CE

CONTINUING EDUCATION EFFECTIVE TREATMENT FOR AUTISTIC ADULTS

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For conditions such as anxiety, depression, and some other common conditions, therapeutic needs of autistic adults are not much different from those of anyone else. But many autistic adults report being turned away by practitioners. With minimal additional training and a willingness to learn, practitioners can include these patients in their caseloads.

CE credits: 1

Learning objectives: After reading this article, CE candidates will be able to:

1. Discuss psychological and societal challenges for autistic people upon reaching adulthood as well as for those diagnosed as adults.
2. Identify the basics of working with autistic patients and the importance of understanding their specific needs, instead of automatically referring them to often unavailable specialists.
3. Describe common strengths of autistic patients as well as skills for establishing trust with these patients.

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THE NEED FOR INFORMED PRACTITIONERS

Many autistic patients have reported that finding a practitioner who is willing to treat them for conditions such as anxiety, depression, or post-traumatic stress disorder is often a hard task, as many will refer them to autism experts with long waiting lists rather than accept them as patients. This leads to a situation where many autistic patients are not receiving the help they need, or they end up receiving help from practitioners skilled in working with autism who are not specialized in treating their specific mental health concerns. "They're missing out on cutting-edge, quality, evidence-based care," said Vanessa Bal, PhD, an associate professor of psychology at Rutgers University in New Jersey, whose research focuses on life outcomes for autistic adults.

According to Bal, if an autistic person is seeking out help from a practitioner, one way to approach this scenario would be to ask the question: Is the referral one you would be equipped to handle if the person were not autistic? For example, if an autistic patient is struggling with the loss of a loved one and seeks out a grief expert, or an autistic patient is dealing with a specific phobia and seeks out an expert in treating phobias, these practitioners are likely more equipped to offer them effective treatment than they might get from an autism expert. "Don't use autism as your automatic exclusion," Bal said.

Valerie Gaus, PhD, a clinical psychologist in New York who specializes in working with autistic patients, suggests approaching autism as one would explore any difference that shapes a patient's worldview and social interactions. "You need to know how autism has affected them, so you can understand how it has impacted their view of the world, but you aren't going to turn them away just because you didn't know about that before," said Gaus, author of the book *Cognitive-Behavioral Therapy for Adults with Autism Spectrum Disorder*. "It's the same thing."

MAJOR CHALLENGES FOR AUTISTIC ADULTS

When autistic people reach adulthood, they often face a number of challenges in the transition, such as losing access to the support services available to autistic youth and learning to navigate a new world of adult norms, which can be overwhelming even for non-autistic young adults. Autistic young adults may struggle with deciphering unspoken social expectations in the work environment; having to adjust for sensory differences such as heightened sensitivities to light, noise, or scents; developing and maintaining friendships and romantic relationships; or dealing with the general stress of navigating neurotypical social norms.

As a result of these challenges, burnout is very common in autistic adults, as are co-occurring conditions such as anxiety and depression. Autistic adults have

