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Confidential Report of Autism Diagnostic Evaluation

Name:	Alan Pham
Date of birth:	12/3/1997
Dates of evaluation:	4/1/2026, 4/30/2026, 5/6/2026
Evaluator:	Kristine Zytka, PhD, EdS
Date of report:	5/20/2026

Alan, who uses he/him pronouns, came to Prosper Health for an autism diagnostic evaluation. He self-referred to Prosper Health.

Alan is a 28-year-old PhD student in mechanical engineering, who lives in Worcester, MA. Alan was living with three other PhD students at the time of evaluation.

Alan requested an autism diagnostic evaluation because he noticed differences in his behavior and wanted to learn more about himself. In his own words, he is seeking evaluation because "I think I have tendencies in speaking, acting, etc. that overlap with autism. I just want to check this because it has been a thought that I might have autism, and knowing so will allow me to take more decisive and informed steps towards overall success."

He has prior diagnoses of attention-deficit/hyperactivity disorder, diagnosed two years prior to the evaluation, and anxiety, diagnosed three years prior to the evaluation. Alan described a family history of mental illness, including an uncle with a mental health condition, and noted that his mother appears to have attention-deficit/hyperactivity disorder and his father appears to have autism, though neither is formally diagnosed.

Alan takes entecavir for hepatitis B and uses a CPAP machine for sleep apnea. He takes sertraline 20 mg for anxiety, as prescribed by Boston Neurobehavioral Associates. He previously took Strattera 50 mg for attention-deficit/hyperactivity disorder, but paused this medication to address sleep concerns.

Alan currently sees a therapist through his university's anxiety-related therapy program. Alan's history is notable for brief suicidal thoughts without intention or plan, most recently occurring the year prior to evaluation, ruminations about embarrassing moments, phobias of insects, relationship-related concerns about others' feelings toward him, and childhood trauma related to his parents' divorce and stressful experiences with his mother. Alan reported being safe at the time of the assessment.

In the intake paperwork, Alan reported trouble concentrating, difficulty sleeping, low self-esteem, anxiety, and fear.

Nature of Evaluation

This assessment was done remotely and focused on ruling in or out the diagnosis of autism. Because of the remote nature of the evaluation, it is not possible to use the full range of psychological assessments that may be done in person. Nevertheless, a diagnosis is only made after making certain that the client meets full diagnostic criteria. Diagnostic categories outside of autism were assessed only to the degree to which they impact assignment of an autism diagnosis. This evaluation is not meant to be a comprehensive psychiatric evaluation, and, when appropriate, referrals for additional evaluation and treatment are provided in the recommendations section of the report.

Evaluation Tools

- *Adaptive Behavior Assessment System, Third Edition* (ABAS-3)
- Prosper Health's mental status exam for autism
- Prosper Health's clinical interview
- Prosper Health's camouflaging and masking interview
- Prosper Health intake paperwork
- *Social Communication Questionnaire* (SCQ)
- *Social Responsiveness Scale, Second Edition* (SRS-2)
- Prosper Health's Adult Supplemental Form
- Prosper Health's Childhood Supplemental Form

Behavior Observations

Alan participated in two evaluation sessions and presented consistently across both days.

Alan was appropriately dressed for the session and appeared adequately groomed. He was alert and engaged. Alan’s use of eye gaze for communication was absent or largely absent (i.e., not oriented toward the screen), his affect was muted, and his speech was incongruent with his affect the majority of the time. Comprehension was adequate, and language use was affected by evident challenges in expression. More specifically, Alan was observed to demonstrate somewhat choppy speech at times, and it appeared that he was putting forth great effort to express his thoughts and ideas. Alan appeared still in the evaluation session.

There are no concerns about Alan’s intellectual functioning, based on the cognitive screen and history.

Autism Diagnostic Summary

The signs of autism are separated into two categories: Social-Communication and Interests & Behaviors. The following signs of autism were noted in this evaluation:

Social-Communication

There are three domains of social-communication functioning that are considered: social-emotional reciprocity, nonverbal communication, and relationships. Each of these are discussed below.

