

ADULT ASD (Level1/2)/Asperger's TRAITS LIST

By Tip of the Asperg. 2018

Emotional	Sensory
<ul style="list-style-type: none"> • High to extreme levels of anxiety or autonomic arousal from a young age (panic, palpitations, hyperventilation, etc). • Tendency to become depressed or despondent from an early age. • Often switches rapidly between utter elation/joy and anger or despondence. • Seems to have an emotional wisdom well beyond their years. • Cares a great deal and often has a higher than usual level of empathy but struggles to access, express or communicate such complex and overwhelming emotion. • Unusually deep, sensitive, curious or psychologically withdrawn from a young age. • High-anxiety or shyness can be misread by others as being rude, cold or uninterested. • Appears avoidant due to heightened levels of anxiety or hypersensitivity. • Prone to emotional meltdowns, shutdowns, burn-out, chronic fatigue. • Can often develop symptoms similar to PTSD due to sensory, emotional or social traumas that were dismissed, unrecognised or ridiculed at the time of occurrence. • Lifestyle anorexia. Due to an innate feeling of being somewhat faulty, broken or burdensome by the time adulthood is reached often those on the spectrum may deprive themselves of joy, rewards, pleasure, etc. This is another sign of low self-worth and professional help should be sought to rebalance these unrealistic concepts. • A tendency towards feeling extreme guilt even when they are not at fault. This constant guilt and low self-worth can lead to self-deprivation and self-punishment. • Extremely passionate and driven, but also extremely stubborn and resistant to change. • May appear to be disobedient or unwilling to cooperate due to overwhelm. 	<ul style="list-style-type: none"> • Sensory Processing Disorder is commonly associated with those on the spectrum. Please note however, that not all people with ASD will also have SPD and vice versa. • Will often have fluctuating sensory needs; alternates between an extreme need/yearning for sensory input/stimulation (sensory seeking/hyposensitivity) to being overwhelmed and resisting or avoiding stimulation or sensory input (sensory avoidance/hypersensitivity). • Clothing choices dependant on sensory needs. Often very particular about fabrics, textures, tags, necklines, colour choices, etc. Dresses for comfort rather than fashion. • Can negatively react to synthetic, chemical or unnatural smells, fabrics or other sensory stimulants. Has a tendency to magnetise towards pure or natural products for this reason. • Synaesthesia; ability to feel or taste colours, see visual auras, etc. • May have an ability to feel or sense energy. Some people on the spectrum even communicate through energy when other means are inaccessible to them. • May experience inner-ear buzzing or humming when beginning to become overloaded. • Visual disturbances, sensitive eyes, aura migraines or 'visual snow' are commonly reported. • Often affected greatly by weather, seasons or moon cycle. • Particular aversion to loud noises, particular pitches of sound, particular people or certain places that make them uncomfortable. • May have a fear of public toilets due to sensory overload (hand dryers, flushing toilets, deodorisers, embarrassment issues, cold toilet seats, general unfamiliarity, etc.). • May struggle with temperature regulation (gets overly hot or overly cold even when the weather isn't extreme). • Selects clothing and blankets based on weight and comfort as opposed to warmth or style.

