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NISONGER CENTER

Autism Spectrum Disorders

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Special Thanks to:

Meredith Snyder

Snyder Law

INTRODUCTION – ANDREA

- Clinical Psychologist
 - Specialization in autism and intellectual and developmental disabilities
 - Diagnosis of autism
 - Co-occurring mental Health Conditions
- Director of Leadership Education in Neurodevelopmental disorders (LEND) program at OSU Nisonger Center
- Professor at The Ohio State University
- Researcher
 - Diagnosis of autism spectrum disorder
 - Co-occurring mental health conditions
 - Anxiety treatments for adults with intellectual disability



Objectives

- Description of the diagnostic criteria and specifiers of Autism Spectrum Disorder
- Examples of expression of autistic characteristic
- Associated Factors
- Communication considerations
- CASA-related considerations
- Questions



The words used and what they mean...

Autism

Autistic

Autism
Spectrum
Disorder

Person with
autism

AuDHD

Neurodivergent

Neurodiverse

Neurodiversity



- Neurodiversity describes variation in human minds and does not seek to define what is, and is not, “normal.”
- “Neurodiverse” and “neurodivergent” are not interchangeable terms.

- [5 Things Everyone Should Understand About Neurodiversity | Psychology Today](#)



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Neurodivergent



- Can describe a single mind that diverges significantly from socio-culturally constructed norms in some way.
- This doesn't mean that someone must meet certain diagnostic criteria or even identify as belonging to a discrete neurotype.
- It simply means that there is a substantial difference in at least one dimension of how the mind operates when compared to societal norms.

- [5 Things Everyone Should Understand About Neurodiversity | Psychology Today](#)



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Neurodiverse is not a euphemism for autism and/or ADHD.

Individual neurotypes are still important in practical terms.

- [5 Things Everyone Should Understand About Neurodiversity | Psychology Today](#)



The words that will be said in this presentation and Why

- **Autism Spectrum Disorder**
- **Autism**
- **Autistic**
- **Person with autism**



Previous Diagnostic Terms which are now under term Autism Spectrum Disorder

- **Autism**
- **Aspergers**
- **PDD-NOS: pervasive developmental disorder**



How many people are autistic?

CDC ADDM Network Data : a Study of 8-year-olds (Maenner et al, 2023)

1 in 36 diagnosed with autism spectrum disorder



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What is Autism?

“Autism is a developmental disability that affects how we experience the world around us. Autistic people are an important part of the world. Autism is a normal part of life, and makes us who we are.”

1. We think differently
2. We process our senses differently
3. We move differently
4. We communicate differently
5. We socialize differently.
6. We might need help with daily living



Autism Spectrum Disorder (ASD)

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

- **SOCIAL COMMUNICATION & INTERACTION**

- Deficits in...
 - social-emotional reciprocity
 - non-verbal communication
 - Relationships

ALL 3 needed for diagnosis

(APA, 2022)

- **RESTRICTED & REPETITIVE BEHAVIORS**

- Repetitive movements, use of objects or speech
- Inflexibility, rituals
- Restricted interests
- Sensory hyper or hypo reactivity

AT LEAST 2 needed



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DSM-5 Criteria: Deficits in Social Communication and Social Interactions

- Social-emotional reciprocity
 - Abnormal approach
 - Failure in back-and-forth conversations
 - Decreased sharing interests, emotions or affect
 - Failure to initiate or respond to social interactions



Examples of Characteristics

- Unable/difficulties reading social cues
- Honest to the point of bluntness
- Appear to lack empathy
- Find it difficult to hold a back-and-forth conversation, even though they may appear to have a strong vocabulary and can talk at length about a topic



DSM-5 Criteria: Deficits in Social Communication and Social Interactions

- Nonverbal Communicative Behaviors
 - Abnormal eye contact or gestures
 - Poorly integrated verbal and nonverbal communication
 - Difficulty understanding gestures



Examples of Characteristics

- Avoid eye contact (especially under pressure)
 - Or extremely intense eye contact (often because this has been taught)
- Flat affect/appear unaffected by what is said
 - Appear to lack empathy
- Not being able to read the facial expressions and body language of others



