

# Overview of Autism Spectrum Disorder:

## Examining Co-Occurring Presentations and Implications for Assessment and Treatment

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**WELCOME!  
THANKS FOR  
BEING HERE  
TODAY!**



# WELCOME & ORIENTATION

In the chat, please provide the following information:

1. Organizational affiliation
2. Job title / current role
3. Experience working with individuals with autism
4. Thanks for being here today! And... If you are a family member, welcome!

# COURSE DESCRIPTION / TODAY'S DIRECTION

Social workers, counselors, and other health and behavioral health providers often are in unique positions to support clients presenting with autism and their families in various settings. This webinar provides a foundation on autism and the continuum in which this disorder manifests. Due to the complexity and co-morbidity often associated with ASD, providing tailored techniques, strategies, and therapeutic strategies to support the needs of clients presenting with autism and their families is critical.

This training will provide a lens to understand autism, including the prevalence, characteristics, range of presentation, and symptomatology. Discussing clinical implications to support clients presenting with autism who may also experience other co-occurring challenges will be a focus. A special focus will be provided to help clinicians identify key features that will support effective assessment and include strategies to support affirming practices. This course will provide a lens to understand the many strengths, challenges, and realities faced by autistic clients and their families.

# TODAY'S MAIN OBJECTIVES

1. Describe the characteristics and variance in manifestation of ASD.
2. Recognize and identify common co-occurring conditions experienced by people with autism.

# TODAY'S MAIN OBJECTIVES

**3.** State two strategies to delineate important features to support assessment practices.

**4.** Identify tools and strategies to support individuals with ASD and their families.

## About the Author

Christina Marsack-Topolewski, LMSW, PhD is a licensed social worker and an Associate Professor of Social Work at Eastern Michigan University. She received her bachelor's of science in Special Education from Wayne State University, master's degree in Social Work from the University of Michigan, and her PhD in Social Work with a dual title in Gerontology from Wayne State University. She has 20 years of experience supporting individuals with disabilities and their family caregivers. She has consulted on cases of individuals with disabilities with co-occurring conditions, including chronic pain. Dr. Marsack-Topolewski has worked as a professor, clinical therapist, teacher, consultant, and speaker. She has published over 80 research articles in scholarly journals and encyclopedias regarding individuals with disabilities, family caregiving, and aging.

Dr. Marsack-Topolewski has served as the lead principal investigator on multiple grant-funded programs tailoring services for individuals with disabilities older adults, and chronic illnesses. She is an appointed board member of the U.S. National Task Group (NTG) on Intellectual Disability and Dementia Practices. Dr. Marsack-Topolewski's research has been featured on National Public Radio (NPR) and ABC News Detroit. Over the past five years, she testified before members of the Michigan Legislature to advocate for new laws that protect against the exploitation and abuse of adults with disabilities. The first of these house bills was signed into law in the state of Michigan in December 2023. In 2024, she received the Ronald W. Collins Distinguished Research Award for Research Excellence. In addition, she received the Arc of Oakland County's Advocacy Hall of Fame Award in 2024.



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# Risks & Limitations

- ASD is a complex neurodevelopmental disorder with a wide range of presentations and associated challenges. This webinar will not cover every aspect of this disorder therefore additional training and education on the topic is recommended.
- ASD is understood and experienced differently across cultures, and a one-size-fits-all approach is not suitable.
- Behavioral health professionals should engage in cultural competence and have an awareness of the cultural factors influencing ASD diagnosis and treatment.

# Disclosures

- **Presenter Disclosure:** Financial: Christina Marsack-Topolewski has received an honorarium for developing and presenting this course. Non-financial: Christina Marsack-Topolewski has no relevant non-financial relationships to disclose.
- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure:** There is no external sponsor for this course.



What comes to mind when you hear the word “autism”? What do you notice in your clients presenting with characteristics of autism? Please share your thoughts in the chat.

# PRECONCEIVED NOTIONS



NEW MINDSET



NEW RESULTS

SEND OFF: INSPIRING  
CHANGE IN COMMUNITY  
PRACTICE AND SOCIETAL  
MINDSETS

We are going to watch a video on the next slide.

Singing Performance:

<https://www.youtube.com/watch?v=RxpZh4AnWyk>



# Autism Spectrum Disorder Characteristics

Diagnostic Statistical Manual information criterion:

- ❑ **Social communication and social interaction deficits**
- ❑ Restricted, repetitive **behaviors, interests**, or activities
- ❑ Symptoms must be present in the **early developmental period**

Symptoms cause impairment in social, occupational, or other **important areas of current functioning** (across multiple contexts)

# Autism is a spectrum disorder

- Characteristics vary and reside on a continuum
- Some areas may be less impacted for a person compared to another area
- Large variation from one person to the next
- Splinter skills
- Some individuals are twice exceptional (or 2E)

# Delineating between ASD and other conditions

- Keep in mind information from the DSM
- Assess for co-occurring conditions (these may mimic or overlap with ASD symptoms)
- Understand developmental history
  - Were milestones typical?
  - What is family history?
  - Were there developmental delays or atypical patterns?
- Consider sensory sensitivities (under- to over-sensitivity)
- Get a sense of behavior (e.g., restricted and repetitive behaviors)
  - Consider repetitive movements, specific interests, sensory implications
- Understand how social communication and interactions come into play
  - Rule out other conditions (e.g., language disorders, emotional regulation challenges)
  - Sensory processing disorder – can be comorbid with ASD; these conditions are different and distinct
  - FASD and nonverbal learning disorder – also can have overlaps and co-occur at times



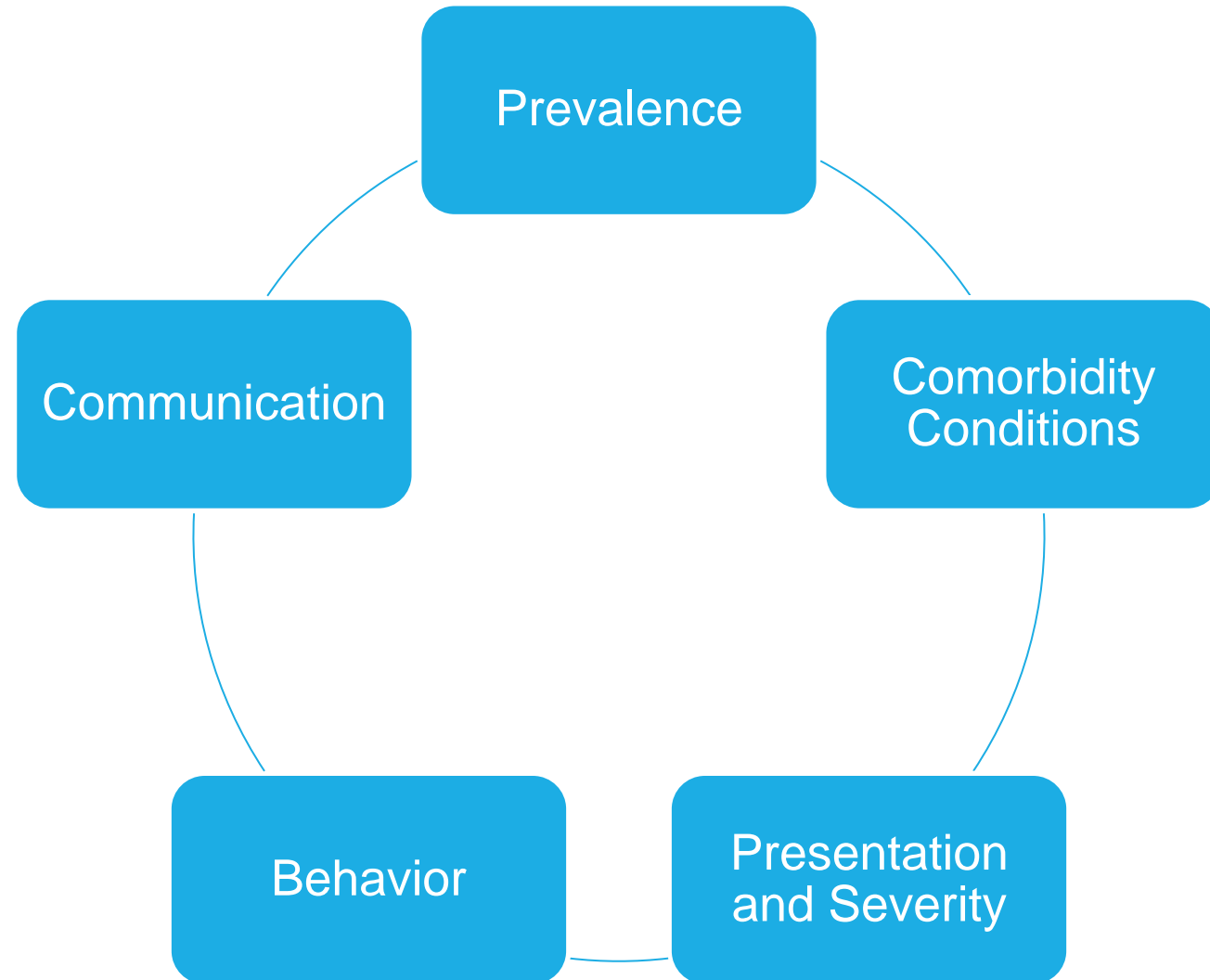
Photo by [AbsolutVision](#) on [Unsplash](#)

# What is Neurodivergence?

<https://www.youtube.com/watch?v=rTz7UfQ8-ak&pp=0gcJCdgAo7VqN5tD>



# Points of Consideration



# LET'S TAKE A POLL...

CHILDREN CAN GROW OUT OF AUTISM.

A = TRUE

B = FALSE



# LET'S TAKE A POLL...

THE RATE OF AUTISM IS DECREASING IN  
THE UNITED STATES AND NATIONWIDE.