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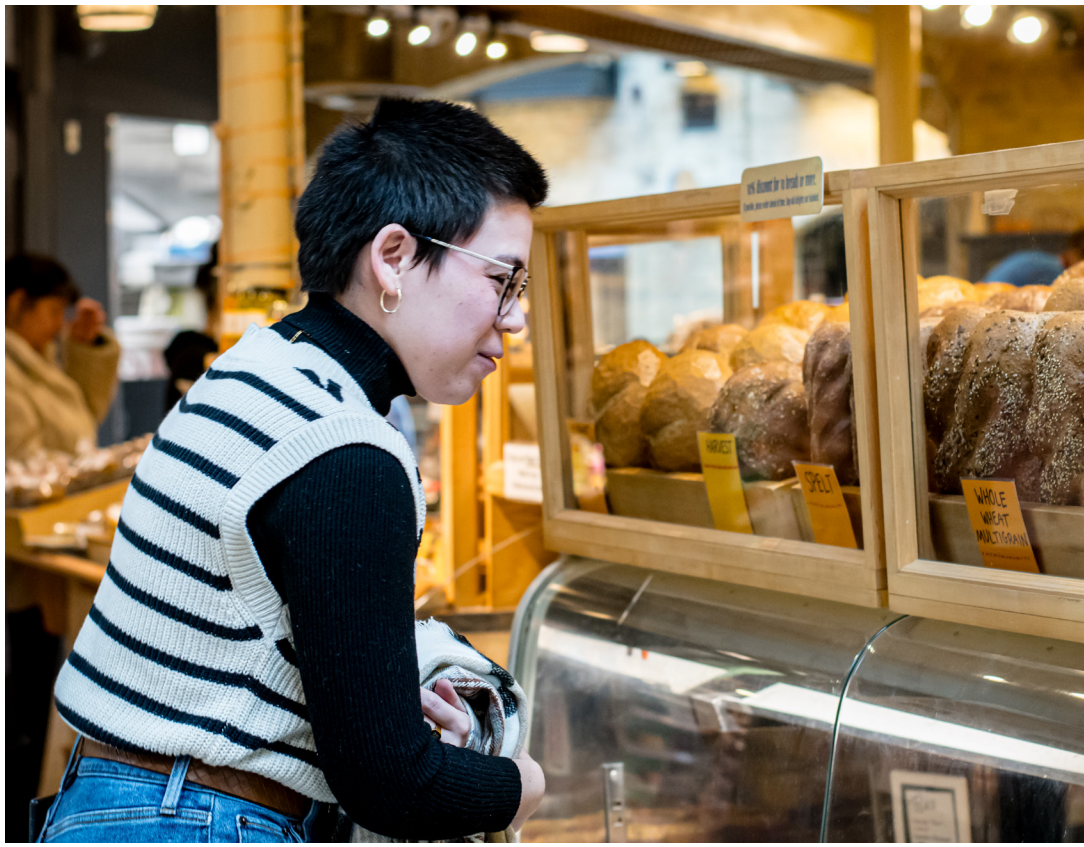
a current and lifetime prevalence rate of 27% and 42% for anxiety and 23% and 37% for depression, which is thought to be due, in part, to the stresses of navigating a world that is not built for autistic people (Hollocks, M., et al., *Psychological Medicine*, Vol. 49, No. 4, 2019.) "A lot of this is due to pushing against your natural neurotype, to try and fit yourself into these roles that are expected of you, that leads to issues such as burnout," said Melody Marin, PsyD, an autistic psychologist based in Austin, Texas, who specializes in treating autistic adults.

When treating autistic patients, it is important to factor in the ways that their autism has shaped their experiences and affected how they interact with the world, which includes accounting for stressors such as dealing with stigma and discrimination; the discomfort posed by sensory differences; the confusion of trying to figure out allistic, or non-autistic, social norms; along with the pressure of trying to "pass" as allistic, which often starts at a young age. "Getting to know the person you are serving is going to be really important," said Paula Pompa-Craven, PsyD, a psychologist based in California who specializes in treating autistic teenagers and adults. "This includes considerations such as the underlying basis for specific behaviors, as well as their individual learning style, which can help build rapport."

In Marin's experience, the anxiety and depression that she sees in her autistic patients are often secondary to autism. As a result, many of them will hit a wall in therapy, where they have learned coping techniques but are still struggling. "You are still missing the underlying cause, which might be the pressure to conform or sensory overload or social expectations," Marin said. She finds that it is important to identify and address these underlying factors to help them find more effective relief.



Mindfulness techniques can promote relaxation for patients with autism who may experience sensory overload in certain situations and environments.

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For autistic patients, social anxiety has an extra dimension to it because of their life experiences. "One of the core features of social anxiety disorder is an almost irrational fear of being judged or ridiculed. Most people who have social anxiety disorder haven't experienced those things, but they're afraid of them," Gaus said. "Unlike the neurotypical social anxiety patient, autistic patients really have had those things happen to them. It's not irrational." Instead, treating autistic patients for social anxiety disorder requires helping them understand the ways that autism has shaped their life experiences, including their social anxiety, while also finding ways of helping them navigate tough social situations in an empowering way.