Social-emotional reciprocity

Social-emotional reciprocity refers to one's social approach, the quality of conversation, responses to social overtures and sharing interests, emotions, and affect. Alan's differences in social-emotional reciprocity were clearly evident.

Alan responded to direct social questions in the evaluation session. He did not ask the evaluator social questions during a conversation opportunity. Alan appeared comfortable in social interactions during the evaluation, though his interaction did not seem reciprocal to the evaluator.

In the interview, Alan said he cannot handle small talk because he becomes too anxious and does not know how to handle it. He described that when small talk or gossip occurs, he finds himself not saying

anything and just listens, observing how others are talking and how that connects to the way he speaks. Alan said that if a conversation seems hard to carry on, he tries to ignore it rather than put pressure on himself to keep it going, and he interprets difficulty moving a conversation along as a mismatch in compatibility rather than feeling obligated to persist.

He said he will start a conversation with others only when it relates to a preferred topic, such as asking about an area of interest. Alan described that when others are in conversation, his first thought is that he is not part of the conversation, so he tries not to join in. He noted that during orchestra breaks, he typically sits and practices on his own music rather than joining social groups that form during free time. Alan said that when conversation does happen, it happens more naturally, such as when he gets snacks and ends up around people without trying, and before he knows it, he is naturally talking to people.

He described limited interest in what others discuss and only sometimes understanding what others discuss. Alan said that until recently, listening to others talk about themselves was very stressful. Alan also noted that in a previous five-year relationship, his partner began sharing more about herself as she went through therapy, and this also bothered him because he did not want to listen when he felt he had to provide support rather than being fully himself. Regarding understanding jokes and sarcasm, Alan said he tends to take things seriously most of the time, only realizing afterward that someone was likely joking. He noted that others think he is always serious, even when he is making jokes himself.

Alan reported that he cannot recognize when someone is upset by something he said or understand why it would be upsetting. He described multiple instances in dating relationships in which partners ended the relationship due to communication difficulties, including one partner who said Alan frequently got triggered and another who interpreted his sarcastic comment as rude.

Alan said these differences in social-emotional reciprocity were very similar or the same in childhood. Alan said he took jokes seriously, and when his cousin would tease him with comments and jokes, he got very stressed out, and many people had to explain to him what they meant.

On a self-report rating form, Alan reported that he does not recognize when others try to take advantage of him, he gets frustrated when trying to communicate ideas in conversations, and he does not enjoy or feel competent at small talk. Alan also reported that he often cannot imitate others when the situation requires, and he is often unaware of how others are feeling.

On rating forms, Alan's friend reported that he does not seem to mind being out of step with others.

From lifetime ratings, Alan's mother reported that he used someone else's hand like a tool or as if it were a part of his own body.

In another form, Alan's friend reported that Alan has a low filter and will say whatever is on his mind, sometimes causing offense. Over text, he overshares unexpected comments.

Nonverbal communication

The nonverbal communication category refers to a person's use and understanding of gesture, eye gaze, and body language for communication. Alan's differences in nonverbal communication were clearly evident.

In observation, Alan's facial expression did not consistently match the emotional content of his discussion. Alan did not use any gestures during the evaluation sessions, but it can be difficult to observe all gestures in a remote session.

In the interview, Alan said he almost never understands what others are communicating from their expressions. He described living in his own bubble and feeling disconnected, responding only to others' distress when they explicitly tell him they are stressed or when they complain to him. Alan said that even when given direct feedback in a prior relationship, such as "Do you notice I get stressed when we have these discussions?," he struggles to perceive differences in tone or emotional state, noting that conversations sound the same to him regardless of the other person's stress level. Alan said that when scanning for emotions, he focuses on identifying one emotion at a time, such as wondering how anxious someone feels, and continues with that interpretation until it no longer seems to work before switching to something else.

Alan noted that others can almost always tell how he feels from his nonverbal communication. He said that people frequently make observations about his emotional state, such as commenting that he seems very happy about something. Alan initially pushed back against these observations and questioned whether others truly know him that well, but then realized that he does, in fact, feel those emotions and shows them without realizing it.