A = TRUE  
B = FALSE



# LET'S TAKE A POLL...

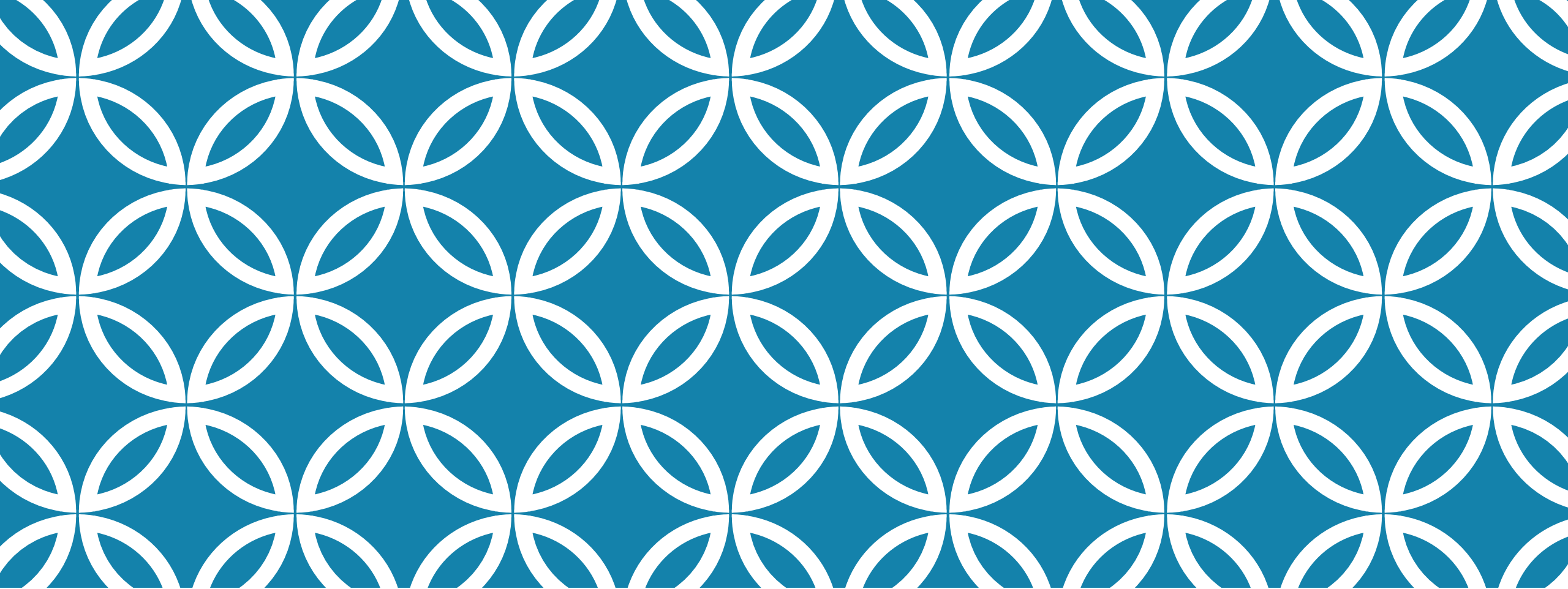
MALES ARE MORE OFTEN DIAGNOSED WITH  
AUTISM THAN FEMALES.

A = TRUE  
B = FALSE



**1 IN 31**

(CDC, 2025)



# WHY ARE THE RATES INCREASING?

Any ideas? Feel free to include  
these in the chat or share aloud.



Broadening of diagnostic criteria, greater awareness, screening → in part → greater identification

# LET'S TAKE A POLL...

THE FOLLOWING ARE COMMON COMORBID CONDITIONS (WITH ASD).

A = DEPRESSION

B = ANXIETY

C = ADHD

D = NONE OF THE ABOVE

E = ALL OF THE ABOVE



# COMORBIDITY



# COMORBIDITY

High Rates of-

- Depression & Anxiety(80%)
- Intellectual Deficits
- OCD
- Phobias (53%)
- ADHD (59%)
- Motor and/or vocal tics (17%)

How might a clinician identify and delineate co-occurring conditions (or other conditions) from autism?

What does this look like?

# Example: Autism, Tourette's disorder, ADHD, Anxiety, & Depression

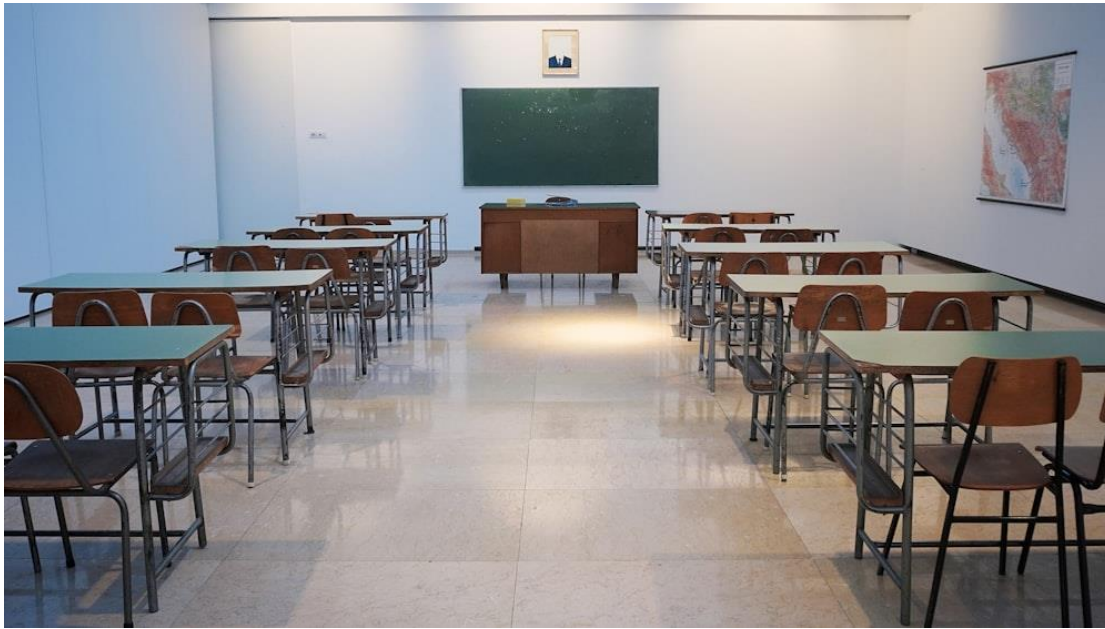


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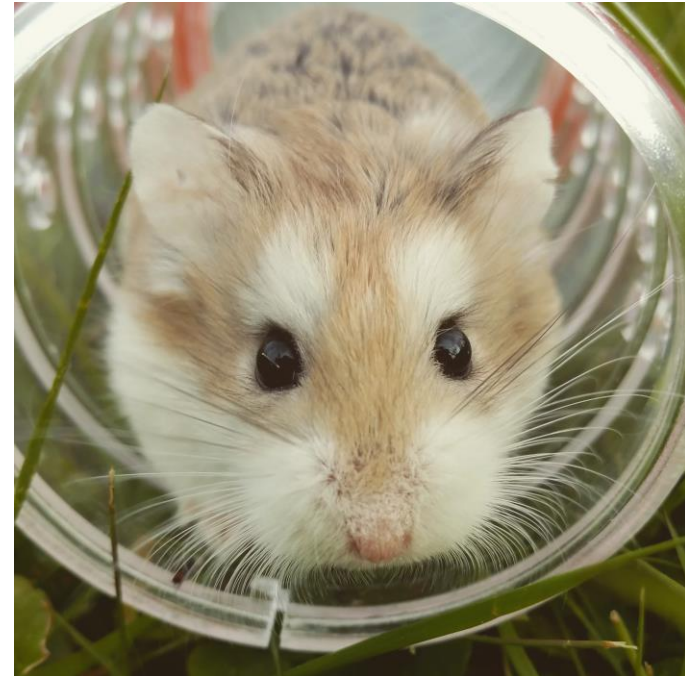


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# Areas of Challenges



(DuBois-Sage et al., 2024; Lamanna & Meldolesi, 2024)

WHAT COMES TO MIND WHEN YOU  
THINK OF PEOPLE WITH AUTISM AND  
MENTAL HEALTH?

# EXAMPLE: AUTISM, TOURETTE'S DISORDER, ADHD, ANXIETY, & DEPRESSION



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OF THE INDIVIDUALS YOU SUPPORT WITH AUTISM,  
WHAT PERCENT EXPERIENCE COMORBID MENTAL  
HEALTH OR PHYSICAL HEALTH CONDITIONS?



Photo by Diego PH on Unsplash

# Communication & Behavior

Autism Spectrum Disorder... What does it look like?

