas' doctoral program in Cognition and Neuroscience. As a doctoral student, she has managed the Social Communication and Interaction in Autism Lab under the mentorship of Dr. Noah Sasson and studied social disability in autistic adults. Specifically, she has examined first impressions of autistic adults and cognitive and social cognitive self-assessment in autism. After receiving her Master of Applied Cognition and Neuroscience in 2019, she has continued studying autistic adults and their social outcomes and has published nine peer-reviewed manuscripts in this research area. Kilee will receive her doctorate degree in Cognition and Neuroscience.

CURRICULUM VITAE

EDUCATION

2022	Ph.D.	Cognition and Neuroscience University of Texas at Dallas; Richardson, Texas, USA School of Behavioral and Brain Sciences
2019	M.S.	Applied Cognition and Neuroscience University of Texas at Dallas; Richardson, Texas, USA School of Behavioral and Brain Sciences
2017	B.S.	Psychology, minor in Chemistry Alma College; Alma, Michigan, USA Magna Cum Laude, Dean's List

PUBLICATIONS

Jones, D. R., Morrison, K. E., **DeBrabander, K. M.,** Ackerman, R. A., Pinkham, A. E., & Sasson, N. J. (2021). Greater Social Interest Between Autistic and Non-autistic Conversation Partners Following Autism Acceptance Training for Non-autistic People. *Frontiers in Psychology,* NA-NA.

Kandalaft, M. K. & **DeBrabander, K. M**. (2021). Brief Report: Changes in Quality of Life and Social Functioning During A Vocational Program – A Pilot Study of Autistic Adults. *Journal of Autism and Developmental Disorders,* 52, 3774-3781.

Jones, D.R., **DeBrabander, K.M.,** & Sasson, N.J. (2020). Autism Acceptance Training Reduces Explicit but not Implicit Biases Towards Autism. *Autism,* 1362361320984896.

Morrison, K. E., **DeBrabander, K. M.,** Jones, D. R., Ackerman, R. A., & Sasson, N. J. Social Cognition, Social Skill, and Social Motivation Minimally Predict Social Interaction Outcomes for Autistic and Non-Autistic Adults. *Frontiers in Psychology,* 11, 3282.

Crompton, C. J., **DeBrabander, K. M.,** Heasman, B., Milton, D. E. M., & Sasson, N. J. (2020). What is double empathy and how can it explain why autistic people are often misunderstood? *Frontiers for Young Minds. 9:554875.* doi: 10.3389/frym.2021.554875

DeBrabander, K. M., Pinkham, A. E., Ackerman, R. A., Jones, D. R., & Sasson, N. J. (2020). Cognitive and Social Cognitive Self-assessment in Autistic Adults. *Journal of Autism and Developmental Disorders*, 51(7) 2354-2368.

Morrison, K. E., **DeBrabander, K. M.,** Jones, D. R., Faso, D. J., Ackerman, R. A., & Sasson, N. J. (2019). Outcomes of real-world social interaction for autistic adults paired with autistic compared to typically developing partners. *Autism*, 1362361319892701.

DeBrabander, K. M., Morrison, K. E., Jones, D. R., Faso, D. J., Chmielewski, M., & Sasson, N. J. (2019). Do first impressions of autistic adults differ between autistic and nonautistic observers? *Autism in Adulthood*, *1*(4), 250-257.

Morrison, K. E., **DeBrabander, K. M.,** Faso, D. J., & Sasson, N. J. (2019). Variability in first impressions of autistic adults made by neurotypical raters is driven more by characteristics of the rater than by characteristics of autistic adults. *Autism*, 1362361318824104.

CONFERENCE PRESENTATIONS

DeBrabander, K.M., Jones, D. R., Ackerman, R. A., Sasson, N. J. (May 2022). *Perceptions of Autistic Adults across Personal and Professional Contexts.* To be presented at International Society for Autism Research Annual Meeting, Virtual.