Alan reported that he can sometimes interpret a person's tone to understand what they are trying to communicate. He described using a predictive approach in which he categorizes people as generally sarcastic or serious based on initial impressions, then adjusts his interpretation after multiple interactions, estimating he is accurate more than 50% of the time but not 100%. Alan said he sometimes

misjudges whether someone is joking or serious, and when people tell him they were just kidding, he feels somewhat criticized.

Alan described some differences in the use of eye gaze for communication purposes. He said that making eye contact is difficult, and he has to view it as a way to develop stress tolerance and become a better person overall. Alan recalled a specific incident during the first year of his PhD program when he was explaining his research to a visiting professor while looking at his laptop, and his advisor later told him he needed to make eye contact to be personable. Following this feedback, Alan looked at Google images of people to try to practice making eye contact.

Alan said these differences in nonverbal communication were very similar or the same in childhood. He described rarely having conversations in which he naturally looked at others, and if he did make eye contact, it felt forced. He said it was difficult to identify his mother's emotions, noting that he never thought about whether she seemed happy; he focused instead on what she wanted him to do, like homework. Even when someone explicitly stated they were happy, Alan experienced this as a request for him to do something rather than as emotional information.

On a self-report rating form, Alan reported that he has serious facial expressions, he avoids eye contact or uses less eye contact than expected, expressions on his face do not match how he actually feels, he laughs at unexpected times, and he does not know when he is talking too loudly or making too much noise.

On rating forms, Alan's friend reported that he often has serious facial expressions.

From lifetime ratings, Alan's mother reported that his facial expressions did not match situations.

Relationships

Differences in a person's ability to develop, maintain, and understand relationships is the final social-communication category. Alan's report indicated clearly evident differences in navigating social relationships.

In the interview, Alan reported a couple of close friendships but little social activity outside of those relationships, and Alan is interested in meeting others but described challenges getting to know people and making friends. Alan identified Minh as his closest friend, whom he has known for many years since high school in California, and said that Minh is the person he shares about ninety percent of his thoughts and feelings with. Alan described that transitioning from online communication to in-person time with

Minh can feel overwhelming, particularly when they have not seen each other for a while, noting that Minh seems to talk fast and the interaction feels like a shock, but that seeing each other more regularly over time makes the connection feel more natural and stable.

Alan reported few or no friendships maintained. He described losing touch with his friend, Minh, for at least five years until Minh reached out in 2020, noting that if it were not for Minh's efforts to reconnect, he was unsure he would have any friends or connections. Alan said he always tries to make more friends, but never reaches a level of connection he considers meaningful.

When asked about relationships, Alan demonstrated adequate social insight. He described friendship as having someone he feels comfortable sharing with, noting that his friend Minh is someone he can say anything to. Alan said he has a girlfriend and has decided to practice being more open with her, sharing things at almost the same level as he does with Minh, which represents a change from past relationships where he was hesitant to share due to fear of criticism or judgment. He explained that people form long-term intimate relationships for stability, companionship, intimacy, financial reasons, and to meet family expectations, though he noted that for himself, relationships tend to happen naturally when he reaches out to people and one thing leads to another.

Alan said these differences in relationships were very similar or the same in childhood. He was in a program called Gifted and Talented education and felt like he connected more with these kids, noting that more of his friends were in this program. However, he still felt somewhat out of place and anxious around even them.

On a self-report rating form, Alan reported that he has difficulty making friends, even when trying his best. Alan also reported that he does not always interact appropriately with other adults; he may not always recognize when something is unfair, and he often feels much more uncomfortable in social situations than when he is alone.

On rating forms, Alan's friend reported no significant differences.

From lifetime ratings, Alan's mother reported that he had no friends or a best friend.

Interests & Behaviors

The other category of autism signs includes different interests and behaviors. This includes unexpected or repetitive movements, behaviors or speech patterns; insistence on routines, sameness, or ritualized behaviors; interests which are preoccupying in focus or intensity; and surprising responses to sensory stimulation.

Repetitive movements, behaviors, or speech

This category includes behaviors that are repeated, which may include specific kinds of motor movements, flipping objects, and repeating particular phrases. Alan reported unclear repetitive behaviors.