Typewriters, trains, toothpaste, and tap dancing



Photo by [Joshua Hoehne on Unsplash](#)

# Interest Areas & Manifestation in School Setting



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# Rule-Oriented & Schools

Example: School petitions



Photo by [Luba Ertel](#) on [Unsplash](#)



Photo by [Jorge Salvador](#) on [Unsplash](#)

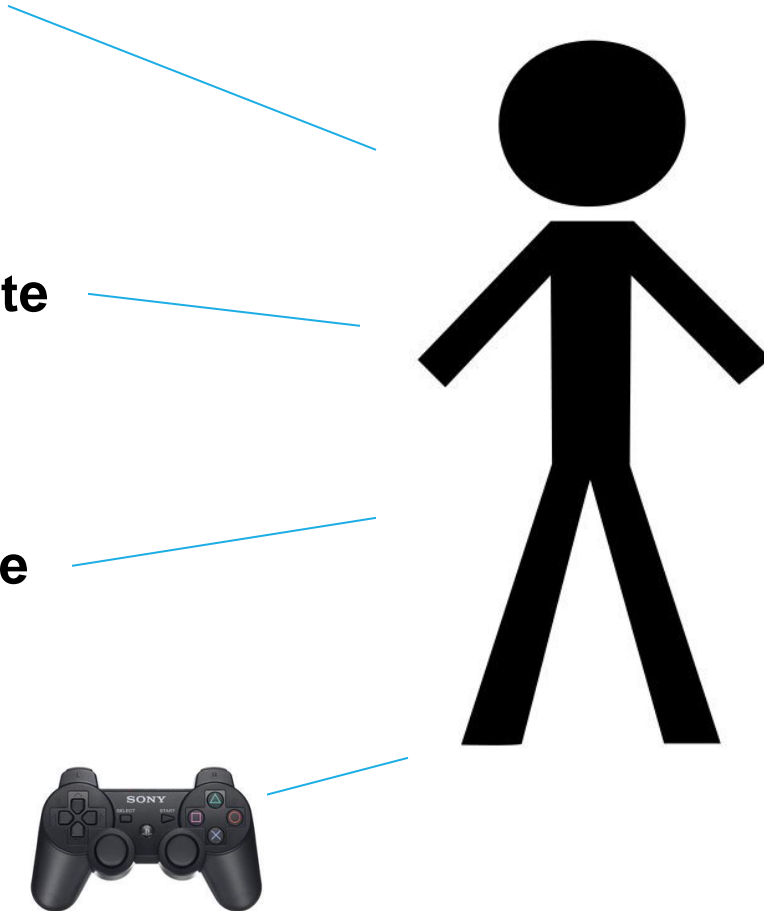
# ADVERSE BEHAVIOR CHARACTERISTICS

**Atypical**

**Inappropriate**

**Maladaptive**

**Obsessive**



Note: Difficulties related to communication and social impairments could intensify adverse behaviors among this population.

# Autism and Girls

Differences in socialization

Females are often encouraged to be more social

Imitation of behavior of peers (or “social camouflaging”) is more common in females

- “Social camouflaging”
- Masks autism traits

Diagnostic tools use males as the baseline

Shyness and introversion → more common in girls

# Identifying Girls and Women with Autism



Photo by [Jason M](#) on [Unsplash](#)

# Theory of Mind/Egocentricity

- Unique to those with autism
- Don't understand that others have their thoughts, plans, points of view
- Don't comprehend other's beliefs or emotions
- Become frustrated when others don't know something (e.g. savant)
- Seems egocentric but it not a superiority attitude
- If they don't know something, they think that no one else knows it
- Have a hard time with pretend play
- Cognitive inflexibility

# Understanding Autism and How it Plays Out in a Social Setting

Cognitive Ability



Social Skill Development

Social Interaction Deficits →  
Therefore, social interaction  
becomes a cognitive task  
(aka - this looks laborious)

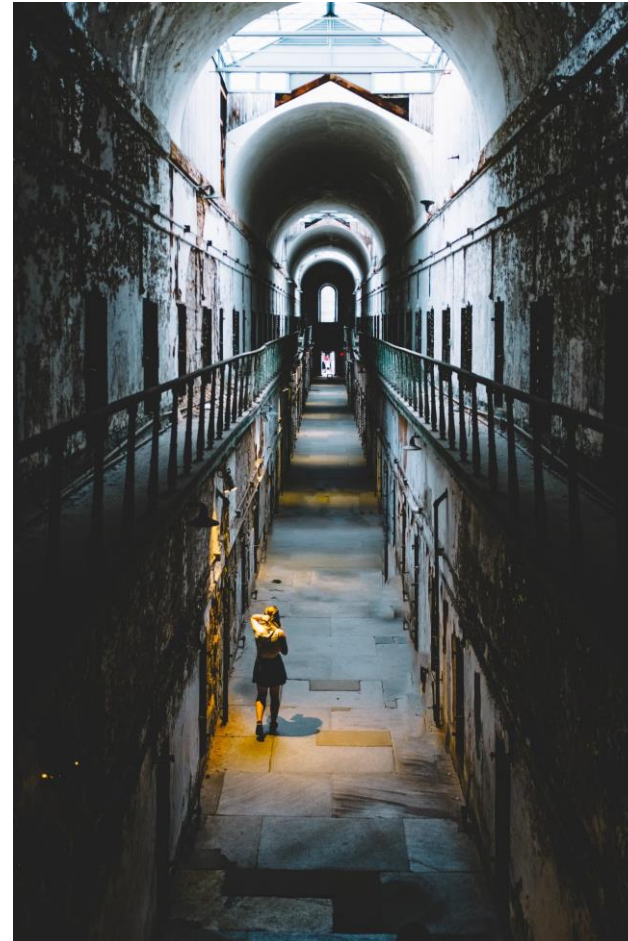


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# LET'S TAKE A POLL...

SOCIAL SKILLS CAN SOLELY BE IMPLICITLY  
LEARNED THROUGH SOCIAL LEARNING  
MECHANISMS.

A = TRUE  
B = FALSE



# LET'S TAKE A POLL...

CHILDREN, ADOLESCENTS, AND ADULTS ALL EXPERIENCE CHALLENGES WITH MAKING AND MAINTAINING EYE CONTACT.

A = TRUE  
B = FALSE



# SCENARIO

A student with autism enters a school gym. He appears increasingly anxious and distressed. His behavior becomes increasingly challenging and despite some significant work, they safely escort him out of the gym.

Gym is a part of his daily routine and schedule. There were no previous indication of such distress, but following this day in the gym— countless occasions occur that seem to make going to the gym challenging for this student and others in the class. You and others on the team are concerned for his well being and that of those around him in the gym environment.

The school personnel and his assigned staff work collaboratively to brainstorm ways to support him and mitigate future issues.

**Please brainstorm the following:**

- 1. What are some “guesses” that might provide explanation to his behavior?**
- 2. What are some steps that you and/or your team might take in this situation?**
- 3. What are some supports and interventions that could be put in place?**

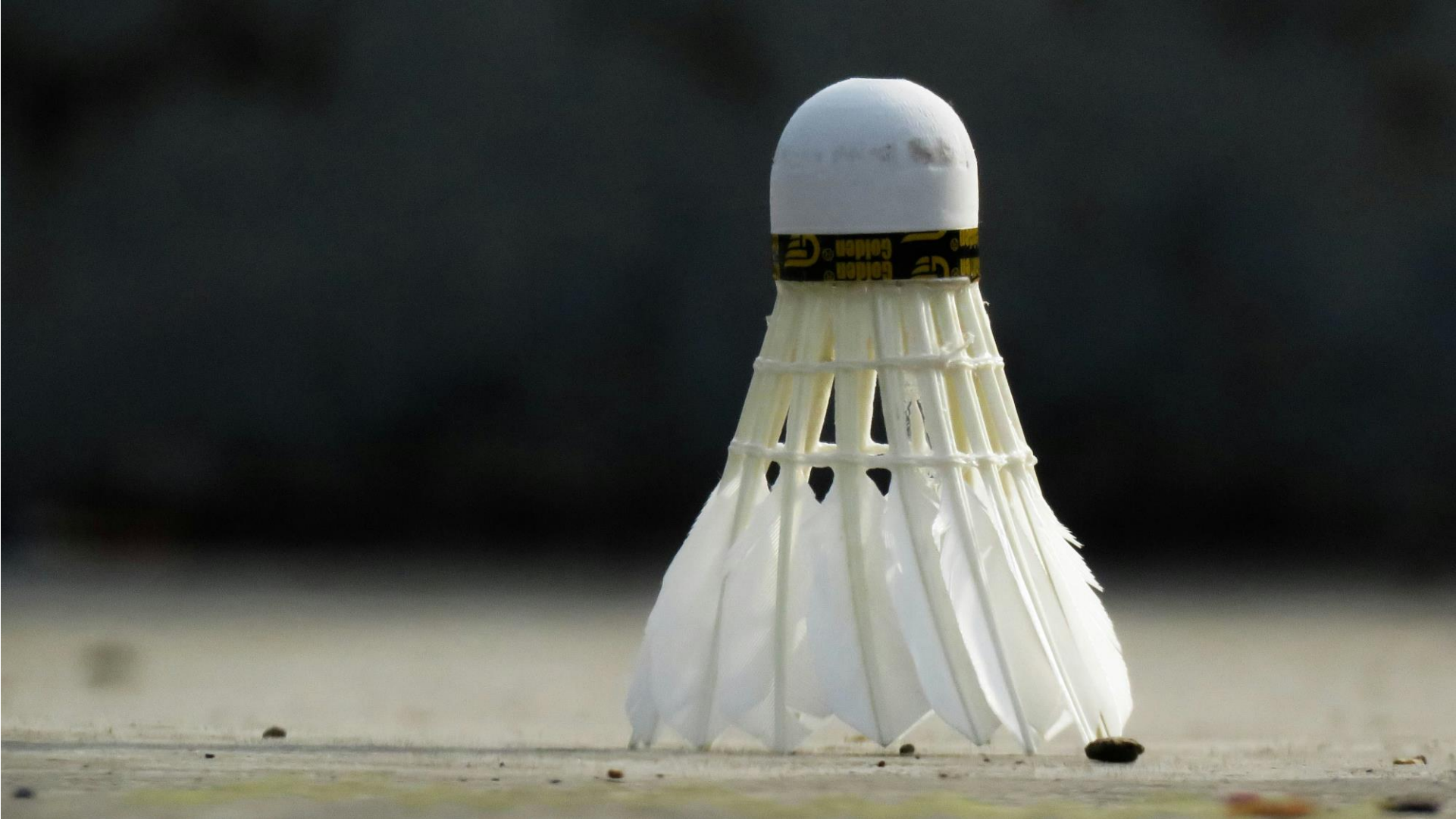


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# Autism, Challenges, & the Everyday World