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Physical and Medical	Social
<ul style="list-style-type: none"> • May have skeletal, structural, muscular or collagen related issues such as rickets, awkward gait, bow legs, scoliosis, Ehler Danlos or other related disorders or issues. • Are often seen to have large or unusually 'deep' eyes that are often described as soulful and wise. • Commonly appear younger than their biological age. • Often has a history of a range of unspecific or unresolved medical complaints from infancy which can lead to a misdiagnosis or misinterpretation of hypochondria. • Commonly presents with unexplainable food sensitivities, intolerances or sporadic reactions that fail to show up on specified examinations. • Digestive issues are common, such as abdominal pain, food sensitivities, Irritable Bowel Syndrome, gastroparesis, constipation, colic, acid reflux, etc. • Often has a particular mistrust or anxiety around medical professionals due to past issues. • Co-morbidities and dual diagnoses often include (but are not limited to) one or more of: Anxiety, Depression, ADHD, ADD, Obsessive Compulsive Disorder, Oppositional Defiant Disorder, Sensory Processing Disorder, Bipolar II, Eating Disorders, , Avoidant Personality Disorder, Synaesthesia, Prosopagnosia, Hyperlexia, Dyslexia, Alexithymia, Executive Function issues, intellectual disorders, Gender Dysphoria, Epilepsy and Tourette's Syndrome. 	<ul style="list-style-type: none"> • Socially anxious. May appear to avoid social situations altogether or hide away/remain relatively silent if they do attend. • Often even short social interactions can be extremely overwhelming and energy draining. Too much socialising can result in social burn-out or a 'social hangover' where the spectrum dweller may need to isolate or 'lay low' for hours, days or even longer at times. • Tendency to make unintentionally/seemingly inappropriate or 'tactless' comments that are often not intended to offend but may be misinterpreted. • 'Social-scripting' such as movie quotes, video game 'taglines' or direct repetition often used as a form of communication. May resort to sexual innuendo as a way of attempting to connect and communicate. • May talk about own interests or their self a lot which can be seen as 'egotistical, but often this is done to try to connect with others. It's much safer to talk about themselves than to possibly intrude on others privacy. • Often has a unique or unconventional communication mode that is logical and accessible to them (and their needs). These may include (but are not limited to) movement, rhythm, sounds, energy, touch, gestures, etc. • Struggles to maintain a 'socially acceptable' degree of eye contact. Looks elsewhere or stares blankly. • Most adults on the spectrum are almost IMPOSSIBLE to identify. 'Spectrum dwellers' often create a 'mask' that is used as a management strategy in public. • Socially-anxious or 'people-pleasers' - can be overly sensitive to the reactions and opinions of others – many often become convinced or even paranoid that nobody likes or accepts them. • Generally becomes more socially acceptable through observing and mimicking those around them. • Can be blatantly honest (but as they mature and become more socially aware they often learn the arts of manipulation and deviation from truth). If they lie its usually obvious or unconvincing. • Finds 'small talk' tedious, pointless and often confusing (and therefore avoids it altogether).

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Sexuality and Gender	Food/Diet
<ul style="list-style-type: none"> • May appear androgynous or gender neutral. • Gender fluidity that varies throughout lifetime; often those on the spectrum have a transforming/unspecific sense of gender and/or sexuality. • Can struggle with gender identity, gender dysphoria or dysmorphia, sexual identity. Many people on the spectrum naturally place little importance on gender and sexuality specifications BUT as puberty arises and social acceptance becomes more significant this can become a challenge; anxiety provoking. • Either an extreme aversion/fear of sexual interactions, sexual organs or any other sexual references OR on the contrary has a sense of intrigue or interest in sexual stimulation or sexuality as a topic. • Often identify in adult years as homosexual, transgender, gender fluid, gender queer, gender neutral, asexual, pansexual or sexually/gender diverse. • May have a sexual desire that is ignored, stifled or denied due to fear of self-expression, inability to manage complexity of sexual interaction or due to sensory over-stimulation. • Often magnetise towards neurodiverse partners; this is due to the often mutual challenges and common traits that allow increased understanding and respect during intimacy, romance and general interaction. • Can be sexually naïve, particularly in adolescence and young adulthood so much care must be taken. Later in life however most are much more particular (verging on excessively wary, skeptical or selective). • Can often make sexual references (sexual innuendo) in conversation or act in a sexually overt manner without realising the true implications or meaning of what they are saying or doing. 	<ul style="list-style-type: none"> • Tends to have a 'safe foods' list that contains a limited variety of foods that are acceptable to consume. Often this is based on sensory needs and is an attempt not to become over-stimulated (if this is the case special attention needs to be given to ensure adequate nutrition – referral to a trained dietician may be beneficial or necessary). • Noticeable limitations in diet variety is often recognised in childhood as 'picky eating' or a feeding disorder and can become an aspect of an eating disorder in later years. Professional assistance would be recommended in any case. • Stringent routines and rules often exist around diet and meal times. • Anxiety and meltdowns directly associated with food consumption and mealtimes. • Often particular about where/how their food is prepared, how it's presented. • Can very readily differentiate when ingredients or packaging of 'safe foods' are altered. Often even a small change to a product can result in permanent cessation of consumption. • May have distinct and prominent fears/aversions regarding certain food colours, textures, presentations, etc. • Foods and eating can be extremely complex due to sensory input, effect on mood or behaviour, associated digestive or other health issues and overwhelm (related to choice-making, buying groceries, actual physical energy input from food, etc.). • Eating challenges can often progress into feeding or eating disorders such as Anorexia, Orthorexia, Binge Eating Disorder, Over-Eating, EDNOS, Chew and Spit Syndrome, etc. (in such cases, a professional team should be sought for assistance and proper management).