Alan described frequently touching his hair and, in middle school, making a bundle of it and tapping the end for sensory input, similar to a makeup brush. He said he shakes his legs back and forth when sitting down and working, particularly when really focused.

Alan described repetitively watching the same clip. Alan said he does this frequently because the activity helps him absorb the style or sound. He reported that he can loop content on Instagram for an hour while doing other things, particularly while watching videos of people playing the violin. He also noted that during undergraduate studies, he repeatedly replayed a single part of a movie on the speaker, and his roommate questioned why he was watching the same thing over and over. Alan explained that he watches instrument videos to get better at playing by hearing them repeatedly to practice certain behaviors.

Alan did not describe repeated use of language. He said that when he does not know what to say, he references a short list of functional words like “ok” or “I don’t know” as a masking strategy. He also described humming a lot while rehearsing music, such as “meow meow meow” on the notes, which once inspired half the orchestra to follow along.

Alan said these differences in repetitive behavior were very similar or the same in childhood. He recalled that in third grade, his teacher complained to his mother about him repeatedly tapping on the table and making noises, which his mother explained away as piano practice, though Alan noted it was mainly just tapping without a specific rhythm. In high school, he learned to make a very high-pitched whistle that he would let out loudly on the school bus, despite it being annoying to teachers, and he also engaged in repetitive high-fiving with many people during lunch transitions.

On a self-report rating form, Alan reported that he has repetitive behaviors that are noticeable to others, and he repeatedly thinks or talks about the same thing.

On the rating forms, Alan's friend reported that he has noticeable repetitive behaviors. Alan's friend also reported that he often thinks or talks about the same thing.

From lifetime ratings, Alan's mother reported that he had very unique ways of saying things, or specific words or phrases that others did not use.

Overall, the data are unclear for autism-specific repetitive behaviors, as many of Alan's reported behaviors appear better explained by sensory needs, interests, masking, and a need for routines/-sameness.

Need for routines and sameness

This category includes behaviors which indicate a tendency to maintain routines and sameness, as well as challenge with novelty. Alan reported unclear need for routines and sameness.

Alan described very specific routines in different contexts. He said he notices he has a few favorite routines that are very intense for a while, then suddenly switches to a different routine if he decides to. For a long time, every morning, he had a smoothie made with oatmeal, peanut butter, and milk, and he would eat a lot of one brand of yogurt and the same brand of granola. Nowadays, he either eats Chipotle with a certain meat or a small barbecue chicken pizza from a certain pizza place, and for the past few years, he has gotten the same order at Chipotle. At Starbucks, he repeatedly orders a quadruple espresso with whipped cream.

Alan becomes upset but can cope if his routine is disrupted. He described that when his routine is changed or interrupted, he experiences stress and anxiety, but he views these situations as opportunities to problem-solve. For example, he said that if he moved to a country without access to Chipotle, he would evaluate what food is easy for him to acquire and then stick to that throughout the trip.

Alan said that he dislikes change but can adapt when he needs to. He described that going to new places feels very stressful initially, but once he establishes a routine and system there, it becomes more familiar. Alan noted that he has developed an approach in which he intentionally puts himself in unfamiliar situations so that adapting to change becomes part of his routine, making readjustment more expected over time.

Alan said he needs highly specific communication. He reported that this need made his past two relationships very difficult, as he would not register when partners were upset with him.

Alan said these differences in change and routine were more pronounced in childhood/ when he was younger. He said that if a change was unavoidable, such as a school fire drill, he would comply, but the interrupted task would remain on his mind during the drill. Alan said he became very frustrated when his mother cleaned or rearranged his room because he could not find his belongings afterward. One of the main themes of discussion with Alan's parents and sister was the concept of black and white, where his sister would say it's not just black or white, and Alan would never understand what that meant. He described that when he became interested in the Myers-Briggs Type Indicator and began guessing people's personality types, others thought he was categorizing them, and they saw his explanations as polarizing, even when he tried to be nuanced.