DSM-5 Criteria: Deficits in Social Communication and Social Interactions

- Deficits in developing, maintaining, and understanding relationships
 - Difficulty making friends or absence of interest in peers
 - Difficulty in sharing imaginative play



Examples of Characteristics

- Few or no friends
- Difficulties getting along with classmates
- Difficulty understanding relationships and their nuances



Get information on the child's areas of strength and needs for support in Communication and interactions

- Before the visit
- From various sources
 - Parents
 - Grandparents
 - Siblings
 - Teachers
 - Intervention specialists/aides
- Do they use some type of assistive device to communicate?
- Are there other ways to communicate more smoothly?
- Example



Communication considerations

- Expressive Language
 - Difficulties expressing:
 - emotions, wants, needs
 - May not know the best way to request help
 - May have problems requesting a break from situation
 - Some with ASD have echolalia-repeat what others say
- Receptive Language
 - Difficulty understanding words used or their intention
 - Complex sentences may be too much-especially in times of stress

Considerations in working with those with ASD: Social Deficits

- Difficulty with Social Cues:
 - Challenged picking up on nonverbal behavior
 - Facial expressions
 - Body language
 - Nonverbal signals
 - May not pick up on or understand sarcasm or subtleties in social interactions
 - May not be making eye contact, but still may be listening

Communication Tips

- Ways to communicate effectively
 - Avoid providing too much verbal information at once; Break sentences down
 - Speak slowly (but do not infantilize)
 - Pause, ensure comprehension and understanding
 - Be sensitive to individual's nonverbal cues and adjust your behavior accordingly
 - use visuals when possible

DSM-5 Criteria: Restricted, Repetitive Patterns

- Stereotyped, repetitive motor movements, use of objects, of use of speech
- Insistence on sameness, inflexible adherence to routines, ritualized nonverbal or verbal behavior
- Highly restricted, fixated interest that are abnormal in intensity or focus
- Hyper- or hypo-reactive to sensory input of unusual interest in sensory aspects of environment



Examples of Characteristics

- Repeating the last word said
- Using “scripts” during communication
- Talking at length about a topic
- Significant difficulties with changes in routine
- Sensory sensitivities to
 - Light
 - Sound
 - Touch
- Ritual/routines



Get information on the child's special interests, routines, rituals, sensory

- What is child really interested in?
- Are there specific times of day better for child?
- Sensory sensitivities?
- Are there cues/signals that child is getting overloaded or going to shut down?



Building a sensory friendly environment

- Occupational Therapy can help you to do this
- Would be great to have a consistent environment between both houses. Consistency helps with transitions between homes
- Lighting, calming items, fidget toys, swings, noise reduction headphones (sparingly)

**SAFETY NOTE

- Shouldn't wear headphones all the time
- Be very careful with weighted blankets; consider weighted stuffed animals



Sensory Considerations

- Different types of light can be uncomfortable
- Reactions to touch may not be what one would expect
- Some sensory sensations can be soothing



Additional criteria

***Symptoms present during the developmental period

***Cause significant impairment in social, occupational or other important areas of functioning



Importance of assessment and medical diagnosis of autism

- School-based assessment – Free
 - Multifactored evaluation, results in an Evaluation Team Report
 - Special Education categorization – Autism (but not always)
- “Medical” diagnosis
 - Psychologist, Developmental Behavioral Pediatrician
 - ADOS or ADI-R---need a standardized autism assessment tool
 - Improves likelihood of accessing available services (CBDD, autism specific programs)



DSM-5 Severity Levels

Severity Level for ASD	Social Communication	Restricted interests & repetitive behaviors
Level 3 'Requiring very substantial support'	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.	Preoccupations, fixated rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.
Level 2 'Requiring substantial support'	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others.	RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRB's are interrupted; difficult to redirect from fixated interest.
Level 1 'Requiring support'	Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.	Rituals and repetitive behaviors (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest.