THE DOUBLE EMPATHY PROBLEM

There is an emerging body of evidence to suggest that the communication difficulties found in autism are the result of differences in how autistic and allistic people communicate, with autistic people having the

added pressure of having to communicate with both autistic and non-autistic people. In other words, autistic people are most comfortable understanding and communicating with other autistic people but need to also successfully interact with allistic people. However, allistic people are most comfortable understanding and communicating with other allistic people and have no pressure to also understand and communicate with autistic people.

"It's not that autistic people inherently lack empathy and understanding," said Joel Schwartz, PsyD, a psychologist based in California who specializes in working with autistic adults. "They find understanding allistic people difficult, but allistic people also find autistic people difficult to understand." In this way, the differences between autistic and allistic people can be thought of as a cultural difference, which includes different norms and expectations.

As a number of studies suggest, there are distinct communication differences between autistic and allistic people, with a breakdown in understanding resulting between the two. This includes the ability to accurately decipher facial expressions, identify a person's mental state, communicate effectively, and build rapport (Brewer, R., et al., *Autism Research*, Vol. 9, No. 2, 2016; Edey, R., et al., *Journal of Abnormal Psychology*, Vol. 125, No. 7, 2016; Heasman and Gillespie, *Autism,* Vol. 23, No. 4, 2019; Crompton, C. J., et al., *Frontiers in Psychology*, Vol. 11, 2020).

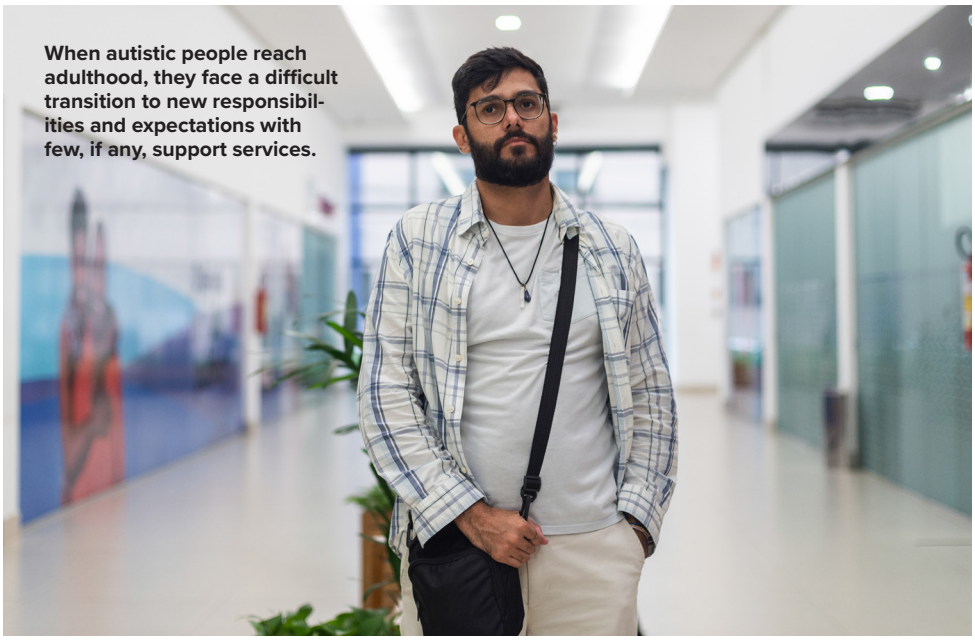
Some of the differences include the role that eye contact and body language play in communication and the added subtext contained in allistic communication. Practitioners can modify their communication styles for autistic patients by stating at the outset that they will be adjusting expectations for making eye contact. In addition, they should ask direct questions rather than rely on unspoken assumptions, and they should rephrase questions in different ways to facilitate understanding. Taking the time to learn and accommodate these differences can go a long way toward building rapport with a patient and tailoring therapy to fit their needs.