On a self-report rating form, Alan reported that he often has a hard time changing his mind, he often has more difficulty than others with changes in his routine, often when stressed, he may have behaviors that are surprising to others, and he often cannot get his mind off of something once he starts thinking about it.

On rating forms, Alan's friend reported that he often cannot get his mind off of something once he starts thinking about it.

From lifetime ratings, Alan's mother reported no significant differences.

Alan's friend reported that Alan is willing to throw himself into new situations easily. He lives a pretty spontaneous life, going from phase to phase.

Taken together, some evidence of a need for routines/sameness is present, such as Alan's report of receiving feedback for having a "black and white thinking style." Childhood data is also reflective of a need for routines and sameness, though unclear for autism. Therefore, some traits are present in this subcategory, though the threshold is not met, as Alan demonstrates a notable level of openness to change and flexibility in his activities and routines.

Interests

This category includes interests which are unique, or which are particularly intense. Alan's description was clearly consistent with autism criteria.

During the clinical interview, Alan reported one surprising interest and others that were not surprising. Alan said that when going to Disneyland as an adult, he would collect data, organize, and track what rides he went on.

Alan said his other interests include photography, for which he has accumulated many lenses and cameras; violin playing through the university orchestra; his research work involving design and creation; and going to the gym. He described a previous intense focus on drinking water, during which he would carry water with him constantly and keep stacks of the same Costco water brand in his room.

Alan noted he is the only PhD student in the orchestra and believes he practices violin more than anyone else there, sometimes practicing until 2 am on campus, which his girlfriend pointed out interferes with sleep. He said he used to carry his camera with him all the time to take pictures and post on Instagram, and that he has spent substantial money on both a violin and photography equipment.

Alan said these differences in interests were very similar or the same in childhood. He described playing video games, particularly League of Legends, to the point that he neglected school. He also frequently played the violin and was friends with people in the orchestra.

On a self-report rating form, Alan reported that he repeatedly thinks or talks about the same thing. Alan also reported that he often has a narrow range of interests or pursues his interests in depth.

On rating forms, Alan's friend reported that he often thinks or talks about the same thing.

From lifetime ratings, Alan's mother reported that he had preoccupying and surprising interests; he seemed more interested in parts of a toy or object than in the whole, and he had special interests that were surprising in intensity.

Sensory

Sensory stimulation can be too much or too little for autistic people. Sensory response differences were described as clearly evident for Alan.

Alan described seeking out sensory input by working in busy, noisy environments to help with productivity, humming musical notes during rehearsals, and listening to classical music while driving. He said he would bundle his hair and tap the end like a makeup brush, and he keeps two pink cube-shaped stress balls on his table that he squishes repeatedly. Alan also experimented with different colored lights in his room using a custom color-changing bulb, adjusting the specific color, warmth, and intensity until

it felt right. He said practicing the violin in the dark yesterday was very soothing and helped him practice without feeling stressed.

Alan said he limits the time he spends at places like Walmart because it is too overwhelming to his sensory system. He described feeling very overwhelmed and dazed for a while after visiting stimulating environments, noting that at Walmart, he would not know where to go and needed to know exactly what to get, get it, and leave. He said that even Disney was very overwhelming, though he noted that with repeated visits, he felt more capable, less impacted, and better able to navigate.

Alan said he has difficulty recognizing internal cues related to hunger and temperature, and this affects him by causing him to forget to eat when focused on something and to dress inappropriately for the weather. He described times when he would be the only one wearing a t-shirt despite it being 40 degrees out, and other times when he would be the only one wearing a hoodie even though it was 80 degrees. Alan said he sticks to a certain clothing routine until he feels he cannot handle it anymore, and tries to match what others wear for convenience so he doesn't get comments about his clothing choices.

Alan said these differences in sensory processing were very similar or the same in childhood. He avoided onions and spicy foods, preferred soft textures, and disliked having his hair touched. Alan made high-pitched noises, even on the bus, and repeatedly tapped the table in school, prompting feedback from teachers.

On a self-report rating form, Alan reported that he shows surprising sensory interests. Alan also reported that he often becomes upset in situations with a lot going on, and he is often more sensitive than one would expect to sounds, textures, or smells.