Castillo, A., **DeBrabander, K.M.,** Jones, D. R., Stack, E., Sasson, N. J. (May 2022). *Conversational Dynamics during Interactions between Autistic and Non-Autistic Partners.* To be presented at International Society for Autism Research Annual Meeting, Virtual.

Jones, D. R**., DeBrabander, K.M.,** Jones, D. R., Sasson, N. J. (May 2022). *The Effects of Biases Toward Autism on Social Interaction and the Perception of Autistic Abilities.* To be presented at International Society for Autism Research Annual Meeting, Virtual.

Jones, D. R**., DeBrabander, K.M.,** Jones, D. R., Sasson, N. J. (May 2022). *How Does Stigma Towards Autism Compare to Other Clinical Conditions?.* To be presented at International Society for Autism Research Annual Meeting, Virtual.

DeBrabander, K. M., Morrison, K. M., Jones, D. R., Sasson, N. J. (May 2021). *Autistic Adults, but not Non-Autistic Adults, Accurately Detect Social Interest of Conversational Partners.* Presented at International Society for Autism Research Annual Meeting, Virtual.

DeBrabander, K. M., Jones, D. R., Sasson, N. J. (May 2020). *Social and Non-Social Self-Assessment in Autistic Adults.* Presented at International Society for Autism Research Annual Meeting, Seattle, Washington, USA. *

Jones, D. R., **DeBrabander, K. M.,** Sasson, N. J. (May 2020). *Autism Inclusion Training Improves Neurotypical First Impressions of Autistic Adults.* Presented at International Society for Autism Research Annual Meeting, Seattle, Washington, USA.

DeBrabander, K. M., Morrison, K. E., Jones, D. R., Faso, D. J., Chmielewski, M., Sasson, N. J. (May 2019). *Effect of Diagnostic Disclosure on First Impressions of Autistic Adults Made by Autistic and Neurotypical Observers*. Presented at International Society for Autism Research Annual Meeting, Montréal, Québec, Canada.

Morrison, K. E., **DeBrabander, K. M.,** Jones, D. R., Faso, D. J., Sasson, N. J. (May 2019). *Outcomes of Real-Time Social Interaction between Autistic Adults and Unfamiliar Autistic and Non-Autistic Partners.* Presented at International Society for Autism Research Annual Meeting, Montréal, Québec, Canada.

Jones, D. R., Morrison, K. E., **DeBrabander, K. M.,** Faso, D. J., Sasson, N. J. (May 2019). *The Effect of Autism Knowledge and Diagnostic Labels on Stigma Towards Autism.* Presented at International Society for Autism Research Annual Meeting, Montréal, Québec, Canada.

DeBrabander, K. M., Morrison, K. E., Sasson, N. J. (May 2018). *Autistic Person or Person with Autism? The Effect of Diagnostic Terminology on First Impressions*. Presented at International Society for Autism Research Annual Meeting, Rotterdam, The Netherlands.

Morrison, K. E., **DeBrabander, K. M**., Faso, D. J, Sasson, N. J. (April 2018). *The Effect of Diagnostic Terminology on First Impressions*. Presented at Society for Applied Multivariate Research
2018 Convention, Houston, Texas, USA.

DeBrabander, K. M., Morrison, K. E., Sasson, N. J. (April 2018). *Predictors of Stigma Towards Autism.* Presented at Southwestern Psychological Association 2018 Convention, Houston, Texas, USA.

INVITED TALKS

DeBrabander, K. M., & Jones, D. R. (March 2020). *Promoting Social Relationships in Autistic Adults.* Presented at Sensory Aware Saturday at the Fort Worth Museum of Science and History, Fort Worth, Texas, USA. *

* Conference cancelled due to the COVID-19 global pandemic.

DeBrabander, K. M. (January 2019). *What's in a Label? First Impressions Toward Adults with Autism.* Presented at Quenching Curiosity via UT-Dallas Office of Graduate Education, Richardson, Texas, USA.

