

Traits of Autism

Handout 1

The information below is taken from the **National Autistic Society's** website. For more detailed information, you can visit their website: <https://www.autism.org.uk/advice-and-guidance/what-is-autism>. As autism presents differently in different people there is no single way to appear or be autistic because all autistic people are unique. However, these are some common traits people have noticed.

Autism is defined by '**core characteristics**'. These are described in medical literature as:

- social communication and social interaction differences
- restricted and repetitive behaviours and interests (RRBIs) – including potential sensory differences.

❖ Social communication and social interaction differences

Communication and Social Interaction - autistic people may have different communication styles, skills and preferences to non-autistic people. Evidence suggests that, in comparison to non-autistic people, autistic people might:

- Prefer spending time alone.
- Use fewer gestures or facial expressions.
- Show mismatches between verbal and non-verbal communication.
- Prefer little or no eye contact and may show emotions differently.
- Use more:
 - direct, unambiguous language (sometimes seen as blunt or overly honest).
 - formal, precise, or technical speech.
 - pauses without filler sounds ("um," "ah").
 - repeated words or phrases (echolalia).
- Find it more challenging to:
 - recognise or read body language or facial expressions.
 - choose a tone of voice, volume or speed of speech.
 - judge pauses and turn-taking, or to be interrupted during a conversation or may talk at length about their own interests but not engage with others' interests.
 - understand words when they are not used literally, for example in metaphors, idioms, jokes, irony and sarcasm
 - follow social rules.
 - imagine experiences they haven't had.

❖ Restricted and Repetitive Behaviours and Interests (RRBIs)

Focused and Dedicated Interests - Autistic people often have strong passions or 'focused interests' that they engage with intensely.

This may involve:

- Spending more time and energy than most people do on hobbies.
- Have interests in things that other people may find unusual or very specific.
- Becoming experts or building impressive collections.
- Finding it easy to focus on specific interests, but difficult to disengage and move on to other tasks.

Such interests are often essential for wellbeing, are calming and soothing and usually harmless, but the person may need support if they are damaging or using it to distract or manage distress.

Repeated Movements and Behaviour - Also known as 'stimming' short for 'self-stimulating behaviour'; it can also be described as 'self-regulating' behaviour. Many people stim, but autistic people may stim more and the purpose and importance of stimming may be different to non-autistic people. Many autistic people use repeated movements and/or repeated behaviours for sensory stimulation, to keep calm or to express joy. As these actions are often beneficial and usually harmless there is no reason to prevent an autistic person from doing it.

Examples include:

- Hand flapping, hair twirling, spinning around.
- Tapping or listening to something on repeat.

Preference for Order, Predictability or Routine - it is common for autistic people to show preferences for order, predictability or routine. Routines and rituals help autistic people stay calm, manage energy, cope with change, and reduce anxiety, and usually don't need changing unless they cause harm or limit daily life.

Examples of this can include:

- Following set routines and rituals.
- Wanting things to be in order.
- Knowing what is going to happen in detail.
- Wanting information to be precise, accurate and make sense, so that what is going to happen is predictable.

Sensory Processing - Autistic people can be much more or less sensitive to sensory experiences than non-autistic people. They may seek out, avoid or become overwhelmed by sounds, lights, smells, tastes and textures, or face challenges with other senses.

Examples of signs that relate to sensory differences include:

- Being much more or much less sensitive to visual stimuli, sounds, smells or touch than other people.
- Seeking out sensory inputs, including visuals, sounds, smells or tactile stimuli and using them as a comfort.
- Showing strong distress, aversion or actively avoiding sources of sensory difficulty.
- Finding certain sounds, smells, feelings or foods particularly calming or enjoyable.

The signs above can lead to high anxiety, showing up as aggression, overwhelm, meltdowns, or shutdowns after social demands. They may also cause difficulties at school or work, misunderstandings with others, and, over time, risk of burnout or severe mental health challenges.

Masking is very common in autistic individuals and is often used by neurodivergent individuals to consciously or unconsciously hide parts of their neurodiversity as a way to 'fit in' and be accepted.

Autism in women

According to the NHS (<https://www.nhs.uk/conditions/autism/signs/adults/>) autistic women may be more likely to:

- Have learned to hide signs of autism to 'fit in' - by copying people who are not autistic.
- Be quieter and hide their feelings.
- Appear to cope better with social situations.
- Show fewer signs of repetitive behaviours.

This means it can be harder to tell you're autistic if you're a woman.