On rating forms, Alan's friend reported no significant differences.

From lifetime ratings, Alan's mother reported that he showed noticeable sensory interests, moving his hands or fingers in front of his eyes or in a flapping motion.

Other Diagnostic Requirements

To qualify for an autism spectrum diagnosis based on DSM-5-TR criteria, the signs must be present early in life and cause functional impact.

Childhood

In a childhood rating form, Alan's mother reported limited traits of social communication differences as seen in autism, between the ages of 4 and 5. She indicated in these childhood ratings that he seemed uninterested in other children of his age.

However, Alan's mother endorsed several autism-specific traits in lifetime ratings. For instance, she endorsed that Alan has used someone's hand like a tool or as if it were part of her/his own body (e.g., pointing with your finger, putting someone's hand on a doorknob to get you to open the door). She endorsed that Alan seemed more interested in parts of a toy or object (e.g., spinning the wheels of a car) than in using the object as intended. She indicated that Alan has not had a particularly close or best friend.

In an interview about childhood, Alan reported clear traits of autism. He said that most of the things he enjoyed were solitary activities, such as playing instruments. He does not think he was ever invited to group games. He said that he sometimes tried to join in on group games, but does not remember peers necessarily being excited for him to participate. Alan said he struggled with turn-based activities. He said he engaged in repetitive play: he played Jenga on his own daily, but would make different designs each day. Alan said that despite being in the gifted and talented program with peers who had similar intellect as him, he still struggled socially. He said he felt out of place and anxious. Alan said that eye contact felt forced and that reading others' nonverbal communication was difficult. He noted that he did not attune to others' emotional needs as expected. He said that he made high-pitched noises and sought sensory stimulation via repeatedly touching parts of his hair.

Functional Impact

Alan's friend did not report a significant functional impact on Alan's daily living skills in a rating form. However, in another form, he reported concern regarding Alan's impulsivity and lack of filter in social interactions, which impacts others.

Alan reported that he finds it frustrating trying to explain his thoughts and ideas to others. He said that he often feels misunderstood. Additionally, information shared by Alan during the interview was reflective of functional impact in terms of Alan's relationships. He reported a pattern of interpersonal difficulties in his romantic relationships, further influenced by his differences in nonverbal communication and social-emotional reciprocity.

Alan also reported behaviors that may reflect challenges with financial responsibility, as he appears to spend his money on things he enjoys at the moment without considering potential consequences.

Camouflaging

Camouflaging refers to a person's modification of their natural behavior to adapt to expectations. Because of the tendency for some autistic adults to camouflage or mask traits of neurodivergence, Alan was interviewed about the extent to which he has tried to hide or cover up autistic traits.

Alan reported that he does not mask or camouflage much. Alan said that more recently, he has been trying to be more comfortable with himself and engage in behaviors without thinking about the aftermath. Sometimes, he holds back and tries to be more cautious, though overall, Alan has been expressing himself freely and not engaging in consistent masking. It is worth considering that Alan's behaviors, which appear to impact others, could stem from other factors outside of autism.

Summary

Based on the findings from this evaluation, Alan meets the diagnostic criteria for autism spectrum disorder. The clinical diagnosis is: F84.0 Autism Spectrum Disorder, without intellectual/developmental delay or significant language impairment, requiring support at level 1.

Autism commonly co-occurs with mental health conditions, such as anxiety and depression. Often, anxiety and depression develop over time and are related to the stress of masking one's autism in environments that were not designed for autistic people. Given the targeted nature of this evaluation, a full diagnostic evaluation for psychological conditions was not completed. However, Alan is recommended to pursue a psychological evaluation, given other reported behaviors that may not stem from autism. Additionally, he is encouraged to participate in therapy with a therapist trained in supporting autistic clients.

Finally, it is worth noting Alan's many strengths. He has logical, analytical thinking, he is ambitious and hardworking, and he is highly skilled in particular areas (e.g., music). When addressing any areas of concern for Alan, therapy should be informed by his self-knowledge and build on his many assets.