LEVEL 1: REQUIRES SUPPORT

- Social Communication
 - Without supports in social communication difficulties cause noticeable impairment
 - Clear examples of unsuccessful social responses or approach
 - May appear to have decreased interest in social interactions
- Restricted and Repetitive Behaviors
 - Inflexible behavior causes significant interference with functioning in one or more context
 - Difficulties switching between activities
 - Problems of organization and planning hamper independence



LEVEL 2: REQUIRES SUBSTANTIAL

- Social Communication
 - Social communication difficulties cause noticeable impairment even with supports in place
 - Limited initiation of social interactions
 - Abnormal response to social overtures
- Restricted and Repetitive Behaviors
 - Inflexible behavior causes significant interference with functioning in one or more context
 - Difficulties switching between activities
 - Problems of organization and planning hamper independence



LEVEL 3: REQUIRES VERY SUBSTANTIAL

- Social Communication
 - Severe Deficits in social communication difficulties cause severe impairment in function
 - Very limited initiation of social interactions
 - Minimal to no response to social overtures
- Restricted and Repetitive Behaviors
 - Preoccupations, rituals or repetitive behavior significantly interfere in all spheres
 - Marked distress when ritual or routines are interrupted
 - Very difficult to redirect from fixated interest or returns to it quickly



DSM-5 Specifiers

- With Intellectual Impairment
- With Language Impairment
- With Catatonia



Prevalence of intellectual disability in ASD samples

CDC ADDN Network Data : a Study of 8-year-olds (Maenner et al, 2023)

More than one-third (37.9%) also had intellectual disability (OD)

Children with ASD and ID



*Intellectual disability (ID) = IQ < 70



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The Autism Spectrum is NOT linear



Less autistic

Very autistic

**The Autism Spectrum
looks more like:**



It is inaccurate and misleading to use terms such as “High Functioning and “Low Functioning”

<https://getgoally.com/blog/autism-spectrum-wheel/>

The basics of diagnosis

- Chart review of developmental history
- Diagnostic interview
 - Individual
 - Someone familiar with early developmental history
- Standardized measure of autism-related characteristics
 - *Autism Diagnostic Observation Schedule-Second Edition*
 - *Autism Diagnostic Interview-Revised*



The road can be very different

- 20-month-old child who is not using single words consistently, does not tend to make eye contact, and prefers to line his toys up to look at their wheels rather than play with others
- 8-year-old girl who is struggling in school, has no friends, tends to prefer to be alone and really enjoys drawing
- 18-year-old young man who has been in a number of foster homes; struggles with social relationships, prefers to stay at home playing videogames, and requires support from caregiver to remember to do tasks of daily living
- 30-year-old engineer who reports long-time difficulties navigating social situations and the workplace



Co-occurring conditions

- Half (51%) of adults with autism had at least one health condition in addition to autism from a list of 11 conditions
- Over half (54%) of adults with autism had at least one mental health condition (including anxiety, mood disorder, psychotic disorder, and/or other mental illness) in addition to autism
- This includes High co-occurrence of ADHD (28-60%)
- 50% met diagnostic criteria for Social Anxiety Disorder
- Generalized Anxiety Disorder diagnosed at a rate of 41-55%