Traits of Attention Deficit Hyperactivity Disorder (ADHD)

The following is from the ADHD Aware website: <https://adhdaware.org.uk/what-is-adhd/adhd-symptoms/>

The core traits of ADHD will often present themselves in childhood in the following ways:

- **Inattention:** Easily distracted, poor concentration skills, difficulty organising themselves.
- **Impulsivity:** Impatient, risk-taking, disproportionately emotional responses.
- **Hyperactivity:** Overly energetic, talkative, excessive fidgeting, difficulty staying on task.

ADHD is broadly characterised by **inattention and hyperactive-impulsive behaviour**, but the diagnosis will also contain a sub-type, each tied to one or more of the core characteristics.

However, as everyone is different, it isn't uncommon for two people to experience ADHD in different ways and as ADHD traits can change in severity, visibility and impact over a lifetime, someone can move between sub types.

Types of ADHD

Type 1 – Inattentive-type (I-ADHD or PI-ADHD)

More traits of inattention than those of impulsivity and hyperactivity. People may struggle with impulse control or hyperactivity at times, but these aren't the main characteristics of the inattentive type.

Characteristics may include:

- Missing details and being distracted easily.
- Getting bored quickly and needing lots of stimulation.
- Having trouble focusing on a single task.
- Being forgetful and having difficulty organising thoughts and learning new information.
- Losing things often.
- Not seeming to listen.
- Moving slowly and appearing as if they're daydreaming.
- Processing information slower and less accurately than others.
- Having trouble following directions or finishing tasks.

Type 2 – Hyperactive/Impulsive-type

This type of ADHD is characterised by **traits of impulsivity and hyperactivity**. People with this type can display signs of inattention, but it's not as marked as the other traits.

Characteristics may include:

- Squirming, fidgeting, or feeling restless.
- Difficulty sitting still.
- Talking constantly, often interrupting people.
- Touching and playing with objects, even when inappropriate to the task at hand.
- Making quick decisions without thinking about what might happen as a result.
- Acting out of turn, taking risks and not thinking about consequences of their actions.
- Blurting out answers and inappropriate comments.
- Problems controlling emotions and impatience.

Type 3 – Combined-type ADHD

This is the **most common type of ADHD**. Combined-type ADHD means that your symptoms cover both inattention and hyperactive-impulsive behaviour.

ADHD in Women (<https://adhdcertify.co.uk/adhd-signs-in-women-the-complete-checklist/>)

ADHD often shows up **differently in women and girls**, which can lead to underdiagnosis or misdiagnosis as the impact can be less obvious. While boys may be disruptive or hyperactive, girls often internalise their struggles.

Common signs in women include:

- Anxiety or emotional overwhelm.
- Perfectionism and fear of failure.
- Overthinking or rumination.
- Masking or overcompensating in social situations.

Many women with ADHD experience inattention, forgetfulness, and emotional sensitivity more prominently than hyperactivity. Additionally, hormonal fluctuations—such as those during puberty, pregnancy, and menopause—can intensify their ADHD.

ADHD in Adulthood (<https://www.audhdpsychiatry.co.uk/does-adhd-only-affect-kids/>)

The idea that ADHD simply fades with age is one of the most common misconceptions. While it is true that some children show reduced hyperactivity as they mature, this does not mean their ADHD is gone. Instead, the outward signs change, often giving the impression that the person has “grown out of it.”

Attention deficit hyperactivity disorder is lifelong that continues to affect people across their lifespan.

As adults:

- **Visible hyperactivity may decrease:** often shows up as restlessness, fidgeting, racing thoughts or a chronic need to stay busy, rather than overt physical activity. The energy is still there but redirected or internalised as people mature.
- **Inattention symptoms may persist:** distractibility, forgetting details, and losing focus remain common challenges.
- **Impulsivity may adapt:** instead of interrupting lessons, adults may struggle with interrupting conversations, making hasty financial choices or riskier decisions.