Recommendations for next steps are provided below:

Recommendations

Therapy

Therapy was recommended in the feedback session. In particular, therapy is recommended to help Alan with:

- Develop a positive autistic identity
- Improve emotional awareness and labeling
- Improve awareness of social cues
- Navigate social misunderstandings
- Support functioning in social and romantic relationships

Prosper Health is an option for ongoing psychotherapy with a clinician who has specialized training in working with autistic clients. To sign up for therapy with Prosper Health, visit app.prosperhealth.io. If Prosper Health is not a possibility and Alan cannot locate a therapist with autism training and experience, Alan is encouraged to find a therapist who has experience with autism or ADHD.

Medication Management

It is recommended that Alan continue to see healthcare providers to manage his psychiatric medication. It will be important that he monitor his symptoms to report back to his provider about how the medication is working. Alan is encouraged to share a copy of this report with his prescriber to encourage continuity in his care.

Autism Community Supports

Prosper Health Groups: It is strongly recommended to meet other autistic adults and participate in an autistic community. Prosper Health offers a post-diagnosis group, which is an hour and a half session led by neurodivergent clinicians. The group covers a range of topics and was designed for newly diagnosed adults. Sign up at prosperhealth.io/education-groups. Weekly groups on a range of topics can also be accessed via that link.

Online Community: Prosper Health also hosts a Discord server. The Discord is for our clients only and is a friendly, supportive place to meet other autistic adults. Join Discord Server.

Online Adult Support Groups: The Association for Autism and Neurodiversity (AANE) is an autism-affirming organization that offers support groups for autistic adults.

Resources, Reading Materials, and Podcasts

The following resources center autistic perspectives and/or align with current research on adult autism:

- Thinking Person's Guide to Autism (resource hub)
- National Autistic Society - Autistic Fatigue (evidence-informed overview)
- Autism Chrysalis - A curated reading list from autistic authors
- Podcasts (Autistic & Neurodivergent Perspectives)
  - Adulting on the Spectrum
  - Today's Autistic Moment
  - Your Neurodiverse Relationship with Jodi Carlton

School Accommodations

Alan may require accommodations at school and, in the future, at work to support his specific needs. He can request an accommodations letter from Prosper Health. Below are suggestions of what he could benefit from:

- **School Sensory & Environmental Accommodations** Autistic adults often experience heightened sensory sensitivity, and environmental modifications can improve focus, reduce cognitive load, and decrease the risk of overload. Alan would benefit from permission to use noise-canceling headphones during non-interactive tasks, seating choice, and the ability to take quizzes and exams in a quiet area away from distractions.
- **School Communication & Instruction Accommodations** Differences in information processing and communication styles are well-documented among autistic adults; clear, explicit, and multimodal communication improves comprehension and performance. Alan would benefit from receiving verbal information (e.g., instructions, assignments, feedback) in written form. Communication from instructors should be direct and unambiguous. Advance notice (ideally >=48 hours) for schedule or deadline changes. Audio recording of classes for later review may support processing and recall. Whenever possible, written communication modalities (e.g., email, messaging) are preferred over in-person communication to allow adequate time for processing.
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School Support & Assistance Accommodations Ongoing structured support is associated with improved educational outcomes for autistic adults. Alan would benefit from access to a mentor, along with regular, written performance feedback that includes specific, actionable examples. Assistive technology to support organization and task management may be helpful. Flexible attendance and scheduling policies are recommended to accommodate healthcare needs, including therapy appointments. Use of regulation strategies (e.g., brief breaks, calming or mindfulness tools) during class supports emotional regulation and sustained engagement.

Further Psychological Evaluation

Differences in behavior were noted during the evaluation that may not stem from autism (e.g., differences in impulse control and in awareness of the impact on others). Therefore, a psychological evaluation is recommended to further help clarify the nature and functional impact of Alan's differences and inform targeted supports, especially for therapy.

- **Lifestance Health** is an option for further psychological testing

Share Report with Medical Providers

It may be helpful for Alan to share this report with his primary care provider to talk about whether genetic testing makes sense. In some cases, genetic testing can identify a biological explanation for autism (found in about 10-30% of people who are tested). Sometimes, these results can also provide useful information about other health conditions to monitor or consider in medical care.