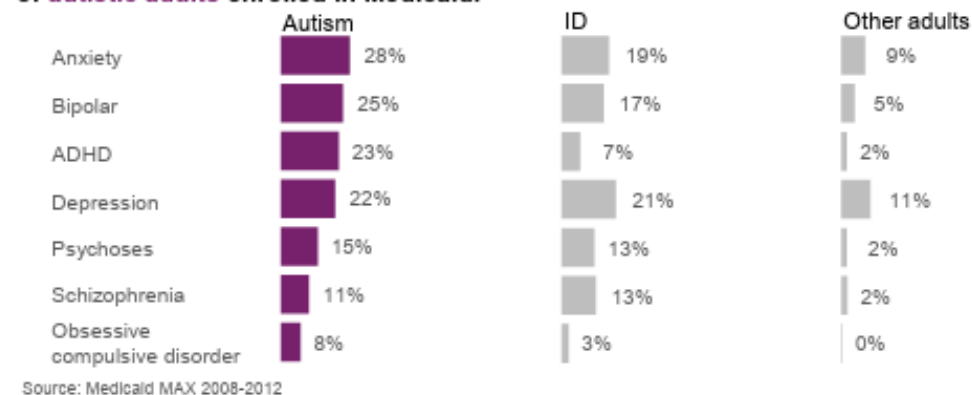


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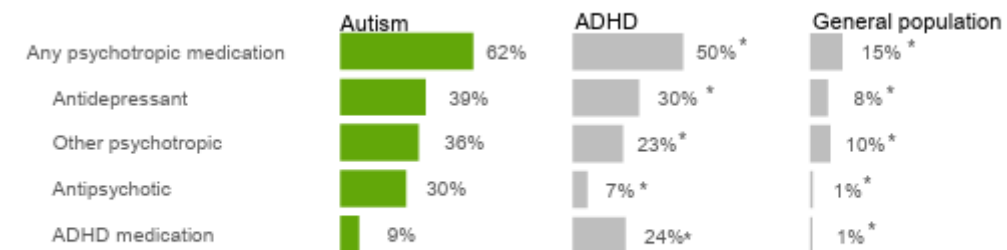
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Mental Health

Anxiety and bipolar were common mental health conditions identified in medical records of autistic adults enrolled in Medicaid.



Most psychotropic medications were more common in autistic adults than other adults.



*Significantly different from the autism group as tested using logistic regression controlling for age, race/ethnicity, gender, length of KPNC membership, and certain mental and physical co-occurring conditions
Source: Zerbo et al., 2019

Overall, 25% of ASC participants with autism reported that they did not receive all of the services they needed.



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Depression & Suicide Risk and ASD

- Major Depressive Disorder (5-11%)
- 2.4-fold suicide risk in individuals with ASD and ID (Hirvikoski *et al.*, 2016)
- 9.4-fold suicide risk in the ASD without ID group, compared to the general population (Hirvikoski *et al.*, 2016)



Trauma – autism

- 26.1 - 49% of youth with autism have experienced a traumatic event (Mehtar & Mukaddes, 2011; Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005; Webb et al., 2024)
- 3-7% meet criteria for PTSD (Strunz et al., 2014; Storch et al., 2013)
- Over 2x greater lifetime prevalence of PTSD in females (Kessler, et al., 1995; Olf, 2017)



Therapies and Interventions

- Parent Coaching
 - On building play and communication
 - Example **Project Impact** at OSU Nisonger Center
 - Managing Behavior-
 - **RUBI** parent training groups (Nationwide Children's and Boundless)
 - Parent-Child Interaction Therapy (PCIT)
 - Positive Parenting Program Triple-P (free online classes in Ohio)
 - <https://octf.ohio.gov/what-we-do/statewide-initiatives/triple-p-online>



Parent Education Resources

- Nationwide Children's Project ECHO---online learning communities with various topics
 - <https://www.nationwidechildrens.org/for-medical-professionals/education-and-training/echo/series/family-echo>
- Ohio Center for Autism and Low Incidence (OCALI)
 - Autism modules for online learning
 - Family Resources
 - <https://ocali.org/>



Therapies and Interventions

- Early Intensive Behavior Intervention
 - Center-based or Home-based
 - Learning the learn skills
 - ~30 hours per week
 - In addition to school OR
 - Using autism scholarship, used in place of school



Therapies and Interventions

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Social Skills Groups



Therapies and Interventions

- Mental Health
 - Center for Autism Spectrum Disorders, but limited availability
 - Cognitive behavior therapy is effective for autistic children, teens and adults
 - Good therapist who is willing to make appropriate accommodations
 - Resource: My Mental Health Toolkit:
 - http://rrtcnisonger.org/wp-content/uploads/2025/02/Mental-Health-Therapy-Toolkit_FINAL_9.22.23-1.pdf



Services/supports available for those with ASD by age

- Birth to Age 3
 - Part C Early Intervention Services
- Ages 3-5
 - County Board of Developmental Disabilities
 - Social Security Income
 - Individualized Education Program –special education preschool
 - Private Speech, Occupational, and Physical Therapy
 - ABA provider
 - Mental Health (Psychologists, psychiatrists, counselors)
- Ages 5-22
 - County Board of DD*
 - SSI*
 - Individualized Education Program*
 - Mental Health (Psychologists, psychiatrists, counselors)*
 - Speech, Occupational , and Physical Therapy
- Ages 14+
 - OOD*
 - Transition planning (as a part of IEP)*