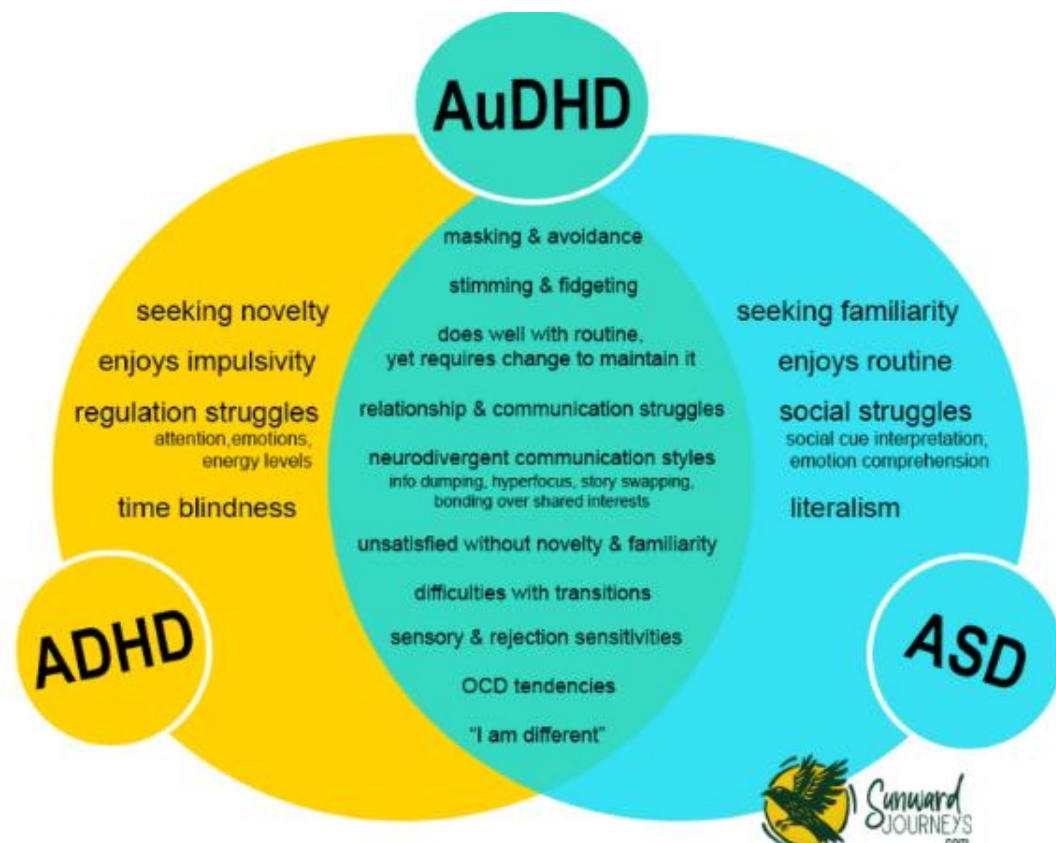
Traits of AuDHD (Individuals who are both Autistic and ADHD)

AuDHD is an unofficial but popular term. It **does not exist** as an official diagnosis in the **Diagnostic and Statistical Manual-5 (DSM-5)**. This means that the individual who has a formal diagnosis will have documents listing both conditions separately; it will likely say that they have **ADHD and autism**.

However, research and recognition of AuDHD is growing. More clinicians are starting to recognise that people diagnosed with both ADHD and autism require unique care.

AuDHD can **manifest differently** in each individual, demonstrating distinct patterns of behaviours, emotions, and executive functioning (<https://www.attachmentproject.com/psychology/audhd/>).

However, the following are considered to be the main symptoms of AuDHD (<https://sunwardjourneys.com/audhd/>):



AuDHD in women (<https://helen-olivier.com/audhd-in-women-and-girls/>)

Just as both autism and ADHD tend to present differently in women and girls, AuDHD presents differently, too. They may:

- Come up with new routines (and fail to stick to them).
- Impulsively choose change, and then may experience anxiety because of the change.
- Seek out new things, but only with familiar people.
- Follow a familiar process when trying something new.
- Experience intense hyperfocus or focussed interests that can often change theme or topic.
- Want social connection but struggle with social dynamics or needing solitude.
- Come up with new ways of doing the same thing.
- Follow a particular process when trying something new.
- Burn out often, but have problems slowing down.
- Have intense anxiety about being late due to time blindness.
- Have great long-term memory but poor short-term memory.
- Become overwhelmed by chaos and mess.