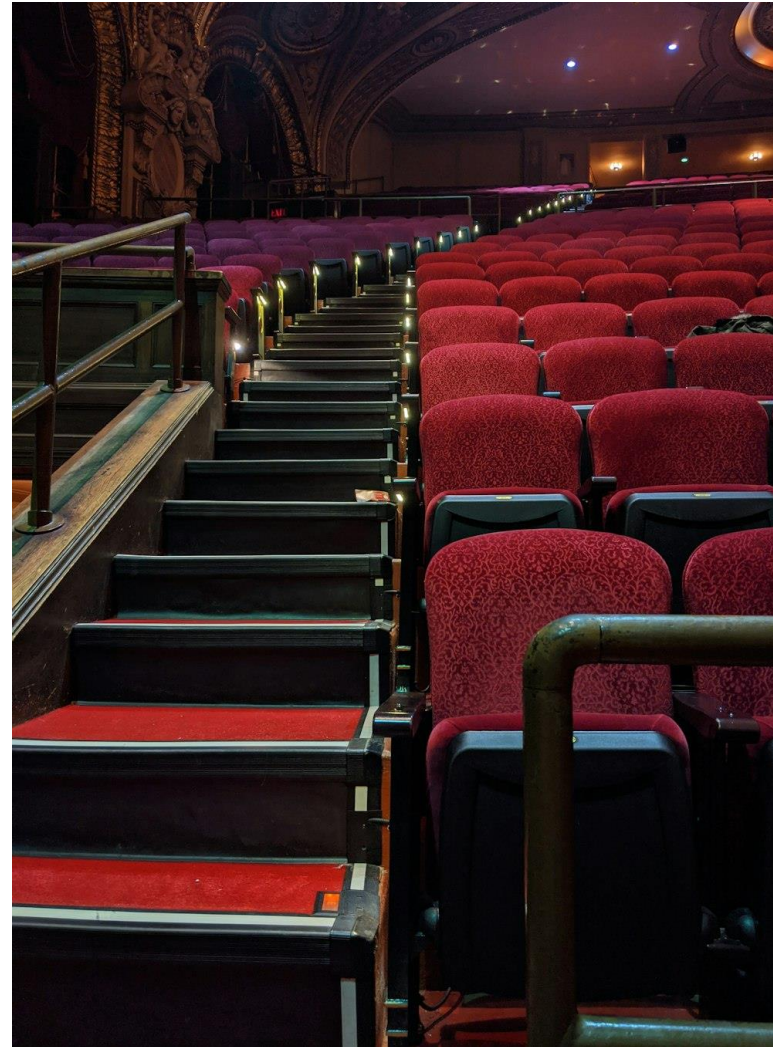


Photo by [something magical](#) on [Unsplash](#)

# Questions to Ponder

- What examples of cognitive rigidity have you seen of or heard in individuals with autism or autism-like characteristics?
- What strategies and supports have been helpful?

# USING THE **ABCS** TO INFORM PRACTICE & INTERVENTION

## **A**ntecedent

- Event that immediately precedes the behavior

## **B**ehavior

- Observed behavior

## **C**onsequence

- Event that immediately follows the response

Fact Sheet – ABC's of Challenging Behavior

<https://www.fau.edu/education/centersandprograms/card/documents/abcsofchallengingbehavior.pdf>

# ANTECEDENT BASED INTERVENTION (ABI)

**Fact Sheet:**

[https://worksupport.com/documents/Antecedent Based Intervention.pdf](https://worksupport.com/documents/Antecedent_Based_Intervention.pdf)

# KEY TERMS

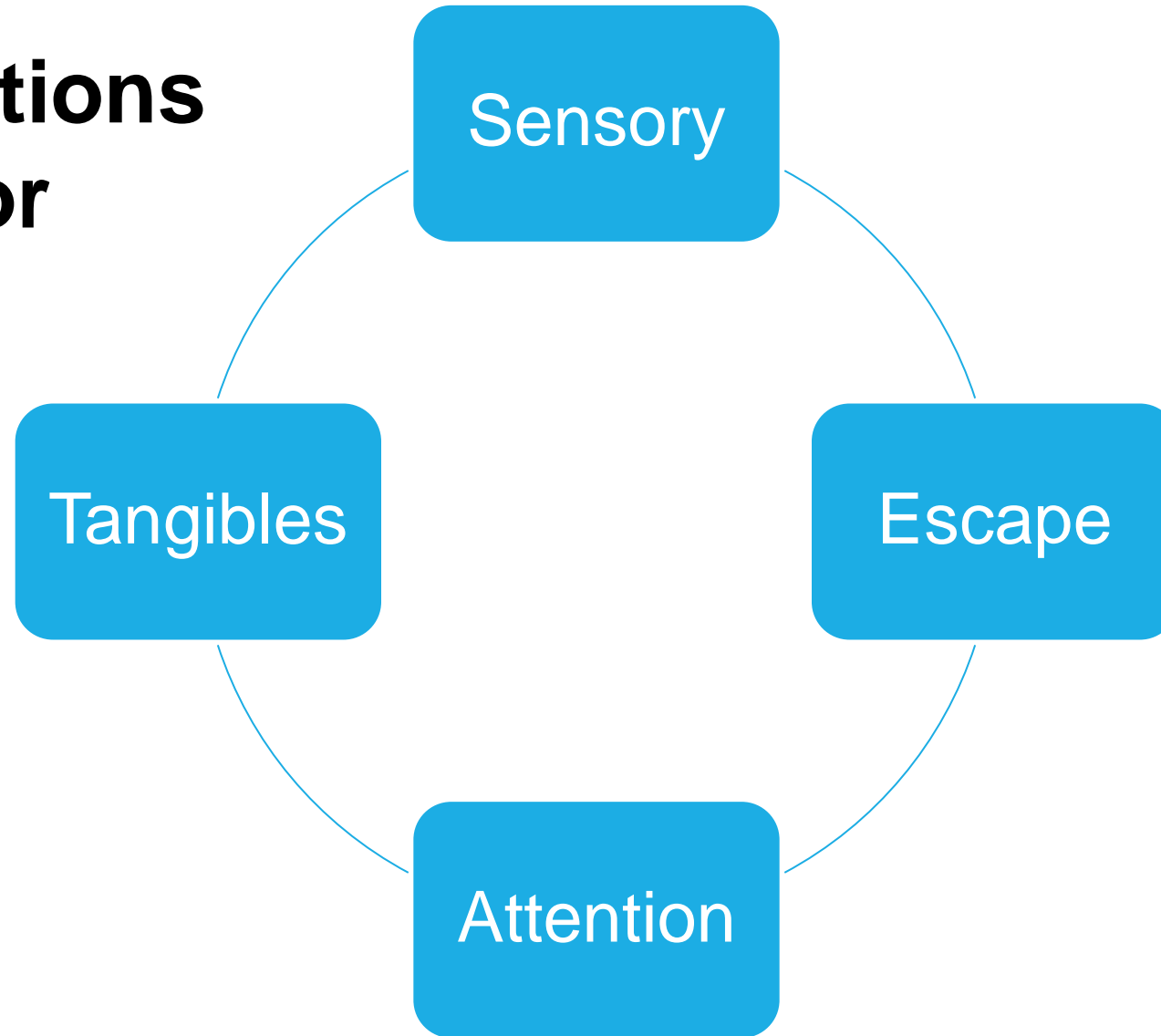
## Positive reinforcement

- Anything that comes after a behavior that increases the likelihood that the behavior will reoccur.

## Functional behavioral assessment (FBA)

- Process used to gather details about the events that predict and maintain a student's problem behavior.
- FBA purpose- to provide information that will be used to design effective PBS plans
- Make sure to consider the reasons why individual may be engaging in the behavior.
- Behaviors are not repeated unless they serve a function
- Every behavior has a function

# Four Functions of Behavior



# FUNCTIONAL BEHAVIORAL ASSESSMENT PROCESS

Three different types of strategies:

- indirect assessment,
- direct observation,
- functional analysis

Completed as a team

- A team approach ensures that the FBA gathers accurate information that reflects the perspectives of the student and the people within his or her social network.
- Schools who are implementing school-wide PBS often embed the FBA and PBS planning process into already existing student support teams.

# Temple Grandin: The world needs all kinds of minds

[https://www.ted.com/talks/temple\\_grandin\\_the\\_world\\_needs\\_all\\_kinds\\_of\\_minds?language=en](https://www.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds?language=en)

# TEMPLE GRANDIN VIDEO RECAP



# THE PEOPLE AND THE MEANING BEHIND THIS WORK

WHY IS THIS WORK AND TOPIC IMPORTANT TO YOU PERSONALLY AND PROFESSIONALLY?



Photo taken and used with permission from Dr. Mehmet Onder.



# Strategies & Tools

# WHERE DO WE GO FROM HERE?



Photo by Jean-Frederic Fortier on Unsplash

# Escalated Feelings and Processing Challenges... Strategies and Supports?



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# Tools, Supports, & Strategies



Photo by Aaron Burden on Unsplash

- Less is more (communication)
- Alternate forms of communication (e.g. writing / reading)
- Use visual supports (when appropriate)
- Be calm
- Wait time
- Proximity
- The ABCs

# Tools, Supports, & Strategies



Photo by Kevin Andre on Unsplash

- Mannerisms (e.g. pacing, non-responsivity)
- Keep in mind – people with ASD often experience a “difference in meaning” or interpretation
- Perseveration can play a huge role in behavior

# Incident when challenges existed to communicate



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## **Quick Note:**

The value of writing things down (to help individuals with ASD process in their own time, de-escalate, and/or know what to expect).