As Schwartz notes, another example of a difference is the role that special interests play in an autistic person's life, which can often serve as a framework for forming their identity while also providing an outlet for them to seek connection with others. "Identity for allistic people tends to be more social; it tends to be based on belonging to some kind of group," Schwartz said. In contrast, "oftentimes the primary identity for autistic people can be based on what their special interest is, which can be the primary way in which they view themselves and connect to others."

In Schwartz's experience, exploring and connecting with these special interests can often be very therapeutic for his patients, as it helps them reconnect with who they are and rediscover some of their strengths and abilities, while also giving them an opportunity to find meaningful connection with others. It is also an aspect of their identity that may have been pathologized in the past when they were encouraged or forced to join teams and clubs instead of having individual hobbies. "The old way of thinking would be to expand their interests and make them mask that," Schwartz said. "Then you have adults who are

KEY POINTS

1. **There is a glaring gap in support for autistic people when the services they relied on as children and teens suddenly evaporate when they reach adulthood.**
2. **Practitioners are often tempted to refer autistic patients to specialists, but if equipped with an understanding of how their patients' identity has shaped their experiences, they can adapt their practice to fit their patients' needs.**
3. **Autistic patients from marginalized backgrounds may have additional challenges that require additional consideration.**



When autistic people reach adulthood, they face a difficult transition to new responsibilities and expectations with few, if any, support services.

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fundamentally disconnected from their passions and what really interests them. Oftentimes, the therapy is working on rediscovering what they are and using them to connect."

DIFFERENCES AS STRENGTHS

One major issue facing many autistic people are sensory differences such as hypersensitivities to certain sounds, lights, or scents. Examples of sensory differences could include a heightened sensitivity to fluorescent lights, getting easily overwhelmed in noisy or crowded environments, developing headaches from certain fragrances, or feeling discomfort from certain fabric textures like wool or polyester. Adults who were diagnosed later in life may not even realize that they have these differences.

"Sensory overload can feel like anxiety," said Karissa Burnett, PhD, an autistic clinical psychologist based in Boston. "Until a person has the permission to think that they even have sensory differences, they might not realize what it is." Burnett was diagnosed with autism herself as an adult (Fairbank, R., *Monitor on Psychology,* November/December 2023).

For practitioners who are treating autistic patients, it can be especially helpful to ask about sensory issues at the beginning of treatment to create a welcoming therapeutic environment. For newly diagnosed adults, it can also help to screen for sensory differences and help them figure out ways of making their environment more accommodating to their needs, as doing so can help improve their overall quality of life.

Practitioners can consider incorporating mindfulness techniques into treatment plans to help promote relaxation when a patient is experiencing sensory overload. In addition, research has shown that mindfulness-based therapies have also been proven to be successful in reducing anxiety in patients with autism (Pagni, B. A., et al., *Mindfulness*, Vol. 14, 2023).

Besides treating sensory overload, it is important to also help autistic patients reframe their perspective so they recognize strengths rather than see only deficits. While heightened sensitivity to sound can sometimes be difficult, research shows that autistic people have greater auditory perceptual capacity than non-autistic people, resulting in, for example, superior pitch detection (Remington, A., & Fairnie, J., *Cognition*, Vol. 166, 2017). Therapy can help identify and build on other abilities common to autism, such as a strong sense of justice and fairness; the ability to do the right thing, even in the face of social pressure; an increased capacity for feeling emotions such as joy and wonder; a strong attention to detail and patterns; and highly developed interests and deep expertise in specific subject matter.

RELIEVING PRESSURE TO MASK

Masking, which is sometimes called social camouflaging, is when autistic people adopt specific behaviors to "pass" as non-autistic. In a world where autism is heavily stigmatized, masking tends to start at a young age. "In many ways, masking is a trauma response," Burnett said. Masking is often a survival mechanism that evolves over time in response to the criticisms of others, whether it is being punished for stimming behaviors, being scolded for asking too many questions, or being mocked for not knowing certain social expectations.