AUTISM - How this may Present in Clients

The NHS (<https://www.nhs.uk/conditions/autism/signs/adults/>) list the following characteristics for autistic adults, added are examples of how this can relate to gambling harm:

- **Getting very anxious about social situations** (online gambling can feel safer, increasing risk of harm).
- **Finding it hard to make friends or preferring to be on their own** (gambling may replace social interaction and be used to cope with social isolation).
- **Seeming blunt, rude or not interested in others without meaning to** (relationship strain may lead to gambling as a coping mechanism).
- **Finding it hard to say how they feel** (individuals may turn to gambling to manage unspoken distress).
- **Taking things very literally** (individuals may misinterpret gambling advertising and believe claims more readily).
- **Having the same routine every day and getting very anxious if it changes** (gambling can become a fixed, hard-to-break habit).
- **Getting too close to other people or getting very upset if someone touches or gets too close to you** (individuals may avoid in-person activities, finding online gambling more comfortable).
- **Noticing small details, patterns, smells or sounds that others do not** (individuals may be more drawn to repetitive sensory stimulation of gambling games, making them harder to resist).
- **Having a very keen interest in certain subjects or activities** (a strong interest in numbers, patterns, or systems could fuel persistent gambling in an attempt to “beat the odds”).
- **Liking to plan things carefully before doing them** (belief in gambling “strategies” can lead to greater losses).

It should also be noted that ‘masking’ is very common in autistic individuals and is often used by neurodivergent individuals to consciously or unconsciously hide parts of their neurodiversity as a way to ‘fit in’ and be accepted.

ADHD - How this may Present in Clients

Based on the NHS list (<https://www.nhs.uk/conditions/adhd-adults/>) and related to gambling harm:

- **Being easily distracted or forgetful** (an individual may lose track of time, money, or betting limits).
- **Finding it hard to organise your time** (unstructured time gives opportunities to gamble and missed commitments could increase gambling as an escape).
- **Finding it hard to follow instructions or finish tasks** (difficulty completing everyday tasks can lead to feelings of failure or frustration; gambling can seem appealing because it offers immediate feedback or reward, even if short-lived. Also, incomplete tasks may mean less emotional and practical capacity to manage gambling risks).
- **Having a lot of energy or feeling restless** (could drive a person toward high-stimulus activities - gambling can offer intense, rapid feedback, which may feel rewarding).
- **Making quick decisions without thinking about what might happen as a result** (a key risk factor: risky or unplanned gambling decisions (e.g. betting more than planned, entering high-risk bets) often occur without considering consequences (financial loss, emotional harm), which can escalate into serious gambling harms).
- **Hyper-focusing** (individuals may become intensely absorbed in gambling activities to the detriment of basic needs such as eating, sleeping, or attending to other responsibilities, thereby increasing risk of physical and psychological harm).
- **Executive dysfunction** (difficulties initiating, planning, and completing tasks may make the immediate rewards of gambling especially appealing, exacerbating avoidance of more effortful responsibilities).
- **Emotion regulation difficulties** (challenges in managing intense emotions may lead to gambling as a maladaptive coping strategy, with potential escalation during periods of stress, frustration, or emotional overwhelm).

AuDHD - How AuDHD may Present in Clients

Based on the list from the London Psychiatry Clinic (<https://www.londonpsychiatry.clinic/blog/audhd-explained>) with added examples of gambling harm.

- **Sensory overload + impulsivity: reacting quickly or strongly to overwhelming sensations** (when overwhelmed, an individual may act quickly without considering consequences, turning to gambling as an immediate distraction or relief, which increases risk of impulsive overspending).
- **Hyperfocus vs. distraction: getting stuck on one task, then struggling to switch to another** (a person may hyperfocus on gambling, losing track of time and money, or use gambling to escape from tasks they struggle to complete due to distractibility).
- **Social challenges: misreading cues while also interrupting or oversharing** (difficulties with social cues and interactions may lead to isolation, with gambling (especially online) becoming a substitute for social connection).
- **Emotional volatility: feeling emotions deeply and struggling to regulate them** (strong, fluctuating emotions may drive gambling as a way to self-soothe during distress or to prolong positive emotional states).
- **Daily life difficulties: trouble with planning, prioritising, or remembering tasks** (problems with planning, prioritising, and memory may make it harder to set limits, track spending, or avoid unstructured time that could be filled with gambling).
- **Heightened sensory responses: feeling easily overwhelmed by everyday sensory input, such as clothing textures, background noise, or lighting** (overstimulation in daily environments may push individuals toward gambling, which provides a controlled, repetitive, and familiar sensory outlet).
- **Emotional sensitivity and reactivity: experiencing strong emotions that can feel difficult to regulate, often leading to emotional highs and lows** (heightened emotional states can increase vulnerability to gambling as a maladaptive coping strategy, particularly in response to rejection, criticism, or stress).
- **Mental fatigue and burnout: becoming exhausted from masking traits, managing competing demands, or navigating environments not suited to neurodivergent needs** (exhaustion from masking and daily challenges may lead to gambling as an “easy” form of escape, offering temporary relief but reinforcing cycles of harm).