# Understanding Brain Development to Inform Practice

## Brain Development

- Last part to develop - thinking, reasoning, organization, problem-solving (executive functioning)



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# Addressing Difference in Meaning



Photo by [Joshua Hoehne](#) on [Unsplash](#)

- Teach skills to problem solve
- Support both expressive and receptive language
- Help with learning tools for problem solving and self-advocacy
- Avoid metaphoric language
- CHECK for understanding
- Use language that is understandable and aligns with the person's phraseology and common word use
- Routines and visual supports can help

# Cognitive Rigidity vs. Flexibility

## Rigidity

- Challenges with any form of change.
- Stubborn when things don't follow one's plan.
- May be seen as bossy to get one's way / follow approach they deem is necessary.



Photo by [Nick Fewings](#) on [Unsplash](#)

# Cognitive Rigidity vs. Flexibility



Photo by [Wesley Tingey](#) on [Unsplash](#)

## Flexibility

- Working to deal with changes.
- Working to stay calm when things don't go as planned.
- Allowing others to have their way.

# Rigidity: Implications in the Social World

Debate on controversial issues

Frontloading material, establishing rules



Photo by [Jeffrey Hamilton](#) on [Unsplash](#)

# Only Left-Hand Turns



Photo by [why kei](#) on [Unsplash](#)

# Interventions & Techniques

- Social Stories
- Self-Monitoring Schedules
- Comic Strip Conversations
- Video Modeling
- Role-playing
- Peer Groups
- Visual Prompts
  - (e.g. timer, visual schedule, anything with color, self-monitoring checklist)
- Transition supports
- Social behavior mapping
- Peer groups and peer supports
- Therapies



Photo by [Annie Spratt](#)  
on [Unsplash](#)

(Barna et al., 2024; Choi et al., 2024; Cordell, 2024; Dean & Chang, 2021; Hrabal et al., 2023)

# Social Stories

## Implicit vs. Explicit Learning

Observational learning is not a natural process

Social skills need to be explicitly taught to understand social nuances

Tool to help individuals on the ASD to understand interpersonal communication

Can be adapted for a variety of age levels, skill levels, and interest levels

“It’s ok to make a mistake...”



Photo by [Ben White](#) on [Unsplash](#)

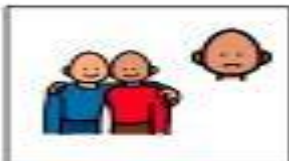
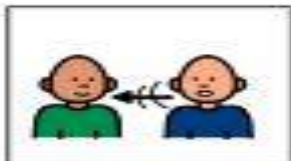
(Hanrahan et al., 2020)



# I Don't Interrupt

by: Sasha Hallagan

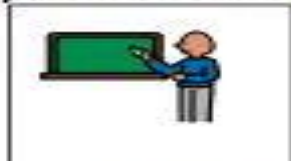
Communication  
Symbols  
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I see people I want to talk to who are talking to someone else.



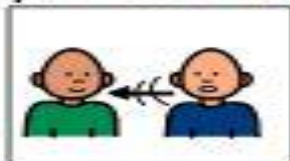
I want to start talking to them right away, I don't want to wait.



But it is rude to interrupt. I don't interrupt if my mom or dad are talking to someone, my friends are talking, or my teacher is busy.



Instead of just starting to talk and interrupt, I wait my turn. I can stand nearby. I wait until they are done. Then I say, "excuse me."



When I act respectfully, people will want to talk to me.

Sometime adults tell us what to do,  
and it makes us angry or even sad.



It's OK to feel  
angry or sad.

*A Legion for Liam*

But it's **NOT OK** to talk back.



Talking back is **BAD** and  
it makes adults **ANGRY**.



*A Legion for Liam*

It is OK to ask the adult why,  
or to ask for a reason, when  
you ask **NICELY**.



*A Legion for Liam*

# SOCIAL STORIES: FEEL FREE TO CUSTOMIZE!!



Frontload  
when  
possible



Photo by [Chandu R](#) on [Unsplash](#)

# Recognize when to push, when to pull back

Teaching moment vs. not



Photo by [Sigmund](#) on [Unsplash](#)

# Recognize Overload and the Inclination for Overload



Photo by [That's Her Business](#) on [Unsplash](#)

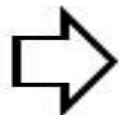
Name: \_\_\_\_\_

**When you get a compliment, give one back!**

*Write a compliment that you could say back to each of these people.*

Your **grandmother**  
says:

You are  
so nice!

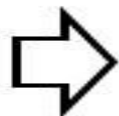


You say  
back:

Thanks, **you are a very good  
cook, Grandma.**

Your **teacher**  
says:

It's nice  
having you  
in my class.

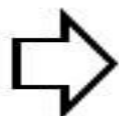


You say  
back:

Thanks, \_\_\_\_\_

Your **mother**  
says:

You look  
nice  
today.



You say  
back:

Thanks, \_\_\_\_\_



**THINKING IN TERMS OF “REWARDS”:  
USING A RETROSPECTIVE APPROACH  
TO INFORM PRACTICE AND CLINICAL  
WORK**



# **SELF-MONITORING TOOLS**

# 5-POINT SCALES

PROMOTES SELF-MANAGEMENT OF BEHAVIOR & EMOTIONAL REGULATION

The 5-Point Scale- developed by Kari Dunn Buron & Mitzi Curtis

- Used to teach social understanding
- Provides a visual representation of social behaviors, emotions, and abstract ideas
- Brings abstract → to visual, concrete, static, and personal
- Key elements: identify behavior, then task analyze / break into concrete parts

# LET'S TAKE A POLL...

Individuals with autism do best when visual content is given in black and white coloring and font.

A = TRUE  
B = FALSE



# Daily Self-Monitoring Schedule

## STUDENT's Self-Monitoring Schedule

Date: \_\_\_\_\_

**The Rules**  
 I ask a peer or staff first when I have a question or need help before asking the teacher.  
 I can't blurt out loudly during class.  
 I can't kick or hit objects.  
 I can't use scary words or behave in a scary way.  
 I can only ask the same question 2 times.  
 It's OK to make a mistake.

Class 	5 point scale Rating	2 mistakes allowed	2 Questions or Interruptions		
1 <sup>st</sup> Hour		△ △	○ ○	S worked without blurting out	Y N
TEACHER				S worked without using scary words	Y N
STAFF				S worked without hitting or kicking	Y N
2 <sup>nd</sup> Hour		△ △	○ ○	S worked without blurting out	Y N
TEACHER				S worked without using scary words	Y N
STAFF				S worked without hitting or kicking	Y N
3 <sup>rd</sup> Hour		△ △	○ ○	S worked without blurting out	Y N
TEACHER				S worked without using scary words	Y N
STAFF				S worked without hitting or kicking	Y N
4 <sup>th</sup> hour		△ △	○ ○	S worked without blurting out	Y N
TEACHER				S worked without using scary words	Y N
STAFF				S worked without hitting or kicking	Y N
5 <sup>th</sup> Hour		△ △	○ ○	S worked without blurting out	Y N
TEACHER				S worked without using scary words	Y N
STAFF				S worked without hitting or kicking	Y N
6 <sup>th</sup> hour		△ △	○ ○	S worked without blurting out	Y N
TEACHER				S worked without using scary words	Y N
STAFF				S worked without hitting or kicking	Y N
Rating Scale	Looks/Sounds Like	Feels Like	I can Try to		
Level 5	Lots of distracting noises-a lot of violent behaviors	I am exploding (kicking, hitting, doing scary things)	I can go to the testing center or counseling office to take a break		
Level 4	Some distracting noises-some talking and thinking about violent things	I am mad - blurting out, talking about hitting, slapping	I can go to the testing center or counseling office to take a break		
Level 3	A few distracting noises-thinking about violent things	Getting upset (flapping, hitting the air, hitting desk)	Ask an adult or peer to take a short break, walk, or do push ups.		
Level 2	One or two noises	Starting to get annoyed Or anxious	Talk to teacher, peer, or staff.		
Level 1	Quiet Working Friendly	I am happy	Keep it up! Keep working hard!		

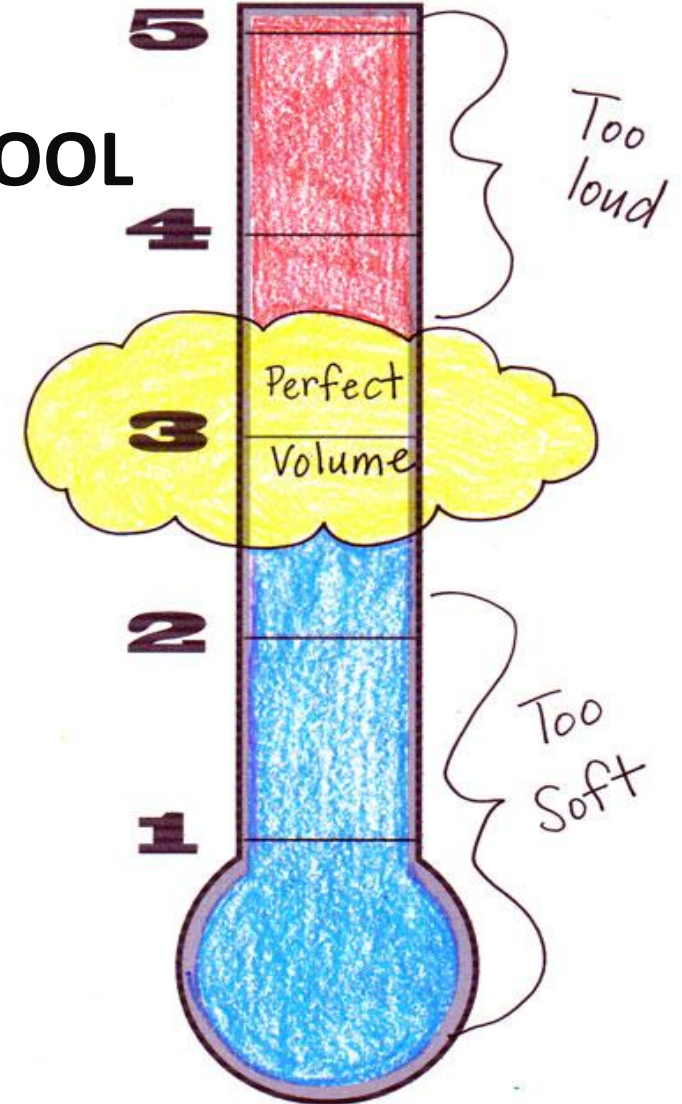
Comments from the G.E and SpEd Teacher:



# THERMOMETER- SELF-MONITORING / SELF-AWARENESS TOOL

Tool to improve communication-  
e.g. ELL Student

Age	Use
Adolescent	What tone of voice is appropriate with teachers or parents.
Adult	What tone of voice is appropriate with professors or instructors.