Although masking can help autistic people navigate a world where autism is stigmatized, it comes at a cost, with studies

FURTHER READING

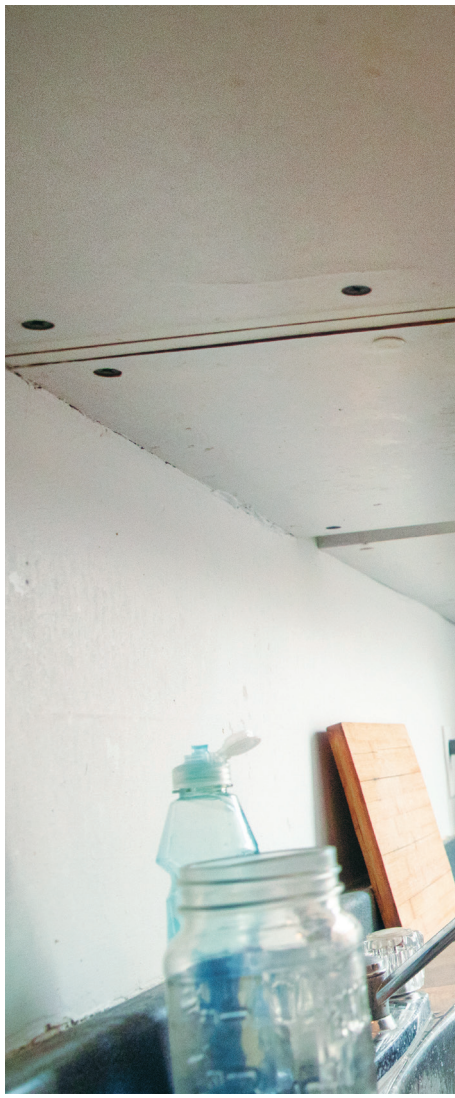
Barriers to healthcare and a 'triple empathy problem' may lead to adverse outcomes for autistic adults: A qualitative study
Shaw, S. C., et al.
Autism, 2023

Mental health challenges faced by autistic people
Lai, M. C.
Nature Human Behaviour, 2023

The neurodivergent friendly workbook of DBT skills
Wise, S. J.
Lived Experience Educator, 2022

A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice
Pearson, A., & Rose K.
Autism in Adulthood, 2021

Extending the minority stress model to understand mental health problems experienced by the autistic population
Botha, M., & Frost, D. M.
Society and Mental Health, 2020