Intervention and School

- Birth to age 3
 - Part C Early Intervention Services
 - Anyone can make a referral
- Age 3-5
 - Special Education Preschool IEP
 - **Autism Scholarship:** The Ohio Department of Education (ODE) offers an Autism Scholarship for children with ASD ages 3 and up, which can be used to fund alternative educational settings and programs
 - ABA Therapy-recommended for most, but not all
- Age 5-22
 - IEP
 - 13+--Transition planning and Opportunities for Ohioans with Disabilities



Private versus Public School

- Private schools are not legally required to implement an IEP
 - Many do, or have an equivalent intervention program (e.g., Spice)
- Exception is Autism Scholarship Providers
 - They are receiving funds from school system, so they do implement IEP



Autism and divorce

- Parents of autistic children have higher rates of divorce than those
 - With children without autism or developmental delays
 - Children with developmental delays (Hartley et al 2010)



Risk of high-conflict divorce

- Delay in diagnosis and skill acquisition
- Delay in starting medically necessary therapy
- Loss of treatment momentum
- Inconsistent approach to therapy
- Stress and confusion stemming from parents giving mixed messages to the child
- Possible regression in the child's educational and behavioral goals
- Legal problems with school districts over conflicting positions or statements from the parents

[Autism NJAutism Considerations in Divorce & Custody: A Guide for Parents](#)



Considerations when working toward an agreement

- Therapy schedules and modalities
- Extended school year schedules
- Supplemental autism-related costs
- IEP-related issues
- Ongoing autism-related training for parents and close family members to help constructively and consistently reinforce the child's progress
- They may also want to try to answer the following questions:
 - Will the custody arrangement allow the child to maintain the frequency and intensity of services without disruption or transition to a new provider?
 - How will the child get to their therapy sessions?



RESOURCE

- Autism and Divorce Guidelines for Family Court – LegalClarity:
 - https://legalclarity.org/autism-and-divorce-guidelines-for-family-court/#google_vignette



Autistic Children in Divorce would likely benefit from:

- Opportunities to express feelings, whether that means attending formal counseling sessions or using visual supports, such as an emotion chart or feeling thermometer
- Stable routines regarding visitation and phone calls with additional reinforcement through the use of visual schedules
- Consistency within daily routines being upheld as much as possible



CUSTODY CONSIDERATIONS: NO CLEAR WINNER

- Alternating nights may not be ideal because of the many extra transitions
 - Alternating weeks may be hard transitioning back after being in one setting for a week
- Just have the goal of making the schedule as consistent as possible; pick a schedule and stick to it
- Let child know schedule
 - Consider large calendar at both homes to provide a visual reminder
 - Put regularly scheduled events on the calendar and let child know who is taking
 - Reminders on day custody is switching



Considerations

- May have difficulty transitioning between homes, which could impact functioning in school the next day
- If child takes any psychotropic medications, it is important to be clear which parent is administering the medication and that there is communication between parents and providers regarding any adverse events



ADDITIONAL CONSIDERATIONS: Drafting a parenting plan

- Mention autism in Shared Parenting Plan and address needs specific to child's individual routines and providers
- If the child has an assistive communication device (Ex. iPad) or support animal, include in plan that the items are to go between the homes



Make sure parents understand

- DO NOT use the child as a messenger!! Is a general rule but even more so with kids with ASD
- Use APPs such as Our Family Wizard, AppClose for communication
- Present a united front
- Encourage the child to have positive relationship with both parents
- Assure the child you will always be his/her parent



Resources

- Communication between parents, and anyone involved in the team, teachers, intervention specialists, counselors, parent coordinators, etc.
 - Ex. Our Family Wizard



Some practical Tools...

- Charting the Lifecourse

[LifeCourse – Family Resource Network of Ohio](#)

[Lifecourse-One-Page-fillableCS.pdf](#)

**LifeCourse One Page Person Centered Description**

Name: _____ Date: _____

What People Like and Admire About Me:

What's Important to Me:

How Best to Support Me:

Developed by : 

Adapted for use by the Charting the LifeCourse Nexus-LifeCourseTools.com
©2020 Curators of the University of Missouri/UMKC IHD, March 2020





What is helping me get closer to my vision?