# NOTE ABOUT COLOR FOR INDIVIDUALS WITH ASD



Neurologists have learned that they can sometimes be helped by using color.

- **Red** especially seems to help because it counteracts the over firing of the high and mid brain.
- If the child has an angry or emotional reaction to loud noises such as a dog barking, color may help. If there is just emotion and no anger, red seems to help most. However, if there is anger, orange or yellow seem to work better.
- **Use color.** Color-coded notebooks or colored markers and pens can help students differentiate subjects. Color can also be used to highlight directions.
- Brains are looking for patterns – color can help

# EMOTIONAL CHECK INS / CHECK OUTS

## Emotional Check-In

(Level 2)

Name: Louise Lilly Date: September 26

Calm Relaxed Happy Interested Excited	Surprised Confused Concerned <u>Nervous</u> Afraid	Cranky Bored Upset Angry Disgusted	Disappointed Hurt Sad Depressed
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Today, I am feeling Nervous because \_\_\_\_\_

Tryouts for band are today, and I really want to be First Chair this year!

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## Emotional Check-Out

Name: Louise Lilly Date: September 26

Calm Relaxed Happy Interested <u>Excited</u>	Surprised Confused Concerned Nervous Afraid	Cranky Bored Upset Angry Disgusted	Disappointed Hurt Sad Depressed
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Today, I am feeling Excited because \_\_\_\_\_

I did it- I got First Chair! All that extra practicing this summer really paid off.

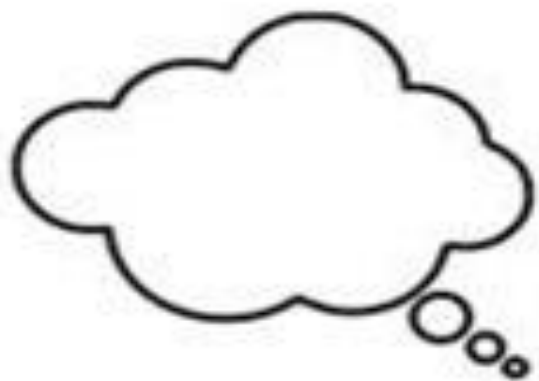
# RESOURCE GALLERY

[http://www.ocali.org/project/resource\\_gallery\\_of\\_interventions](http://www.ocali.org/project/resource_gallery_of_interventions)

# COMIC STRIP CONVERSATIONS

Definition: technique developed by Carol Gray to help people with autism develop greater social understanding. Technique uses visual representations at an array of communication levels

# Thinking vs. Saying



Insert person 1

Insert person 2

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# VIDEO MODELING

Definition: visual teaching method that occurs by watching a video of someone modeling a targeted behavior

Goal: that the individual will imitate the behavior/skill; generalization of skill in typical environment

# ROLE PLAYING

Acting out social interactions that an individual might encounter at school, work, or in the community.

- Role playing can be used to teach:
  - Teens how to respond to peers when they're asked to join an activity;
  - \_\_\_\_\_
  - \_\_\_\_\_

# PEER GROUPS

## **Topics of Instruction:**

- How to use appropriate conversational skills
- How to find common interests by trading information
- How to appropriately use humor
- How to enter and exit conversations between peers
- How to be a good host during get-togethers
- How to make phone calls to friends
- How to choose appropriate friends
- How to be a good sport
- How to handle arguments and disagreements
- How to change a bad reputation
- How to handle rejection, teasing, and bullying
- How to handle rumors and gossip

# Peer Support

## PEERS program

- Peers learn how to help others

## LINKs

- Helps with independence in the school

## Other options

- Peer support groups
- Peer mentoring programs
- Autistic-delivered peer supports
- Support for families
  - Family-support navigator models



# SOCIAL BEHAVIOR MAPPING

Visual strategy → assists with decreasing challenging behaviors

Show that a positive behavior choice can earn a desired item/person/activity while a challenging behavior choice may earn a consequence

Is concrete in illustrating desired and undesired results of behavior

[https://www.ocali.org/project/resource\\_gallery\\_of\\_interventions/page/behavior-contingency-maps](https://www.ocali.org/project/resource_gallery_of_interventions/page/behavior-contingency-maps)



## WORKING IN A SMALL GROUP

### Behaviors That Are UNEXPECTED

Behaviors, feelings, and consequences are listed in categories in arbitrary order. There is not a one-to-one correlation between the information listed in each column. For example, whatever behavior is listed first does not have to match to the first emotional reaction or the first consequence, and so on.

Unexpected Behaviors You Produce	How They Make Others Feel	Consequences You Experience	How You Feel About Yourself
<ul style="list-style-type: none"><li>• Doing nothing.</li><li>• Being the “rule police,” and keeping everyone constantly on task.</li><li>• Dominating the conversation with your ideas.</li><li>• Telling others their ideas are bad/stupid and you don’t like them.</li><li>• Getting up and wandering around the room.</li><li>• Turning your body away from the group; looking around the room.</li><li>• Telling the group members you don’t want to work with them.</li><li>• Announcing you are bored.</li></ul>	<ul style="list-style-type: none"><li>• Annoyed</li><li>• Frustrated</li><li>• Bored</li><li>• Angry</li><li>• Hurt</li></ul> <p style="text-align: center;">→</p>	<ul style="list-style-type: none"><li>• Others will think you are bossy or a know-it-all.</li><li>• They will not want to work with you next time.</li><li>• They might tell you your ideas are bad and be rude to you.</li><li>• Others will tell you to sit down.</li><li>• They will think you don’t want to work with the group.</li><li>• The students don’t think you’re cool.</li></ul> <p style="text-align: center;">→</p>	<ul style="list-style-type: none"><li>• Anxious</li><li>• Frustrated</li><li>• Left out</li><li>• Sad</li><li>• Unsuccessful</li></ul>

# BEHAVIOR MAPPING

[https://www.ocali.org/up\\_doc/Behavior-Mapping-Needing-Help-at-Work.pdf?1698548257](https://www.ocali.org/up_doc/Behavior-Mapping-Needing-Help-at-Work.pdf?1698548257)

See OCALI for behavior mapping resources:

[https://www.ocali.org/up\\_doc/Behavior-Mapping-blank-template.pdf?1698548314](https://www.ocali.org/up_doc/Behavior-Mapping-blank-template.pdf?1698548314)

# EXPLICIT TEACHING & INSTRUCTION

## Teaching take a break- teach a break

- Skill deficit in knowing to take a break

## Teaching change

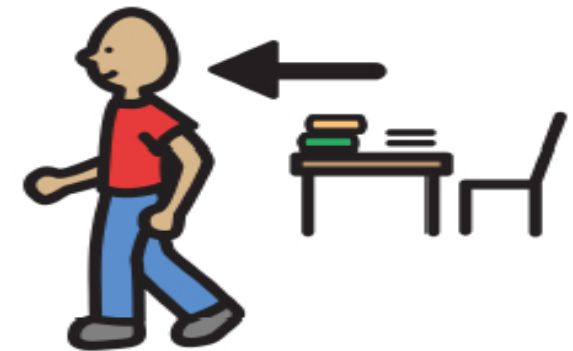
- “Sometimes things change.”
- “Change is ok.”

## Understanding the microphone

- Visual stronger than auditory even understanding
- E.g. even understanding escalation of behavior (temperature thermometer)

## Understanding storage information challenges

- Inefficient, slow retrieval of information
- Processing time (E.g. Active Chemistry- information retrieval)



I can take a break  
GOOD choice!

