Clues on history that someone may have ASD

- Tx resistant presentation
    - Can also include People with ADHD who fail to improve with treatment
- Fear of failure
- “Failure to launch/difficulty with employment
- Lights up for all 3 personality disorders (e.g. schizoid (social awkwardness), borderline (agitated), OCD (rigidity))
- Change is very difficult - when things out of order, it disturbs them
- Psychosomatic tendencies
- Attraction to siblings
- Rigidity and perseveration of thought
- If it's really hard to end the conversation.
- Struggling with a major life change, including transition in and out of college, job switches or change in family status (marriage/divorce, birth of children, loss of parent)
- Very absorbed with what they are good at (academics) at expense of taking care of big things
    - E.g. college students that can do very well and don't take good care of personal hygiene
- Transgender & nonbinary are 6x more likely to have autistic brain style

Some screening questions to use by domains

- Developmental Questions
    - pregnancy complications
    - delays in learning to talk?
    - delays in motor? toilet-training?
    - Difficulty with eye contact
    - difficulty getting along with others
    - IEP? What was needed in IEP
- Social questions
    - "What is it like for you to make new friends?"
    - “Have you had lifelong feelings of being different than peers?”
        - Social isolation? Feeling left out of social circles?
        - Bullying?
    - Social challenges at work or school?”
        - Have trouble with group activities or group projects, do not know what's going on
        - Appear to be rude, but don't perceive that would be considered rude
        - Have social demands that outstrip their skills
    - "in a social group, can you track different conversations?"
    - ***Theory of mind***
        - "Can you tell if someone is bored? Or worried? Or upset?"
        - Can't pick up signals that someone might have interest
    - Infodumping – engineered social pathway to avoid conversations

- High response-cost to having a conversation ("It's exhausting and throws my system off for days")
- **vs Social Anxiety Disorder - in ASD, find timeline and see if comorbid restricted/repetitive behaviors**

Repetitive or restrictive behaviors:

- Restricted interests
  - Do you get absorbed in a hobby and lose track of other things?
  - Deep interests that seem unusual to others?
  - Can you think about something that you are very passionate about that you enjoy doing for a long time? Right now, and when you were younger?
    - E.g. art, music, trains, videogames
    - can't stop talking about it

- Repetitive behaviors:
  - Phrases or scripts that you say or think over and over
- Insistence on sameness:
  - Difficulty with change, same foods
  - Do you prefer to do things a certain way- e,g,- need to travel same route, eat same food - and what happens if you can't?"
  - **Distinguishing from OCD** - reinforcing (ASD) vs worrying about something (OCD)
- Sensory
  - Sensitivity to texture, light, noise etc that impacts your day to day life?
    - Ex:
      - Lights are too bright, sounds are too loud
      - seek volume
      - pain tolerance
  - Perform repeated bodily motions - like touching fingers together, rocking, tapping food- that help you feel more calm?

Some Communication Strategies for Providers

- Engage in special interests.
  - What kind of things that you enjoy? What relaxes you?
    - Generally fluid access to language when talking about preferred interest
  - Use special Interests to increase motivation to interact socially
  - Get genuinely involved in conversation about things they are interested in/important to them and then look for patterns (form) – and then what does it do for to the person when they're in deep interest (function)
- Be more of a direct (and still kind) communicator
  - make it explicit, so they don't have to guess what you're thinking (theory of mind)
  - Use metaphors sparingly and thoughtfully
- Bite-sized pieces: Asking about one thing at a time

- Check in to see how it landed
- Adopt strengths-based perspectives in reframing autism
    - **Frame autism as a brain style difference -**"Autistic Brain style"
    - Brain style that has specific pattern of **strengths** and **<u>differences</u>** (instead of 'deficits/weaknesses')
        - deficits – other-focused and exclusionary and increases emotional reactivity
        - e.g. everyone would love him for attending the details if that was valued vs everyone focused on big picture
- If displaying inflexible thinking: "Lets hear your perspective/your story" looking for opportunities to reframe labels with descriptive language
- Teach strategies for affect recognition- what are the things they are feeling about, have trouble understanding who and who are not their friends, may be even bullying them
- Structure of sessions: be more flexible, don't put or agenda to them, frequent breaks, shorter sessions, involving a friend, family member or caregiver
- Emphasize Behavior change over cognitive approaches (adjust therapist expectations). Establish routines and attainable goals
- Integrate social skills training sessions/and/or a social skills group into activity scheduling
- Teach problem-solving strategies
- Concrete thinking is addressed by giving choices of alternative thoughts
- Autism brain *organizes* and *regulates* best when the individual can see or recognize **visual contextual cues** and has **routines**

Some Social Strategies for Clients

– give me a minute and I'll be ready to talk to you. I do better if you give me a heads up. Can we fix a time

- Use a checklist, bulleted list, or visual cues to help you organize your thoughts.
  - Use emails or messages to communicate ideas that are hard to verbalize.
  - Practice conversations with someone before initiating the real one. You can also ask someone to read over a script, email or typed message for you before sending it.
  - If you are struggling in the moment, try pausing to write out or even type out your thoughts on your phone.
  - Find creative ways to express yourself, like art, music or writing.
  - Carry pre-printed cards in your wallet, pocket, attached to the back of your phone or even as saved pictures on your phone for high-stakes situations, such as an emergency contact card or a medical information card.

- *<u>Neurodiversity Affirming Approach when it comes to social isolation</u>*
    - Positive relationships that could be built upon? (e.g. cousin)
    - Could we find a D&D group?
        - Find community around restricted interest (animal shelters, agency)

Medication

Clonidine for sleep?
Anticonvulsants - reduce irritability and aggression sxs
SSRIs - can help with reduce RRBs and anxiety
Stimulants - can help with inhibitory control, inattention, set-shifting difficulties

Autism Link

Self-rating scales

ASQ:

10Q screener: https://embrace-autism.com/aq-10/

50Q: https://embrace-autism.com/autism-spectrum-quotient/

RAADS-R

https://embrace-autism.com/raads-r/

Other questionnaires

Social Responsiveness Scale-2 (paid)

https://www.wpspublish.com/srs-2-social-responsiveness-scale-second-edition.html

Resource Database

- General: https://med.stanford.edu/neurodiversity/ndrd.html
- For healthcare appts: **https://autismandhealth.org/**
- **Employment training: https://www.neurodiversityhub.org/**
- Disability Resources: Employment, Voc Rehab, Education
  https://www.ndrn.org/about/ndrn-member-agencies/
- https://autisticadvocacy.org/