

Supporting Students on the Spectrum: Working with Clients with ASD in Higher Education

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1

Agenda

- Background information (let's all get on the same page)
 - Diagnostic criteria, brief history, possible treatment
- Current issues, frequent presenting concerns
 - Common presenting concerns, risk factors, co-morbidities
- Clinical practice
 - Individual work, group counseling, assessment resources

2

DSM-5 (American Psychiatric Association, 2013)

- Impairment in social communication
 - Struggle to engage in social relationships
 - Difficulties in conversation
 - Deficits in reciprocity and sharing in interests
 - Might not use or understand gestures
 - Might have poor eye contact
 - Lack of imaginative play or ability to co-construct abstract ideas
 - Possible language concerns with semantics and pragmatics
 - not understanding puns/jokes, taking metaphors literally
 - Can include phonetic and syntax issues at more severe levels

3

DSM-5 (American Psychiatric Association, 2013)

- Repetitive and ritualistic behaviors
 - Stereotyped or repetitive behaviors (hand flapping, examining objects)
 - Possible idiosyncratic language
 - Insistence on sameness, hyper-focused interest and fixations
 - Difficulties with transitions and/or novel settings
- Impacts ability to function
- Some symptoms present in early development (generally by age 3), is a life-long disorder

4

General trends

- 20% of all adults with ASD live independently (Anderson et al., 2014)
- Approximately 53% of young adults with ASD work outside the home (Roux et al., 2013)
- Folks with ASD are least likely to have lived independently, less likely to have lived somewhere else, more likely to live under supervision (Anderson et al., 2013)

5

Possible past interventions

- Possibly received IBI utilizing ABA when younger
- Social skills group
- School services
 - Push-in vs. pull-out will be based on student's need and school resources
 - Speech therapy
- Individual counseling
 - CBT, REBT, DBT
 - Lots of worksheets and visuals, heavy on symptom-reduction

6

Current Issues and Frequent Presenting Concerns

7

Mental Health (Sturm & Kasari, 2019)

- Students with ASD are 1.7 times more likely to have any co-morbid psychological disorder
- Females with ASD generally have poorer mental health across the board
- Females with ASD are 2.3 times more likely to report a co-morbid psychological disorder than males
- Females with ASD are more likely to report lower levels of self-confidence

8

Anxiety (Hollocks, Lerh, Magiati, Meiser-Stedman, & Brugha, 2019)

- Lifetime prevalence of an anxiety disorder is thought to be about 42%, however meta-analysis shows studies from 5% to 70%
- These are just folks that would meet criteria... does not include anxious tendencies
- Most research focuses on children and adolescents, but is also hard to measure
 - Avoidance of social situations can seem like social phobia
- Perseverative thoughts and anxiety often go hand-in-hand

9

Depression (Hollocks, Lerh, Magiati, Meiser-Stedman, & Brugha, 2019)

- Lifetime prevalence of a depressive disorder is thought to be about 37%, however meta-analysis shows studies from 1% to 70% These are just folks that would meet criteria... does not include depressive tendencies
- Most research focuses on children and adolescents, but is also hard to measure
 - Psychomotor issues might seem like lethargy
- Depression regarding differences between them and others, poor emotion regulation

10

Gender and sexual minorities (McLeod, Meanwell, & Hawbaker, 2019)

- Individuals with ASD are more likely to identify with a non-heterosexual identity (gay, lesbian, bisexual, pansexual, asexual, etc.)
- Individuals with ASD are also more likely to identify with a non-cisgender identity

11

Suicide

- In general, individuals with ASD are about twice as likely for risk of suicide (Kirby et al., 2019; Hirviikoski et al., 2016)
- Females with ASD estimated three times higher risk (Kirby et al., 2019)
- Higher risk of suicidal ideation and thoughts of killing self (Hedley,)
- ASD folks less likely to use firearms
- Core aspects of disorder (difficulties with social relationships and communication) and common comorbid difficulties (anxiety, depression) may exacerbate symptoms

12

Physical Health

- Folks on the spectrum generally have poorer physical health than non-ASD individuals (McLeod, Meanwell, & Hawbaker, 2019)
- Frequent issues with sleep
- Higher risk of epilepsy or seizure activity
- Higher levels of gastrointestinal issues (Xu, Xu, Li, & Li, 2019)
 - constipation, abdominal pain, gaseousness, diarrhea, and flatulence

13

Issues with ADA (Elias & White, 2017)

- Students often experience loss of additional services
- In post-secondary realm, ADA requires students to engage in self-advocacy
- Generally, accommodations are limited to those that do not change any curriculum
- Many accommodations that were previously received might have been above and beyond what was required by life
- Students with ASD might be well-prepared but experience underachievement at collegiate level

14

Independent Living

- High need for supports (both emotional and tangible) for living outside of the home
- Higher SES greatly impacts outcomes
- Social media is an evolving game
- Some students might not want to reveal their diagnosis
- Young adults with ASD often work fewer hours, in a narrow range of jobs, and often earn less than others (Roux et al., 2013)
- Campus-based summer transition programs

15

Social support

- Students with disabilities have some of the lowest social support (McLeod, 2019)
- Students with disabilities experience bullying at much higher rates than other peers (McLeod, 2019)
- Goals should include increase the quantity and quality of social support
- Might not be aware of social rules and safe environments
- Decrease potentially harmful effects of social isolation
- Social support is double edged sword... both a protective- and a risk factor (Hedley, Uljarevic, Foley, Richadale, & Trollor, 2018).

16

Clinical Practice

17

In-session strategies

- Strengths that can be useful to capitalize on:
- Might have high degree of focus on specialized content area
- Often better understand visual information
- Often can learn and follow rules that are explained

18

In-session strategies

- Rehearsal and practice
- Always provide psychoeducation on specific processes
- Be able to explain concepts in multiple ways

19

In-session strategies

- Addressing academic concerns
- Emotion regulation

20

Social skills groups

- Consider social skills support group or modified USO
- Allow for process, psychoeducation, and practice
- Focus on conflict, communication, and changes

21

Case management

- Respect autonomy but be aware that client's needs might involve a bit more coordination of care than a typical college student
- Help advocate for clients with others on campus

22

Other services

- Does your campus offer peer mentors? If not, could someone at a student resource center possibly suggest one?
- Coordinating with career services (Roux et al., 2013)
 - This population has particular difficulty transitioning to employment
- Making sure accommodations (if needed) have adequate documentation on file

23

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24