# TEACHABLE MOMENTS

Difficulty differentiating between important and not important

Choosing when to choose / when not to

Cannot forget information

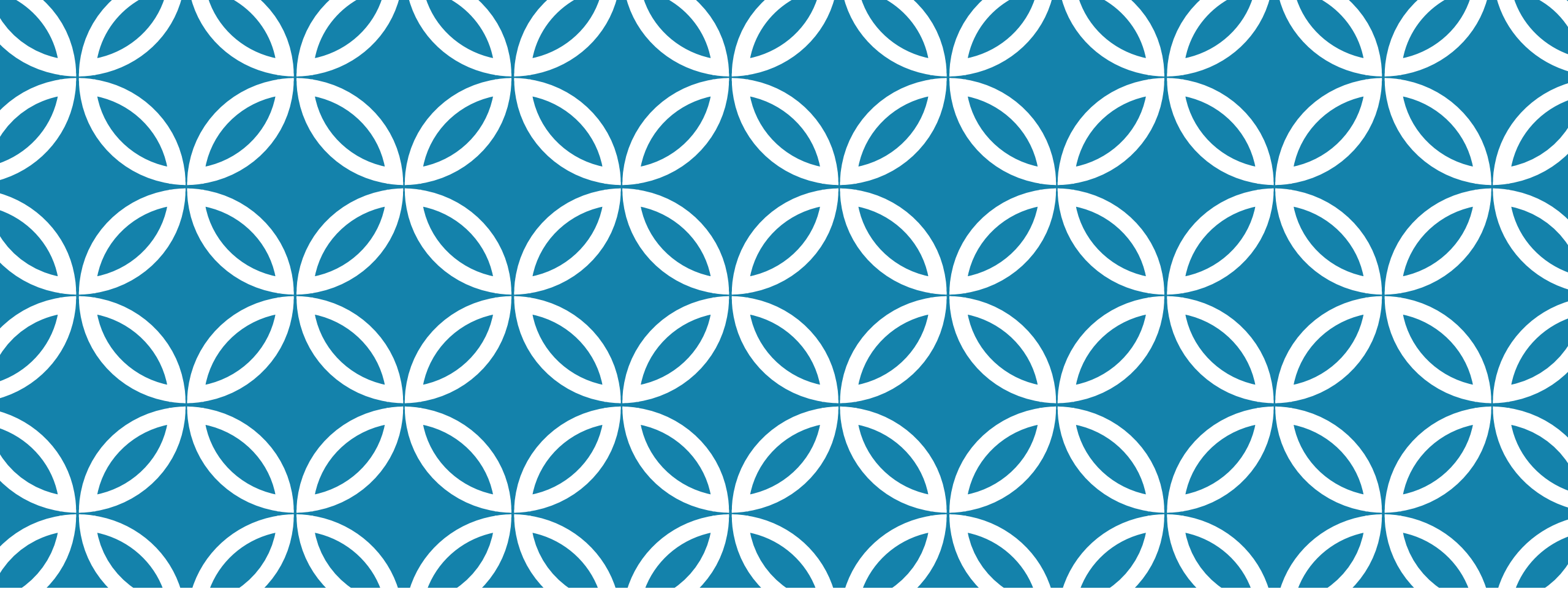
- E.g. Finishing task
- E.g. Fight with friend 5 years ago

Examples from Experience?

# A NOTE ABOUT “LATE” REFERRALS



Photo by Artem Maltsev on Unsplash



# COGNITIVE BEHAVIORAL THERAPY



# EXERCISE CAUTION WHEN CONSIDERING AND USING CBT FOR INDIVIDUALS WITH ASD



Photo by [Muhammad Daudy](#) on [Unsplash](#)

# FACTORS TO CONSIDER BEFORE USING CBT

"Overall, the reviewed evidence indicates considerable uncertainty about the effects of different interventions for mental health conditions in autistic people. Our results suggest that some forms of CBT and mindfulness therapy may be useful to treat mental health conditions in some autistic people..." (Linden et al., p. 25, 2023).



Photo by [Jessica Tan](#) on [Unsplash](#)

# ANXIETY AND ASD

## Anxiety disorders

- Higher rates of anxiety disorders for those with ASD (range [11-84%] in prevalence for those with ASD)
  - Hard to capture percentage of people with ASD experiencing impairing anxiety
  - Challenges with HOW it is being measured (often screeners not sensitive enough to capture this for those with ASD)
  - Challenges with self-report
  - Often are not told by professionals
  - Raising awareness to getting accurate diagnoses is important

# ANXIETY AND ASD

## Anxiety disorders

- Relationship between anxiety and problem / adverse behavior
- Uncommon / atypical fears often manifest
- Persistence in anxiety and fear associated thoughts
- Impacts across settings and dimensions of life (e.g., school, work, community inclusion / participation, relationships and friendship making)

# ANXIETY AND ASD

## Anxiety disorders

- Keep in mind diagnostic overshadowing that is likely to occur
- In the past – given a dx of ASD and other co-occurring symptoms were considered to be assumed under the ASD dx
- Overlap of symptoms
- Possible relationship between sensory sensitivities and anxiety (e.g., being sensitive to go to dentist due to sensory issues → anxiety heightens when going to dentist / thinking about going to the dentist)

# AREAS OF ANXIETY THAT MAY MANIFEST FOR PEOPLE WITH ASD

Types of anxiety / fears

Ambiguous social fear

Uncommon specific phobia

Special interest fear (GAD)

Fear of change (GAD)

Ambiguous OCD

(Lau et al., 2020)

# CONSIDERATIONS REGARDING ANXIETY/FEARS

Consider when presenting anxiety / fear extend beyond normal limits

1. Length / duration, severity
2. Unrealistic or false appraisal / alarms for danger
3. Is symptom related to anxiety (realistic vs. excessive) or a core deficit of the ASD?
4. Is the anxiety ubiquitous?

Take into consideration developmental factors.

# ANXIETY OR ASD?

Many factors to consider

How to determine if anxiety is present?

Many behaviors to consider to determine if it is anxiety

- Elopement
- Irritability
- Disruptive behavior

(Vasa et al., 2016)



# WHY CONSIDER CBT?

# CONSIDER & ASSESS MULTIPLE FACTORS

There are many factors to consider when thinking about therapeutic modalities for individuals with ASD:

- Language skills
  - Language abilities (both expressive and receptive)
  - Ability to understand metaphoric / figurative language
- Social skill deficits
- Cognitive skills
- Emotional skills

(Rotheram-Fuller & MacMullen, 2011).

# CBT STRATEGIES

## Identify triggers

- Environmental or personal triggers
- “I get scared when \_\_\_\_\_.”
- “I get angry when \_\_\_\_\_.”

Focus on cognitive restructuring ☐ alternative replacement adaptive self-statements

Problem-solving skills

## Self-talk

- Example (“Everything is ok. Change is ok.”)

Written / visual cues

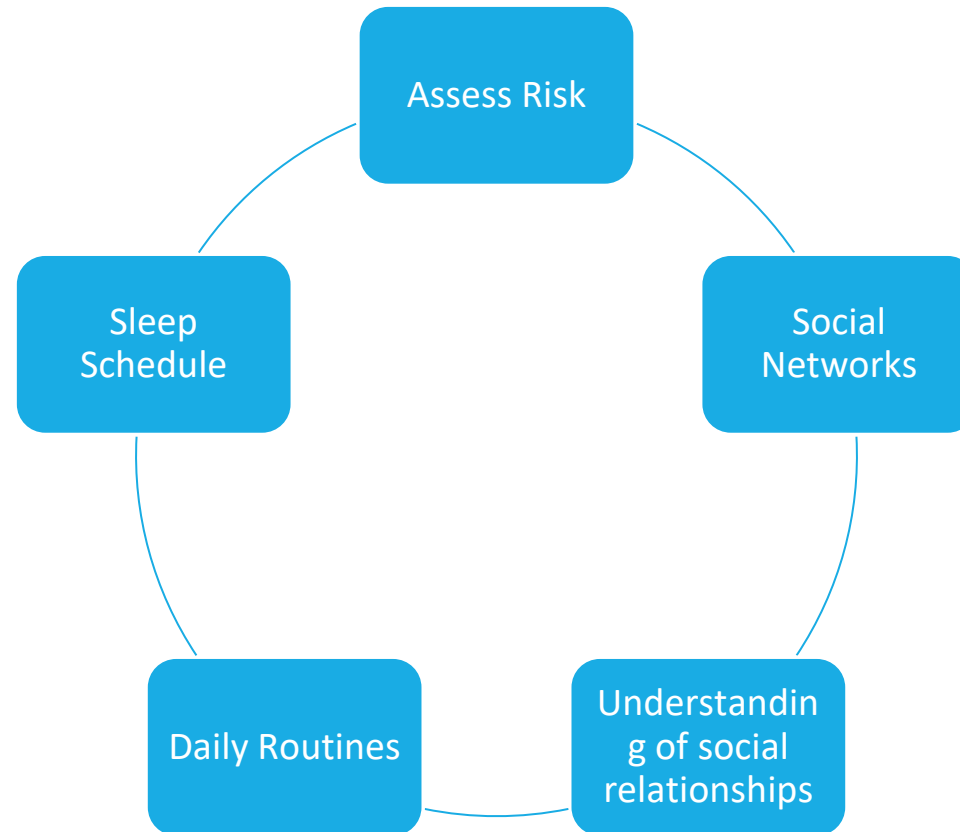
Be concrete

Homework – concrete, follow up to reflect and provide continuity

Throughout – assess understanding, what is working / what is not

(Rotheram-Fuller & MacMullen, 2011; Spain & [Happé](#), 2020).

