Autism Spectrum Disorder: A “Tool Kit” for Professional Counselors

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Presentation Summary

- “Autism” Definition and DSM-5 Criteria
- Autism incidence rates
- Characteristics of people with ASD
- Common secondary diagnoses
- Psychosocial aspects of ASD
- Strengths
- Cultural identity
- “Tool Kit” for counselors
- Questions?
Autism Spectrum Disorder Definition

National Institutes for Mental Health:

“Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior. People with ASD have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that hurt the person’s ability to function properly in school, work, and other areas of life”

(NIMH, 2019)
Autism Spectrum Disorder Definition

NIMH (2019):
“Autism is known as a “spectrum” disorder because there is wide variation in the type and severity of symptoms people experience. ASD occurs in all ethnic, racial, and economic groups. Although ASD can be a lifelong disorder, treatments and services can improve a person’s symptoms and ability to function.”

- It can be diagnosed at any age

(NIMH, 2019)
DSM 5: individual would have to exhibit:

- 3 deficits in social interaction and communication
  and
- at least 2 repetitive behaviors

(APA, 2013)
Two deficit domains must be met:

1. Social/communication deficits (all 3 must be present)
   1. Deficits in social-emotional reciprocity
   2. Deficits in nonverbal communicative behaviors used for social interaction
   3. Deficits in developing and maintaining relationships

(APA, 2013)
2. Fixated interests and repetitive behaviors
   (must have two of four)
   1. Stereotyped or repetitive speech, motor movements, or use of objects
   2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior
   3. Highly restricted, fixated interests that are abnormal in intensity or focus;
   4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

(APA, 2012)
Autism Spectrum Disorder Incidence

**Autism Rates Nationally:**
1 in 68
Some studies suggest it could be as high as 1 in 59

**Autism Rates New Jersey:** **Highest Rates in the US**
1 in 45

4 to 5 times more likely to be diagnosed in males

(Baio et al., 2018)
ASD Cause?

- **Cause is unknown**

- **There is no “cure”**
  - Believed to be due to a combination of genetic and environmental factors

  - **NOT** due to vaccinations!

  *(Hall, 2018)*
ASD Characteristics

- Significant impairment social skill development
- Difficulties with abstract thinking
- Adjustment to change in routine is very difficult
- Maintain a very narrow focus on a single interest (Area of interest may be quite unique)

(Hall, 2018)
ASD Characteristics cont.

- May be non-verbal or have limited verbal language expression
- Impairment in reading and understanding non-verbal cues
- Very literal (i.e. concrete) difficulties with non-literal verbal expression such as idiom and metaphoric language
- Mono-tone, or a very different tone of voice

(Hall, 2018)
ASD Characteristics cont.

- Flat affect and/or atypical non-verbal presentation
- Difficulty with taking the perspective of others or demonstration of empathy
- Reduced coping skills; emotional liability
- Proxemics - may have a need for more personal space

(Hall, 2018)
ASD Characteristics cont.

- Discomfort with eye contact
- Generally not adept at lying (tend to be honest; to a fault)
- Hyper or Hypo – sensitivity (extreme)
- Preference for solitude

(Hall, 2018)
ASD Characteristics cont.

- **Gross and/or fine motor deficits**
  - athletics
  - writing
  - typing
  - construction tasks
  - labor intensive jobs etc.
  - DRIVING

- **Difficulty with executive functions**
  - time management
  - organization
  - multi-tasking

(Hall, 2018)
### ASD Characteristics cont.

- **“odd” behaviors – stereotypic/repetitive**
  - **Non-harmful**
    - Hand flapping
    - Pacing
    - Rocking
    - Repetitive statements
    - Repetitive verbalizations
    - Stroking self with non-harmful object
  - **Self-harming**
    - Head banging
    - Hitting oneself
    - Walking/jumping on knees
    - Destroying property *(Hall, 2018)*
    - Punching windows
    - Trichotillomania (hair pulling)
ASD Characteristics cont.

- Extreme pickiness
- Large discrepancy between strengths & weaknesses
- Often don’t have a driver’s license, or obtain it much later
- May live with parents caregivers well into adulthood
- Identify as affectional minority more frequently than general population (3% vs. 1%).

(Hall, 2018)
Common Secondary Diagnoses

- High incidence/co-morbidity:
  - Mental health:
    - DEPRESSION
    - ANXIETY
    - Obsessive Compulsive Disorder (OCD)
    - PTSD ? – exposed to traumatic events (i.e. bullying, harsh parental treatment)
  - Physical health:
    - Gastrointestinal issues
    - Sleep disturbances
    - Seizure disorder

(Hall, 2018; Thierfeld-Brown, & Wenzel, 2010)
Psychosocial Aspects of ASD

- Social isolation (can be extreme)
- Feeling misunderstood *(and they really are)*
- Feelings that the world is cruel
- Difficulties forming relationships/friendships
- High levels of frustration
- Are regarded by others as “weird or freaks”
- Subjected to *teasing/bullying!*
- May be verbally/physically abused by others
- High rates of suicide, suicide attempts, and suicidal ideation

*(Hall, 2018)*
Strengths of Individuals with ASD: “The Autism Advantage”

- Honest
- Sense of humor (often dry and/or ironic)
- Perseverance
- Able to focus on vexing problems
- Dedicated
- Detail oriented
- Concrete
- Thrive on routine and rules
- Has a unique/creative perspective on things
- Expert in their area of interest
- Written communication

(Hall, 2018)
There is a sub-culture within the ASD community that identifies with an “Autistic” label.

They regard ASD as an evolutionary advancement.

ASD, particularly Asperger’s as a cultural difference.

Prefer Identity-First label “Autistic” rather than “person with Autism”.

Don’t need to be cured.

Dislike the puzzle piece a symbol of Autism.

Dislike Autism “awareness”, favor “acceptance”.

This cultural identification has a positive psychosocial affect on the individual.

(Autism Speaks, 2019)
Tool Kit for Counselors

- Identify and encourage their strengths!
- Do not use idiom or metaphorical language; be very literal
- State communications verbally that might ordinarily be communicated non-verbally
- Reduce or limit your direct eye contact; at least initially
- Don’t try to change non-harmful behaviors; let them be themselves in counseling

(Hall, 2018; Thierfeld-Brown, & Wenzel, 2010)
Tool Kit for Counselors

- Be sensitive to and aware of sensory environment:
  - perfume/cologne,
  - lighting,
  - heating/cooling,
  - volume of audio,
  - Noise in office
  - Office décor
  - etc. )

(Hall, 2018; Thierfeld-Brown & Wenzel, 2010)
Tool Kit for Counselors

- Be aware of their heightened sense of anxiety, depression
- Do not touch clients with AS, even in passing
- Be aware that they may need more personal space than is typical
- Initiate peer interaction (orchestrate gatherings/events)
- Be aware of how client identifies with ASD label, and ask
  (Hall, 2018; Thierfeld-Brown & Wenzel, 2010)
Tool Kit for Counselors

- Be aware of greater likelihood of affectional minority identity; and affect of dual identity

- Be prepared to make medication referral (for secondary symptoms)

- Be prepared to refer for or provide career counseling and advocacy

- Be prepared to refer for social skills training

- **PLEASE** be aware of risk of suicide/suicide ideation!

(Hall, 2018; Thierfeld-Brown & Wenzel, 2010)
American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

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