A large, empty rectangular box with a light blue background and a thin teal border, intended for writing factors that help achieve a vision.

Vision for What I Want

A large, empty rectangular box with a light blue background and a thin purple border, intended for writing a vision statement.

What is getting in the way of my vision?

A large, empty rectangular box with a light blue background and a thin teal border, intended for writing obstacles or challenges to a vision.

What I Don't Want

A large, empty rectangular box with a light blue background and a thin red border, intended for writing things one does not want in their life.

Resources: Crisis, Trauma, etc



- <https://thelinkcenter.org/>
 - [Practical Tips for Supporting Individuals with I/DD, BI, Other Disabilities, and Co-occurring Mental Health Conditions](#)
 - [Communicating in Times of Stress](#)
 - [What-To-Do-When-I-Dont-Feel-Okay.pdf](#)
 - [Trauma and Trauma-Informed Practices - The Link Center](#)
 - [Helping to Heal - The Link Center](#)



Mental Health Therapy Toolkit

A personal guide for adults with intellectual disability

Use this toolkit to help your therapist know how best to support you.



1. Add your information in the guide on the following pages.

Ask a support person for help, if needed, like a family member or friend.

2. Share a copy with your therapist or mental health provider.

Ask your therapist to read your guide before meetings.

3. Work with your therapist to review and update your guide often.

Ask your therapist to read the [Psychotherapy Practice Guidelines](https://nisonger.osu.edu/adult-psychotherapy-guidelines/)

<https://nisonger.osu.edu/adult-psychotherapy-guidelines/>

My Mental Health Therapy Guide

What You Need to Know About Me		Examples
	What I like to go by:	your name; he/him, she/her, they/them
	How best to communicate with me:	talking, text, video, communication device, extra time, visual aids, meeting reminders, calendar invites, email, face-to-face, online
	The accommodations or supports I need:	clear or plain language, large print, videos, visual aids, shorter or longer meeting times, social stories, examples, breaks
	The support person(s) I want to help me:	family member, friend, care provider, direct support professional; none, no support person
	My disability or condition:	medical diagnosis, mental health condition, strengths, challenges, what I like and do not like about my disabilities

EMOTION REGULATION VISUAL SUPPORTS CAN BE VERY HELPFUL

- https://ocali.org/resource_gallery_of_interventions

MENU

O'CALI

LOGIN SEARCH

Autism Center Grab and Go Resource Gallery of Interventions

Autism Center Grab and Go Resource Gallery of Interventions

Behavior/Contingency Maps

Behavior Cue Cards for Staff

Breathing Cards

Choice Boards

Conversation Map

Conversation Starter Cards

Family / School Communication Forms

First-Then Board

Graphic Organizers

Health and Wellness Narratives

Incredible S-Point Scale

Power Cards

Preference and Reinforcement Surveys

Video: Grab and Go Intro Video

Autism Center

Audio Description Help Captions / Transcript

Welcome to the Autism Center Grab and Go Resource Gallery of Interventions. Explore these interventions to support all learners, including those with autism spectrum disorder (ASD). Completed and blank templates are free and available to download. Each intervention has a how-to explanation and demonstrates how it may be used in the school, home, community and work settings. It is important to keep in mind that interventions need to address the underlying needs of the individual. Therefore, select the interventions that address those specific needs. **Remember,**



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RELATIONSHIPS: CIRCLES CURRICULUM:

- This curriculum teaches social and relationship boundaries and relationship-specific social skills, using a simple multi-layer circle diagram to demonstrate the different relationship levels students will encounter in daily life.

Circles is a concrete, organizational paradigm that helps them learn to act and interact in self-enhancing ways.



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Sexual Health/Education Resources

- **Disability-inclusive Sexual Health Network (DSHN)**
 - <https://www.sexedva.org/dshn/resources>
- Sexual Health Videos and Visual supports <https://ekschmidt.com/resources/>
- Amaze Org YouTube Videos



The image features a dense, 3D-rendered field of dark grey question marks. In the center, a single question mark is highlighted in a bright yellow color. Overlaid on this central yellow question mark is the word "Questions?" in a white, sans-serif font.

Questions?

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