# REFERRAL COMPONENTS & CONSIDERATIONS TO OPTIMIZE CBT



# FACTORS FOUND TO BE IMPORTANT

Demonstrate interest in hobbies and special interests

Client strengths

Normalize experiences

Provide positive feedback

Provide sense of hope and optimism

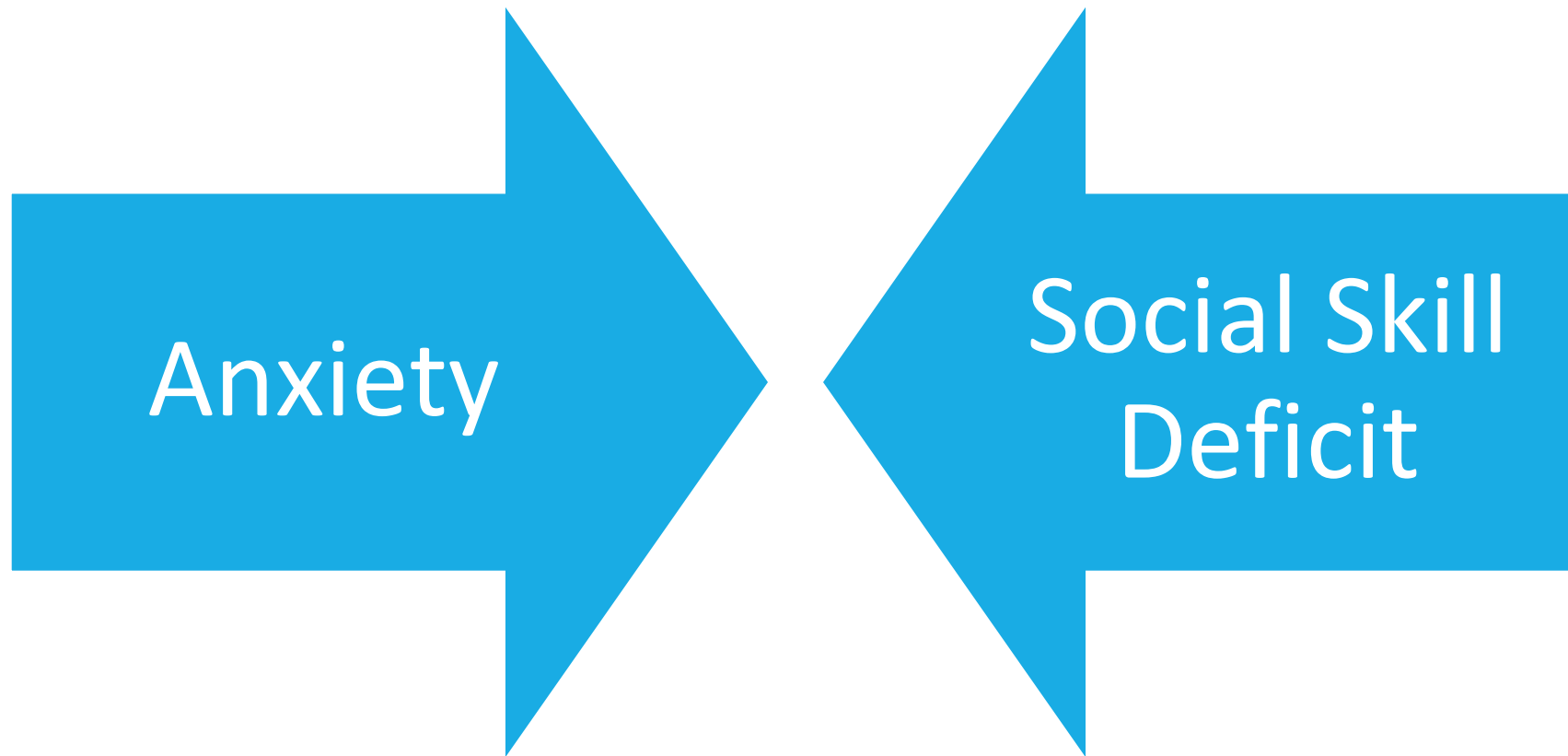
Use and develop shared vocabulary (e.g., self-monitoring tracking tool)

Offer an accommodating environment (e.g., think about sensory sensitivities)

Support how to manage differences in opinion (e.g., thinking ahead at possible scenarios – role play, scripting, provide conversational rules – Example: Adolescent and news-related conversations)

Others?

# RELATIONSHIP BETWEEN ANXIETY AND SOCIAL SKILL DEFICIT



# THEMES FROM PARENTS OF ADULTS WITH ASD

Day-to-day  
Challenges

Physical /  
Emotional  
Ramifications

Service Barriers

Self Care

Rewards

(Marsack & Perry, 2018; Marsack-Topolewski, 2020; Marsack-Topolewski & Wilson, 2021)

# POSSIBILITIES FOR PROFESSIONALS

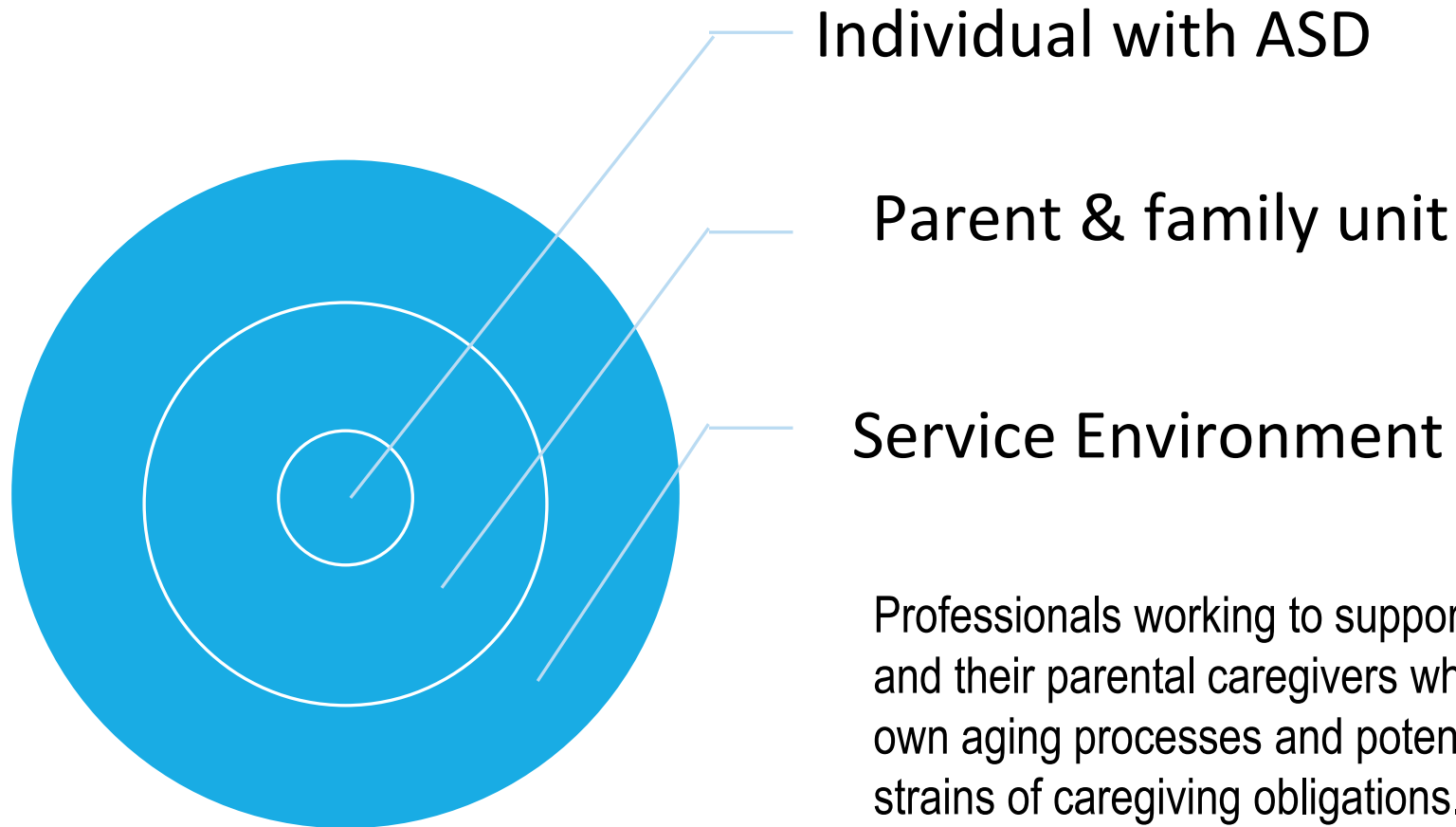
- Education (to the general community, for professionals)
- Education for people with ASD
- Therapeutic support
- Advocacy
- Informing policies, programs, and legislation to inform productive change
- Collaboration with other professional for systemic and interpersonal changes (e.g. education / development, systems to support people with ASD and their families)
- Services to individuals with ASD and their families throughout the lifespan
  - Ongoing assessments, screenings and case management
  - Communication about access to community resources
  - Single point of entry

# TRAINING GUIDE FOR CLINICIANS

Modular Evidence-Based Practices for Youth with Autism Spectrum Disorder:

<https://meya.ucla.edu/public/>

# THINKING ABOUT AUTISM





# REFERENCES

Attached.

# Questions

Should you have questions following the webinar, please reach out to Christina N. Marsack-Topolewski, PhD, LMSW @ [cmarsack@emich.edu](mailto:cmarsack@emich.edu)

Connect with me on LinkedIn: <https://www.linkedin.com/in/christina-marsack-topolewski-19553812/>



Photo by [Courtney Hedger](#) on [Unsplash](#)

# RESOURCE LINKS & VIDEO LINKS

[http://www.ocali.org/project/resource\\_gallery\\_of\\_interventions](http://www.ocali.org/project/resource_gallery_of_interventions)

<https://www.cbsnews.com/news/new-program-at-sap-hires-autistic-adults-for-specialized-skills/>

[https://www.youtube.com/watch?v=N-5EZ\\_1OhWk](https://www.youtube.com/watch?v=N-5EZ_1OhWk)

[http://www.autismspeaks.org/sites/default/files/docs/employment\\_tool\\_kit.pdf](http://www.autismspeaks.org/sites/default/files/docs/employment_tool_kit.pdf)

<https://www.usatoday.com/videos/news/humankind/2017/11/30/doors-opening-workers-autism/108136052/>

<https://www.youtube.com/watch?v=6cMbjxHKU1Y>

<http://www.certifiedautismspecialist.com/key-role-social-workers/>

[https://www.ted.com/talks/temple\\_grandin\\_the\\_world\\_needs\\_all\\_kinds\\_of\\_minds?language=en](https://www.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds?language=en)



# THANK YOU SO MUCH FOR JOINING US TODAY!

Thanks for taking the time to join today! Feel free to reach out if I can answer any questions or be of assistance! ~Chrissy

Email Contact: [cmarsack@emich.edu](mailto:cmarsack@emich.edu)

Information About Me: [https://www.emich.edu/chhs/social-work/faculty/c\\_topolewski.php](https://www.emich.edu/chhs/social-work/faculty/c_topolewski.php)

Google Scholar Link: [https://scholar.google.com/citations?hl=en&user=9vIZXEQAAAAJ&view\\_op=list\\_works&sortby=pubdate](https://scholar.google.com/citations?hl=en&user=9vIZXEQAAAAJ&view_op=list_works&sortby=pubdate)