Sharing this report with other healthcare providers (e.g., dental, physical health, or specialty care providers) may support more informed, autism-affirming care. Tools that facilitate communication and self-advocacy in medical settings may also be beneficial. One example is the AASPIRE Healthcare Toolkit, which provides structured support for improving patient-provider communication.

Self-Care

Alan may benefit from intentionally incorporating self-care practices into his daily and weekly routines to support emotional regulation, reduce stress, and promote overall well-being. For autistic adults, self-care is most effective when it is structured, individualized, and aligned with sensory preferences, cognitive style, and energy levels.

Engagement in regular, planned self-care activities can help mitigate the cumulative effects of sensory overload, social demands, and executive functioning challenges. Establishing predictable routines for

rest and recovery (e.g., scheduled downtime following periods of high demand) may improve resilience and reduce the likelihood of burnout.

Evidence-based self-care strategies for autistic adults include:

- **Sensory regulation activities:** Intentional engagement with calming or organizing sensory input (e.g., use of weighted items, noise-canceling headphones, or preferred textures) may help Alan maintain optimal arousal levels and reduce distress associated with sensory sensitivities.
- **Special interest engagement:** Allocating dedicated time for focused engagement in areas of strong personal interest can support emotional regulation, increase positive affect, and provide a restorative cognitive experience.
- **Mindfulness and relaxation practices:** Structured, guided mindfulness exercises (e.g., breathing techniques, body scans, or progressive muscle relaxation) may improve awareness of internal states and support regulation of stress responses.
- **Physical activity:** Regular, moderate physical activity (e.g., walking, yoga, or stretching) has been shown to support mood regulation, reduce anxiety, and improve executive functioning. Activities should be selected based on Alan's preferences and sensory comfort.
- **Energy accounting ("spoon theory" framework):** Tracking energy expenditure and planning activities accordingly may help Alan balance demands and recovery. This approach encourages proactive scheduling of rest periods and prioritization of essential tasks.
- **Sleep practices:** Maintaining consistent sleep and wake times, along with a structured pre-sleep routine, may improve sleep quality and overall functioning.

It may be helpful for Alan to view self-care as a necessary, proactive component of daily functioning rather than a reactive strategy. Embedding self-care into established routines, rather than relying on spontaneous implementation, is likely to increase consistency and effectiveness.

General Health and Preventive Care

Alan may benefit from establishing consistent, proactive engagement with healthcare services to support overall well-being and prevent the escalation of medical or psychological concerns. Regular contact with primary care and relevant specialty providers can facilitate early identification and management of emerging symptoms.

The following evidence-based strategies are recommended:

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Prioritize preventative care: Participation in routine preventative care (e.g., annual physical examinations, recommended screenings, and follow-up appointments) is strongly encouraged. Maintaining a predictable schedule for healthcare visits may improve adherence and reduce the likelihood of delayed care.

- **Monitor physical and emotional health:** Given that individuals may sometimes delay seeking care until symptoms become more severe, Alan is encouraged to monitor changes in physical or emotional functioning and to seek consultation when concerns first arise. Early intervention is often associated with more effective and less intensive treatment.
- **Set reminders and keep lists:** To support follow-through, using organizational strategies such as appointment reminders, calendars, and written question lists for medical visits may be beneficial. Preparing in advance for appointments (e.g., noting symptoms, duration, and specific concerns) can enhance communication with providers and improve the quality of care received.
- **Identify neuroaffirming providers:** If applicable, identifying providers who are knowledgeable about or sensitive to neurodiversity may improve comfort and engagement in care. Establishing a collaborative relationship with healthcare professionals can support shared decision-making and more individualized treatment planning.

Overall, framing healthcare as a routine, preventive practice, rather than a response to acute concerns, may help Alan maintain stability and optimize long-term health outcomes.

It was a pleasure to evaluate Alan. Please contact Prosper Health if we can provide further information or referrals.

Sincerely,

Kristine Zytka, PhD, EdS
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