DeBrabander, K. M., Shipstead, Z. M. (April 2017). *The Influence of Stress on Cortisol Levels and Mind-Wandering Tendencies.* Presented at Alma College Kapp Honors Day in Alma, Michigan, USA.

PROFESSIONAL DEVELOPMENT ACTIVITIES

2021 **Graduate Teaching Certificate**
The University of Texas at Dallas

2019 **External Reviewer**
Stigma and Health
Autism – The International Journal of Research and Practice
Autism in Adulthood
Perspectives on Psychological Sciences
PLOS One
Scientific Reports
Journal of Autism and Developmental Disorders

2018 **Autism Diagnostic Observation Schedule, Second Edition (ADOS-II) Clinical Training – Advanced**

The University of Michigan Department of Psychiatry

2018 **Autism Diagnostic Observation Schedule, Second Edition (ADOS-II) Clinical Training – Introductory**

The University of Michigan Department of Psychiatry

GRANTS, HONORS, AND AWARDS

2021 **Carol L. and Maynard S. Redeker Fellowship**
School of Behavioral and Brain Sciences, The University of Texas at Dallas.

2020 **James C. Bartlett, PhD. Fellowship Award**

School of Behavioral and Brain Sciences, The University of Texas at Dallas.

2019 **Student/Trainee Workshop Travel Award**
International Society for Autism Research (INSAR), 2019 Annual Meeting.

2017 **Presidential Honors Society, Alma College**
Member of an intellectual community centered on collaborative research and a conscious commitment to the liberal arts.

2014 **Posey Global Leadership Fellows Program Scholarship**
The P-Global Foundation Scholarship allows students to travel anywhere in the world and complete a project of their own design while developing leadership skills.

PROFESSIONAL APPOINTMENTS

2018 – Present **School of Behavioral and Brain Sciences – University of Texas at Dallas**
Research Assistant
Social Cognition and Interaction in Autism Lab – Dr. Noah Sasson

2017 – Present **School of Behavioral and Brain Sciences – University of Texas at Dallas**
Teaching Assistant
Introduction to Psychology – Dr. Noah Sasson
Abnormal Psychology – Dr. Trillion Smalls
Experimental Projects in Cognitive Science & Psychology – Dr. Amanda Hahn
Abnormal Psychology – Dr. Amy Pinkham

2016 – 2017 **Psychology Department – Alma College (Dr. Zach Shipstead)**
Laboratory Manager

2015 – 2017 **Psychology Department – Alma College (Dr. Marc Setterlund)**
Chemistry Department – Alma College (Dr. Robert Burns)
Teaching Assistant

GUEST LECTURES

2018 **Effective Teaching in Psychology**
Promoting Belonging and Inclusion: Special Needs, Race, Ethnicity, and Class.
Supervised by: Dr. Karen Huxtable-Jester

2018 **Abnormal Psychology**
Childhood and Developmental Disorders
Supervised by: Dr. Trillion Smalls

2018 **Experimental Projects in Psychology and Cognitive Science**
Producing, Writing, and Interpreting Results in APA Format
Supervised by: Dr. Amanda Hahn

STUDENT MENTORSHIP

2021 – Alejandra Castillo. *Conversational Dynamics during Interactions Between Autistic and Non-autistic Partners.* Master's project.

2021 – Danny Dunn. *Autistic Identity, Autism-Associated Traits, and Trait Preferences in Social Partners among Autistic and Non-autistic Adults.* Undergraduate honor's thesis.

2021 – Jay De La Garza. *Trait Perceptions and Preferences of Autistic and Non-autistic Adults.* Master's project.

2020 – Kathryn King. *Perceptions of Autistic Adults Interacting with Autistic and Non-autistic Partners.* Master's project.

2019 – Malina Maharana. *The Effects of Cultural, Parental, and Ethnic Backgrounds on Attitudes and Perceptions of Autism and Schizophrenia.* Undergraduate honor's thesis