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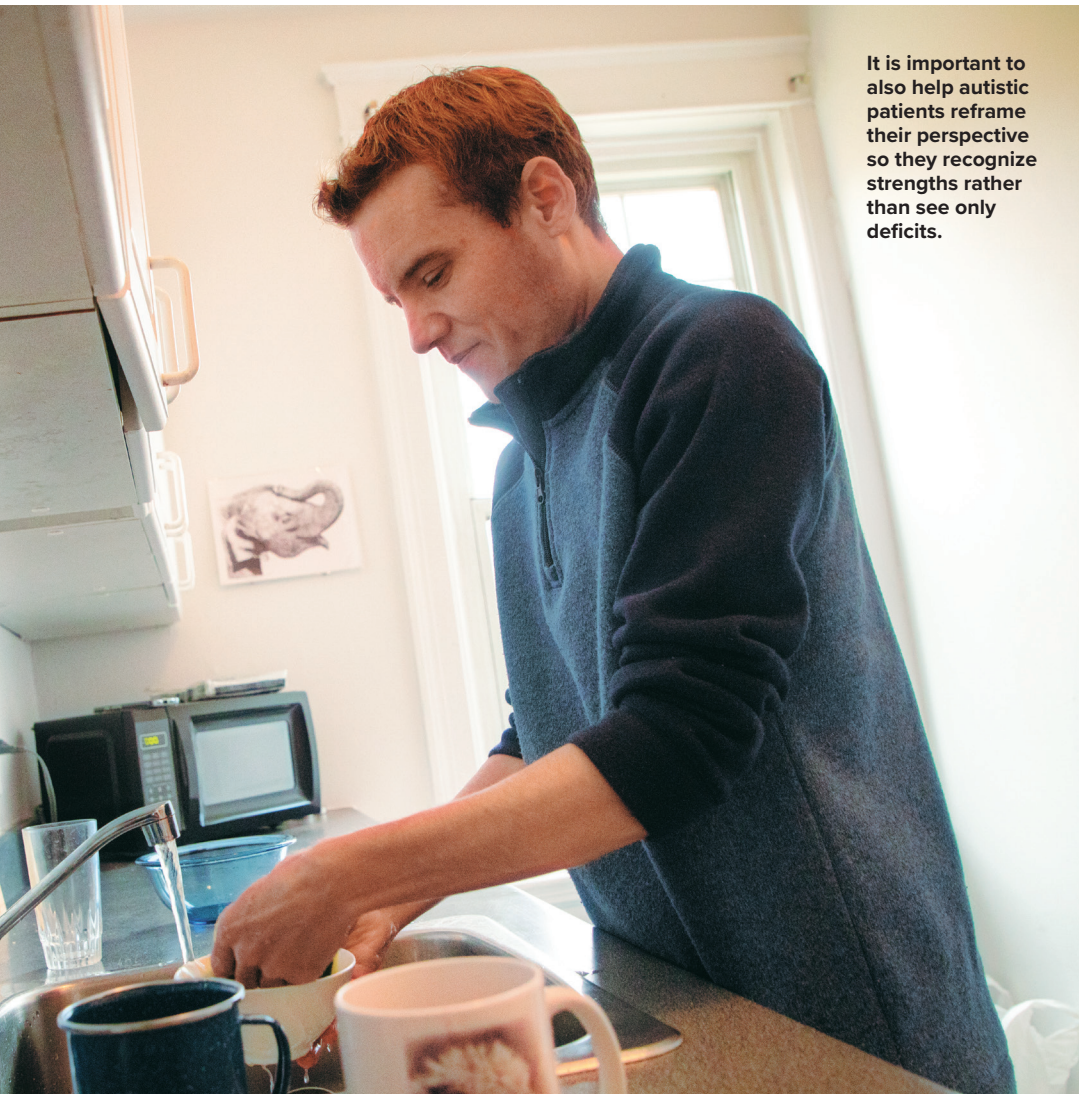

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showing that it is associated with higher levels of depression, anxiety, and burnout (Hull L., et al., *Molecular Autism*, Vol. 12, No. 13, 2021; Arnold, S. R. C., et al., *Autism*, Vol. 27, No. 7, 2023). "It's tricky, because in a lot of ways, masking protects people and keeps people safe, especially if they have multiple marginalized identities," Marin said. "It's adaptive. It's a person trying to adapt to their environment and stay safe." In her practice, Marin will often explore with her patients what it might look like to unmask in a safe environment by exploring moments during their childhood when they began modifying their behavior because of criticism from others. She also helps them honor the role that masking played in their survival.

ADJUST FOR DIFFERENT THINKING STYLES

One of the primary differences between autistic and allistic people are their thinking styles. For many autistic people, their cognitive processing style tends to be very bottom-up, where they are constructing their knowledge one block at a time. "Every new situation is almost novel, and instead of having these top-down processes, which fill in the blanks, it's almost like they are building up the information from the get-go, with each new situation," said Joel Schwartz. This can lead to a lot of questions about each new situation, which is often misinterpreted as a challenge to authority or criticized as overthinking.

In contrast, allistic people tend to employ more top-down processing, where they extrapolate from previous experiences to predict what new situations might look like. "There are so many cognitive shortcuts that allistic brains make, which makes their processing and ability to process information much quicker, but it's also full of errors and full of biases," Schwartz said. Bottom-up processing often takes a lot longer and won't always produce answers when compared with top-down processing, but it can be more accurate. Both ways of thinking have their strengths.

Although it can feel daunting to start treating autistic patients, it is an endeavor that, when approached with a sense of humility and a desire for understanding, can be effective and rewarding. "Even just the experience of sitting with a person who wants to really understand and validate their true experience, that is a big deal," Burnett said. "That is corrective, that is healing." ■