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Daily Functioning/Adult Challenges	General Personality Traits
<ul style="list-style-type: none"> • Often struggles with executive function. May take a longer period to process even the most basic of instructions. May become overwhelmed or confused when given too much information at once of when attempting to multi-task. This overwhelm can often result in mental 'blanks', brain fuzz, clumsiness, emotional outbursts or meltdowns. • Employment and studies are often affected by fluctuating health, energy, mood, etc. • May either struggle with words or numbers (Dyslexia or Dyscalculia) or have an advanced ability with words or numbers (Hyperlexia or Hypercalculia). • Fluctuating productivity – when passionate or in the right environment is extremely efficient and focused, but can often become bored, burnt out or overwhelmed quite easily. Finds it difficult to invest time or energy in menial tasks that they find illogical, pointless or unnecessary. • 'Social exhaustion/hangover' following a social situation, prolonged conversation, event or overwhelming period in public. • Can struggle to express their feelings or can become confused with how they feel. Often this can mean mis-communicating emotions or problems making decisions. • Prosopagnosia and challenges with facial recognition and/or interpreting facial expressions can heavily interfere with ability to respond appropriately to others. Often own expressions need to be learned by rote or observation/practice. • Often a strong reliance on routines. This is often associated with anxiety – needing familiarity, control, comfort. • Seen by others as having good potential but not fulfilling expectations. This can be misinterpreted at school or work as pure laziness or apathy which is VERY rarely the case. • Anxiety-provoked avoidance of answering the phone or doorbell (this can be misinterpreted by others as rude or immature). • Avoids commitment as they are aware of fluctuations and have an intense fear of failure and/or letting others down. 	<ul style="list-style-type: none"> • Usually highly intelligent, intuitive and insightful (although these fine qualities are often only truly evident to those closest to them). • When they love, they love A LOT. • May be seen as eccentric, geeky, genius-like, unusual, weird or particularly charismatic. • Usually 'black and white', 'all or nothing' thinkers. • Often has 'special interests' or particular strengths that they excel at. • Can be an extremely gifted and efficient worker or student in the right environment. • Loving and kind-hearted soul (although struggles to express themselves properly at times). • Naturally thinks outside the box or in less conventional ways. Due to this, those on the spectrum often thrive as researchers, inventors, writers, change-makers or educators. • Often speaks monotone, with limited expression or with an unusual dialect or diction. • An intrinsic affinity towards animals, nature and caring for the environment. • Deeply spiritual. • Mistaken as being egotistical, elitist or self-obsessed when this is seldom the case. • Often has an attachment to their childhood. Retains a level of playfulness and youth throughout their life. • May have had suggestions of being an Indigo Child, Highly Sensitive Person, Golden Child or other. • Uses escapism to calm anxiety or elevate mood – this often involves activities such as watching Disney, science fiction movies, etc. or playing video games. • Deeply empathetic, but struggles to interpret or express this due to overwhelm. • A general feeling of not fitting in, or being out of their comfort zone.

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PLEASE NOTE

Please be aware - This list was created by Tip of the Asperg. for personal use only. It has been constructed using information from personal experience, personal research and external observation/interactions. It is not a means for diagnosis. Please seek professional advice or assessment if you require formal diagnosis. The current Australian body for Autism Spectrum Disorder in Australia is ASPECT – Autism Spectrum Australia ((**1800 ASPECT (1800 277 328)**) who can provide you with more information if required.

Contact details:

This list was created and compiled by Tip of the Asperg.

It was created with good intentions only by an adult on the spectrum for the information of others.

Please feel free to 'Like' us on Facebook and join our community.

If you would like to contact Tip, please send a Private message via our Facebook page or email leesambloom@gmail.com

With respect and kindness always,

Tip

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